EMDR G-TEP RESEARCH UPDATE 1/2025

EMDR Group Traumatic Episode Protocol



Although a relatively new protocol EMDR G-TEP has already over 35 projects in over 18 countries including 8 published controlled and field trials; 6 PhD & 2 MSc theses; several book chapters, as well as numerous conference posters & presentations.



Trauma Theory Research Practice & Policy.)

with Survivors of Sexual Assault (2024)

G-TEP Research projects planned, conducted & published in the world

- Australia: Morris et al (2022) Early intervention for Residential Out-of-Home Care Staff). Psychological Trauma: Theory, Research, Practice, and Policy (Psych.
- Canada: Moench Judy. (2021). Published "STEP" Controlled Study for Self Care with EMDR Clinicians (JEMDR 2021)
- Chile: Capocchi Paula, developing a crisis intervention program for health professionals in critical Health Centers,
- France: Bizouerne Cecile. et al.-Action Contre la Faim (ACF Action Against hunger) Comparative study G-TEP with group CBT
- In Central African Republic (Completed) & N Iraq (completed); Vignaud, et a; (2023) Feasibility of G-TEP with Migrants: A Pilot Field Study
- Germany: Lehnung Maria., et al.- Published Pilot controlled study with refugees (JEMDR 2017); Hanewald B, et. al Justus-Liebig-University. G-TEP integrated into
- the treatment concept of a psychiatric ward; Hemmerde, Madeleine, Efficacy of G-TEP with various symptoms; Stingl & Hemmerde, EMDR group intervention in an outpatient randomized and hospital setting: implementation and effects of "G-TEP" Greece: Tsouvelas George. et al., (2019 study with workplace trauma for MH personnel, Dialogues in Clinical Neuroscience & Mental .Health; Tsouvelas G.&

Ventouratous D., Pilot study with EMDR G-TEP in women victims of intimate partner violence (Poster) Papanikolopoulos, Penny & Prattos, Tessa. G-TEP with

- Humanitarian workers with Refugees Iraq: Womersley, G., Arikut-Treece, Y., (2019). Collective trauma among displaced. populations in Northern Iraq: Farrell et al. Comparative study G-TEP with group CBT, ISIS terror victims
- Ireland: P.G. Taylor Miller, Prof M. Sinclair, Prof P.W. Miller, Prof D.P. Farrell et, al. Capacity building programme in perinatal mental health Feasibility trial of a midwifery guided early online EMDR group intervention following perinatal trauma. Poster presenting at ESTSS Conference.; Moran J, et. al VGTEP pilot RCT with frontline workers.:
- Israel: Maimon, N. et al. G-TEP Controlled study with COVID related medical staff at a major hospital (2024) results being analysed
- Japan: Mitsuru Masuda, et al, . G-TEP for Kuamamoto Earthquake survivors
- Mexico: Galvan, Gonzalo, (2021) Emergency physicians, intensive care, nurses, and diagnostic imaging staff; got ethical approval
- New Zealand: Neunfeldt Chris, et al. (2024) Group EMDR treatment for survivors of Cyclone Gabrielle in Aotearoa; Sanderson, E. & Robinson, C. G-TEP
- **Spain: Molero Zafra** et al. Psychological Intervention in Women Victims of Childhood Sexual Abuse: An Open Study—Protocol of a Randomized Controlled Clinical Trial Comparing EMDR Psychotherapy and Trauma-Based Cognitive Therapy.

- Syria: Wafika Reem Tafran, EMDR G-TEP study in the workplace (2024) Turkey: Yurstover Asena, Konuk Emre. et. al. Published: RCT with Syrian refugees (Frontiers in Psychology, 2018); Zat Zeynep (2019) Ph.D thesis, school children
- & self-efficacy; Yilmaz Safiye (2021), PhD Thesis: An EMDR-based online group counseling program for university students using G-TEP

US: Roberts Amanda., Published: study with Cancer patients (JEMDR, 2018); Gomez Ana, C-GTEP: The Butterfly Journey, GTEP for Children, unpublished book &

Ukraine: Snisar Dymitro. et al.; (2019) Studies with mental health professionals & civilians in the East of Ukraine (Posters), Palen Cindy, (2024), PhD Thesis, Virtual Delivery of EMDR G-TEP in Ukraine.



G-TEP Research projects planned/ in process in the UK:

- **Farrell**, Derek, et al. (2023). VGTEP with frontline/emergency workers in response to the COVID-19 pandemic in the treatment of post-traumatic stress disorder and moral injury—An RCT study. *Front. Psychol.*
- **Pink**, Jasmine et al. (2022) Effects of EMDR Group Traumatic Episode Protocol on Burnout Within IAPT HealthCare Professionals: A Feasibility and Acceptability Study. JEMDR 16, (4),
- Nicola, Elene., et al., (2023). The group traumatic episode protocol (G-TEP): A service evaluation of a single session group intervention
- Williams Sharyn., M.Sc.(University of Worcester), Hospital staff care, S. Wales (completed)
- **Johanson**, Ericka (2021)Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol 3 No 1.
- **Miller** Victoria. et al. (poster 2021). Feasibility study: Assessing the Efficacy of EMDR Group -Traumatic Episode Protocol (G-TEP) in a Primary Care and Physical Health psychology Service for healthcare staff in the acute adolescent inpatient setting. EMDR Therapy Quarterly. Winter 2023
- Smith, Aimie, Taking EMDR & G-TEP to the NHS Frontline in the UK (South Tees NHS Trust), Conference Presentation 2021
- Wright, Oliver, GTEP Group EMDR at Grenfell Health & Wellbeing Service
- Miller Paula., PhD study, Childbirth Trauma, Ulster University (completed)
- McClane Emma, PhD Study comparing G-TEP with Group CBT for CPTSD (City of London University, in preparation)
- Correia Raquel, et al, EMDR Group Intervention within a Sexual Assault Referral Centre: A Pilot Study (Poster at EMDR Europe Conference, Krakow (2019)
- Correia Raquel, et al, RCT with Sexual Assault victims using enhanced G-TEP (Planned RCT)
- **Bromley** Jo., (2021) MSc Warwick University Thematic Analysis: Exploring EMDR clinicians views of the potential to use G-TEP and IGTP in *family-based* EMDR processing.
- **Howard** Gloria & Niroom M. Case Study (2021): G-TEP as a brief complementary early intervention for reducing stress, increasing resilience & screening for underlying risks for children in the context of COVID-19.
- **Kaptan,** Safa et al (2021). Protocol of a feasibility trial for an online group parenting intervention with an integrated mental health component for parent refugees and asylum-seekers

- Bizouerne, C., Farrell, D., & Dozio. E. Action Contre la Faim (ACF Action Against hunger)
 Comparative study G-TEP with group CBT In Central African Republic & N Iraq. Presented at the EMDR Europe Conference, 2021
- Cécile Bizouerne ^a ¹, Elisabetta Dozio ^a, Endale Dlasso ^c, Alexandre Letzelter ^a, Aras Abuzeid ^c, Karine Le Roch ^a, Derek Farrell ^b, Randomized controlled trial: Comparing the effectiveness of brief group cognitive behavioural therapy and group eye movement desensitisation and reprocessing interventions for PTSD in internally displaced persons, administered by paraprofessionals in Northern Iraq. November 2023. <u>European Journal of Trauma & Dissociation</u> 7(3):100362. DOI: 10.1016/j.ejtd.2023.100362
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- Farrell D, Moran J, Zat Z, Miller PW, Knibbs L, Papanikolopoulos P, Prattos T, McGowan I, McLaughlin D, Barron I, Mattheß C and Kiernan MD (2023). Group early intervention eye movement desensitization and reprocessing therapy as a video-conference psychotherapy with frontline/emergency workers in response to the COVID-19 pandemic in the treatment of post-traumatic stress disorder and moral injury—An RCT study. *Front. Psychol.* 14:1129912. doi: 10.3389/fpsyg.2023.1129912
- Hemmerde, M., (2023), Umsetzbarkeit und Evaluation der gruppentherapeutischen EMDR-Methode G-TEP in der ambulanten Psychotherapie. (Zeitschrift für EMDR Nr. 8 Juni 2023 (Evaluation of the effectiveness on various symptoms independent of diagnoses of the Group-Traumatic Episode Protocol. A randomised pilot study)
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- Johanson, E., Tamblyn, W., Pratt, E., Payne, D. & Page, S. (2021) Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol3/1.
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- McClane E. PhD Study comparing G-TEP with Group CBT for CPTSD (City of London University, in preparation 2024)
- Miller Paula. (2023) PhD study, Capacity building program in perinatal mental health Feasibility trial of a midwifery guided early online EMDR group intervention following perinatal trauma, Ulster University (completed)
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G-TEP & STAFF CARE

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- Johanson, E., Tamblyn, W., Pratt, E., Payne, D. & Page, S. (2021) Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol 3/1.
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OTHER PUBLICATIONS & Presentations

- Matthijssen, S. J. M. A. Lee, C.W. de Roos, C.. Barron, I.G. Jarero, I. Shapiro, E. Hurley, E.C. Schubert, S.J. Baptist, J.. Amann, B.L. Moreno-Alcázar, A. Tesarz, J. de Jongh. A. The Current Status of EMDR Therapy, Specific Target Areas, and Goals for the Future. Journal of EMDR Practice and Research, Volume 14, Number 4, 2020 241 © 2020 EMDR International Associatio http://dx.doi.org/10.1891/EMDR-D-20-00039
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NATURAL DISASTERS
COVID PANDEMIC
STAFF CARE
Mental Health professionals,
Emergency responders
Frontline workers

Group EMDR treatment for survivors of Cyclone Gabrielle in Aotearoa

Dr. Chris Neuenfeldt, Ananda Sleeman & Nishtha Saini (2024)

Abstract

Cyclone Gabrielle was a destructive storm which impacted a large proportion of the population of Aotearoa New Zealand. Extant mental health services in affected areas were overworked and under-resourced for a large-scale event, and many survivors of the storm were unable to access mental health care due to accessibility issues caused by destroyed roads and infrastructure. The authors recruited volunteers from the mental health workforce across Aotearoa and delivered group EMDR sessions to survivors of Cyclone Gabrielle, both online and in-person. Seven total sessions were held, and hundreds of participants were able to access these free services. In the current study, a subset (N = 76) of participants is examined, and their responses to psychometrics is discussed. The study demonstrates that group EMDR is an effective, efficient way to deliver psychological therapy to survivors of a large-scale event.

Keywords: Group EMDR, Cyclone Gabrielle, PTSD, Aotearoa

JAPAN

abstract

Fig.4 G-TEP RISC オンライン研修

地からの支援を可能とするスキルとネットワーク が構築されつつある。引き続き HAP 等を通じて 様々な研修を協働していくことで、さらに多角的 なセラピストどうしの交流につながっていくこと が望まれる。

G-TEP RISC(Remote Individual and Self Care) and support for EMDR therapists Mitsuru Masuda*1 (2023)

[Background and Purpose] Remote support skills are essential in the event of a disaster, and the G-TEP RISC(Remote Individual and Self Care) protocol developed for this purpose has been disseminated in Japan. EMDR therapists have interacted with each other at workshops for this purpose, and we have found that a remote relationship can provide support and care like a "faceto-face relationship" in the event of a disaster.

【Remote Support: G-TEP RISC Protocol】 It will be done remotely using the G-TEP worksheet. There are no major changes to the protocol itself, but there are preparations and points to keep in mind due to the remote nature of the interactions, and special attention should be paid to target selection and troubleshooting.



Fig.3 G-TEP (対面) トレーニングコースの風景

や適正人数についてなど、G-TEP そのものと共通する内容もあったが、遠隔の適応や準備、対面との関係など、G-TEP RISC 特有のものもあった。(研修内で回答しており紙面での回答は省略)

JAPAN

abstract

Fig.4 G-TEP RISC オンライン研修

地からの支援を可能とするスキルとネットワーク が構築されつつある。引き続き HAP 等を通じて 様々な研修を協働していくことで、さらに多角的 なセラピストどうしの交流につながっていくこと が望まれる。

G-TEP RISC(Remote Individual and Self Care) and support for EMDR therapists Mitsuru Masuda-1 (2023)

【Support for EMDR Therapists Through Training】 A total of 6 online training sessions were conducted from 2020 to 2022. Participants were divided into the roles of therapists (leaders and assistants) and clients and conducted group work using virtual disaster models. It was a valuable opportunity for EMDR therapists, who often work as individuals, to deepen their knowledge and experience through the training.

【Conclusion】 Through the spread of G-TEP RISC, skills are being developed and networks are being built that enable remote assistance in the event of a disaster.

Japanese Journal of EMDR Research & Practice, 15; 00-00, 2023 Key words: G-TEP, remote, training report, mutual support, face-to-face relationship

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EMDR 研究 第 15 巻 1 号 2023 年 3

Group early intervention eye movement desensitization and reprocessing therapy as a video-conference psychotherapy with frontline/emergency workers in response to the COVID-19 pandemic in the treatment of post-traumatic stress disorder and moral injury—An RCT study (2023)

Derek Farrell1,2*, Johnny Moran1, Zeynep Zat1, Paul W. Miller3, Lorraine Knibbs1, Penny Papanikolopoulos1, Tessa Prattos1, Iain McGowan2, Derek McLaughlin2, Ian Barron4, Cordula Mattheß1 and Matthew D. Kiernan5

1Department for Violence Prevention, Trauma and Criminology (VPTC), School of Psychology, University of Worcester, Worcester, United Kingdom, 2School of Nursing and Midwifery, Queen's University, Belfast, Northern Ireland, United Kingdom, 3School of Nursing, Magee Campus, Ulster University, Northern Ireland, United Kingdom, 4Centre for International Education, College of Education, University of Massachusetts, Amherst, MA, United States, 5Northern Hub for Veteran and Military Families' Research, Northumbria University, Newcastle upon Tyne, United Kingdom

Objective: Frontline mental health, emergency, law enforcement, and social workers have faced unprecedented psychological distress in responding to the COVID-19 pandemic. The purpose of the RCT (Randomized Controls Trial) study was to investigate the effectiveness of a Group EMDR (Eye Movement Desensitization and Reprocessing) therapy (Group Traumatic Episode Protocol— GTEP) in the treatment of Post-Traumatic Stress Disorder (PTSD) and Moral Injury. The treatment focus is an early intervention, group trauma treatment, delivered remotely as video-conference psychotherapy (VCP). This early intervention used an intensive treatment delivery of 42-h sessions over 1 week. Additionally, the group EMDR intervention utilized therapist rotation in treatment delivery.

Methods: The study's design comprised a delayed (1-month) treatment intervention (control) versus an active group. Measurements included the International Trauma Questionnaire (ITQ), Generalized Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9), Moral Injury Events Scale (MIES), and a Quality-of- Life psychometric (EQ-5D), tested at T0, T1: pre—treatment, T2: post-treatment, T3: 1-month follow-up (FU), T4: 3-month FU, and T5: 6-month FU. The Adverse Childhood Experiences—International version (ACEs), Benevolent Childhood Experience (BCEs) was ascertained at pre-treatment only. *N* = 85 completed the study.

Farrell D, Moran J, Zat Z, Miller PW, Knibbs L, Papanikolopoulos P, Prattos T, McGowan I, McLaughlin D, Barron I, Mattheß C and Kiernan MD (2023). Group early intervention eye movement desensitization and reprocessing therapy as a video-conference psychotherapy with frontline/emergency workers in response to the COVID-19 pandemic in the treatment of post-traumatic stress disorder and moral injury—An RCT study. *Front. Psychol.* 14:1129912. doi: 10.3389/fpsyg.2023.1129912

Results: Results highlight a significant treatment effect within both active and control groups.

Conclusion: The NICE (2018) guidance on PTSD highlighted the paucity of EMDR therapy research used as an early intervention. The primary rationale for this study was to address this critical issue. In summary, treatment results for group EMDR, delivered virtually, intensively, using therapist rotation are tentatively promising, however, the moral dimensions of trauma need consideration for future research, intervention development, and potential for further scalability. The data contributes to the emerging literature on early trauma interventions.

Clinical Trial Registration: Clinicaltrials.gov, ISRCTN16933691.

KEYWORDS

EMDR early intervention, group treatment, COVID-19, emergency and frontline workers, therapist rotation, posttraumatic stress disorder, moral injury

Johanson, E., Tamblyn, W., Pratt, E., Payne, D. & Page, S. (2021). Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol 3 No 1.

Abstract

The 2018 National Institute for Health and Care Excellence (NICE) guidelines reference Eye Movement Desensitization and Reprocessing (EMDR) for consideration as an early intervention for trauma. EMDR is offered within Talking Helps Newcastle (THN), an IAPT service in the North East of England. However, due to rising demands on the service, it has been increasingly difficult to offer this recommended therapy in the timescale required for early intervention. The Group Traumatic Episode Protocol (G-TEP) is an evidence-based form of EMDR. Early evidence from a G-TEP group in THN suggested that the approach showed promise in reducing symptoms of trauma and other mental health disorders. Following the outbreak of the COVID-19 virus and the subsequent government lockdown on 23 March 2020, the whole Service, including the trauma pathway, had to adapt quickly to continue delivering meaningful, high-quality care. EMDR therapists in the Service were trained to use the G-TEP-RISC protocol, which is an adaptation of the G-TEP delivered remotely with, and for, Self-Care. The aim of this reflective piece is to outline adaptations of the THN Trauma Pathway before, and in response to, the COVID-19 pandemic, and our plans for the future.

Feasibility Study: Assessing the Efficacy of EMDR Group-Traumatic Episode Protocol (G-TEP) in a Primary Care and Physical Health Psychology Service



Dr Victoria Miller¹, Miss Amelia Chancellor¹, Ms Ericka Johanson², Dr Frances Wilkins¹

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² Talking Helps Newcastle, Newcroft House, Market Street East, NE1 6ND Newcastle upon Tyne, England

Background and aims

Background: The annual prevalence rate of PTSD across the UK population is 1.5%-3% (NICE, 2005). It is suggested that the prevalence rate among those who have spent a period of time in a hospital Intensive Care Unit (ICU) is around 19.8% (Righy et al, 2019). There are many people in communities and hospitals who are in distress as a result of a traumatic event and at risk of developing PTSD.

Eye Movement Desensitisation and Reprocessing (EMDR) has been shown to be an effective and rapid therapy for treating unresolved trauma (Shapiro, 2014) but until now the one-to-one treatment methodology has limited the number of people who can be treated. Efficient and effective group methodologies are of benefit to community and hospital based mental health services in order to maximise the number of patients that can be seen by a skilled EMDR therapist and in turn reduce service wait times.

Group Traumatic Episode Protocol (G-TEP; Shapiro, 2013) is an adaptation of EMDR Recent Traumatic Episode Protocol (R-TEP; Shapiro & Laub, 2008) which facilitates group therapy. The protocol aims to assist individuals in efficiently processing a recent single traumatic event which continues to cause distress (Shapiro, 2013). The limited research on G-TEP has largely focused on refugee populations (Womersley & Arikut-Treece, 2019) and although promising results are indicated, incomplete data has been collected on the maintenance of outcomes. At present, there is little research on the feasibility of running the G-TEP model in other populations.

In this pilot study a primary care mental health service serving the general public (Talking Helps Newcastle) and a physical health psychology service within a public health hospital serving inpatients and outpatients (Psychology in Health Care, Royal Victoria Infirmary Newcastle) trialled the G-TEP model with selected patients.

Aims

- To assess the feasibility of running G-TEP, namely whether sufficient numbers could be obtained to warrant G-TEP as a
 viable treatment pathway.
- To gather preliminary data to support the continued running of G-TEP in the proposed services.
- To gain insight into patient experience of the G-TEP model.

Results

Pre-group outcome measure scores: BRS (Mdn = 3.0, IQR 2.2-3.6), GAD-7(Mdn = 15.0, IQR 11.0-20.0), PHQ-9 (M = 15.8, SD = 5.4), IES-r (M = 57.0, SD = 13.8) and WSAS (M = 17.9, SD = 8.4) Post-group outcome measure scores: BRS (Mdn = 2.8, IQR 2.1-3.9), GAD-7 (Mdn = 10.0, IQR 6.0-16.0), IES-r (M = 33.8, SD = 23.1), PHQ-9 (M = 11.3, SD = 7.2), WSAS (M = 14.0, SD = 10.3) As shown in Figure 2, a decrease in average scores was found on the IES-r, GAD-7, PHQ-9 and WSAS. The

The service satisfaction questionnaire showed that all respondents would recommend the service to friends or family if they had a similar problem. All respondents reported that they continued to use the stabilisation techniques taught to them as part of G-TEP. Respondents did not report that there were any aspects of the group that could be improved. All respondents reported that they had made good progress in managing or improving their condition and situation.

Quotes taken from service satisfaction questionnaire when respondents were asked about areas they had made progress with as a result of G-TEP include:

- 'I am able to leave the house more without support'
- 'Subconsciously working towards passing where the accident happened.

average BRS score did not show any change post-group intervention.

I feel I have made progress across all my trauma areas, by re-allocating their importance across my mind'.

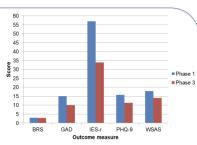


Figure 2. Graph displaying combined outcome measure scores from Talking Helps Newcastle and Psychology in Health Care. Mean reported for IES-r, PHQ-9 and WSAS. Median reported for BRS and GAD-7.

Conclusions

This pilot study provides support for G-TEP as a feasible treatment option for patients in both primary care mental health and physical health psychology services. The results from the outcome measures indicate that G-TEP may have helped to reduce trauma, depression and anxiety symptoms however the small number of participants restricted the ability to conduct any significance testing.

Due to the small sample, the results should be interpreted with care, however the initial results indicate further data collection is warranted. The post-group outcome measures were collected one month post-group, giving insight into the maintenance of outcomes following G-TEP. It is suggested that patients experienced G-TEP as an acceptable treatment option and were able to identify areas where they had made progress. Further patient feedback is warranted to fully ensure that G-TEP is meeting the needs of this patient group.

Over 18 months, 23 patients were identified and assessed as eligible for the group. The Talking Helps Newcastle and the Psychology in Health Care services were satisfied that this number showed G-TEP to be feasible treatment option in both services. Discussions about collaborating and sharing the group facilitation is being considered.

Methods

Methodology:

G-TEP consists of three phases:

Phase one: Screening and preparation for the group - This occurs over two sessions during which a one-to-one assessment of patient suitability for therapy takes place. Exclusion criteria includes: severe mental illness, multiple traumatic experiences or childhood abuse. Stabilisation techniques are taught to patients and a second session is used to ensure the effectiveness and maintenance of stabilisation techniques.

Phase two: Group trauma episode processing - Patients attend a 2-3 hour group session using a meta-communication worksheet to facilitate reprocessing (Figure 1). During the group, patients are not asked to disclose the traumatic event which has led to their inclusion in the therapy.

Phase three: Follow up – A follow-up session one month after the group intervention provides a one-to-one review of the treatment.

Participants:

N=5 (Psychology in Healthcare), N=18 (Talking Helps Newcastle). 7 groups took place between July 2018 and December 2019. An average of 3 people attended the group (Range=2-5).



Figure 1. Meta-communication worksheet.

Outcome measures:

In phases one and three patients completed the following outcome measures:

Brief Resilience Scale (BRS; Psychology in Health Care only): Selfassessment measure used to assess resilience. Higher scores indicate higher levels of resilience.

Generalised Anxiety Disorder Assessment-7 (GAD-7): Selfassessment severity measure for generalised anxiety disorder. Higher scores indicate greater severity of generalised anxiety disorder. Impact of Events Scale—revised (IES-r): Self-assessment measure used to rate subjective distress caused by traumatic stress. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Higher scores indicate greater concern for PTSD with scores >33-indicating a probable diagnosis of PTSD.

Patient Health Questionnaire-9 (PHQ-9): Self-assessment measure of the severity of symptoms of depression. Higher scores indicate greater severity of depression.

Work and Social Adjustment Scale (WSAS): Self-assessment of functional impairment attributable to an identified problem. Higher scores indicate greater level of impairment.

The Psychology in Healthcare service also asked patients to complete a service satisfaction questionnaire to help evaluate how patients experienced G-TEP.

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Dr Amie Smith Clinical Psychologist Amie.smith2@nhs.net

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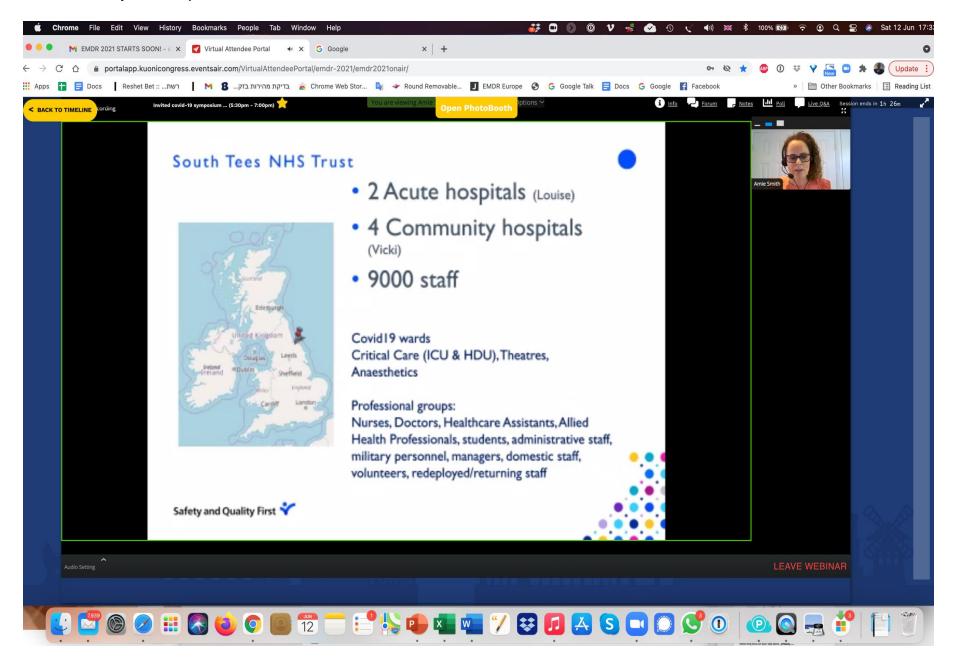
Taking EMDR & GTEP to the NHS Frontline in the UK



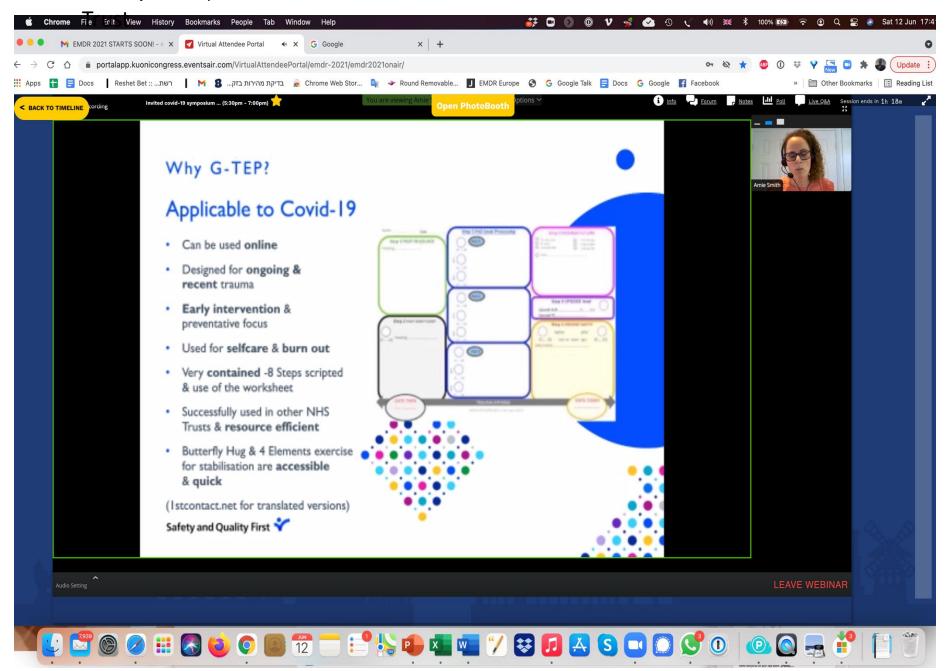


South Tees Medical Psychology

Smith, Aimie, 3P: Use of G-TEP in Remote 3 `session Format at South Tees NHS Trust



Smith, Aimie, 3P: Use of G-TEP in Remote 3 `session Format at South Tees NHS



Necessity is the Mother of Invention: Adapting GTEP on Critical Care during the COVID-19 Pandemic.

Dr John Davies

Clinical Liaison Psychologist

Norfolk and Norwich University Hospital Mental Health Liaison Service

G-TEP Controlled study with COVID related medical staff at a major hospital. Maimon et al. Results being analysed 2024

1st Stage: 220 medical staff working with COVID 19 patients at a major hospital in Israel were interviewed & assessed for level of distress & screened for need for intervention.

2nd stage: 80 were referred for group EMDR treatment (G-TEP) randomly assigned to either the first or delayed treatment groups. Treatment was conducted in groups of about 8 with two clinicians who delivered a single 2 ½ hour session.

One of the functions of the resource efficient group EMDR intervention is to screen for those requiring individual treatment. 50 staff members were identified during the two stages for referral for individual EMDR R-TEP treatment.

In preparation

Planned Study -received ethical approval

Early online EMDR (G-TEP-RISC) interventions for health care personnel experiencing psychological distress and trauma in response to the situation generated by Covid-19: Randomized experimental study.

Acronym: IETO-CO19

GONZALO GALVÁN PATRIGNANI. SP. MSC. PHD MONTERREY UNIVERSITY/ CHRISTUS MUGUERZA HOSPITAL 2021





EMDR G-TEP study in the workplace, Damascus, (2024)

Wafika Reem Tafran, Assistant staff counselor officer, UNHCR Syria

To what extent can the Group-Traumatic Event Protocol (G-TEP) be effective in reducing psychological stress and compassion fatigue and consequently enhancing compassion satisfaction? Additionally, how stable is its effectiveness among counselors working in the field of mental health and protection in organizations in Damascus?

A purposive sample of 43 individuals was divided into five groups, each consisting of eight to nine participants at most. The therapeutic protocol was applied in two consecutive sessions, with each group session lasting between 2 to 3 hours. The Professional Quality of Life Scale (ProQOL) was used as a measurement tool before and after the protocol application, and three months later to assess the stability of the impact. Both experimental and descriptive-analytical research methods were employed.

The ProQOL and G-TEP worksheet were utilized as measurement tools in this study. The results indicated the effectiveness of the protocol in reducing levels of psychological stress and compassion fatigue on the Professional Quality of Life Scale, as well as in increasing satisfaction with compassion. Significant differences were observed in the severity of the event before and after on the G-TEP draft scale. The study results also demonstrated the stability of the protocol's impact on psychological stress and the severity of the event, along with its continued effectiveness in increasing satisfaction and reducing compassion fatigue on the Professional Quality of Life Scale three months post-application.

Keywords: G-TEP protocol, psychological stress, compassion fatigue, compassion satisfaction, event severity (SUD), counselors, G-TEP protocol effectiveness.

A vicarious trauma preventive approach. The Group Traumatic Episode Protocol EMDR and workplace affect in professionals who work with child abuse and neglect.

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Workplaces that provide services and deal with abuse cases are often associated with high levels of work stress, burn out, and high expressed affect. The current intervention aimed at the more effective management of stress and affect in the workplace. EMDR therapy is an evidence-based treatment for PTSD and anxiety disorders. EMDR G-TEP, developed by Elan Shapiro [1], was applied to professionals working at "the House of the Child", an innovative specialized mental health unit that provides multi-disciplinary assessment, diagnosis and treatment services for children and adolescents survivors of abuse and neglect. The intervention included two sessions. The stabilization session took place for purposes of screening and preparation (self-regulation) and lasted 45 minutes. In the second session, which lasted 90 minutes, participants processed a recent stressful event that occurred in the workplace. The stressful event would not be shared in the group. There were twenty participants and two facilitators, all of whom working at the unit. The Job Affect Scale [2], the Impact of Event Scale - R [3] and the State-Trait Anxiety Inventory [4] were administered. The administration of the scales took place: a) during the multidisciplinary team meeting b) after the processing of the event (only the IES) and c) a week after the processing during the multidisciplinary team meeting. The dependent (paired) t test showed significant reduction of the SUDs related to the stressful event, decrease in the avoidance, intrusion and hyperarousal symptoms. Moreover, reduction in the negative affect in the workplace was noted. The current pilot intervention provided indications for the usefulness of workplace interventions aiming at more effective stress management and better communication among the members of the multi-disciplinary team. Further research is needed to evaluate the role of EMDR G-TEP in workplace stress management.

Key words: G-TEP EMDR, workplace stress, multi-disciplinary team

A vicarious trauma preventive approach. The Group Traumatic Episode Protocol EMDR and workplace affect in professionals who work with child abuse and neglect.

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1EMDR-Hellas, Athens, Greece,

2The Smile of the Child, Day Centre "The House of the Child", Greece 3Institute of Child Health, Mental Health and Social Weifare, Athens, Greece. 4Psychologist in Private Practice, Ramat Yishay, Israel

Introduction

Workplaces that provide services and deal with abuse cases are often associated with high levels of work stress, burn out, and high expressed affect. The current intervention aimed at a more effective management of stress and affect in the workplace.

Vicarious /Secondary trauma. It has long been recognised that professionals working with survivors of trauma are likely to be affected by the exposure to traumatic material (Diehm & Roland, 2015). Research data show that 6 % to 26% of therapists working with traumatised populations and up to 50% of child welfare workers are at high risk of developing secondary traumatic stress or the related conditions of post-traumatic stress disorder and vicarious trauma (NCTSN, n.d.). The therapists not only listen to clients' narrations of traumatic experiences but also engage in an empathic relationship with the client. Inevitably, trauma work requires the therapist to attune to the client's responses. The emotional strain the therapist experiences due to the exposure to trauma and its multiple effects on the therapist have been addressed in the literature through the notions of secondary traumatic stress, compassion fatigue and vicarious trauma. Secondary trauma has been described as the transfer and acquisition of negative affective, cognitive and behavioural states resulting from prolonged and close contact with traumatised individuals (Motina, 2012). Secondary traumatic stress includes avoidance, intrusion and arousal symptoms (Fight, 1985), such as hypervigilance, a sense of hopelessness, fear, guilt, anger, cynicism, physical ailments, sleep problems (Lipsky, 2010). Compassion fatigue is a less stigmatising way to describe secondary traumatic stress Figure, 1999), and has been used in the literature interchangeably with the "secondary traumatic stress". Vicarious trauma refers to the changes in the therapist's beliefs and systems of meaning that result from the chronic engagement with traumatised individuals (Pearlman, 1996). The accumulative effect of the exposure to trauma can lead to burnout which has been described as a state of emotional and physical exhaustion the professional experiences professional experiences Burnout has been associated with job dissatisfaction, absence from work, low levels of commitment, staff turnover (Mealach & Leiter, 2016), low productivity and compromised quality of care to service users (Demerous et al., 2014). All the above symptoms are related to stressful events in the workplace and interconnected to individual and contextual factors.

Intervention. In 2008, Shapiro and Laub developed the Recent Traumatic Episode Protocol (R-TEP) (Sumpend Lab, 2008). The EMDR R-TEP is an integrative recent trauma-focused protocol for Early EMDR Intervention and includes procedures and measures for containment and safety. The EMDR R-TEP protocol introduced a focus on the trauma episode rather than only on the initial trauma event. During 2013, Elan Shapiro introduced a group application, the Group Traumatic Episode Protocol (G-TEP).

Research data on the secondary stress of professionals who are exposed to traumatic material, combined with the evidentiary basis of EMDR therapy informed the design of this intervention. Given that professionals working with children and adolescents victims of abuse and neglect are at risk for workplace stress and tend to express high expressed emotion in the workplace, it was assumed that they could benefit from a trauma-informed intervention on a group basis. On that basis, EMDR G-TEP, a cost and time effective and easily learned intervention, was applied to professionals working at 'the House of the Child', a specialised mental health unit for children and adolescents who have been exposed to past and/or current experiences of abuse, neglect, domestic violence and bullying. EMDR G-TEP could help practitioner's process stressful events and therefore respond to the combined effects of stressors in a trauma-exposed workplace in a more effective way. Participants were asked to process a recent stressful experience from the workplace. To our knowledge, EMDR G-TEP has not yet been applied in the field of workplace stress.

Method

Design. This study is a single intervention on members of multidisciplinary team of the House of the Child, who received 2 sessions (stabilisation and processing) of EMDR G-TEP. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure. 2 therapists (Tsouvelas, G. & Chondrokould M.) administered the intervention. Each time 2 therapists were present, the 1st one as a leader and the 2nd one as a co-therapist, as suggested by E. Shapiro. Each G-TEP group was composed by 5 participants. 20 therapists and members of the House of the Child multidisciplinary team (18 female, 2 male) participated in the intervention. Specifically, Clinical Psychologists, a Child Psychiatrist, a Special Therapist, an Occupational Therapist, a Social Worker, a Special Education Teacher, Psychology graduate students and Administrative employees participated in the intervention.

References

Subjective Units of Distress (SUD's)

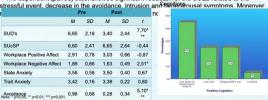
easurements. Impact of Events Scale (IES-R) (Giannopoulou et al., 2006; Weiss et al., 1997)

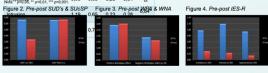
- Subjective Units of connection with Safe Place (SUcSP)
- Job Affect Scale (Brief et al. 1988, Burke et al. 1989)
- State-Trait Anxiety Inventory (Spielberg 2010)

Measurements took place 1 day before the intervention started (1st meeting: stabilisation) and one week after the processing session (2nd meeting: EMDR-G-TEP process). Only the measurements of the Subjective Units of Distress (SUD's) and Subjective Units of connection with Safe Place took place the day of the second meeting.

Results

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Discussion

Our study attempted to explore whether EMDR G-TEP might be an effective intervention for professionals who are exposed to trauma vicariously. Our results demonstrated that the participants processed traumatic memories related to stressful events in the workplace and gained a sense of control. In addition, the participants had the opportunity to learn stabilisation exilist through grounding, relaxation and visualisation exercises taught/ practiced in the first part of the intervention. It was found that IES-R scores improved significantly, which means that participants' symptoms of intrusion, avoidance, and hyperarousal were statistically significant reduced. Moreover, as expected, their subjective units of distress in relation to the stressful events the participants processed decreased. These findings are consistent with the findings of Yurtsever et al. (2018) and Lehnung et al. (2017) on the effectiveness of G-TEP in reducing posttraumatic stress symptoms. A surprising finding was that the negative affect in the workplace reduced, which indicates a change related to workplace contextual factors rather than the specific stressful event it was processed.

Limitations. Our study included a small number of participants, and therefore, our results could not be generalised in other multidisciplinary teams working with trauma. Furthermore, a control group was not used. Follow up measures need to be administered in three-month time to ensure these outcomes are maintained in the long term.

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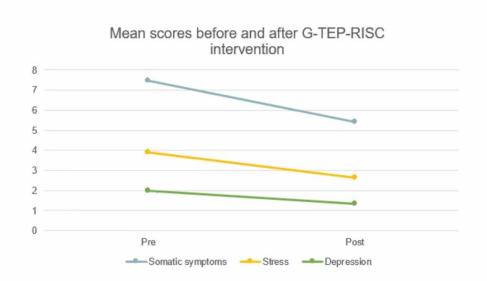
Capocchi Paula, developing a crisis intervention program for health professionals

in critical Health Centers,

Study in Chile

RESULTS OF PILOT STUDY

- Paired T-test comparing mean scores before and after G-TEP-RISC intervention
- After G-TEP-RISC intervention, participants experienced a decrease in the following:
 - Somatic symptoms
 - Stress
 - Depression
- This differences were statistically significant.





Effects of EMDR Group Traumatic Episode Protocol on Burnout Within IAPT HealthCare Professionals: A Feasibility and Acceptability Study (2022)

Jasmin Pink; Mahdi Ghomi; Tanya Smart; Thomas Richardson Solent NHS Trust Devon Partnership NHS Trust, Talkworks, Adult Mental Health, Barnstaple, United Kingdom

Mental health professionals face a high degree of burnout. This study aimed to explore the effectiveness of Eye Movement Desensitisation and Reprocessing Group Traumatic Episode Protocol (EMDR G-TEP) at reducing distress and burnout in staff working within an Improving Access to Psychological Therapies (IAPT) service and if outcomes changed over number of sessions attended. Twenty-two staff attended and measures examining burnout, and subjective distress ratings of the targeted memory were taken pre, post and 1 month follow-ups. 95.5% reported finding the sessions helpful. A statistically significant reduction was observed on total burnout, and personal and work-related subscales; and a significant improvement in subjective units of distress. There was no interaction in changes of burnout and number of sessions attended. EMDR G-TEP has the potential to offer a novel method to improve staff wellbeing within mental health settings. Further research is recommended.

Keywords: EMDR; G-TEP; IAPT; NHS; burnout

Nicola, E., Leddy, A. & Mulhall, (2023). The group traumatic episode protocol (G-TEP): A service evaluation of a single session group intervention for healthcare staff in the acute adolescent inpatient setting. EMDR Therapy Quarterly. Winter 2023

This paper evaluates a single-session group intervention that has been implemented to reduce trauma-based symptoms and levels of distress for healthcare professionals working on (and associated with) acute adolescent psychiatric wards. This group was based on the eye movement desensitisation and reprocessing (EMDR) therapeutic model and followed Shapiro's already established group protocol; EMDR group traumatic episode protocol (G- TEP). Results from this early EMDR intervention (EEI) demonstrated a large effect size indicating a significant reduction in trauma-based symptoms between preintervention and at one-month follow-up (n=21) (Cohen's d=1.4). Comparisons showed that on average, trauma-based symptoms had reduced to below clinical concern thresholds by follow-up. A downward trend was also observed in distress levels throughout the intervention. Feedback showed that 81.8% of participants felt that the session had been useful, and 78.8% felt able to implement learnings from the session in their work or home life. Staff seemed to receive G-TEP favourably and find it effective. Compassionate leadership and the potential benefits of attending responsively to staff well-being issues are also outlined.

Brief report: A thematic analysis of the feedback from a service evaluation of a single-session group intervention (G-TEP) for healthcare staff in an acute adolescent inpatient setting, John Mulhall, Faye Butler, Claire Wheeler EMDR Therapy Quarterly, Winter 2024 Vol 5 No 4

Conclusions

The G-TEP sessions were initiated as a way of addressing the needs of staff who had been caught up in distressing incidents at work involving patients.

Participants did not have a formal diagnosis of PTSD, but they did have trauma-based symptoms. Our previous <u>paper</u> presented quantitative outcomes that clearly demonstrated a significant reduction in trauma-based symptoms.

Quantitative data does not tell the whole story, and we felt it was important to share personal feedback and improved functional equivalents.

Workplace stressors are linked directly with productivity, absence and turnover (Liu et al., 2019; Mento et al., 2020). Taking care of staff by offering evidence-based interventions should help to reverse upward trends in the adverse sequelae caused by distressing incidents at work.

Our service evaluation shows that staff appreciated the care shown to them by making the G-TEP sessions available. The intervention helped them to process distressing experiences (even when people did not realise this was needed), and the skills learned were not only used in the sessions but also transferred into the workplace in general and into personal circumstances.

Morris, H., Hatzikiriakidis, K., Dwyer, J., Lewis, C. Halfpenny, N., Miller, R., Skouteris, H (2022) Early intervention for Residential Out-of-Home Care Staff using Eye Movement Desensitisation and Reprocessing (EMDR). *Psychological Trauma: Theory, Research, Practice, and Policy*

Objective- Residential Out of Home Care (OoHC) staff regularly experience workplace- related trauma. This may contribute to the future development of a trauma or stressor related disorder. Eye movement desensitisation and reprocessing (EMDR) is an effective treatment for stress disorders but is largely unstudied in OoHC staff. The objective of the current study to was to determine if EMDR, provided early within three months of an incident, reduced trauma symptom severity in OoHC staff.

Method- During a three-year pilot study (2018-2020), a trained clinician delivered the EMDR Recent Traumatic Episode Protocol (R-TEP) and Group Traumatic Episode Protocol (G-TEP) to OoHC staff from one community service organisation in Victoria Australia. Retrospective data from the post-traumatic stress disorder checklist (PCL-5) were deidentified and analysed using descriptive statistics and analysis of variance. Due to the Covid-19 pandemic, individual EMDR (R-TEP) was provided by telehealth during 2020 in comparison to face-to- face sessions during 2018-2019.

Results- Overall, a significant decrease in PCL-5 scores were seen from baseline to follow up, and staff who received R-TEP or G-TEP experienced reductions in symptoms. Both face-to- face and online modalities showed significant reductions in PCL-5 scores. No significant differences were found between the online or face-to-face modes of delivery suggesting both options are effective. No adverse reactions were reported among the 144 staff who participated.

Conclusion- This study provides evidence for the efficacy of EMDR in reducing traumatic stress symptom severity for residential OoHC staff. A larger, prospective research study is needed.





at
Grenfell Health and
Wellbeing Service
(GHWS)

Oliver Wright
Consultant EMDR Therapist



Vicarious trauma, compassion fatigue and burnout: Tools for EMDR therapists,

Lee Anna Simmons & Oliver Wright, EMDR Therapy Quarterly Autumn 2023

- Healing vicarious trauma: personal stories
- During his time at the Grenfell Health and Wellbeing Service since 2017, Oliver has been part of a number of staff wellbeing initiatives. Just like any team working with traumatised clients the team have been impacted by VT. Oliver often noticed feeling exhausted at the end of the working week, sleeping badly, or having nightmares related to the work. Even though generally morale was high, colleagues talked about burnout and compassion fatigue and sometimes secondary trauma.
- Oliver and his colleagues offered the Group Traumatic Episode Protocol (GTEP) to the
 entire team. GTEP, developed by Elan Shapiro, is a group EMDR process that allows
 participants to undergo EMDR simultaneously without disclosing their personal
 trauma to others in the group or the GTEP therapists. Oliver and other GTEP trained
 therapists have so far delivered four GTEP sessions for Grenfell staff including both
 face to face and online sessions. Outcomes from participants have generally seen a
 drop in SUD of between two and four points in one GTEP session.
- Lee held a GTEP session with this group to help them manage the traumatic endings they were working with and to prevent the PTSD symptoms that they were reporting from developing further. Tears of desperation and exhaustion were a common feature in early supervision sessions. This did not happen after the group GTEP session. The therapists also worked on asserting boundaries with their clients and with management, protecting the space for clinical work and planning endings in a contained and proactive way.

The Group Traumatic Episode Protocol (G-TEP)

 G-TEP with (<u>Front-Line</u> Ward Based) Staff in a UK NHS Acute Adolescent Inpatient Setting;

 with John Mulhall (Cognitive Analytic Psychotherapist, Supervisor and Trainer, & EMDR Consultant)



WELCOME

Exploring the utility of G-TEP and G-REP with clinician and carer staff teams who work with people with Learning Disabilities.

Dr Joanne Porter Consultant Clinical Psychologist Community Learning Disabilities Team Plymouth

We support people to lead independent, healthy lives

G-TEP RESEARCH IN THE UKRAINE

- ❖ Snisar D., Khmelnytska O., Novak O. & Stoliarchuk A. (2019), Preventing Trauma and Rebuilding Resources Among Health Professionals in the East of Ukraine.

 Poster presented at the 20th EMDR Europe Conference
- ❖ Snisar D., Khmelnytska O., & Novak O. (2020?) Evaluation of group-based interventions for conflict-affected people in the East of Ukraine (Poster presented at. ? conference)
- Oleg Novak, Alexander Stolyarchuk (2022)

Interim results with the EMDR G-TEP protocol with helping professionals in the Ukraine between 24.02.22 - 26.05.22 EMDR Ukraine

Dmytro Snisar1, Oksana Khmelnytska2, Oleg Novak3

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MARIUPOL KRAMATORSK SCHASTYA SEVERODONETSK DRUZHKIVKA VOLNOVAKHA





МАРІУПОЛЬ КРАМАТОРСЬК ЩАСТЯ СЄВЄРОДОНЕЦЬК ДРУЖКІВКА

PREVENTING TRAUMA AND REBUILDING RESOURCES AMONG MENTAL HEALTH PROFESSIONALS IN THE EAST OF UKRAINE

Dmytro SNISAR, Oksana KHMELNYTSKA, Oleg NOVAK, Oleksandr STOLIARCHUK

Ukrainian society of specialists on overcoming the consequences of traumatic events

INTRODUCTION

Despite a ceasefire agreement signed in 2014, a military conflict between Ukrainian forces and Russian-backed separatists in densely populated areas in the East of Ukraine continues has started escalating. Approximately 200,000 people reside within 5 km of the 500-kilometer front-line. The project "Psychosocial support for people affected by the military conflict in Ukraine" is being implemented by the NGO "Ukrainian association of specialists on overcoming the consequences of trauma-

tic events" ("Psychological Crisis Service") with the support of German Government, Maltese International and the Maltese Assistance Service of Ukraine.

The target group of the project are war affected people who need psychosocial and psychotherapeutic help. Such support is rendered by 3 centres of psychosocial adaptation in the cities of Mariupol, Kramatorsk and Schastya, as well as 3 mobile teams in Volnovakha, Severodonetsk and Druzhkyvka, visiting the villages and

settlements of the front-line zone. We noticed that mental health specialists who work in war zones developed psychological trauma and emotional burnout.

In the situation of protracted traumatic events due to ongoing military conflict, the mental health helpers are constantly under strong burden of private and work related past and present crisis events. The risk of primary and secondary traumatization remains very high and common resilience rebuilding and stabilization methods have

limited use. So, we looked for effective and time/resource saving methods that could be used to improve the daily mental health condition of the helpers and to prevent the consequences of continuing traumatization. The decision to use G-TEP EMDR was primary, the idea to summaries the resulted figures and statistics was secondary. Elan Shapiro, the developer of the G-TEP EMDR protocol, has provided us with technical support.

METHOD

G-TEP (Group - Traumatic Episode Protocol) is an Eye Movement Desensitization and Reprocessing (EMDR) protocol that provides a novel method to prevent psychological trauma and rebuilding resources. There is clinical evidence, one field study and one RCT published on the effects of EMDR G-TEP. However, no published studies have explored the effectiveness of the G-TEP protocol among mental health professionals in Ukraine. In this field study, we investigated the effectiveness of sustained sessions of G-TEP EMDR in treating and preventing trauma among mental health professionals.

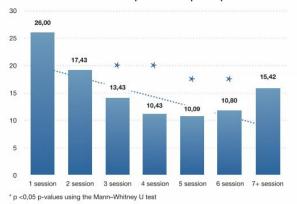
All mental health professionals who work in the project "Psychological support to conflict-affected people in Ukraine" and live in Donetsk and Lugansk regions were eligible to participate. The participants signed research consent forms. There were three outcome measures in this study. The primary outcome measure was PCL-5. Secondary measures were Beck Anxiety Inventory, Beck Depression Inventory, SUD (subjective unit of disturbance).

35 mental health professionals, who have been exposed to the war zone since the spring of 2014 were treated with G-TEP. They received between 1 and 8 sessions of G-TEP protocol (including resourcing sessions) over a period of 8 months. Not all participants received all 8 sessions of GTEP, with some receiving only 1 session and others the maximum of 8.

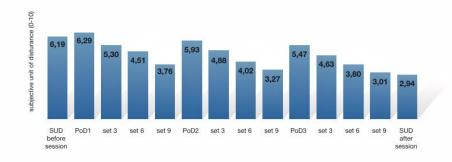


RESULTS

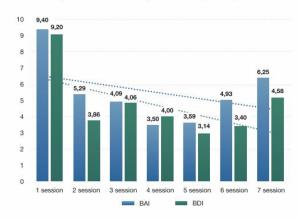
Means PCL-5 scores in groups depending on how many GTEP session a person has participeded in



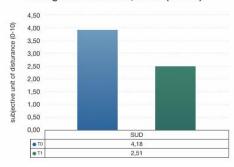
Evolution of subjective unit of disturbance (0-10) assessed during a session, mean (N=140)



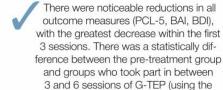
Means BAI and BDI scores in groups depending on how many GTEP session a person has participated



Evolution of subjective unit of disturbance (0-10) assessed during a stabilization and stress management exercise, mean (N=140)



CONCLUSION



Mann-Whitney U test).

According to the analysis of the 140 sessions, we determined that the Subjective Distress Level (SUD) significantly decreases from 6.19 to 2.94 on average. The greatest decrease in SUD was seen at the 4th and 5th sessions. We also noticed that the level of subjective distress of the participants dropped from 4.17 to 2.5 during the "4 Elements & Safe Place" exercise.

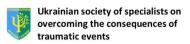


This study indicates that the G-TEP protocol is a feasible treatment option for Ukrainian mental health professionals and is associated with a reduction in the risk of psychological trauma. The study data allows us to recommend using the EMDR G-TEP protocol for 3 to 5 sessions for trauma prevention work among mental health professionals working in a military action zone. Rigorous evaluation in a randomized controlled trial should be undertaken before the wider implementation of the protocol is considered.

Contacts: UKRAINIAN SOCIETY OF SPECIALISTS ON OVERCOMING THE CONSEQUENCES OF TRAUMATIC EVENTS





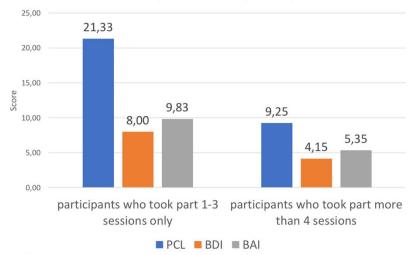


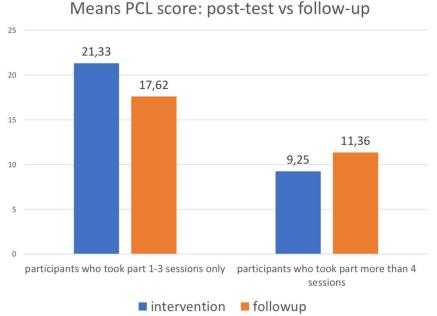




Preventing trauma and rebuilding resources among mental health professionals in the East of Ukraine. Follow-up (results after 3 months)

Means of PCL, BAI and BDI scores after 3 months in groups depending how many sessions a person has participated





Interim results with the EMDR G-TEP protocol with helping professionals in the Ukraine between 24.02.22 - 26.05.22

EMDR Clinicians: Oleg Novak, Alexander Stolyarchuk
EMDR Ukraine

Introduction & procedures: During March - May 2022, three treatment support groups were conducted for helping professions (mostly Psychologists and 2 medical doctors) from different fields and districts in Ukraine, using the EMDR G-TEP protocol. In each group, 4 sessions were delivered, for two hours in each session, twice a week. The total number of participants was 38 and the groups lead by Oleg Novak and Alexander Stoliarchuk. **Measures:** SUD scores and the PCL-5 and PHQ-9 tests were used for monitoring participants conditions.

Interim Results for group that completed all 4 sessions:

Group No. 3 (n=12)

The number of participants having 38 or more points (38 is the cut-off indication of PTSD according to PCL-5) decreased by 58% (from 75% to 17%),. (see Diagram 1).

REFUGEES

An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees with Post Traumatic Stress Symptoms: Results of a Randomized Controlled Trial

Yurtsever, Konuk, Tükel, Çetinkaya, Akyüz, Zat, Savran & E. Shapiro Frontiers in Psychology, 2018

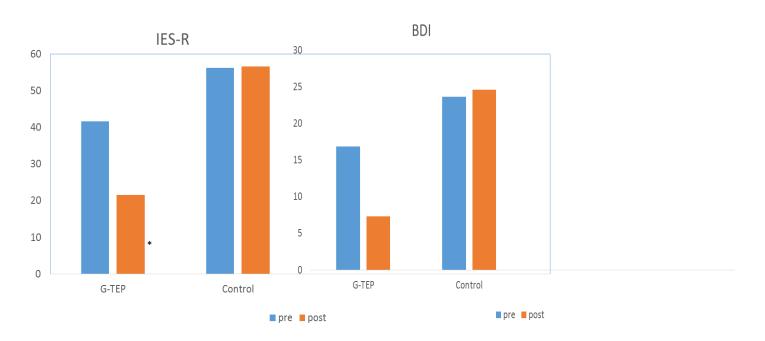
- **Method:** N= 47; experimental group (n= 18) and a control group (n=29). 2 sessions of G-TEP
- The measures were Impact of Event Scale (IES-R), Beck
 Depression Inventory-II (BDI-II) and Mini International
 Neuropsychiatric Interview (M.I.N.I) at pre-, post- and four-week
 follow-up.
- **Results:** EMDR G-TEP group had significantly lower PTSD and depression symptoms after the intervention. The percentage of PTSD diagnosis decreased from 100% to 38.1, in the EMDR G-TEP group and was unchanged in the control group.
- **Conclusion:** EMDR G-TEP reduced PTSD and depression symptoms among Syrian refugees living in a camp after two treatment sessions conducted over a period of three days.



Evaluating the EMDR Group Traumatic Episode Protocol (EMDR G-TEP) with Refugees: A Field Study

Lehnung, Shapiro, Schreiber & Hofmann.

Journal of EMDR Practice and Research, Volume 11, Number 3, 2017



2 sessions of EMDR G-TEP.

18 Arabic speaking refugees from Syria and Iraq who had come to Germany during the previous five months assigned to treatment and or to delayed treatment waitlist.

Impact of Event Scale Revised (IES-R) and the Beck's Depression Inventory (BDI) These results provide preliminary evidence that it might be effective to treat groups of traumatized refugees with EMDR G-TEP. <u>Kaptan</u>, S.K., <u>Yılmaz</u>, B., <u>Varese</u>, F. & <u>Husain</u>, N. What works? Lessons from a pretrial qualitative study to inform a multi-component intervention for refugees and asylum seekers: Learning Through Play and EMDR Group Traumatic Episode Protocol. June 2022

Abstract

Almost half of the trials failed to recruit their targeted sample size of which 89% could be preventable. Successful implementation of mental health trials in a context of forcibly displaced individuals can be even more challenging. Mental health difficulties have the potential to impact parenting skills, which are linked to poor development in children, while parenting interventions can improve parents' mental health and parenting behaviors. However, the evidence on parenting interventions for refugees is limited. A parenting intervention, Learning Through Play Plus Eye Movement Desensitization and Reprocessing Group Treatment Protocol, has been designed to address parental mental health. This pretrial qualitative study, conducted with refugees, asylum seekers and professionals, aimed to explore their perceptions of the intervention and to identify barriers and recommendations for better engagement understanding the role of the facilitator. These themes provided insights into the issues that might predict the barriers for delivery of the intervention and offered several changes, including destigmatization strategies to improve engagement.

KEYWORDS asylum seekers, EMDR G-TEP, intervention, mental health, parenting, pretrial, refugees

Vignaud, P.; Chauliac, N.; Contamin, E.; Richer, S.; Vuillermoz, C.; Brunelin, J.; Prieto, N.

Relevance and Feasibility of Group Traumatic Episode Protocol Delivered to Migrants: A Pilot Field Study. *Int. J. Environ. Res. Public Health* **2023**, *20*, 5419. https://doi.org/10.3390/ijerph20075419

What are the main findings?

- •Group Traumatic Episode Protocol (G-TEP) may be efficient to treat PTSD symptoms in migrants.
- •G-TEP displayed a tendency toward a decrease in symptoms of depression in migrants. What is the implication of the main finding?
- G-TEP is suitable to improve the access to psychiatric care for migrants.

Abstract: Introduction: Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) are commonly observed in migrants. Although Eye Movement Desensitization and Reprocessing (EMDR) can be helpful to treat these diseases, it remains difficult to propose EMDR as an individual intervention in help-seeking migrants. Group EMDR, like Group Traumatic Episode Protocol (G- TEP), which was built around the 8 phases of the original EMDR protocol, could offer an effective treatment to a large number of people. It may also be more resource-efficient to provide psychiatric care to migrants. Methods: In this open-label trial, the feasibility and the effectiveness of a 6-session G-TEP intervention was investigated in a group of 10 migrants. Results: The intervention was well tolerated by participants. The final attrition rate was 10%. After the intervention, there was a 28.2% significant decrease in PTSD and complex PTSD symptoms, as measured by the International Trauma Questionnaires (total_ITQ) scores (p = 0.013) and a trend towards a significant decrease in MDD symptoms, as measured with the Patient Health Questionnaire (PHQ-9) (p = 0.057). Conclusions: G-TEP may be effective in decreasing PTSD symptoms in migrants. The accessibility, low-cost, and very structured features of G-TEP may make its implementation sustainable in the field of psychiatric care for migrants.

Keywords: post-traumatic stress disorder; eye movement desensitization reprocessing; group traumatic episode protocol; group; migrant; care access

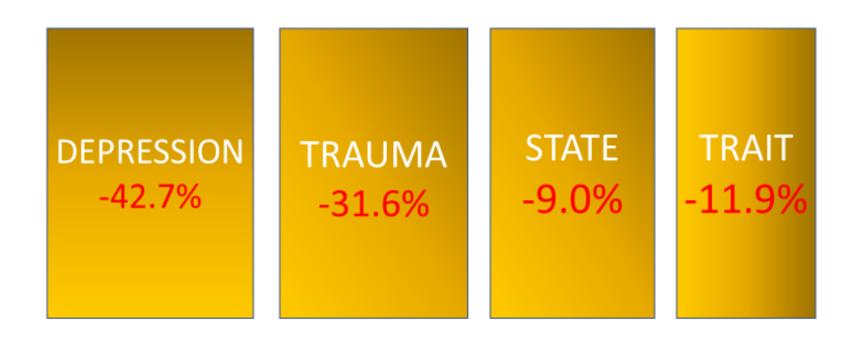
CANCER



The examination of the effects of the EMDR Group Traumatic Episode Protocol on anxiety, trauma, and depression in patients living with a Cancer diagnosis within the past year. Amanda Roberts, (JEMDR, 2018)

N=35; 2 X 90 minute sessions

CUMULATIVE PERCENTAGE CHANGES FOR ENTIRE SAMPLE AT FOLLOW-UP



Roberts, A. K. P. (2018). The effects of the EMDR group traumatic episode protocol with cancer survivors. *Journal of EMDR Practice and Research*, 12(3), 105–117. https://doi.org/10.1891/1933-3196.12.3.105

Abstract

The purpose of this pre-experimental case study was to explore the efficacy and safety of the Eye Movement Desensitization and Reprocessing (EMDR) Group Traumatic Episode Protocol (G-TEP) in the psychological treatment of cancer survivors and its potential effects on posttraumatic stress, anxiety, and depressive symptoms. Participants (N = 35) were patients with various types of cancer, in different stages, initial or recurring, with diagnosis or oncology treatment received within the past year. Following an individual psychoeducational intake session, participants received two 90-minute EMDR G-TEP sessions, administered on consecutive days. They were randomly assigned to a treatment group or a delayed treatment group. Assessments were administered at pre, post, and follow-up using the Short PostTraumatic Stress Disorder Interview (SPRINT), State-Trait Anxiety Inventory (STAI), and Beck Depression Inventory (BDI-II). Repeated measures comparisons of PTSD symptoms, anxiety, and depression revealed significant differences between pretest and posttest, with most results maintained at follow-up. Pre-follow-up effect sizes showed medium effects. These promising results suggest the value in providing a lengthier course of treatment. They support the need for research with large sample, randomized clinical trials to examine the viability of providing EMDR G-TEP in the psychological treatment of cancer survivors. No serious adverse effects were reported and we conclude that the EMDR G-TEP may be effective and safe in the psychological treatment of an oncology population. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

SEXUAL VIOLENCE

Psychological intervention in women victims of childhood sexual abuse:

a randomized controlled clinical trial

comparing EMDR psychotherapy and trauma-focused cognitive behavioral therapy

Milagros Molero, Olga Fernndez-García, María Teresa Mitjans-Lafont, Pérez-Marín, Hernndez
Jimnez*María Jesús

Front. Psychiatry, 29 May 2024

Sec. Anxiety and Stress Disorders

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Results: Both therapeutic approaches significantly reduced symptomatology across various evaluated variables, suggesting their efficacy in improving the quality of life for these individuals. Following CBT-FT treatment, patients exhibited enhanced emotional regulation, reduced reexperiencing, and avoidance. The EMDR group, utilizing the G-TEP group protocol, significantly improved dissociation, along with other crucial clinical variables and the perception of quality of life.

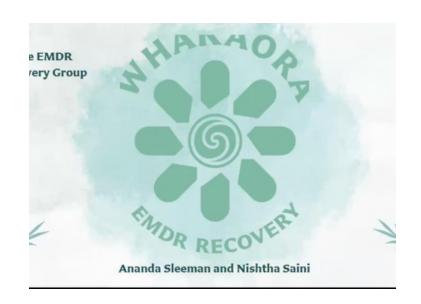
Dr. Chris Neuenfeldt, PsyD and team work in New Zealand

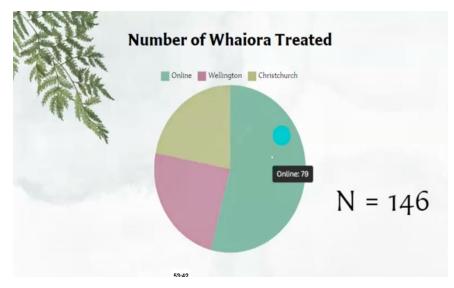
my colleagues and I have been working with survivors of sexual assault for several years. We have three cohorts (Wellington, Christchurch, and online) and are assessing participants pre- and post-treatment. Treatment consists of 5 G-TEP sessions, delivered weekly by clinical psychologists. Post-treatment data are gathered 30 days following the last session. All assessments are completed online, which allows us to do some interesting things with the data.

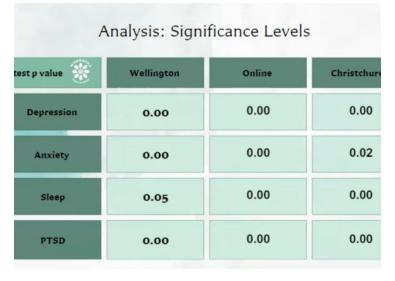
We've created a live, automatically updating data dashboard on the Whakaora website. This means that, as participants start or finish treatment and complete assessments, their results are displayed in real time on the site. To our knowledge, it's a first in New Zealand to have instantaneous data showing treatment outcomes, and it's all using the G-TEP protocol.

Since we regularly have groups starting and stopping, the data will be changing frequently. If any of this is useful to you or any other G-TEP researchers, feel free to share.

Ongoing Research on Victims of Sexual Violence in New Zealand With live online data updating









Emma Sanderson, Ceit Robinson

SVS EMDR Group Protocol: A Collaborative Approach to Trauma Therapy Vol. 34, Issue 1, 2024 NZST

The authors discuss the benefits of eye movement desensitisation and reprocessing (EMDR) group therapy when delivered as an adjunct to individual therapy for sexual violence survivors (SVS) engaged in trauma treatment.

The SVS protocol was developed as an adaptation of the evidence-based group traumatic episode protocol.

The SVS protocol was developed to meet the complex and specific needs of this population, extend the use of EMDR therapy from an individual to a group therapy context and increase the accessibility of EMDR for SVS.

This perspective article provides an introduction to the SVS EMDR group protocol and encourages therapists to integrate EMDR group therapy into their individual client treatment planning, which offers benefits for clients and clinicians at the beginning, middle a later stages of trauma recovery.

Background

- Women who have experienced sexual violence constitute the single largest group of people suffering from Posttraumatic Stress Disorder (PTSD) (e.g. Calhaun & Resnick, 1993; Kessler et al., 1995; Norris, 1992; Resnick et al., 1993).
- The piloting of the EMDR Group intervention within the SARC was based on an adaptation of the EMDR G-TEP protocol (Shapiro, 2015), adapted to take into account our knowledge and clinical experience of working with this client group, with the hope of preventing onset of complex psychological difficulties.
- This pilot is part of growing research on time-intensive and acute interventions for PTSD (Ehlers, Hackmann, Grey, Wild, Liness, et al., 2014) which can be an efficient adaptation of long-term interventions that improve client motivation, engagement and focus (Bevan, Oldfield & Salkovskis, 2010).
- Group interventions provide the opportunity for shared experiences, belonging and counteract feelings of isolation and alienation. It also helps tackle shame-based cognitions (Burlingame, Fuhriman, & Mosier, 2003; Herman, 1992; Mendelsohn, Herman, Schatzow, Coco, Kallivayalil, & Levitan, 2011).
- Groups also foster a sense of self-esteem as clients learn to value themselves by establishing connections with others and experiencing acceptance (Harney & Harvey, 1999).
- We are not aware of any such groups for survivors of sexual assault in the UK.

Aims

- To evaluate whether the EMDR G-TEP group is an acceptable intervention for clients who have experienced rape and/or sexual assault;
- · To assess clinical outcomes:
- To obtain qualitative feedback from clients on this novel intervention and reflect on clinicians' experiences of running the groups.

Methods

- Recruitment: Verbal information and leaflets given to female clients attending the Single-Session CBT (SSCBT) workshop
- Telephone screening and explanation of EMDR G-TEP
- G-TEP Group: 5 hour group
- Five groups, 4-7 clients per group; 2 facilitators per group
- Questionnaires completed by clients pre group and at 4-week follow-up:
 - PCL-5
 - BDI-II
 - CD-RISC10

Pilot study with G-TEP EMDR in women victims of intimate partner violence



Tsouvelas, G.1.2, Liafou, V.1.3, Shapiro, E.4. Ventouratou, D.1 Sfyri, V.1, Amann, B.5

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Psychologist in Private Practice, Ramat Yishay, Israel

Centre Forum Research Unit, Institute of Neuropsychiatry and Addictions (INAD), Hospital del Mar Research Institute (IMIM), Department of Psychiatry, Autonomous University of Barcelona, Spain

Introduction

Intimate partner violence is a public health problem that has a big impact on the physical and psychological health of women worldwide (New Mar 2015). The cost to the EU of gender-based violence against women is estimated at EUR 228 billion in 2011, i.e. 1,8% of EU GDP PROM 2018.

According to the Global Database on Violence against Women in Greece

- Lifetime prevalence of physical and/or sexual intimate partner violence is 19 % and
- Incidence of physical and/or sexual intimate partner violence during the last 12
- Lifetime non-partner sexual violence is approximately 1 %.

Barriers for effective monitoring on intimate partner violence in Greece are the lack of common operational definitions and registration practices. Another barrier regarding the estimation of intimate partner violence concerns the underreported cases and the limited access to protection, shelters and mental health services.

Intimate partner violence represents a pattern of behaviors rather than a one-time event, often resulting in re-abuse over time even after an intimate partner violence victim. has made efforts to establish safety and independence. Many intimate partner violence victims experience trauma-related sequelae, including posttraumatic stress, depression, suicide attempts, and other psychiatric conditions proper above, 191 Barra B. Sullivan, 2003).

In a recent research study recording the psychosocial repercussions of domestic violence in battered women in Greece

- 33% of the victims had suffered psychological abuse
- 30% physical abuse
- 16% sexual abuse.
- 20% of the victims had suffered all the above forms of violence
- 60% of the victims presented symptoms of post-traumatic stress disorder.
- 46% from the above percentage presented chronic PTSD pro-

Posttraumatic stress disorder as sequelae of intimate partner violence ranged from 31% to 84% of women who had experienced intimate partner violence classes demands 2001 Tail Virgi Marketin, in Names, 2001, According to Krause et al., (2001), PTSD symptoms lead to increased odds of re-abuse over a one year follow-up.

Shelter services provide women with resources to assist them in establishing a violence-free life. However, Sullivan and Bybee ; see evaluated the impact of a post-shelter and findings indicated that without intervention post-shelter stay 89% of participants reported experiencing re-abuse by an ex-partner during the two year follow-up period.

Intervention Materials

EMDR-Europe's leaflet about the IPV (Creek minutes)



informative leaflet for the intervention program



Photo of the place of the intervention





4 elements leaflet



Methods

Design

This study is a single blind research comparing an experimental group, who received 3 sessions of EMDR G-TEP intervention, to a control group at 3 time points. The study will employ a waitlist/delayed treatment control group design. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure

4 therapists (Tsouvelas, G., Liafou, V., Sfyri, V. and Ventouratou D.) participated in the intervention. Each time 2 therapids were present, the 12 state and the 2 state as a co-therapist as suggested by E. Shapiro. The intervention program announced by WIN Hellas, an NGO that offers help, treatment and empowerment to women who have been subjected to any form of "abuse" in their family, social and professional environment. The number of participants that enrolled in the study were 40 women.

Measurements

- Connor-Davidson Resilience Scale (CD-RISC 10) page 1881
- Beck Anxiety Inventory (BAI) pro a time where a con-
- Impact of Events Scale (IES-R) -

G-TEP EMDR in women victims of Intimate Partner Violence. **Preliminary findings**

Tsouvelas, G.^{1,2}, Liafou, V.^{1,3}, Shapiro, E.^{4,} Ventouratou, D.¹ Sfyri, V.¹, Amann, B.⁵
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5 Centre Forum Research Unit, Institute of Neuropsychiatry and Addictions (INAD), Hospital del Mar Research Institute (IMIM), Department of Psychiatry, Autonomous University of Barcelona, Spain

Results

Introduction

Intimate partner violence is a public health problem that has a big impact on the physical and psychological health of women worldwide Pentrick 2013. The cost to the EU of gender-based violence against women is estimated at EUR 228 billion in 2011, i.e. 1,8% of EU GDP ONGS, 2013

Barriers for effective monitoring on intimate partner violence in Greece are the lack of common operational definitions and registration practices. Another barrier regarding the estimation of intimate partner violence concerns the underreported cases and the limited access to protection, shelters and mental health services.

In a recent research study recording the psychosocial repercussions of domestic violence in battered women in Greece: 33% of the victims had suffered psychological abuse, 30% physical abuse, 16% sexual abuse, 20% of the victims had suffered all the above forms of violence, 60% of the victims presented symptoms of post-traumatic stress disorder 46% from the above percentage presented chronic PTSD (Page 1990) & Colombia 2016).

Posttraumatic stress disorder as sequelae of intimate partner violence ranged from 31% to 84% of women who had experienced intimate partner violence powers with Jones Hughes & 1011 Tait, Vogs Headwis, & Resea, 2011). According to Krause et al., pross, PTSD symptoms lead to increased odds of re-abuse over a one year follow-up.

Considering the multiple effects of the intimate partner violence trauma on womens' life which puts women at risk for re-victimisation and/or physical and mental health problems, a preliminary intervention was designed by EMDR Hellas for women subjected to intimate partner violence.

Intervention

It is proposed that early intervention is important in order to prevent the development of more serious mental health problems (e.g. PTSD, depression) as well as to increase women's resilience and even prevent conflict in community (\$100000 and \$10000, \$2000).

In 2008, Elan Shapiro and Brurit Laub developed the Recent Traumatic Episode Protocol (R-TEP) (Neplo and Last, 200). The EMDR R-TEP is an integrative recent traumafocused protocol for Early EMDR Intervention and includes procedures and measures for containment and safety. The EMDR R-TEP protocol introduced a focus on the trauma episode rather than only on the initial trauma event. During 2013, Elan Shapiro introduced a group application, the Group Traumatic Episode Protocol (G-TEP).

Considering the limited number of resources for women victims of intimate partner violence and the high risk of re-victimisation because of the impact of the trauma, it is crucial to provide cost and time effective, easily learned and applied interventions. For this reason, we designed a study applying EMDR G-TEP to women victims of intimate partner violence

Methods

Design

This study is a single blind research comparing an experimental group, who received 3 sessions of EMDR G-TEP intervention, to a control group at 3 time points. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure

4 therapists (Tsouvelas, G., Liafou, V., Sfyri, V. and Ventouratou D.) participated in the intervention. Each time 2 therapists were present, the 1st as a leader and the 2nd as a co-therapist as suggested by E. Shapiro. 14 women, victims of IPV, aged 29-68 (M=51.8±19.9), participated in the intervention. 3 of them were on psychiatric medication. Regarding the traumatic event the participants processed, 3 women chose to work on physical abuse events, and 11 chose to process psychological abuse events. The administration of the scales took place; a) before the intervention b) one month after the processing of the event and c) four months after the processing (follow up measurement).

Greek versions of the following self-administered scales were used: Connor-Davidson Resilience Scale, SUS's scale, State-Trait Anxiety Inventory, PCL-5, BDI, ECR short form

References

JEMDR

a Cathered women's fature safety. Journal of Independental Molecule. 2005; 835-881, 60118.117193882800. Resould repertuestions of Bossesto, visitance is bettered ascreen. Psychiatrible - Psychiatrib. 2723; 146-148



Wilcoxon test showed statistically significant reduction of the SUDs related to the stressful event (see Figure 1). The most frequent positive cognitions were "I can cope" and "I survived" (see Figure 2).





Friedman test (pre-post-follow up) showed decrease in intrusions (PCL-5), a tendency for lower scores on total PCL5 scores (see Figure 3) and statistically significant lower scores on Trait Anxiety (see Figure 4)



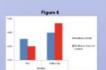


Friedman Test: PCL (PTSD) x2 (2) = 3,87 p = .144 PCL Intrusion x2 (2) = 9,64 p = .008

Trait Anxiety x2 (2) = 7,17 p = .028

Friedman test (pre-post-follow up) showed a tendency of lower scores in BDI (see Figure 5) scores after follow up measurements. Although the differences were not statistically significant, we expect that by increasing the sample we will reach statistically significant differences. Regarding resilience and its dimensions it was observed statistically significant higher levels of control after the follow up measurement (see Figure 6).





Friedman Test: BDI x2 (2) = 4,55 p = .103

Wilcoxon: Resilience T = -0,56, p = .576 Wilcoxon: Sense of Control T = -2.93, p = .003

Women with more safe attachment with their mothers showed a greater reduction in SUDs during processing (r = .35, p = .272). Regarding attachment value 0 was for unsafe and value 1 for safe attachment with their mothers. Although the correlations were not statistically significant, the size of the rho indicates a tendency to confirm the observed trend in larger samples.

Present findings suggest that G-TEP intervention could alleviate stress and depression symptoms in women who have been subjected to IPV. However, the sample size of the present study is small and the study is ongoing. Further research is needed to evaluate the effectiveness of EMDR G-TEP in traumatic stress and depression in women that suffered from IPV. The results will be of importance to researchers, policy makers and those working on the front line to support women victims of IPV. The originality of the expected findings would add more value to the use of a cost benefit and short-term intervention in order to improve help offers for women traumatised by violence.

EMDR in the Aftermath of Genocide: Supporting Women Survivors

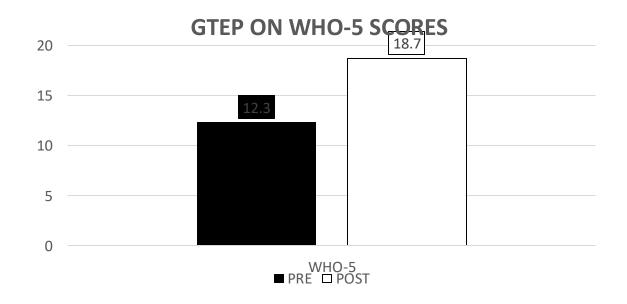
Yesim Arikut-Treece, Dr. Rebecca Dempster and Dr Zeynep Zat

(Presented at UK & Ireland annual conference 2019)

Emrah Yorulmaz/AA

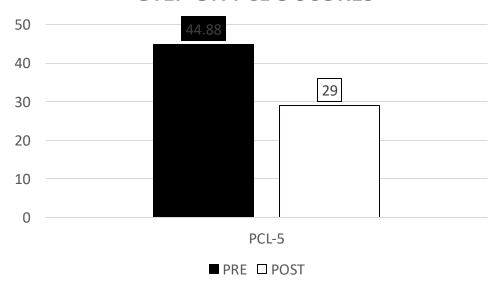


	Mean	t	sig	Std dv	N	Inc	%	-13	%
PRE	12.30	-7.745	0.000 ***	5.72	26			11	42 %
POST	18.76			4.78	26	25	%96	4	15 %
***p<.000									



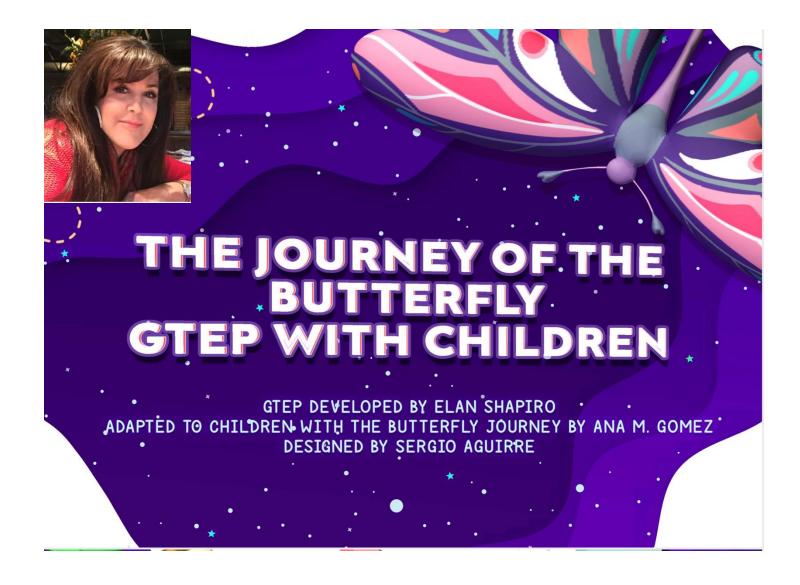
	Mean	t	sig	Std dv	N	Dec	%
PRE	44.88	5.09	0.000 ***	12.53	26		
POST	29.03			14.92	26	21	%80
***p<.000							

GTEP ON PCL-5 SCORES



CHILDREN





E Shapiro 2024©





Abstract Poster for EMDR Europe Workshop Conference 2024 A Pilot Intervention: EMDR C-GTEP for supporting Institutionalized Children & Adolescents, and EMDR G-TEP for Institution Staff.

Papanikolopoulos Penny, Prattos Tessa, Stamati Vasia, Foundoulakis Manolis, Markou Sara

HELLENIC AMERICAN UNIVERSITY, Nashua, NH, USA TACT HELLAS, Kapetan Varda 26 St., 11744, Athens, Greece, e-mail:emdrtrainingtact@gmail.com

Background and Aims: This pilot study investigated the usefulness of Eye Movement Desensitization and Reprocessing (EMDR) interventions, namely the Child Group Traumatic Episode Protocol (C-GTEP) and the Group Traumatic Episode Protocol (G-TEP), in addressing trauma in children and adolescents living in a residential unit [¹]. The study also looked at the degree of burnout in employees.

The aim was to assess the effectiveness of a three-part trauma intervention, given the knowledge of the high frequency of complex trauma among children waiting to be placed in foster care or adoption, as well as the higher risk of burnout among child welfare professionals [2].

Methods: Six staff members and ten children, ages eight to twelve. Intervention activities included trauma psychoeducation, EMDR stabilization techniques, and implementing group trauma protocols. Assessments were conducted before, after and at follow-up. Assessments: The Maslach Burnout Scale for staff workers, ACEs, BCEs, ITQ-CA, and RCADs for minors.

Results: Statistical analysis found a significant reduction in Complex PTSD symptoms in minors.

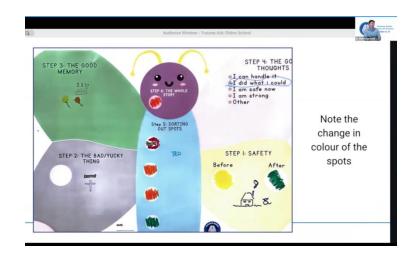
Conclusions: Implementation of additional team-building exercises for minors, an increase in C-GTEP sessions, and more psychoeducation for staff. Furthermore, a larger sample is recommended for further research.

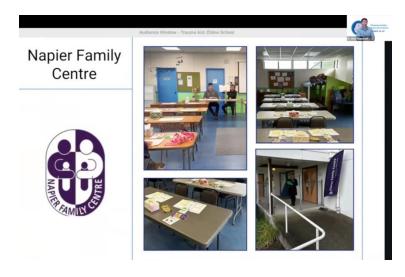
Abstract Topic: EMDR C-GTEP and G-TEP intervention in residential unit for minors and staff.

Learning Objectives: understanding complex trauma in minors, possible staff burnout, and identifying appropriate interventions.









PhD & Masters Theses



Virtual Delivery of EMDR G-TEP in Ukraine

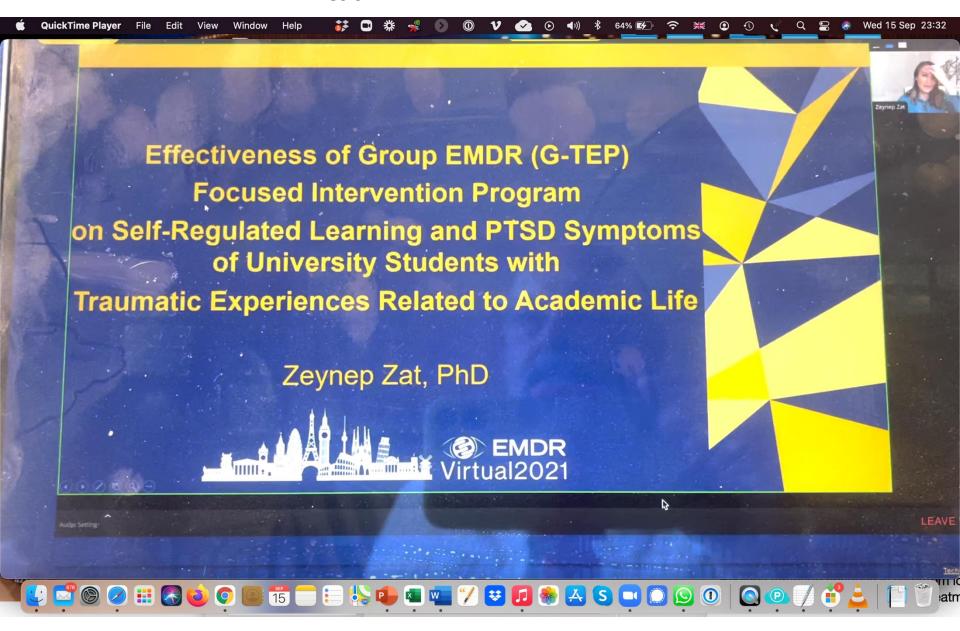
Implications



- Virtual recruitment, assessments, and facilitation
- · 6-week follow-up maintained significant results
- Two sessions
- War Zone assistance without volunteer presence in crisis areas
- Online Emergency Response Teams

Cindy Palen, PhD, LPC, NCC

PhD Thesis



The Effect of Psychological Counseling on Need Satisfaction, Resilience, Psychological Well-being And Small 't' Trauma with the EMDR Focused Online Group Applied to University Students



Dr. Safiye YILMAZ DİNÇ

Doç.Dr. Fatma SAPMAZ

The Effect of Eye Movement Desensitization and Reprocessing-Based Online Group Counseling for University Students: Psychological Need Satisfaction, Psychological Resilience, Psychological Well-Being, and Small 't' Trauma

Safiye Yilmaz Dinç1 and Fatma Sapmaz2

1 Psychological Counseling and Guidance, Ministry of Education, Ankara, Turkey 2 Department of Psychology, Bakırcay University

Objectives: The present study explored the effect of eye movement desensitization and reprocessing (EMDR)-based online group counseling for university students whose basic psychological needs had not been met in relation to need satisfaction, psychological resilience, psychological well-being, and small "t" trauma. Method: Using three measurements, namely a pretest, posttest, and follow-up test, this study employed a 4 × 3 experimental design comprising four groups, two experiments, one control group, and one placebo group. The data were collected using the Psychological Need Satisfaction Scale, Psychological Well-Being Scale, and Small-t Trauma Effects Scale. A two-way analysis of variance and Bonferroni correction were performed for the data analysis. Results: The findings showed a significant positive time—intervention interaction effect with respect to psychological needs and its subcategories (autonomy, relatedness, and competence), as well as psychological resilience, psychological well-being, and the small-t trauma effect and its two subcategories (negative effects on self and future perception and negative effects on emotions, thoughts, and behaviors). The effect of EMDR-based online group counseling on negative effects on body sense (the subcategory of small-t trauma) showed no significant interaction of time and intervention. Conclusion: The results indicated that, in addition to healing trauma, EMDR was also found to be effective in relation to psychological resilience and well-being.

Clinical Impact Statement

This study highlights how trauma treatment can be useful for those without major trauma. In this study, eye movement desensitization and reprocessing (EMDR) was found to be effective not only in relation to small "t" traumas, but also in building psychological resilience and well-being. It is believed that this study has the potential to contribute to the field of psychological trauma, particularly in terms of broadening the use of EMDR for different applications and in addressing the influence of childhood rearing practices (such as those defined as small-t trauma) on psychological functioning and well-being in later life.

Keywords: small "t" trauma, need satisfaction, psychological resilience, well-being



A randomised feasibility trial of a trauma capacity building programme for the perinatal period

Midwifery guided early online EMDR group intervention (EMDR-m + virtual G-TEP)

during the COVID-19 Pandemic

Paula Taylor Miller

Supervisors Prof M. Sinclair, Prof Paul Miller,

Dr P. Gillen, Dr J. McCullough, Dr D. Farrell MBE

PG Taylor Miller

PhD Thesis

Capacity building programme in perinatal mental health

Feasibility trial of a midwifery guided early online EMDR group intervention following perinatal trauma

P.G. Taylor Miller, Prof M. Sinclair, Prof P.W. Miller, Prof D.P. Farrell, Dr P. Gillen, Dr J.E.M. McCullough, P. Boyle, P. Klaus



Faculty of Life and

Ulster

University

and Social Care Trust

Health Sciences
Southern Health





ulster.ac.uk

Background

The World Health organisation has reported an ongoing shortage of health professionals worldwide (WHO, 2021), with recommendation of all nations to implement long term strategies for addressing staff shortages and improving accessibility to mental health treatment within seven years (WHO, 2022).

This study implements a task-shifted programme of capacity building in perinatial mental health of an innovative, low intensity, trauma informed, digital EMDR group intervention (EMDRm-VGTEP). The intervention was taskshifted from mental health professionals to mixidwes for women in the perinatal period (the time before, during and following childbirth). Global Mean Fervalence of PTSD

- 4% women in community samples and 18.5% of women in higher risk
- samples develop PTSD in the postpartum period (Yildiz, 2017).

 There is a high co morbidity between post partum PTSD and post partum depression, as evident in up to 71.54% of cases of post partum women with PTSD (Yildiz et al 2017).

Early EMDRm intervention for perinatal trauma

Early, low intensity intervention with task shifted, midwifery led psychological support [EMDRm-VGTEP] guided by AIP theory (Soloman & Shapiro, 2008) may prevent the sequalae of post traumatic stress and depression symptoms experienced by women following perinatal trauma.

Aim

To test the safety and feasibility of the task shifted EMDRm-VGTEP.

Method

Design: Single blind two-armed randomised controlled parallel design pilot feasibility trial with an allocation ratio of 1:1 comparing a midwifary led early online EMDR intervention with care as usual in prevention of post traumatic stress and depression symptoms with qualitative components.

Population: Women who had a recent caesarean section.

Setting: The study was conducted in a Health and Social Care Trust (HSCT) in Northern Ireland during the COIVD-19 pandemic.

Ethics: The trial protocol was approved by the Office of Research Ethics Committees Northern Ireland (ORECNI) (REC A, ref: 21/NI/0067)

- The study has been reported according to the CONSORT extension for randomised pilot and feasibility trials (Eldridge et al., 2016).
- Quantitative: Descriptive statistics, mean, standard deviations and effect sizes (Cohen, 1988) were calculated using the SPSS (IBM Corp, 2020) statistical package for pilot feasibility data.
- Stopping guidelines included drop out >20% (Jarero & Lee, EMDR Council of Scholars Research Group, 2022)
- Qualitative: A focus group exploring women's experiences of the EMDRM VGTEP intervention was conducted with three women. Coding and themes were developed from women's verbatim. Brauna and Clarke's [2013] 6 step method of thematic analysis was applied to the data; [1] familiarisation with the data. [2] coding, [3] searching for themes, [4] reviewing themes, [5] defining and naming themes, and [5] witting up.

Qualitative Findings: Focus Group

All women reported they would recommend the intervention to a friend. Three sub themes relating to intervention programme theory were; a reported dose response, adaptive response as postulated in the adaptive information processing theory, and intervention accessibility.

processing Theory, and Intervention accessibility.

"It helped me digest it all_every time I finished I felt more at ease" P16

"I liked the online assoct... but the handiness of being able to set it up

"It was nice to break it down...you do have to get on with it but you also have to find ways to cope with it" 915

Quantitative Results

by an independent EMDR Europe consultant.

Recruitment rate: 70 women were pre-screened with a 32% uptake.

33% of screened women were not eligible and were referred to GP.

- A total 14 Women were randomised to either receive the EMDRm-VGTEP intervention + usual care or usual care alone by a unique computer-
- generated random number table.

 Athtilian: One woman (7%) dropped out following randomisation.

 Fidelity: The intervention was delivered with fidelity to the intervention protocol rated as highest satisfaction level [3] on the G-TEP fidelity scale (Shapiro, 2020)

Safety: No critical incidents were reported and there were no participant crises during intervention delivery.

Preliminary effects: Women who received the EMDRm-VGTEP intervention reported strengthened resilience (M=30.6 sd=9) when compared with women who received usual care alone (M22.5 sd=3.44), (d=1.236).

For more detail please refer to the Consort diagram in Figure 1.

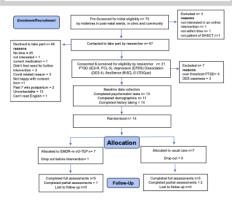


Figure 1. Consort diagram of participant flow through the study

Conclusions

This study is in alignment with the World Health Organisation's (WHO, 2021) Mental Health Action Plan of preventing mental health conditions of those "at risk" of developing PTSD by building capacity and task shifting trauma focused mental health provision to no mental health professionals in a real world setting.

- Women reportedly found the intervention effective and acceptable.
- Attrition rate was acceptable (Viswanathan et al. 2017)
- Preliminary results support a strengthening of resilience and adaptive supposes when compared with reported scores in the care as usual group. The EMDRm-VGTEP is a safe and feasible preventative intervention, boosting

the protective factor of resilience in women experiencing distress in the early weeks following recent perinatal trauma when task shifted to midwives.

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An online group EMDR intervention for breastfeeding trauma recovery

Dr Rachel Black

Prof Marlene Sinclair, Prof Paul Miller, Dr Julie McCullough, Mara Tesler Stein

ulster.ac.uk

 McClane E. PhD Study comparing G-TEP with Group CBT for CPTSD (City of London University, in preparation 2024)

Aims and Objectives

The aim of the study is adapt the GTEP protocol and assess its safety, feasibility, acceptability and treatment effects for clients with ACEs and who meet the diagnostic criteria for CPTSD according to ICD-11.

It is expected that the treatment interventions will be well tolerated by clients, shown by their ability to maintain contact with the traumatic material, self-sooth, minimal input from support staff, and continued attendance. Participants will also have the opportunity to give feedback. It is expected that the treatment group will no longer meet the diagnostic criteria for CPTSD as indexed by the ITQ after their final treatment session, and this will be maintained over time, assessed through the follow-up questionnaires administered 3 months after treatment completion.



Pilot: Evaluating Early Group EMDR Group Traumatic Episode Protocol for NHS Staff

Submitted as part requirement for the MSc degree in EMDR at University of Worcester.

Sharyn Williams 20th September 2020.

Sharyn Williams. 2020.

Pilot: Evaluating Early EMDR G-TEP for NHS staff. ABSTRACT

The purpose of this study was to explore the effectiveness of the Group Traumatic Episode Protocol (G-TEP. Shapiro, 2013) to reduce reports of occupational distress reported by NHS staff. A quazi-experimental single cohort study of natural design with no control group captured quantitative staff selfreport data from Post-traumatic check list (PCL-5, weathers et al. 2013) to screen for presentation of Traumatic Stress and Professional Quality of Life Scale (ProQOL, Stamm, 2001-2009) to screen for Secondary Traumatic Stress (STS) and Burnout. One session of G-TEP was delivered as an early EMDR G-TEP intervention inclusion of 1-3 months. Measures were completed at the start of the intervention and one-week post intervention. The results illustrated clinically significant reduction in PCL-5 symptoms and Secondary traumatic stress symptoms with burnout showing significant but weaker reduction in symptoms across T(1) and T(2). Conclusion: Previous G-TEP studies illustrate positive symptom reduction for recent and cumulative events in occupational settings and this study reflects similar findings of effectiveness for reducing traumatic stress symptoms from clinical to subclinical levels.

Keywords: EMDR; early EMDR intervention; Group traumatic stress protocol (G-TEP); posttraumatic stress; post-traumatic stress disorder; burnout.

NEW ZEALAND

Dr. Tom Flewett MD (2024)

I have been working with our largest
University in New Zealand,
Otago University to set up an EMDR
training through the Department of
psychological medicine.
The EMDR Institute training with Robbie
Dunton, was very supportive of
developing a University based EMDR
therapy training
We are halfway through the first year of
a 2-year training with a cohort of 34
students.

I'm hoping to be able to teach G-TEP next March as part of the second year course

ADDITIONAL APPLICATIONS /ADAPTATIONS OF G-TEP

For various symptoms beyond PTSD For Complex PTSD

EMDR group intervention in an outpatient randomized and hospital setting: implementation and effects of "G-TEP"

Markus Stingl

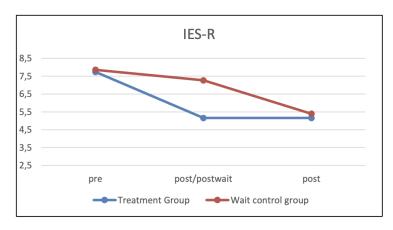
Center for Psychiatry and Psychotherapy Justus-Liebig-University Giessen (GER)

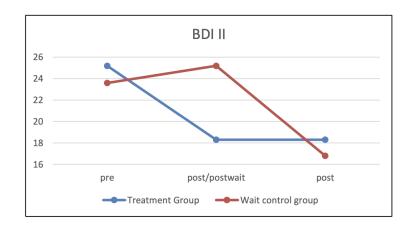
Madeleine Hemmerde

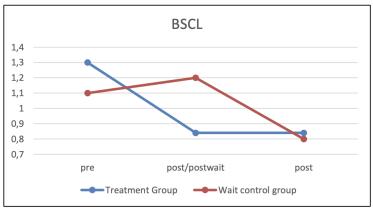
Practice of Psychotherapy Mönchengladbach (GER)

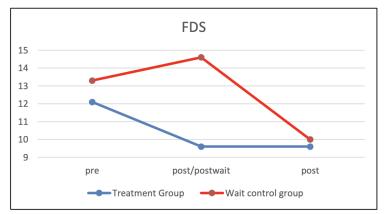


RESULTS - 2 - STUDY 1 QUANTITATIVE RESULTS









TG vs. WCG: the improvements can be causally attributed to the G-TEP intervention!

G-TEP... SUMMARY

- support for the efficacy and practicability over a broad range of stress-related symptoms
- can be applied in outpatient and inward settings
- rapid reduction of intrusions, avoidance behaviors, hyperarousal, depression and global distress within the "traumatic cluster" (Stingl et al., 2021)
- can be used for stabilization and as an upstream intervention
- suitable for paving the way for further therapeutic processes

Psychol Trauma 2024 Jul 18. doi: 10.1037/tra0001711. Online ahead of print.

The use of the "group traumatic episode protocol (G-TEP)" in an outpatient randomized and hospital setting: Implementation and effects in heterogeneous patient samples Markus Stingl¹, Madeleine Hemmerde, Enno

<u>Drutschmann</u> ¹, <u>Valeska Pape</u> ², <u>Bernd Hanewald</u> ¹

•PMID: 39023949. DOI: <u>10.1037/tra0001711</u>

Objective: . We examined the effectiveness on multiple symptoms and practicability of G-TEP in an outpatient setting and its feasibility in hospital treatment.

Method: Study A: Forty-four patients suffering from different symptoms and diagnoses received four ambulatory G-TEP sessions in a randomized delayed waitlist control group design.

Study B: The targeted changes in symptom burden in 23 patients and the implementation process of G-TEP as an additional treatment option in a psychiatric hospital were examined.

Results: Both studies showed significant and long-lasting reductions in subjective distress and concomitant impairments. Levels of avoidance decreased, abilities to manage negative emotions got strengthened, and they gained hope. All effects had a positive impact on subsequent treatment processes; some patients already went free of symptoms only with this short G-TEP treatment.

Conclusion: G-TEP effectively alleviates symptoms caused by stressful experiences. G-TEP can be used as a stand-alone intervention in outpatients and can easily be integrated into the offer of multimodal therapy in a psychiatric ward. It can prevent the exacerbation of symptoms and chronification of disease and should be implemented into the (German) health system. (PsycInfo Database Record (c) 2024 APA, all rights reserved).

Madeleine Hemmerde (2023)

Preventive health promotion through early intensive acute interventions: Evaluation of the effectiveness on various symptoms independent of diagnoses of the grouptherapeutic EMDR method G-TEP (Group-Traumatic Episode Protocol).

- A randomised pilot study -

This pilot study examined the EMDR Group Traumatic Episode Protocol (G-TEP) (Shapiro 2014) which was originally developed for the treatment of traumatic stress. The focus of this study is to examine the effectiveness of G-TEP, independent of diagnoses, on symptoms such as depression, anxiety, somatization, aggression, dissociation and others. Two randomized groups were formed from 16 patients in a "waitlist control group design". After a psycho-educational part, three EMDR-G-TEP treatments lasting about 2 hours took place on three days with one day of rest in between. The symptom severity was assessed before and two weeks after treatment and further after three months using the BDI II, IES-R, FDS-28 and SCL-90-S questionnaires. Results: In three of four measurements, there are differences between the treatment group and the waiting group that can be attributed to the G-TEP interventions. The severity of the current stress experienced in relation to the stressful episode also decreases significantly after three EMDR-G-TEP sessions compared to the control group. After the G-TEP treatment, the waitlist control group also experienced a significant improvement in symptoms and stress level (SUD) both in terms of the episode SUD and even more in terms of the SUD of the individual, processed targets. The patients also reported a positive change in (self-) perception, more confidence in further relief and acceptance of their remaining mental health problems. In some cases, patients were already able to change stressful life circumstances after the G-TEP-treatment. Further research is in process.

Hanewald B, Mulert C, Stingl M. Justus-Liebig-University, Giessen, Germany Conclusion: G-TEP can be easily integrated into the treatment concept of a psychiatric ward; thereby, feedback of the progress to the treatment team appears necessary.

Methods: All inward patients suffering from distressing experiences (with PTSD or IES-Score >20) received three G-TEP sessions in a delayed-treatment design. Besides targeting changes in symptom load, we observed the implementation process of G-TEP as an additional treatment option in a psychiatric hospital.

Results: We found significant reductions of distress (subjective units of distress - SUD) related to the focused negative experiences from one session to another. Furthermore, patients reported to experience their symptoms more "ego-syntonic" after G-TEP, with beneficial effects on the following treatment processes..

Conclusion: Basically, G-TEP can be easily integrated into the treatment concept of a psychiatric ward; thereby, feedback of the progress to the treatment team appears necessary.

The promising experience in the pilot phase suggests that G-TEP should be added to the integrative inpatient treatment offer as an innovative and economical method.

PhD Thesis in process, City of London University Emma Mclane

Aims and Objectives

The aim of the study is adapt the GTEP protocol and assess its safety, feasibility, acceptability and treatment effects for clients with ACEs (Adverse Childhood Experiences) and who meet the diagnostic criteria for CPTSD (Complex PTSD) according to ICD-11.

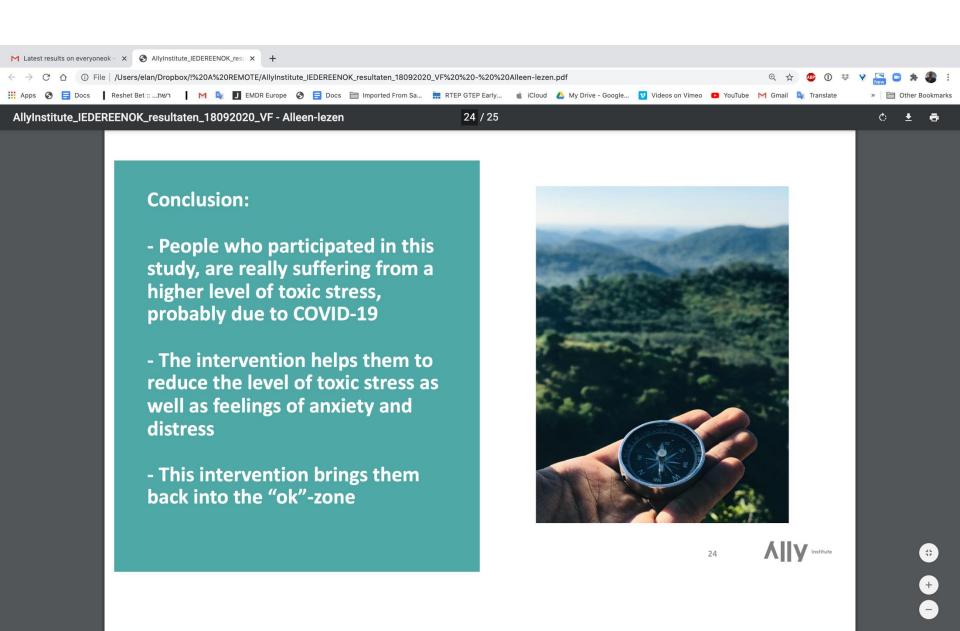
LOW INTENSITY ASYNCHRONOUS GUIDED INTERNET & VIDEO PLATFORMS SUPERVISED PARAPROFESSIONALS

An internet-delivered stand-alone low-intensity intervention to manage the impact of covid-19 on the mental health in the general population, everyoneOK.be Van Hoof E.

Procedure

The intervention is a modified internet-delivered version of the G-TEP protocol (EMDR Foundation, 2021; E Shapiro 2022). EveryoneOK consists of a psycho-educational introductory video (± 2 minutes); an initial screening questionnaire assessing the mental state of participants (\pm 5 minutes); instructions on how to prepare for the intervention (\pm 10 minutes); the intervention itself (\pm 45 minutes); and finally the post measurement including the screening questionnaire again (± 5 minutes). The internet-delivered everyoneOK intervention contained four phases: a psycho-educational phase explaining the impact on mental health of COVID, normalizing and framing the symptoms and complaints as normal responses to an abnormal situation. This phase consists of a home page and an introductory video. There are two screening phases, one before the intervention (T1) and another after the intervention (T2). The screening had two objectives: to exclude people with a high risk of psychiatric disorders and suicidal ideation and to examine their mental state before the start of the intervention. Participants with a high risk of psychiatric disorders and suicidal ideation were encouraged to contact their general practitioner and could not proceed to the intervention. The intervention phase consists of a preparation and the intervention in a video format.

The intervention was launched through a press release. After the release, its existence was disseminated through word of mouth. There were no advertising or other promotional activities launched.



STEP

for Mental Health Clinicians in the Context of COVID-19



Dr. Judy Moench, Rpsych

Adapted from the Presentation Recorded for the Canadian Psychological Association (CPA) Conference, 2020







94% of participants reported the STEP Program was helpful



88% reported the STEP self-care videos lowered their SUDs rating



94% would recommend the STEP program to a colleague



91% reported they thought it would be a safe and helpful protocol to use on a larger scale





Between-Groups Design

Table 1

Results of the multivariate analysis

Effect	Statistic used	Value	F	Hypothesis df	Error df	p-value	Partial Eta
							Squared
Group	Pillai's Trace	.258	5.216	2.000	30.000	.011*	.258
	Wilks' Lambda	.742	5.216	2.000	30.000	.011*	.258
	Hotelling's Trace	.348	5.216	2.000	30.000	.011*	.258
	Roy's Largest Root	.348	5.216	2.000	30.000	.011*	.258

Note. *p<.05

Repeated Measures Design

Table 2

Results of paired-samples t-test

	Pre-test		Post-test		- Af		n volue	a
	M	SD	M	SD	• df	ι	p-value	u
DASS-21	12.50	8.42	7.38	5.35	15	-3.64	.002**	.73
GSE	33.31	3.86	35.06	3.70	15	2.87	.012*	.46

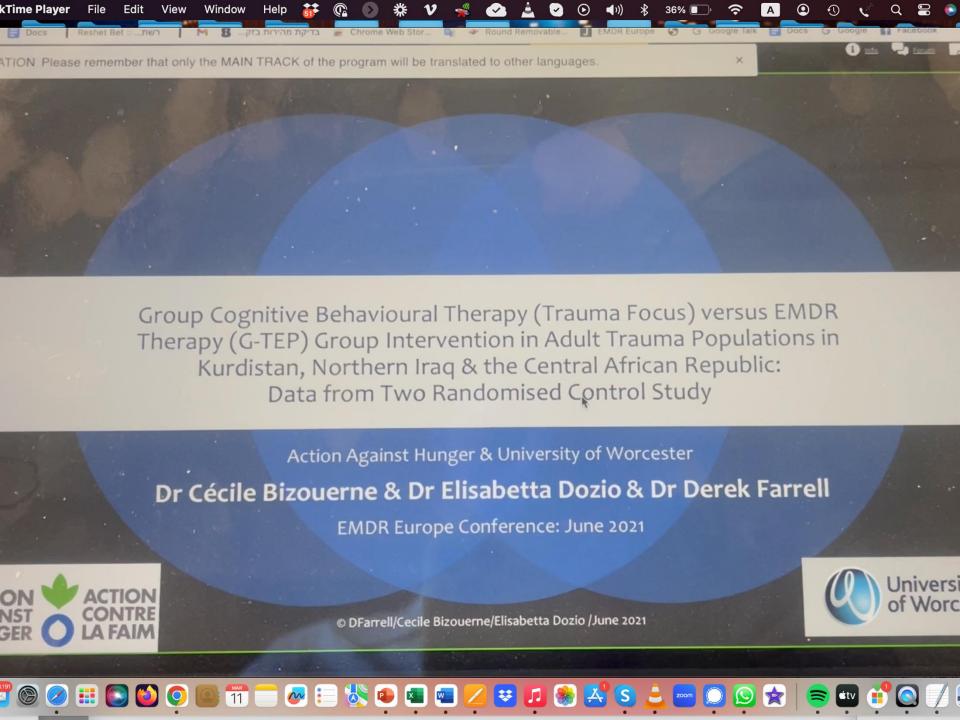
Note. *p<.05; **p<.01; d=Cohen's measure of effect size

Table 3

Results of paired-samples t-test

	Pre-t	Pre-test		Post-test			n volue	a
	Mean	SD	Mean	SD	df	ι	p-value	u
DASS-21	15.06	7.18	8.06	12.72	15	-3.53	.003**	.68
GSE	30.94	2.89	32.69	3.36	15	3.72	.002**	.56

Note. *p<.05; **p<.01; d=Cohen's measure of effect size





European Journal of Trauma & Dissociation

EUROPEAN
JOURNAL OF
TAMMA & DESCRATOR

Sentel

Volume 7, Issue 4, December 2023, 100362

Research Paper

Randomized controlled trial: Comparing the effectiveness of brief group cognitive behavioural therapy and group eye movement desensitisation and reprocessing interventions for PTSD in internally displaced persons, administered by paraprofessionals in Northern Iraq

Randomized controlled trial: Comparing the effectiveness of brief group cognitive behavioural therapy and group eye movement desensitisation and reprocessing interventions for PTSD in internally displaced persons, administered by paraprofessionals in Northern Iraq Cécile Bizouerne ^a ¹, Elisabetta Dozio ^a, Endale Dlasso ^c, Alexandre Letzelter ^a, Aras Abuzeid ^c, Karine Le Roch ^a, Derek Farrell ^b

- •November 2023. <u>European Journal of Trauma & Dissociation</u> 7(3):100362
- •DOI: 10.1016/j.ejtd.2023.100362

Results

Results in the TF-CBT group showed a significant reduction in IES-R (t = 7.38; p = 0.001; Effect Size= 1.088), HAD-Depression (t = 6.03; p = 0.001; Effect Size= 0.889) and HAD-Anxiety (t = 6.34; p = 0.001; Effect Size=0.934). Results in the EMDR- G-TEP group showed a significant reduction in IES-R (t = 4.63; p< 0.001; Effect Size= 0.732), HAD-Depression (t = 3.12; p = 0.003; Effect Size=0.494) and HAD-Anxiety (t = 3.01; p = 0.005; Effect Size=0.475). Both populations remained clinical, despite a significant treatment effect. There was no statistical difference between the two treatments.

Conclusions

Findings open the possibility to scale up EMDR G-TEP or TF-CBT interventions in groups conducted by paraprofessionals for reducing PTSD symptomatology within humanitarian programs.

FINDINGS AND CONCLUSIONS No significative difference between GTEP and TF-CBT on efficiency GTEP and TF-CBT provide good results when conducted by paraprofessionals in humanitarian crises under supervision of psychologists But more research in needed: Difference between CAR and Iraq - to be further explored Advantages and disadvantages for GTEP/CBT: blind protocol, vicarious trauma for staffs, social connexion, adherence to the protocols by the staffs

PRESENTATION at the EMDR EUROPE CONFERENCE 2021

Derek Farell & Cecile Bijeurne

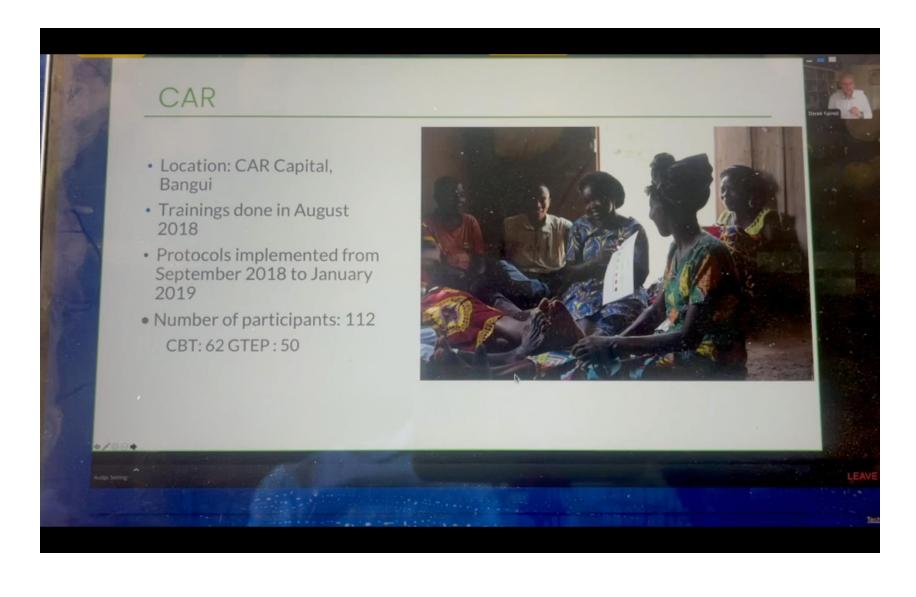


Tested in 2 different countries: CAR and Iraq Target Population: >18 years old, IES-R>33

Measures:

- Psychometrics: IES-R, HAD Anxiety & Depression, WHO-5, CDR, SUD, VOC
- Other data including demographics: Age, Gender, Ethnicity, Traumatic Event, Time since trauma, post-trauma symptoms, stabilisation techniques used, social referral receiving existing intervention
- Pre, after session 3, and Post Measures @ session 6 and 1 month FU
- Treatment Time (minutes) approx. 90 minutes per session

Treatment Team: ACF Psychosocial workers supervised by psychologists Each group will have 8 participants



IRAQ

- · Location: IDP camps in Northern Iraq
- Trainings done in April 2019
- Protocols implemented from May to August 2019
- All session video recorded & treatment fidelity checked by University of Worcester

Number of participants: 86

CBT: 46 et GTEP:40



LEAVE

APPENDIX

Elan Shapiro, 2023, EMDR Group Traumatic Episode Protocol, Ch. 5 in EMDR GROUP THERAPY: Emerging Principles and Protocols for Trauma and Beyond. (2023)

Editors, Regina Morrow Robinson, EdS, Safa Kemal Kaptan, PhD

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INTRODUCTION

Eye Movement Desensitization & Reprocessing (EMDR) therapy is acknowledged as one of the leading evidence-based treatments of choice for post trauma symptoms. The EMDR Recent Traumatic Episode Protocol (R-TEP) is an individual evidenced-based treatment based on the standard EMDR and recent event protocols that is widely used for acute intervention. EMDR Group Traumatic Episode Protocol (G-TEP) was developed as a rigorous application of the R-TEP (Shapiro & Laub, 2008, 2014), faithful to the principles of EMDR early intervention (EEI), for use with groups. The various challenges that had tobe resolved in the development of this protocol are elaborated. An overview of the G-TEP principles and procedures is presented. Originally intended for critical incident and disaster settings for treating distress and enhancing resilience, it is now also being successfully used for ongoing stress, preventing the accumulation of unprocessed trauma memories. Conceptualizing Group EMDR as guided self-help opens new applications and possibilities for future developments.

The TEP Suite of EMDR Protocols:

The Family of Trauma Episode Protocols Based on EMDR R-TEP and G-TEP

By Elan Shapiro, with contributions from: Maria Masciandaro, Ana Gomez, Judy Moench Shiraz Ferrand, Reg Morrow Robinson, Phillip Manfield, Elke van Hoof, Brurit Laub, Keren Mintz-Malchi, Tuly Flint and Yoni Elkins. Go With That, EMDRIA Journal, 2023

Standing on the shoulders of Dr. Francine Shapiro, the EMDR R-TEP, with its novel Traumatic Episode conceptualization and contained focused novel Traumatic Episode conceptualization and contained focused processing strategies, contributed to encouraging innovation and research in exploring and developing the newly defined field of Early EMDR Intervention (EEI). The application of R-TEP for groups led to the creation of the G-TEP with its resource-rich, containing, worksheet that provided a structured, step-by-step, visuospatial concrete representation and record of the treatment phases and procedures.

The iconic worksheet is a central feature of the G-TEP that became an inspiration for the development of additional worksheet-based protocols, of varying trauma activation and treatment intensity, in the growing family of TEP suites. These protocols ofer a range of levels of intervention from resource only, to low trauma activation, to mid and high activation, as well as low, mid-, and high-intensity applications. Whereas R-TEP and G-TEP are firm evidence-based, some of the newer innovations are demonstrating value clinically while currently being piloted and inviting further research support. The TEP suite provides a tool kit with the flexibility needed for agencies, private practices, and disaster response situations that can also integrate with and augment existing programs.



EMDR Group- Traumatic Episode Protocol G-TEP



Issues & Challenges for EMDR in a group setting & the solutions that G-TEP contains

- 1. MONITORING & INTERACTION: G-TEP is designed for self-monitoring with limited interaction (Guided Self Help)
- 2. SAFETY & CONTAINMENT: Working with such groups requires additional built-in safety/containment & resourcing
- 3. 2. **INTEGRATION of MULTIPLE PARTS:** Addresses the multi-target integration of unconsolidated memories
- 4. 3. STRUCTURE & MANUALISATION: Has a highly structured worksheet & manual that guides the procedures step by step



EMDR Group-Traumatic Episode Protocol G-TEP



Issues & Challenges for EMDR in a group setting & the solutions that G-TEP contains

- 5. FORM of EXPRESSION: Has wide application, expression in drawing &/or writing, (culture & age friendly)
- 6. EYE MOVEMENTS: Uses a form of self-BLS that includes Eye Movements
- 7. SUFFICIENT SETS of BLS: G-TEP has 9 sets per PoD, 27 sets per session
- 8. FOCUSED PROCESSING (Therapy Contract): Keeps a narrow focus on the PoD
- 9. VICARIOUS TRAUMATISING: No sharing of traumas, to avoid vicarious triggering of traumas



Additional features of G-TEP

EMDR Group- Traumatic Episode Protocol G-TEP



- 10. INDIVIDUAL TREATMENT PLANS in a GROUP: The identified PoDs are the targets revealed for processing & effectively form the individual treatment plans along the Trauma Episode timeline
- **11. EFFICIENCY & COST-EFFECTIVENESS:** Individual EMDR is one of the most cost-effective interventions for PTSD (Mavranezouli et al. 2020). Working with groups multiplies this efficiency.
- **12. EVIDENCE BASED:** EMDR G-TEP has about half a dozen published controlled and field trials; several single arm pilot studies; & academic PhD & MSc studies; as well as a number of conference posters & presentations.



EMDR Group- Traumatic Episode Protocol G-TEP



 The EMDR Recent Traumatic Episode Protocol (R-TEP) contained many features that were suitable for a group application.

☆ "Group R-TEP"

The EMDR G-TEP was thus developed as a simplified adaptation of the R-TEP for recent traumatic experiences &/or for life-changing events with ongoing disturbance (not necessarily recent)

- ☆ Aim to process each individual's Trauma Episode within a group framework.
- The (modest) GOAL is a brief intervention to reduce distress & to increase coping & resilience