

LONG LASTING TRAUMA IN THE US HISPANIC COMMUNITY: ORIGEN AND SOLUTIONS

**By Dr. Ignacio (Nacho) Jarero,
With the special contribution of Viviana Triana.**

SEPTEMBER 15, 2023



WHAT IS TRAUMA?



SAMHSA's working concept of Trauma:

“Individual trauma results from an event, series of events, or set of circumstances, that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual’s functioning, and mental, physical, social, emotional, or spiritual well-being” (P. 7)

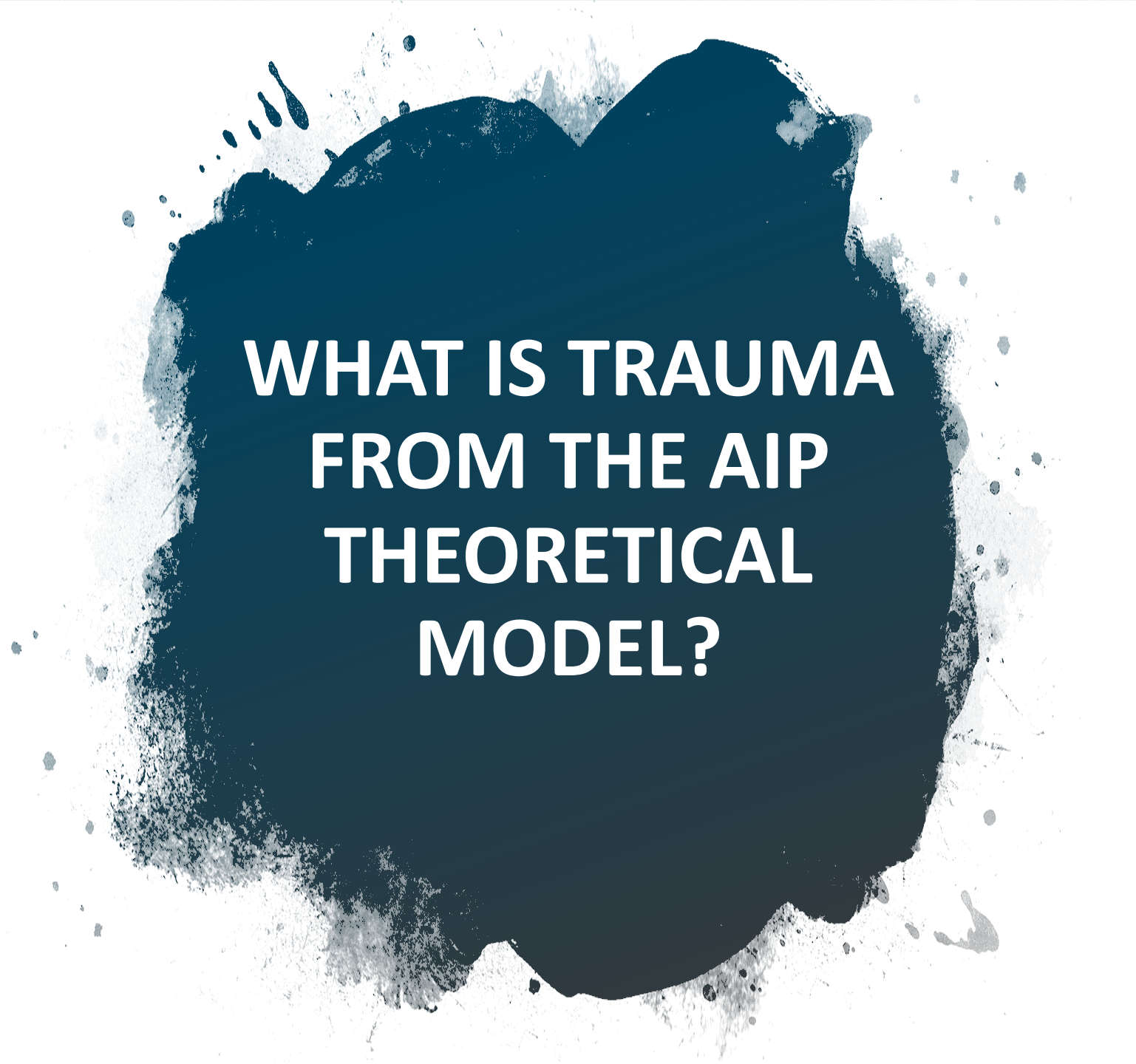
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

Substance Abuse and Mental Health Services Administration (2014)



Psychological Trauma can include experiences of physical, psychological, emotional or sexual abuse, or the presence of any traumatic life event such as accidents, disasters, illness diagnosis, or lost of loved ones, among others.

Varese F, Smeets F, Drukker M et al (2012)
Childhood adversities increase the risk of psychosis: a meta-analysis of patient-control, prospective-and cross-sectional cohort studies. *Schizophr Bull* 38:661–671.



**WHAT IS TRAUMA
FROM THE AIP
THEORETICAL
MODEL?**

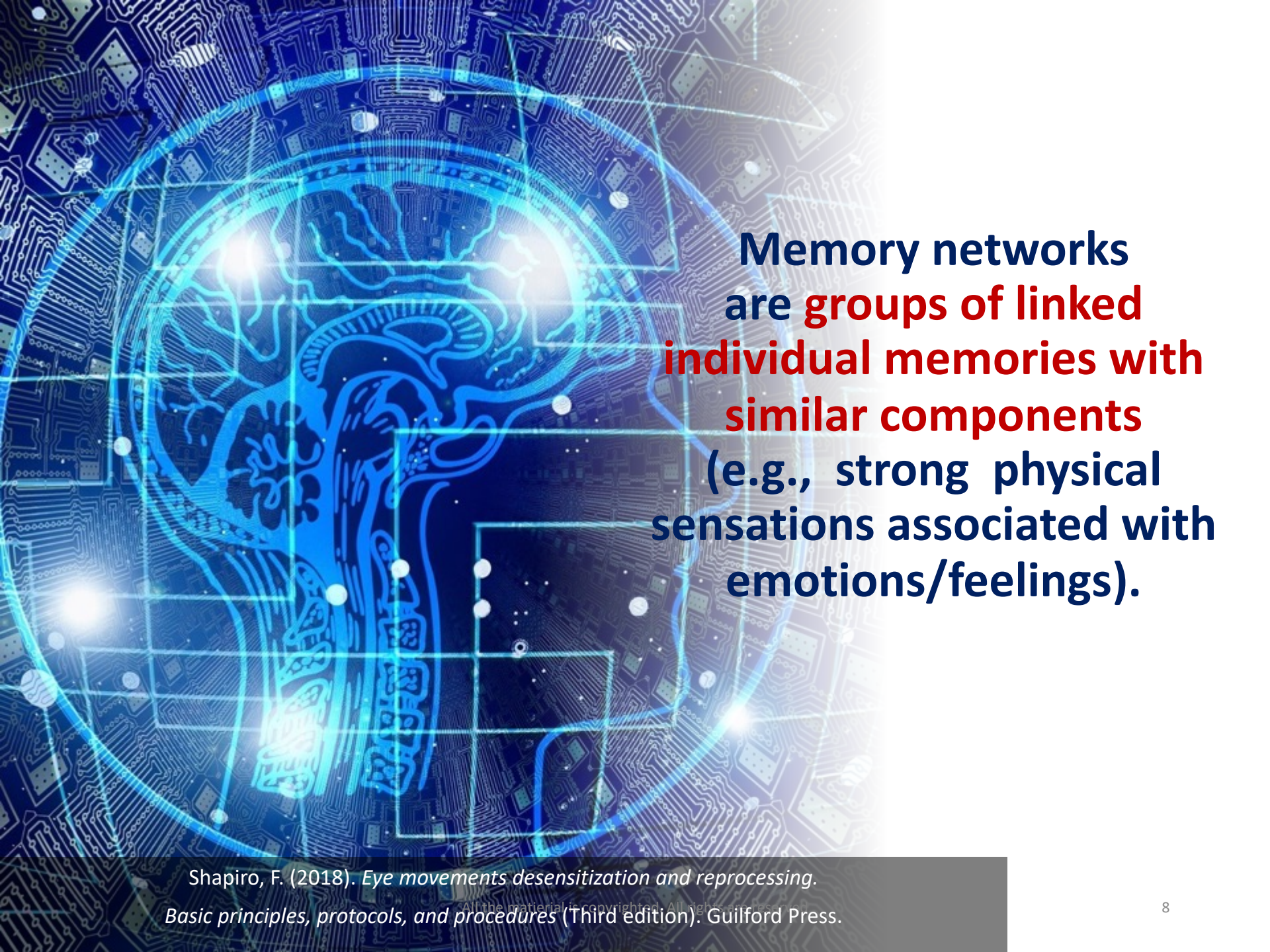


The Adaptive Information Processing (AIP) model is the theoretical framework that defines EMDR therapy, guides case conceptualization and treatment, and predicts clinical outcomes.

Shapiro, F. (2018). *Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures* (Third edition). Guilford Press.

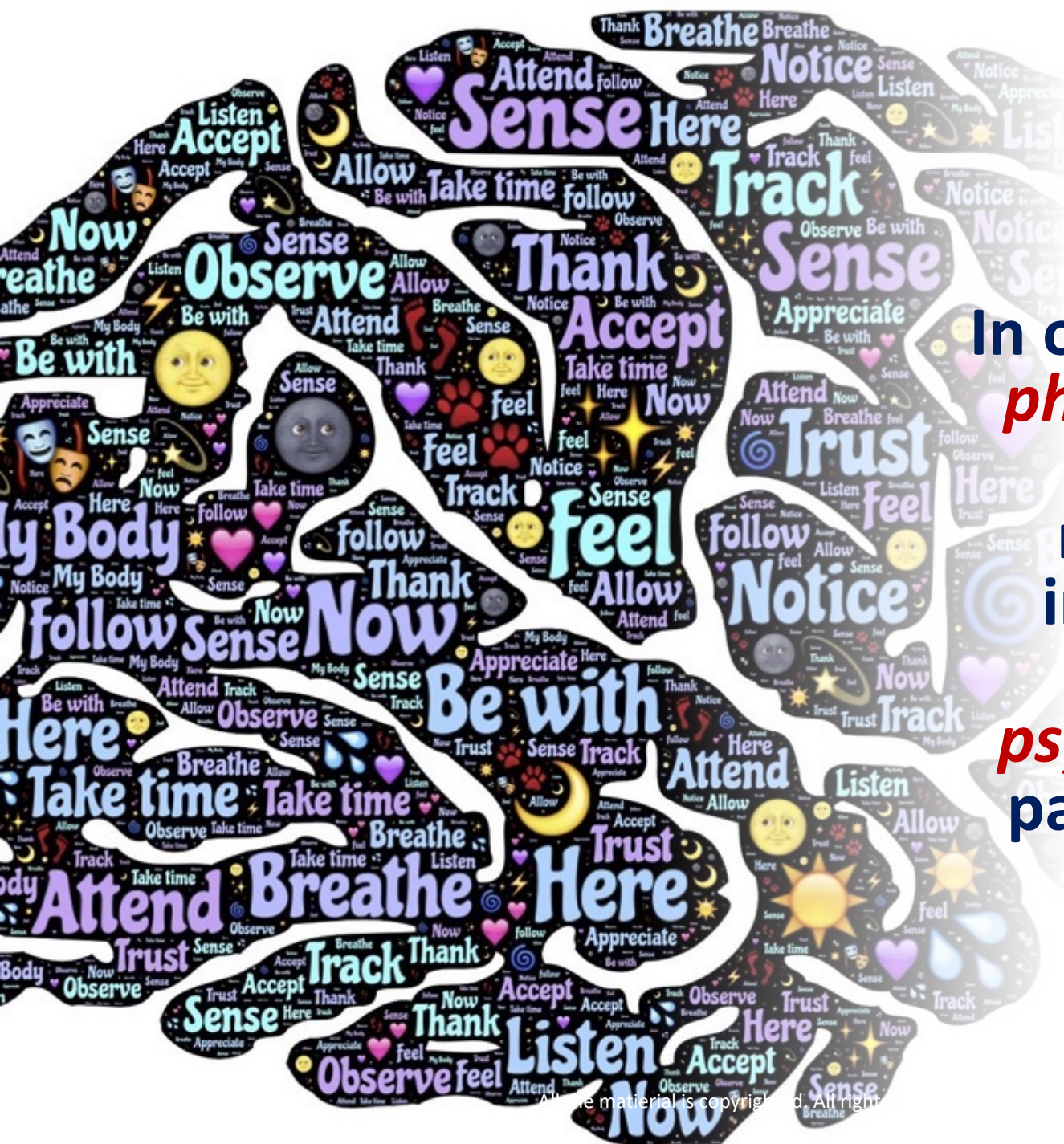


According to the AIP theoretical model, **memory networks of stored experiences** are the basis of both human mental health and human pathology across the clinical spectrum (not only PTSD).

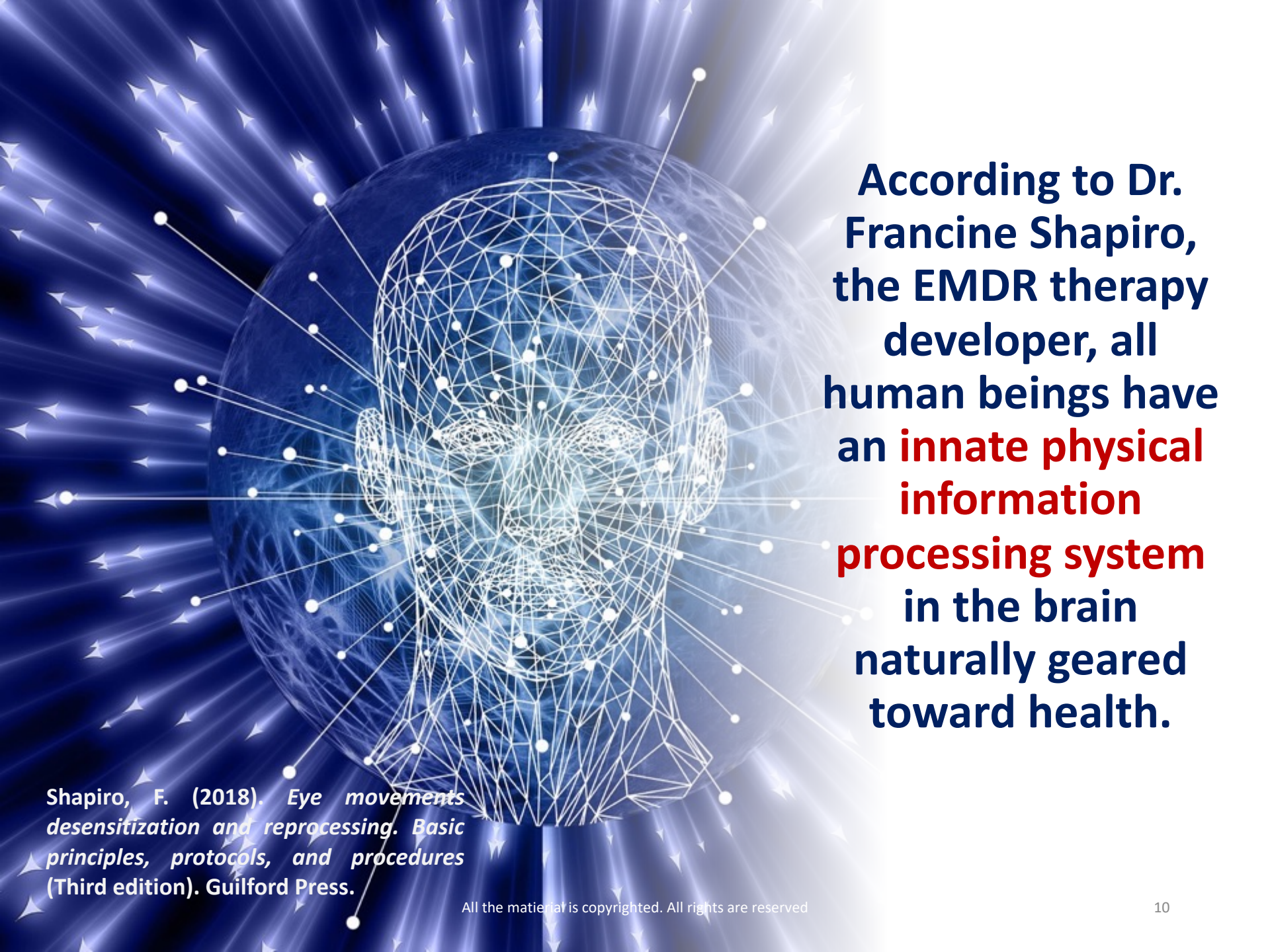


Memory networks
are **groups of linked**
individual memories with
similar components
(e.g., strong physical
sensations associated with
emotions/feelings).

Shapiro, F. (2018). *Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures* (Third edition). Guilford Press.

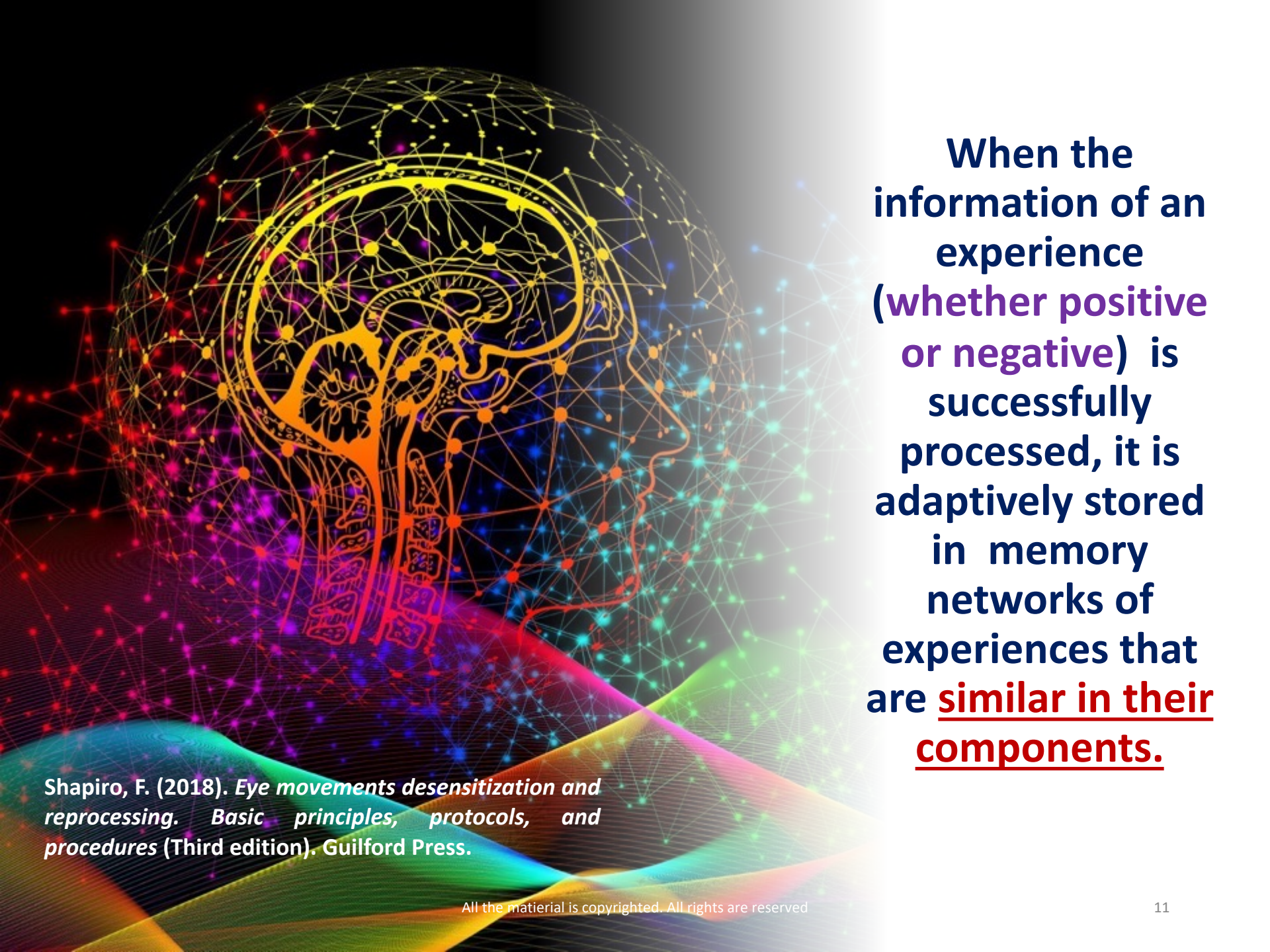


In other words,
physiological
memory
networks
interact to
produce
psychological
pathology or
health.



According to Dr. Francine Shapiro, the EMDR therapy developer, all human beings have an **innate physical information processing system in the brain naturally geared toward health.**

Shapiro, F. (2018). *Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures* (Third edition). Guilford Press.

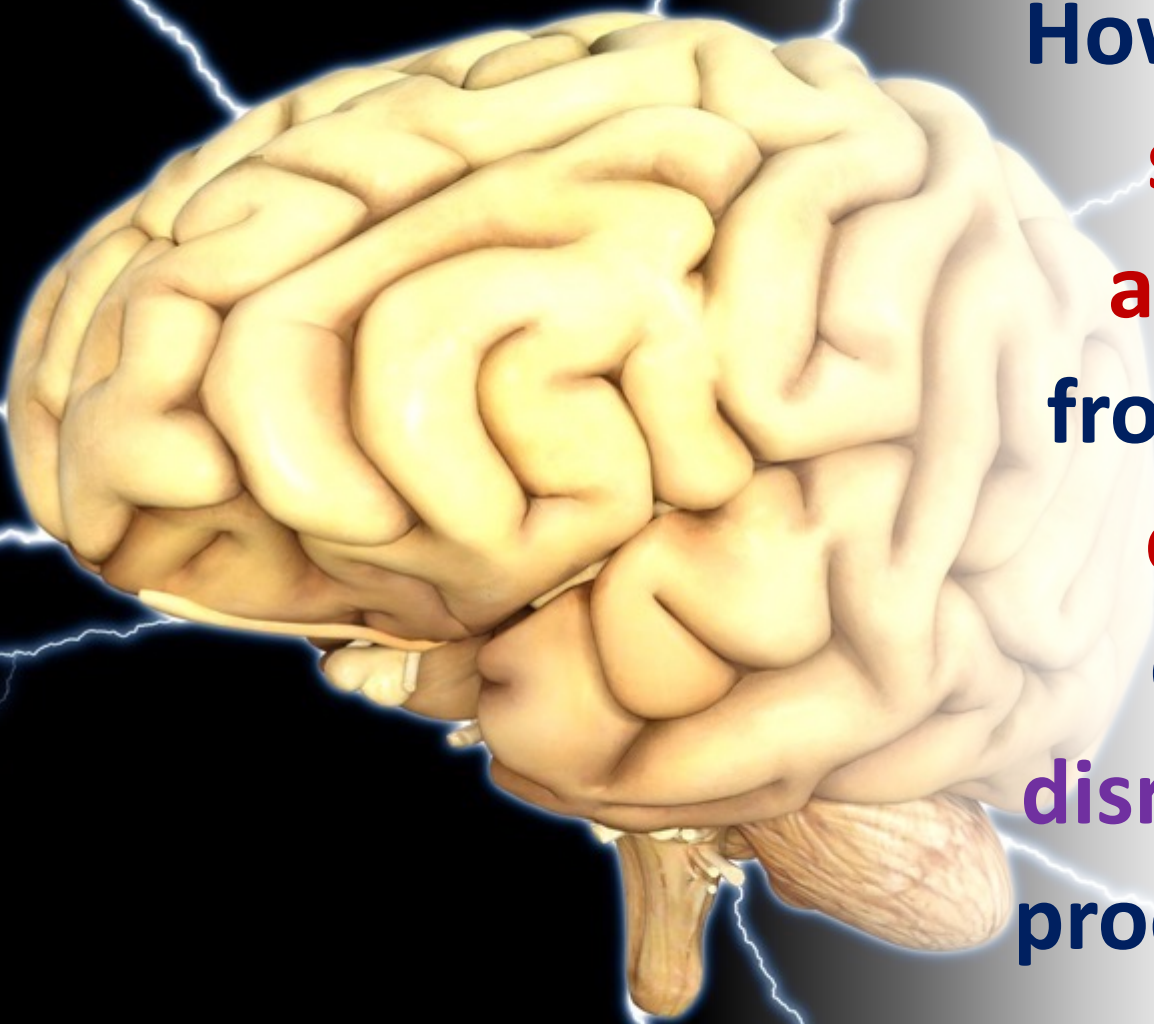


When the information of an experience (whether positive or negative) is successfully processed, it is adaptively stored in memory networks of experiences that are similar in their components.


Shapiro, F. (2018). *Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures* (Third edition). Guilford Press.



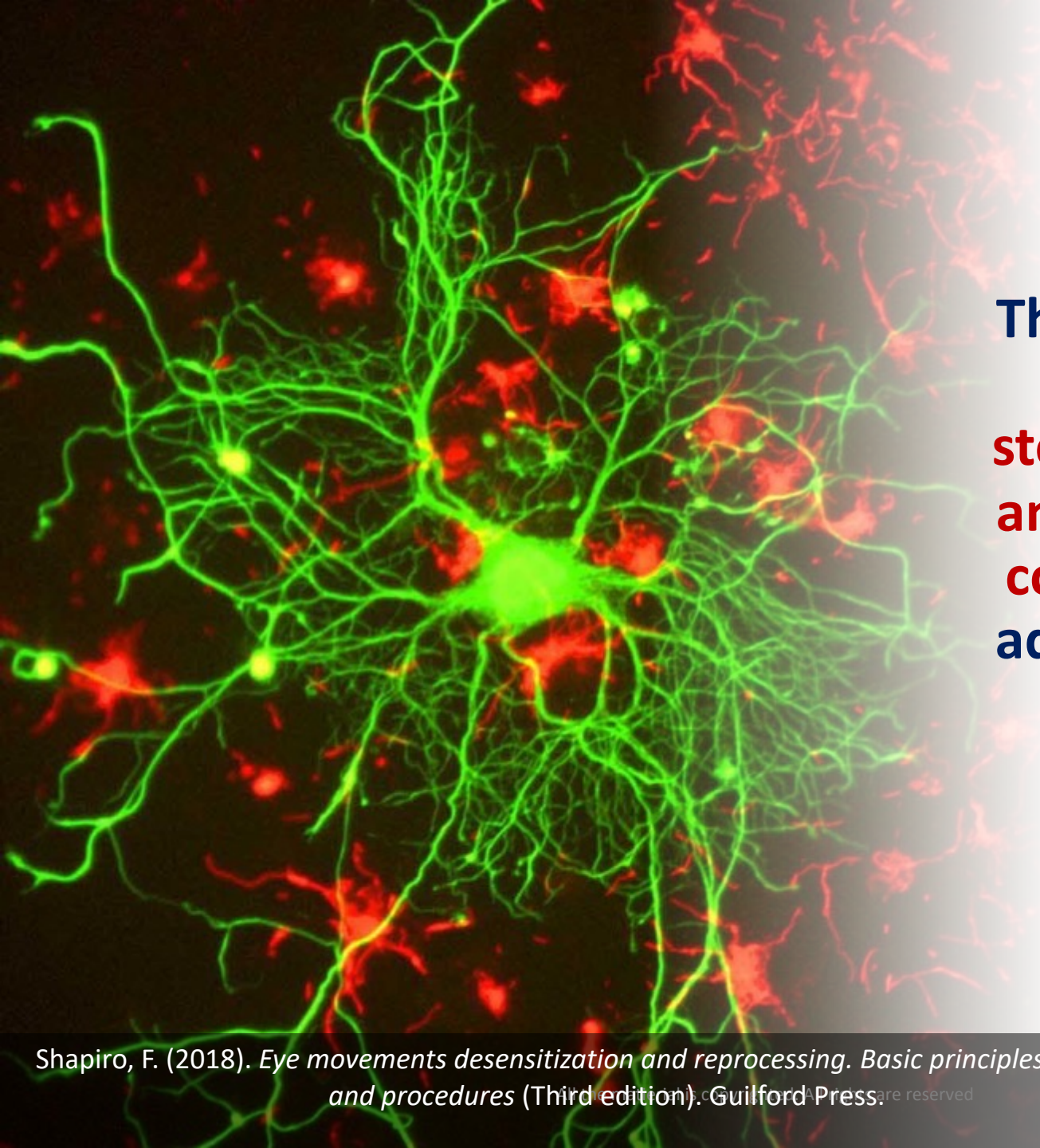
The adaptively stored information forms the **adaptive memory networks** that support human growth and development via **learning.**




However, nervous system high arousal states from adverse life experiences could cause disruptions to this processing system.



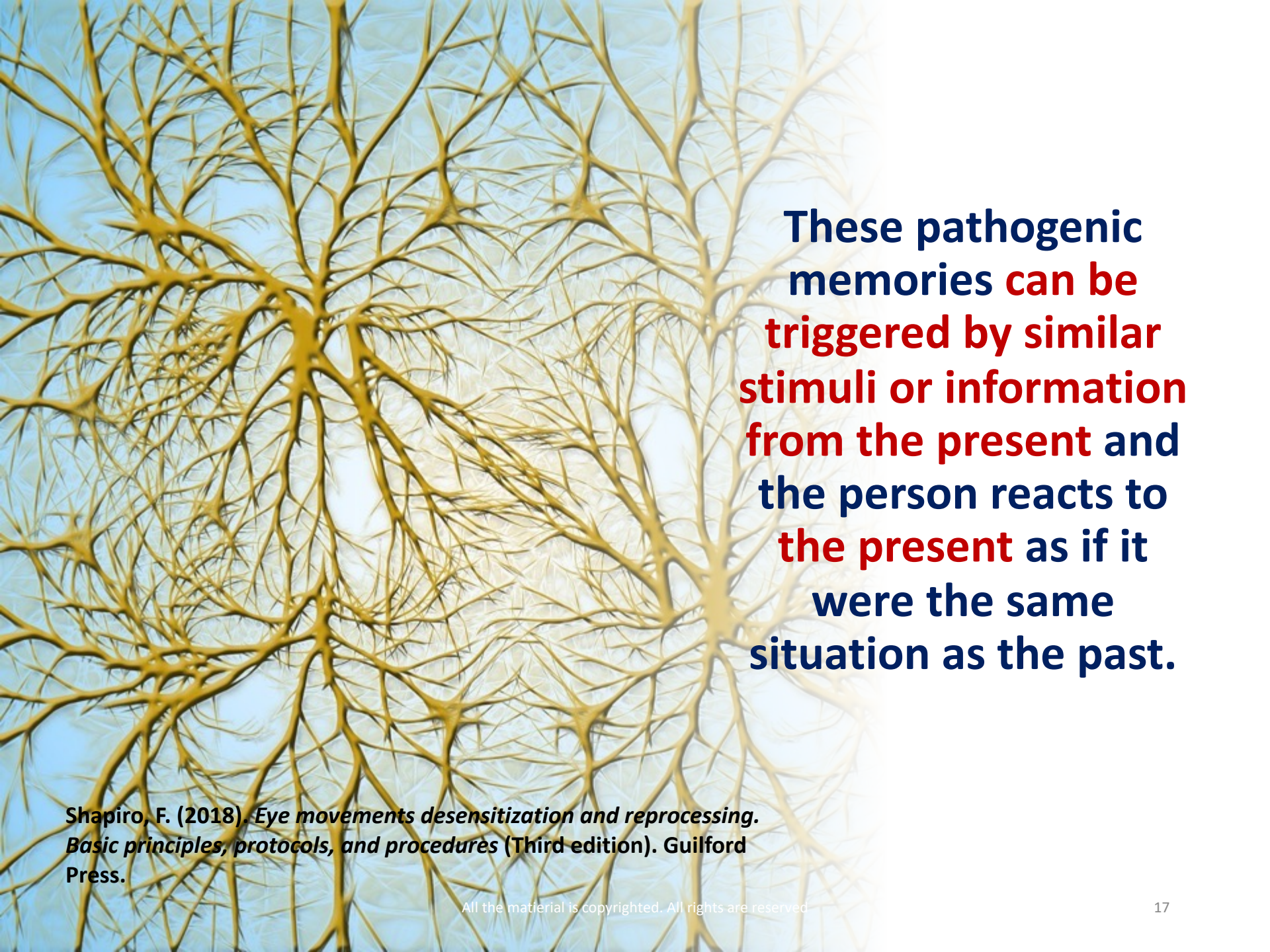
**This leads to
memories that
are
inadequately
processed and
dysfunctionally
stored in the
brain.**



These *pathogenic memories* are stored in isolation and are unable to connect with the adaptive memory networks.



The information stored in these neurophysiological pathogenic memory networks generate the present suffering, difficulties, and symptoms we see in our clients across the clinical spectrum.

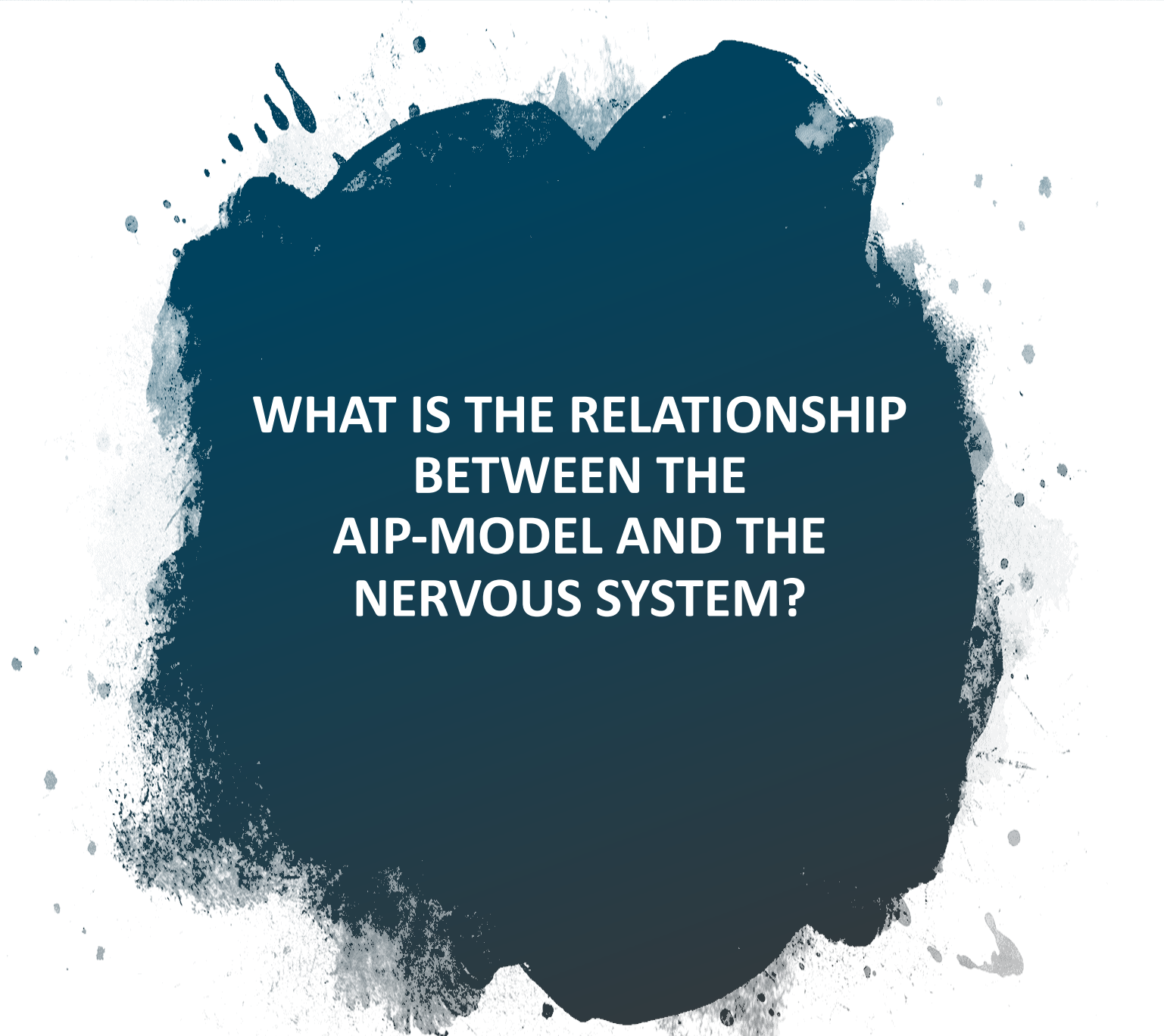


These pathogenic memories can be triggered by similar stimuli or information from the present and the person reacts to the present as if it were the same situation as the past.

Shapiro, F. (2018). *Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures* (Third edition). Guilford Press.



**In other words,
the past is
present for
these persons.**



**WHAT IS THE RELATIONSHIP
BETWEEN THE
AIP-MODEL AND THE
NERVOUS SYSTEM?**



The human nervous system is tuned to detect safety and danger, integrating body and brain responses via the autonomic nervous system.



**The autonomic nervous system has two branches:
The sympathetic nervous system and the
parasympathetic nervous system.**

Porges, S. (2020). The COVID-19 Pandemic is a Paradoxical Challenge to Our Nervous System: A Polyvagal Perspective. *Clinical Neuropsychiatry*, 17 (2),131-134.



In this **threat detection system**, when a threat is detected, the brain (amygdala) activates the quick-defense response, mobilizing the *Sympathetic Nervous System branch*, and our multi-systemic fight or flight defensive responses.



These multi-systemic defensive responses are known as the Fear Circuit.

- HPA Axis Activation.
- Release of Stress Hormones.
- The Prefrontal Cortex functions decrease.
- There is a disruption in the top-down cognitive neural networks responsible for executive functioning including the processing of information.
- Bottom-up attention takes control.
- Survival reflexes and self-protection habits are activated.
- There is an altered memory encoding and consolidation


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



*“Psychological trauma is associated with numerous changes in the **nervous system** caused by cortisol release, spikes in adrenaline, fluctuations in neurotransmitters, and so forth, the result of which is a **loss of neural homeostasis...**”*



*...Due to this imbalance, the **information-processing system** is unable to function optimally, and the information acquired at the time of the event, including images, sounds, emotions, and physical sensations, is **stored in its disturbing state.**"*



**ADVERSE
CHILDHOOD
EXPERIENCES
(ACES)**



The term **ACES** is used generically to overlapping sets of traumatic and adverse childhood experiences and home environmental factors, that **substantially increase the risk for serious lifelong medical and mental illness.**

How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

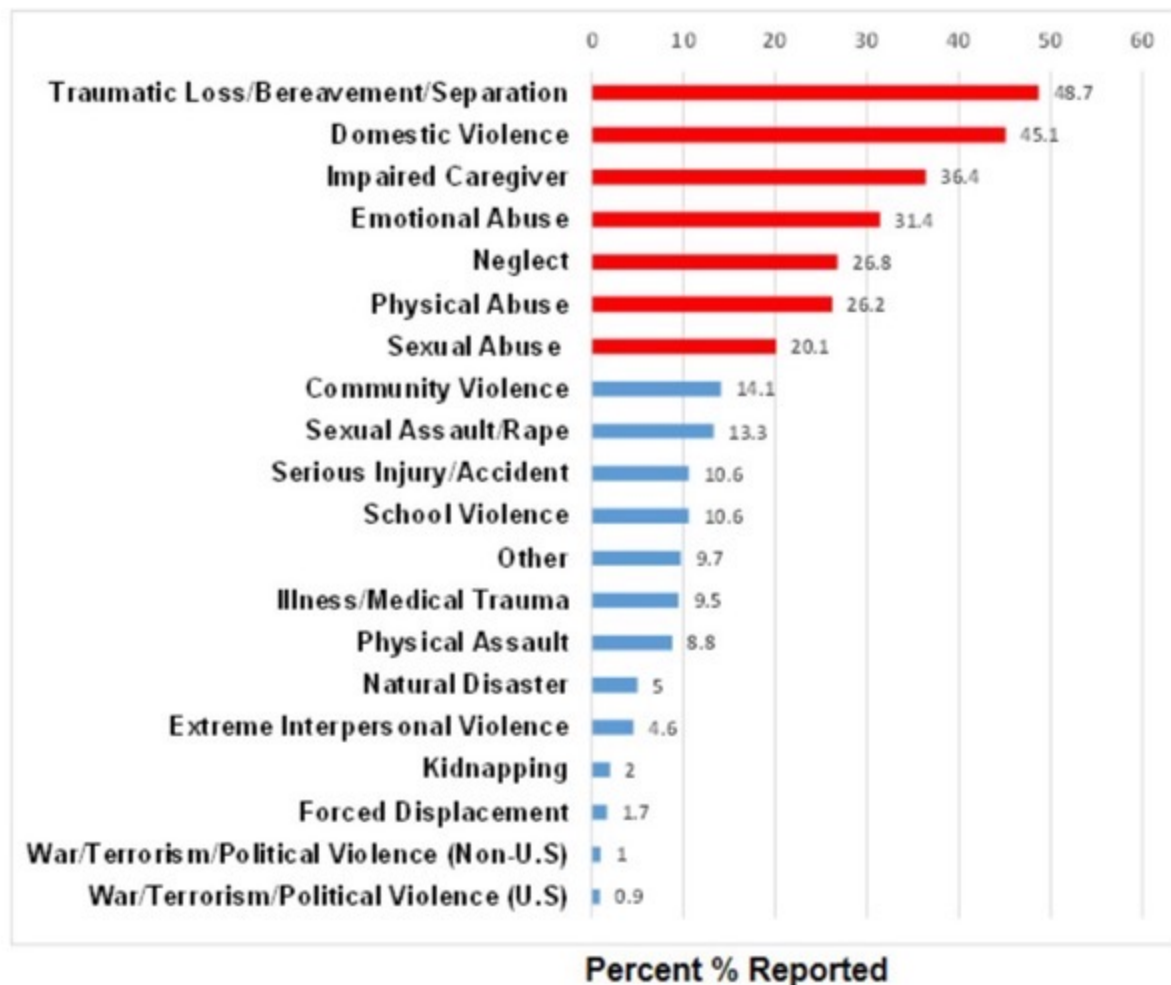
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

The ACES are Among Many Childhood Traumas and Adversities Measured by the National Child Traumatic Stress Network N=10,991¹

- The original ACES (in red) are among the most commonly reported traumas in studies that look at additional traumas.
- Over 40% of the children and adolescents served by the NCTSN experienced 4 or more different types of trauma and adversity.

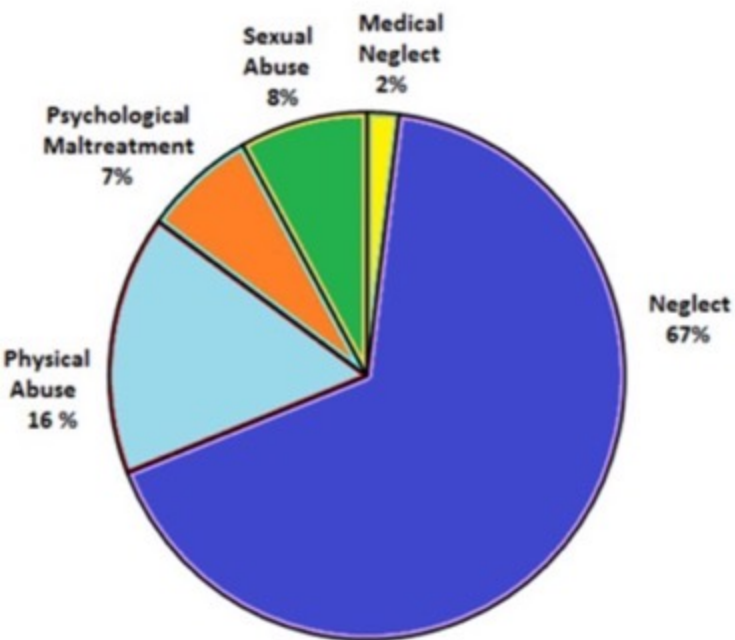


¹Pynoos et. al (2014). Psychological Trauma: Theory, Research, Practice and Policy. 6:S9-S13.

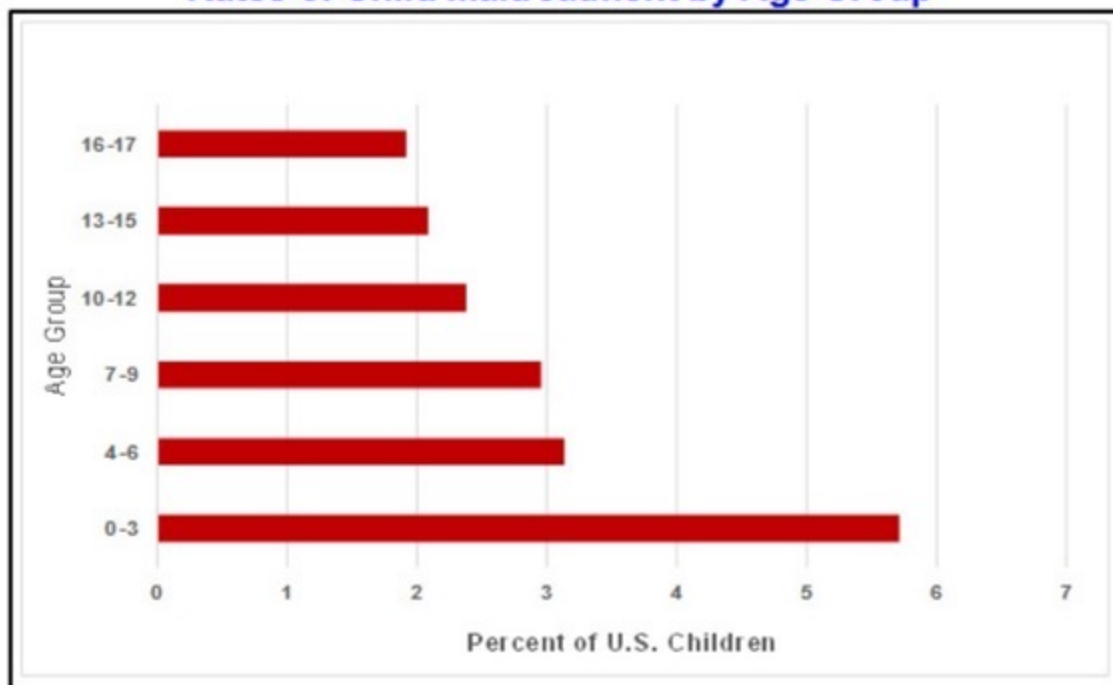
Rates of Maltreatment by Age¹

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

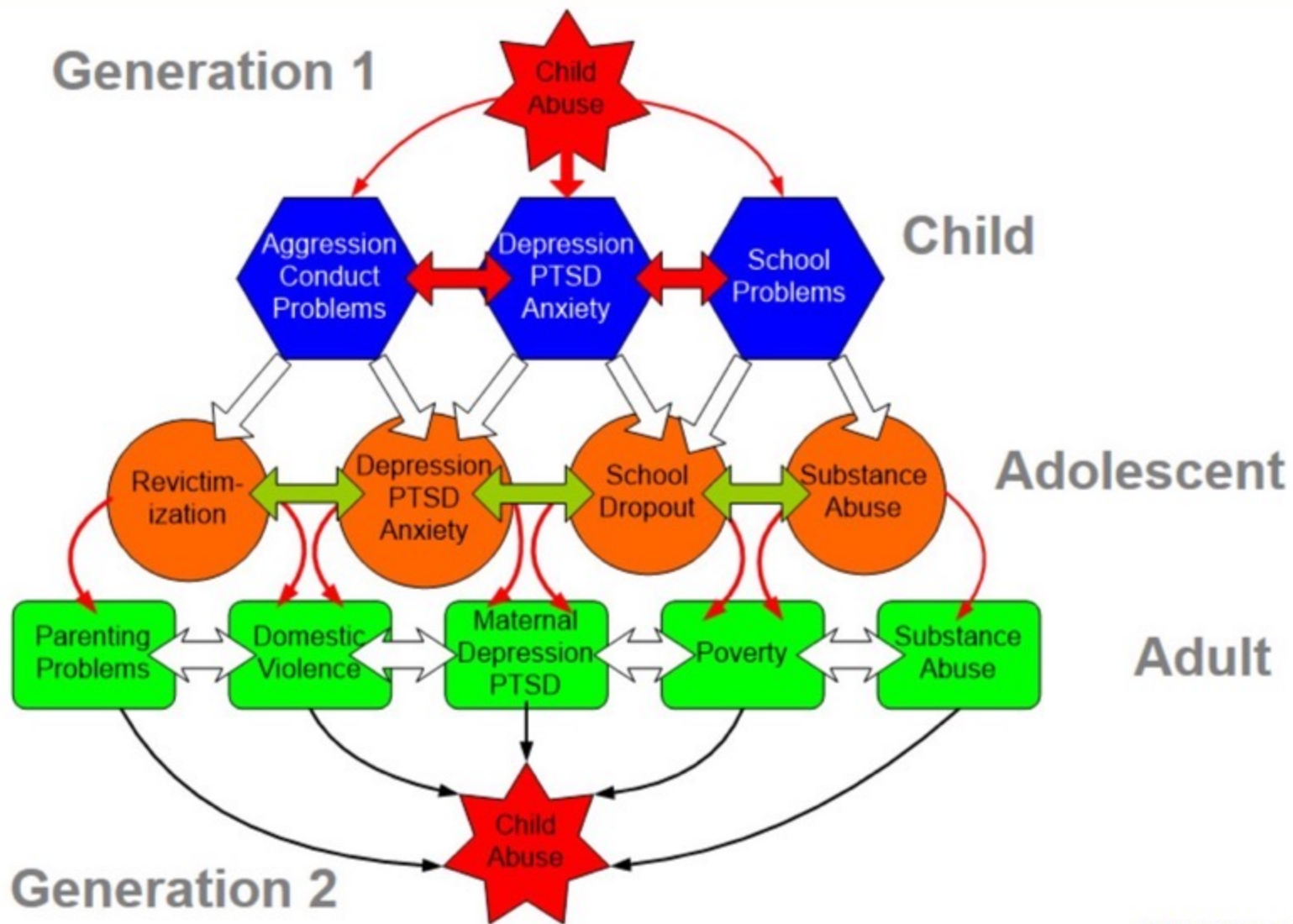


Rates of Child Maltreatment by Age Group



¹Child Maltreatment 2012. Washington, DC: US Department of Health and Human Services; 2014.


How ACES Cross Generations





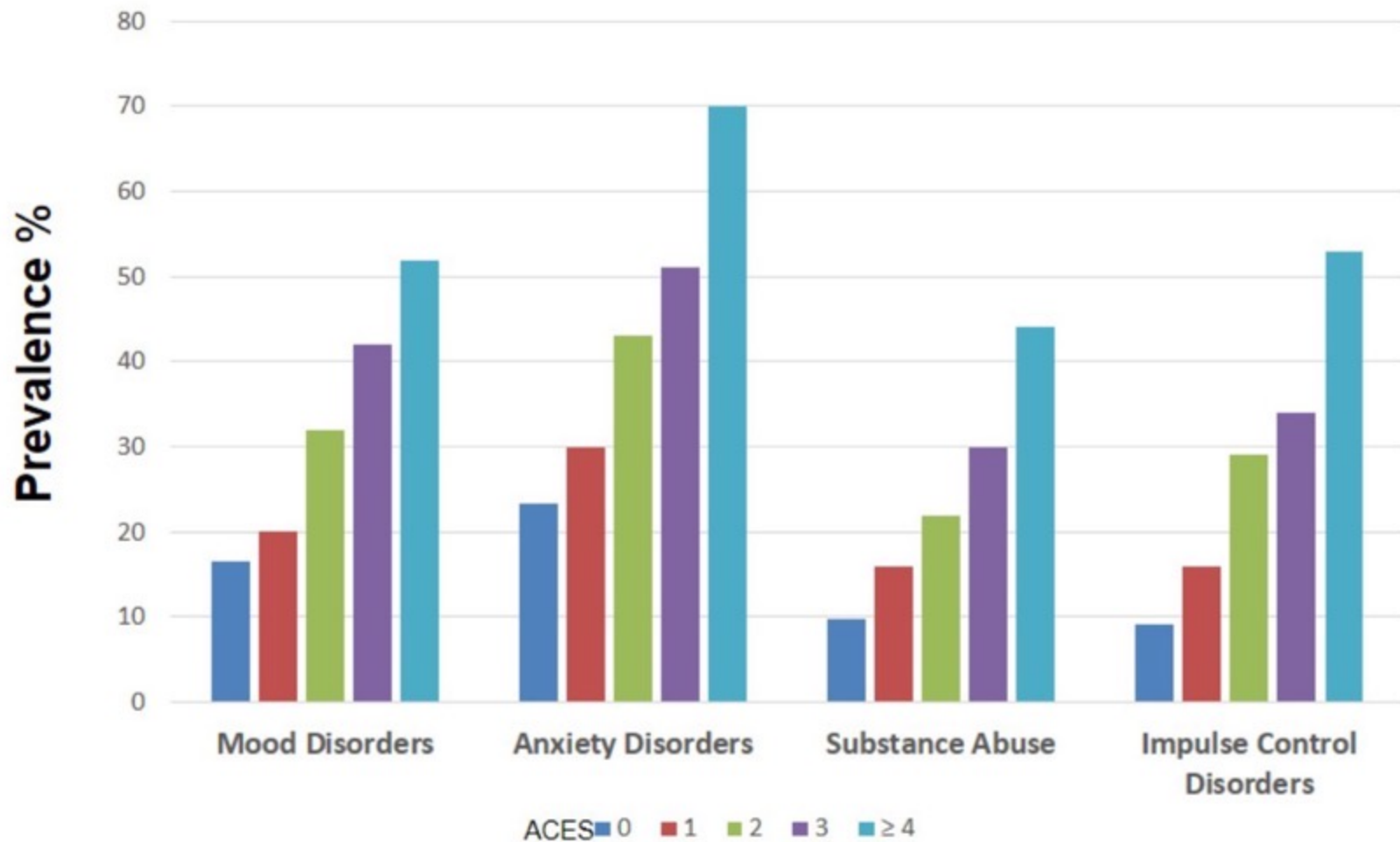
EXPANDED ACES





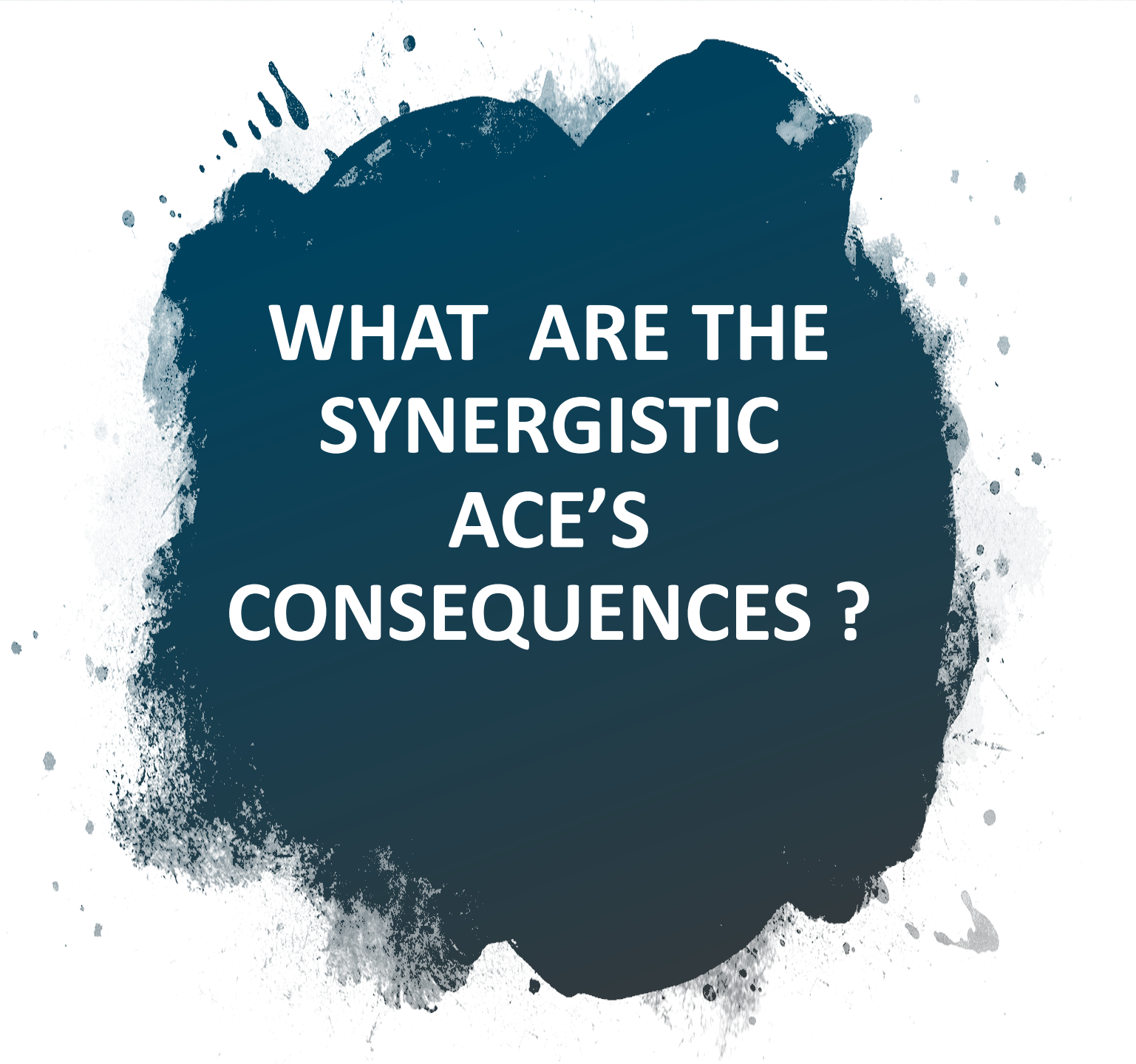
**WHAT IS THE
RELATIONSHIP
BETWEEN
CUMMULATIVE
ACES AND
MENTAL HEALTH?**

Cumulative ACES & Mental Health^{1,2}



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.



**WHAT ARE THE
SYNERGISTIC
ACE'S
CONSEQUENCES ?**

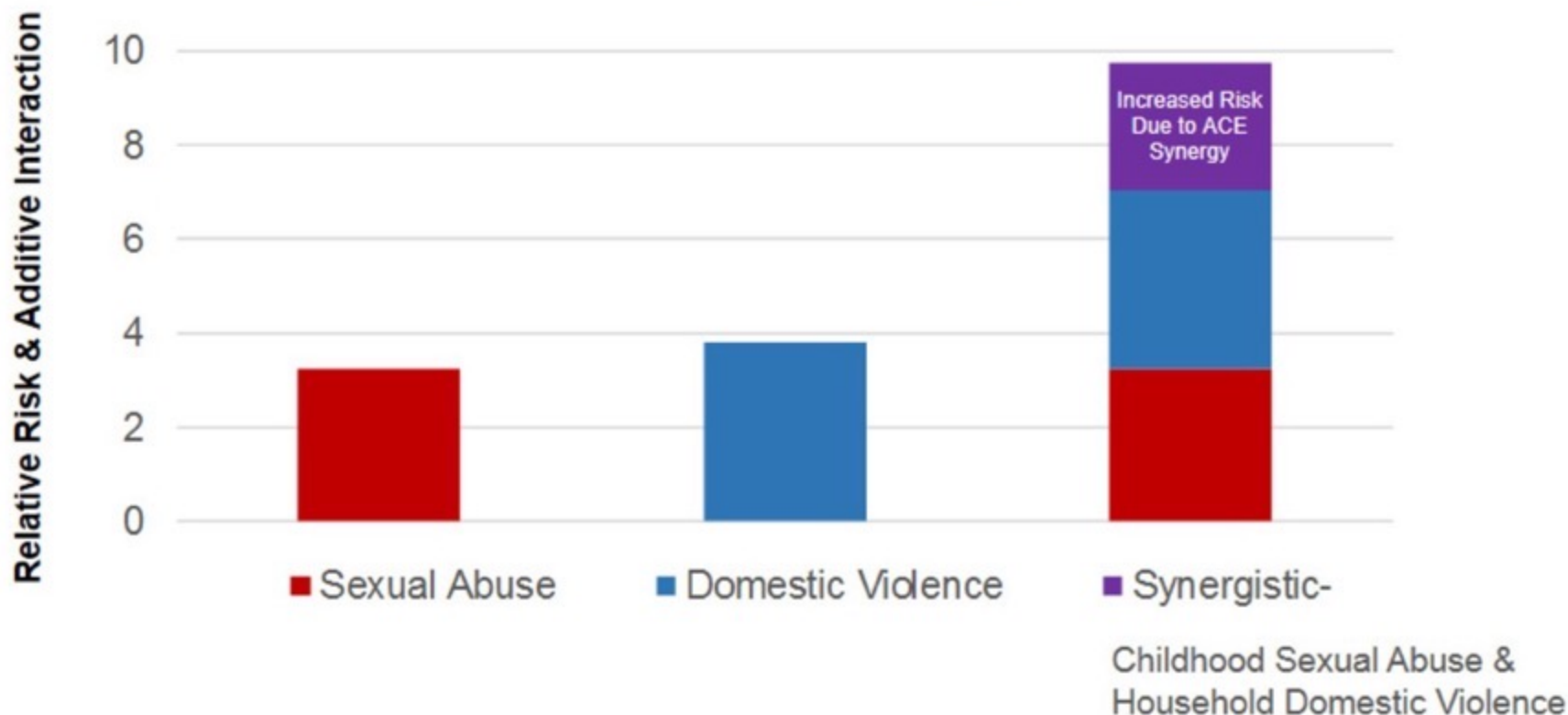
Synergistic ACEs Increase Complex Adult Psychopathology¹

- People who experience one ACE are statistically likely to experience two or more ACEs.
- **Synergy** is the interaction of two or more ACEs so that their combined effect is greater than the sum of their individual effects.
- **Complex Adult Psychopathology** is defined as having diagnoses crossing 2 or more DSM diagnostic categories (Mood, Anxiety, Substance Abuse or Impulse Control).

¹Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Co-Existing Childhood Sexual Abuse & Household Domestic Violence ACES are Synergistic & Increase Risk of Complex Adult Psychopathology^{1,2}

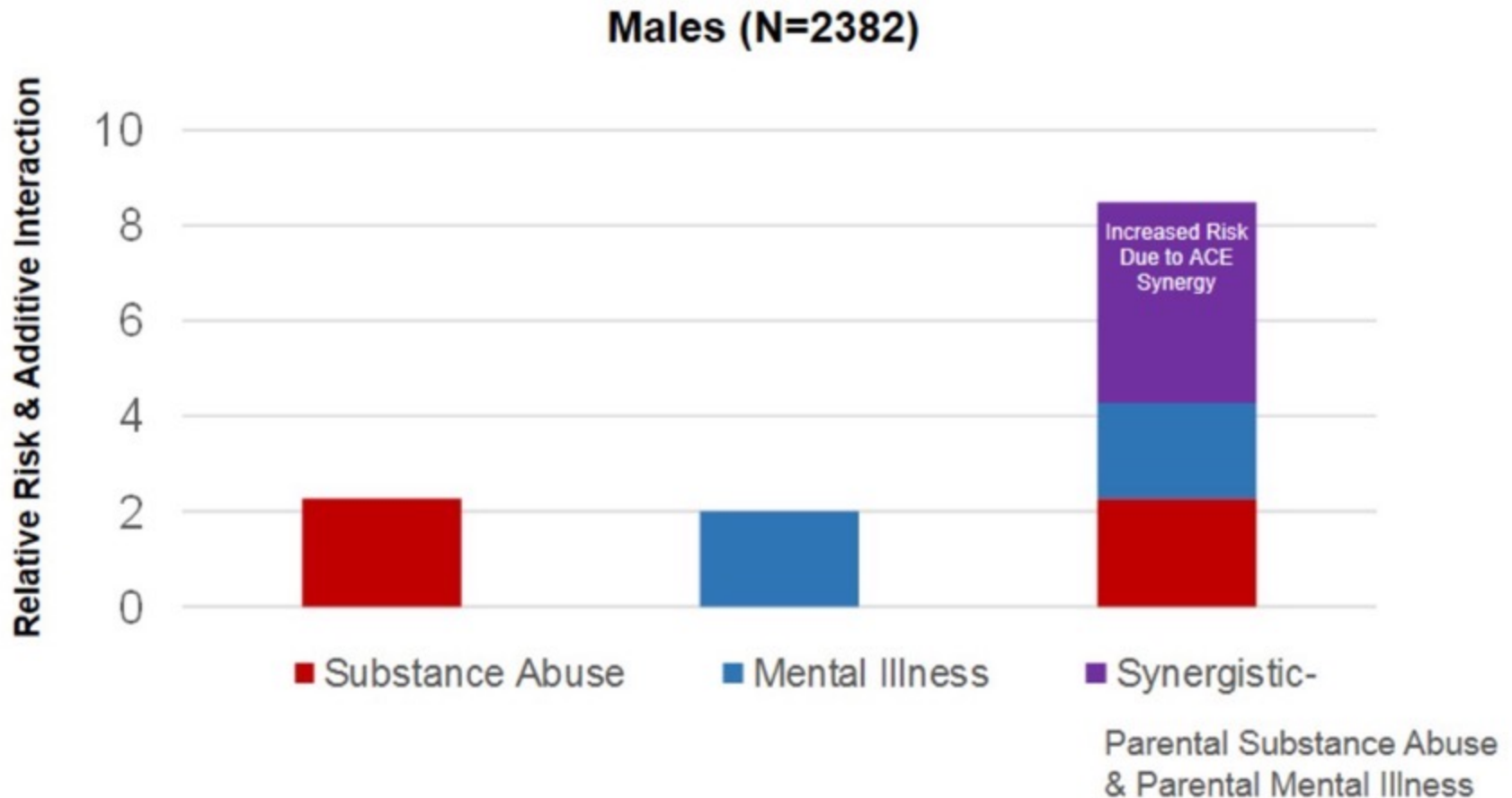
Females (N=3310)



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Co-Existing Parental Substance Abuse & Parental Mental Illness ACES are Synergistic & Increase Risk of Complex Adult Psychopathology^{1,2}



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Synergistic ACEs in Females ^{1,2}

- In females synergy occurs with 2 or more ACEs.
- For females the most potent ACE, sexual abuse, is synergistic with:
 - Domestic violence
 - Crime victimization
 - Poverty
 - Parental mental illness (anxiety/depression)
 - Loss of a Parent

¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).


²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Synergistic ACEs in Males ^{1,2}

- In males synergy occurs with 3 or more ACEs.
- For males, the most potent ACE, poverty, is synergistic with:
 - Sexual abuse
 - Parental substance abuse
 - Loss of a parent

¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.



**WHAT IS THE
ACE'S INFLUENCE
OF TYPE AND
TIMING?**

RESEARCH ARTICLE

Open Access



Type and timing of adverse childhood experiences differentially affect severity of PTSD, dissociative and depressive symptoms in adult inpatients

Inga Schalinski^{1*}, Martin H. Teicher^{2,3}, Daniel Nischk⁴, Eva Hinderer⁴, Oliver Müller⁴ and Brigitte Rockstroh¹

Abstract

Background: A dose-dependent effect of Adverse Childhood Experiences (ACE) on the course and severity of psychiatric disorders has been frequently reported. Recent evidence indicates additional impact of type and timing of distinct ACE on symptom severity experienced in adulthood, in support of stress-sensitive periods in (brain) development. The present study seeks to clarify the impact of ACE on symptoms that are often comorbid across various diagnostic groups: symptoms of posttraumatic stress disorder (PTSD), shutdown dissociation and depression. A key aim was to determine and compare the importance of dose-dependent versus type and timing specific prediction of ACE on symptom levels.

Methods: Exposure to ten types of maltreatment up to age 18 were retrospectively assessed in $N = 129$ psychiatric inpatients using the Maltreatment and Abuse Chronology of Exposure (MACE). Symptoms of PTSD, shutdown dissociation, and depression were related to type and timing of ACE. The predictive power of peak types and timings was compared to that of global MACE measures of duration, multiplicity and overall severity.

Results: A dose-dependent effect (MACE duration, multiplicity and overall severity) on severity of all symptoms confirmed earlier findings. Conditioned random forest regression verified that PTSD symptoms were best predicted



The study results indicate **augmented vulnerability by type x timing of ACE**, in particular emphasizing pre-school (age 4–5) and pre-adolescent (8–9) periods as sensitive for the impact of physical and emotional neglect.

Physical neglect and emotional neglect at age 4-5 were related to increased symptoms of dissociation.

Emotional neglect at age 8-9 was specifically related to enhanced symptoms of depression.


Schalinski et al. BMC Psychiatry (2016) 16:295



PTSD, the most severe stress-related disorder, varies with the number of adverse experiences irrespective of age of experience.

There is a strong effect of timing and type of events. For instance, the earlier the abuse and neglect occur and the longer these last, the more severe the indices of psychopathology in adult patients.

Schalinski et al. BMC Psychiatry (2016) 16:295



**ACES AND
PROLONGED ADVERSE
EXPERIENCES
CUMMULATIVE
TRAUMA EXPOSURE
MEMORY NETWORK**



The impact of trauma exposure is cumulative in nature, and the cumulative effects of prior trauma could be associated with more severe emotional responses to the next trauma.

Berninger, A., Webber, M. P., Cohen, H. W., Gustave, J., Lee, R., Niles, J. K., . . . Kelly, K. (2010). Trends of elevated PTSD risk in firefighters exposed to the World Trade Center disaster: 2001–2005. *Public Health Reports*, 125, 556–566.



Since 1994, studies have shown that individuals exposed to **prolonged, repeated, or multiple stressful events** are more likely to show PTSD symptoms when compared to individuals who experienced only one stressful event.



The risk of PTSD and comorbid disorders (e.g., anxiety and depression) increases with the number of exposures.

In addition, multiple stressors may exacerbate PTSD symptoms.

McFarlane, A. C. (2010). The long-term costs of traumatic stress: Intertwined physical and psychological consequences. *World Psychiatry, 9*, 3–10.

Therefore, the continuum of *prolonged adverse experiences* creates a *cumulative trauma exposure memory network (CTEMN)* of *linked pathogenic memories* with similar emotional, somatic, sensorial, and cognitive information...




Jarero, I., Artigas, L., (2022). AIP model-based Acute Trauma and Ongoing Traumatic Stress Theory and Conceptualization (third edition). *Iberoamerican Journal of Psychotrauma and Dissociation* , 10(1), 1-10



...that extends into the present moment, and often producing maladaptive /catastrophic concerns about the future.

Jarero, I., Artigas, L., (2022). AIP model-based Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization (third edition). *Iberoamerican Journal of Psychotrauma and Dissociation* , 10(1), 1-10

A close-up photograph of a spiderweb on a branch with green leaves and dew drops. The web is intricate and circular, with many concentric rings and radial lines. The background is a soft, out-of-focus green, suggesting a natural outdoor setting. The lighting is bright, highlighting the fine details of the silk.

**WE CAN
VISUALIZE THIS
SYSTEM OF
LINKED
PATHOGENIC
MEMORIES AS
A SPIDERWEB**



As a result, this CTEMN creates a progressive recruitment of PTSD, anxiety, and depression symptoms; related somatic pathological outcomes, and significant impairment in daily functioning across time and repeated exposures to adverse experiences.



Jarero & Artigas believe that recent, present, or past prolonged adverse experiences require a different kind of AIP-treatment plan conceptualization and **tailored EMDR protocols** than the ones used for events *with a post-trauma safety period*, to treat *populations like...*

Jarero, I., Artigas, L., (2022). AIP model-based Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization . *Iberoamerican Journal of Psychotrauma and Dissociation* , 10(1), 1-10

For example

Pandemics.

**Racial and
Historical Trauma**

**Community
Violence**

**Prolonged natural
or man-made
disasters.**

**Prolonged war and
terror.**

**Cancer or other
catastrophic
illness diagnosis
and treatment.**

**LGBTQIA+
Communities**

Refugees

**Long term family
violence.**

Vicarious trauma.

**Long term
poverty.**

**Living with an
active drug user.**

**A car wreck with
fatal, physical and
legal
consequences.**

Incarceration

**Bullying and
school violence.**

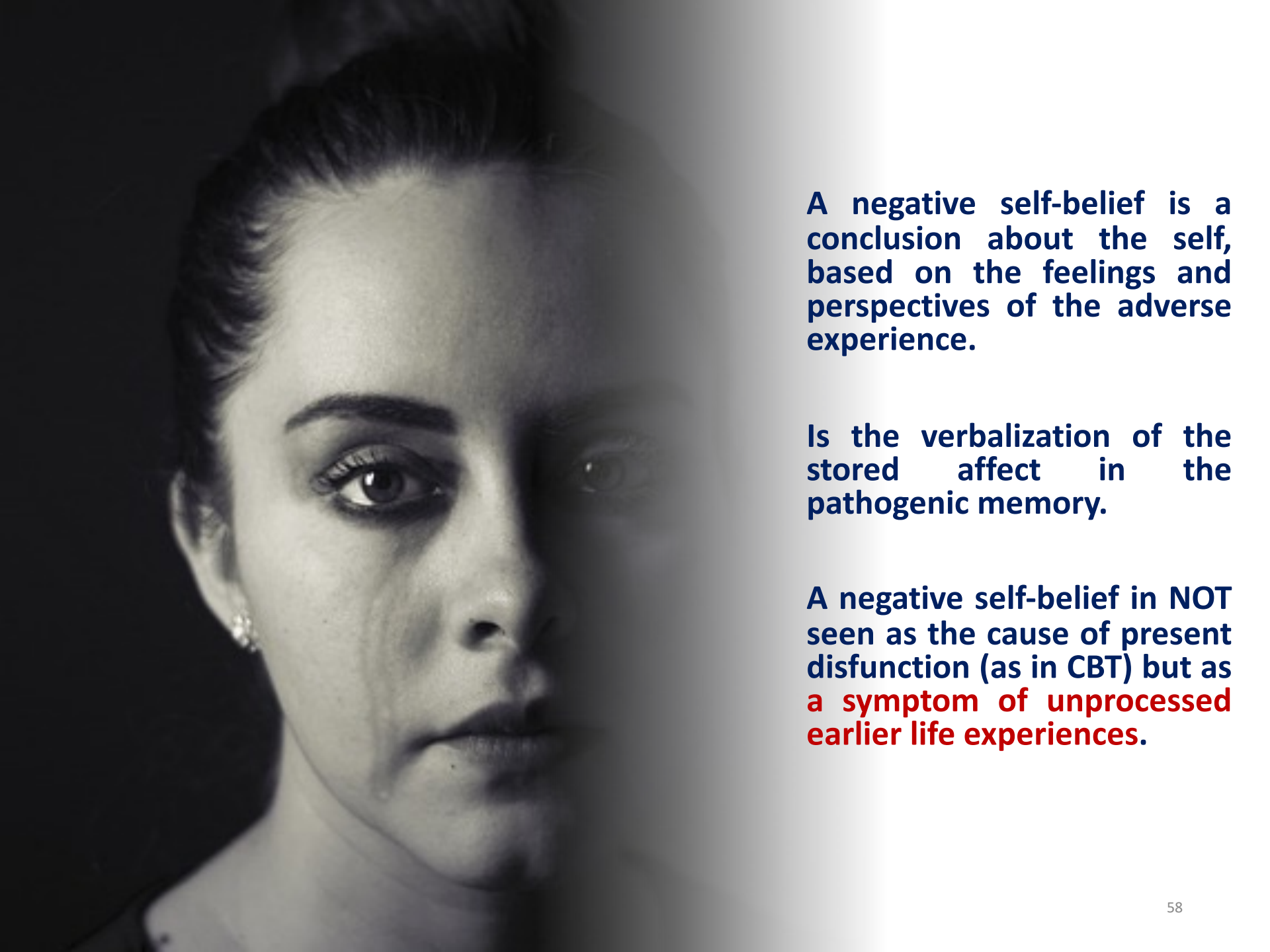


Patients who have been living with **life-long adverse experiences** like :

- Ongoing oppression of systemic racism.
- Stigmatization.
- Sexism.
- Discrimination.
- Gender identification.
- Ageism.
- Bullying.
- Marginalization, social and culturally exclusion.



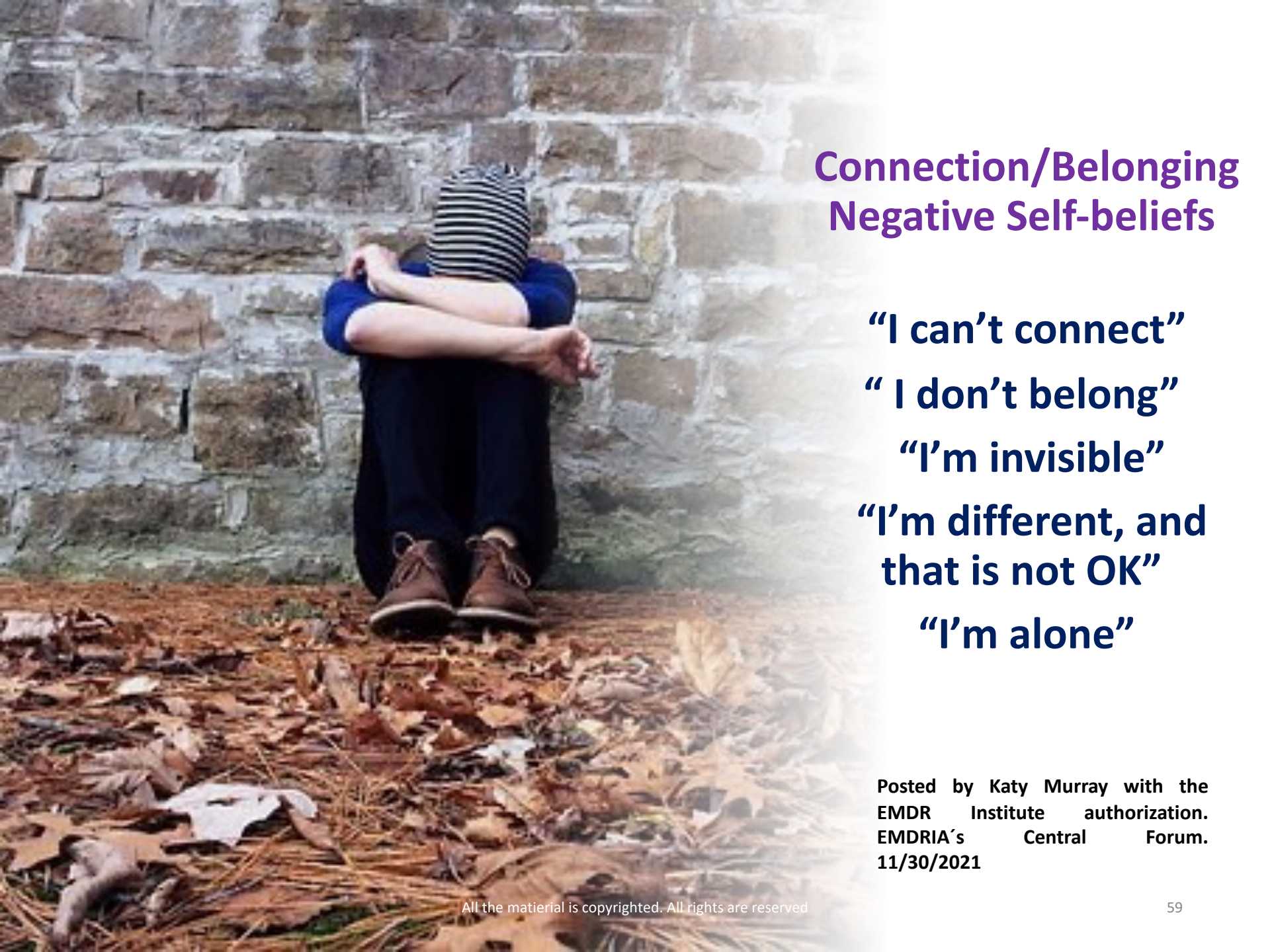
Can develop a
Connection/Belonging
Negative Self-belief and
the strong physical
sensations related with
affective states that
resonate with this self-
belief.



A negative self-belief is a conclusion about the self, based on the feelings and perspectives of the adverse experience.

Is the verbalization of the stored affect in the pathogenic memory.

A negative self-belief is NOT seen as the cause of present disfunction (as in CBT) but as a symptom of unprocessed earlier life experiences.



Connection/Belonging Negative Self-beliefs

“I can’t connect”

“ I don’t belong”

“I’m invisible”

**“I’m different, and
that is not OK”**

“I’m alone”

Posted by Katy Murray with the
EMDR Institute authorization.
EMDRIA’s Central Forum.
11/30/2021



LIVING IN THE USA



COMMON TERMINOLOGY AND PRINCIPLES

- Clarifying terms: Latinx, Hispanics, Chicanos, People of color
- Importance of acknowledging, value, and celebrating client's culture

WORKING WITH DIFFERENT GENERATIONS

- Immigration/Acculturation

- First, second, or third generation

- Ex: Coconut

- Current/Past immigration status

An aerial photograph of a city grid, where each block is filled with a different color from a rainbow spectrum. The colors transition from purple and blue in the upper right, through green and yellow, to orange and red in the lower left. The grid lines are clearly visible, creating a complex geometric pattern.

ISSUES OF COLORISM AND BELONGING

- I don't belong: I don't belong here or there
 - Common among second generation immigrants
- Glass ceiling effect
 - Invisible barrier "I can't ever be..."

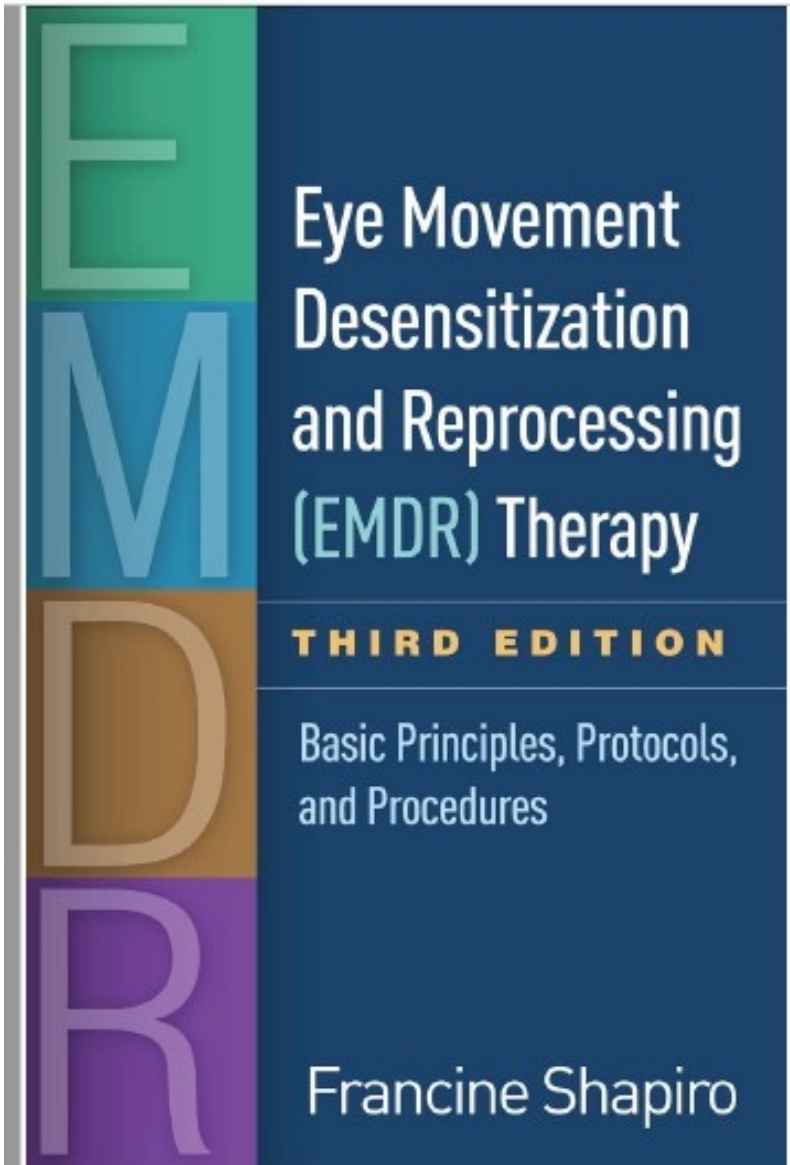


GENERAL CONSIDERATIONS FOR COUNSELING WITH LATINX

- Questions about how to help others
- Barriers seeking help
- Mixed identities - intersectionality of identities
- Issues of racism and oppression

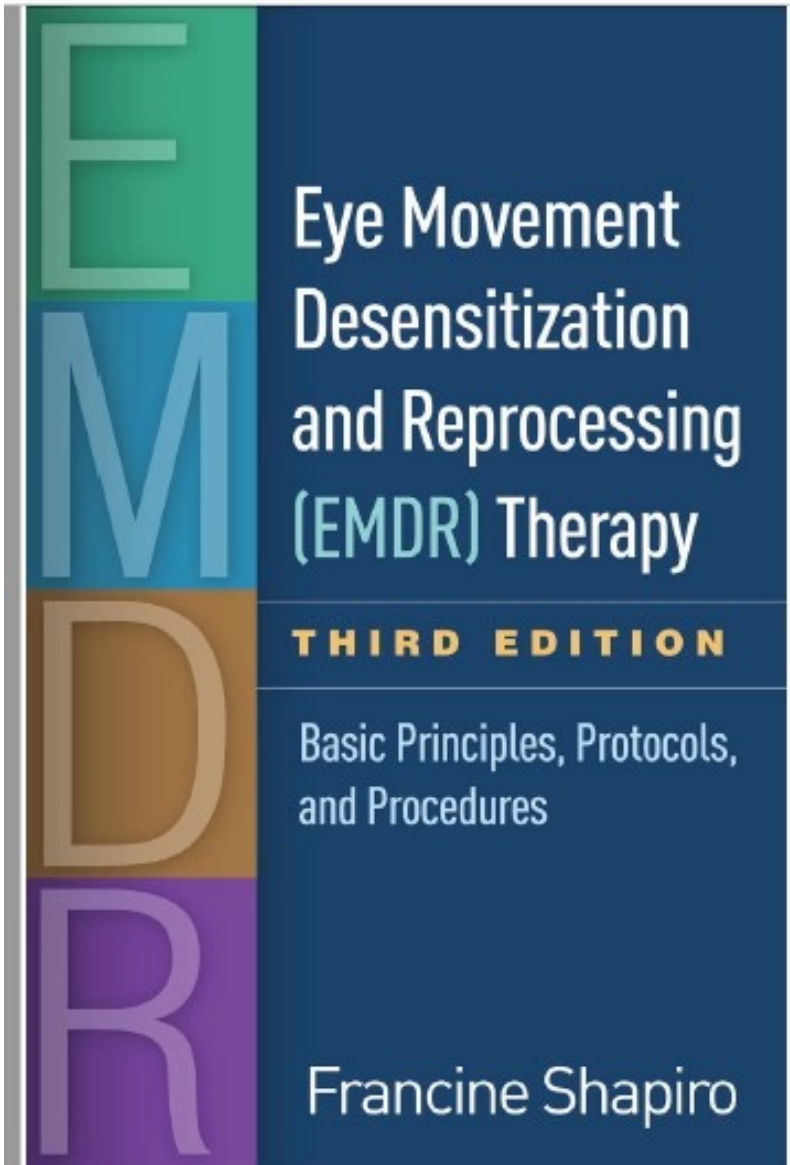


WHAT IS EMDR THERAPY?



EMDR therapy is an integrative, client-centered approach that treats problems of daily living based on disturbing life experiences that continue to have a negative impact on a person throughout the lifespan.

Lalotis et al. (2021). What is EMDR Therapy? Past, present, and future directions. *Journal of EMDR Practice and Research*, 15(4), 186-201



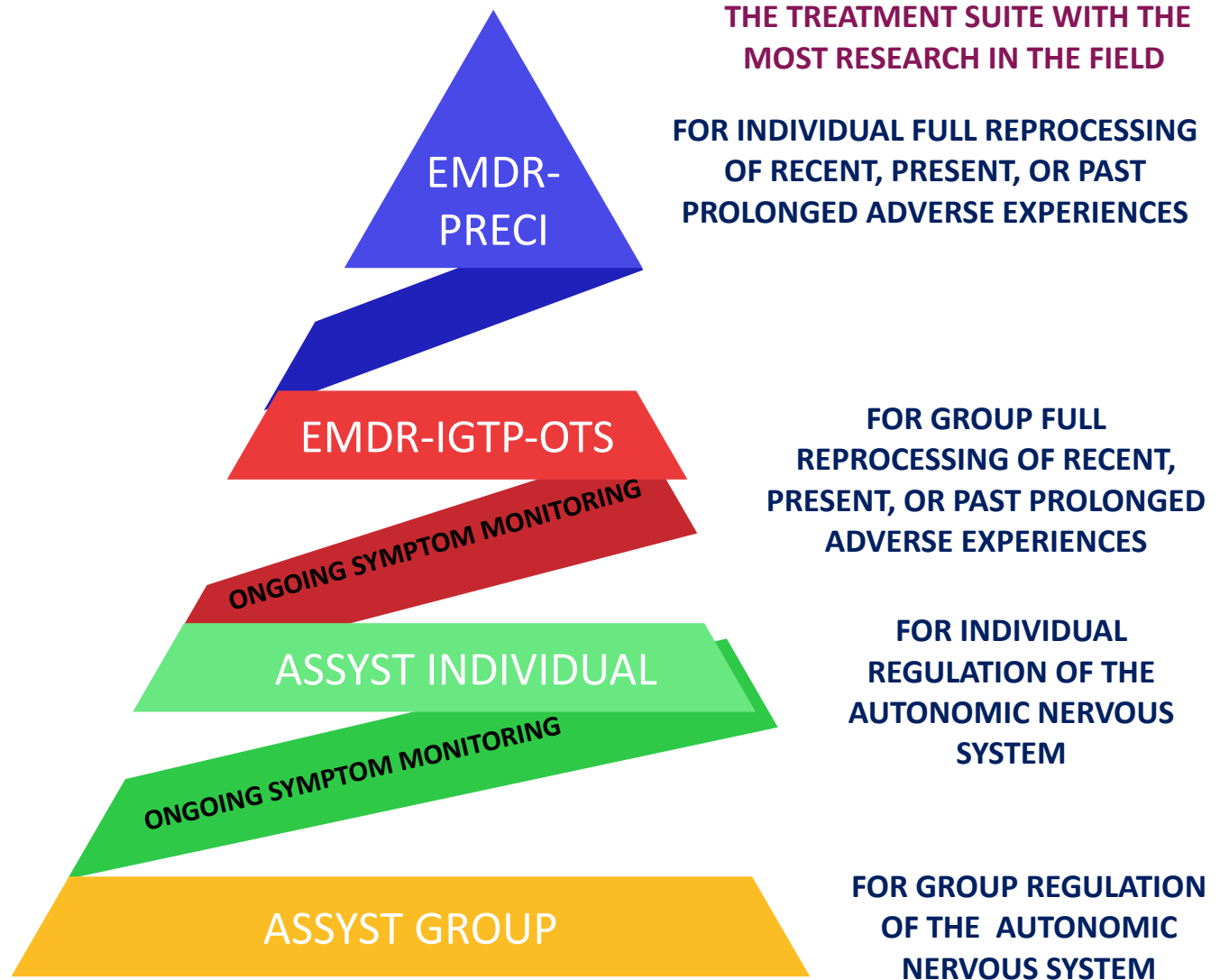
There is strong empirical evidence for its use in the treatment of posttraumatic stress disorder, and it has also been found to be an effective, transdiagnostic treatment approach for a wide range of diagnoses in a variety of contexts and treatment settings with diverse populations.

Lalotitis et al. (2021). What is EMDR Therapy? Past, present, and future directions. *Journal of EMDR Practice and Research*, 15(4), 186-201



**OUR EMDR-BASED
STEPPED CARE
APPROACH TO
ADVERSE
EXPERIENCES**

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



By Ignacio (Nacho) Jarero

Three pens with textured barrels and fountain pen nibs are arranged on a dark surface. The pens are in the foreground, with one pointing towards the top left and two others pointing towards the bottom left. The background is a blurred, light-colored surface.

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

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



A **stepped care approach** means a **stepped progression** of **mental health care** provided in an **increasingly intensified manner**.

Therefore, it is important to integrate **early intervention** with **ongoing monitoring**, **detection of people in need**, and the **provision of appropriate care**, according to the needs of each person over time.

Jarero, I., Artigas, L., (Sixth Edition, 2022). AIP model-based Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization (third edition). *Iberoamerican Journal of Psychotrauma and Dissociation* , 10(1), 1-10



For example, after an adverse experience, we can provide a **stepped mental health care** at various time points:

Critical Care (during the first hours).


Rapid Response (during the first days).

Early Individual or Psychosocial Interventions (during the first months).

EMDR or TF-CBT therapy (for those at risk of PTSD or other disorders).

Pharmacotherapy (for those in need of this approach).

Jarero, I., Artigas, L., (Sixth Edition, 2022). AIP model-based Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization (third edition). *Iberoamerican Journal of Psychotrauma and Dissociation* , 10(1), 1-10

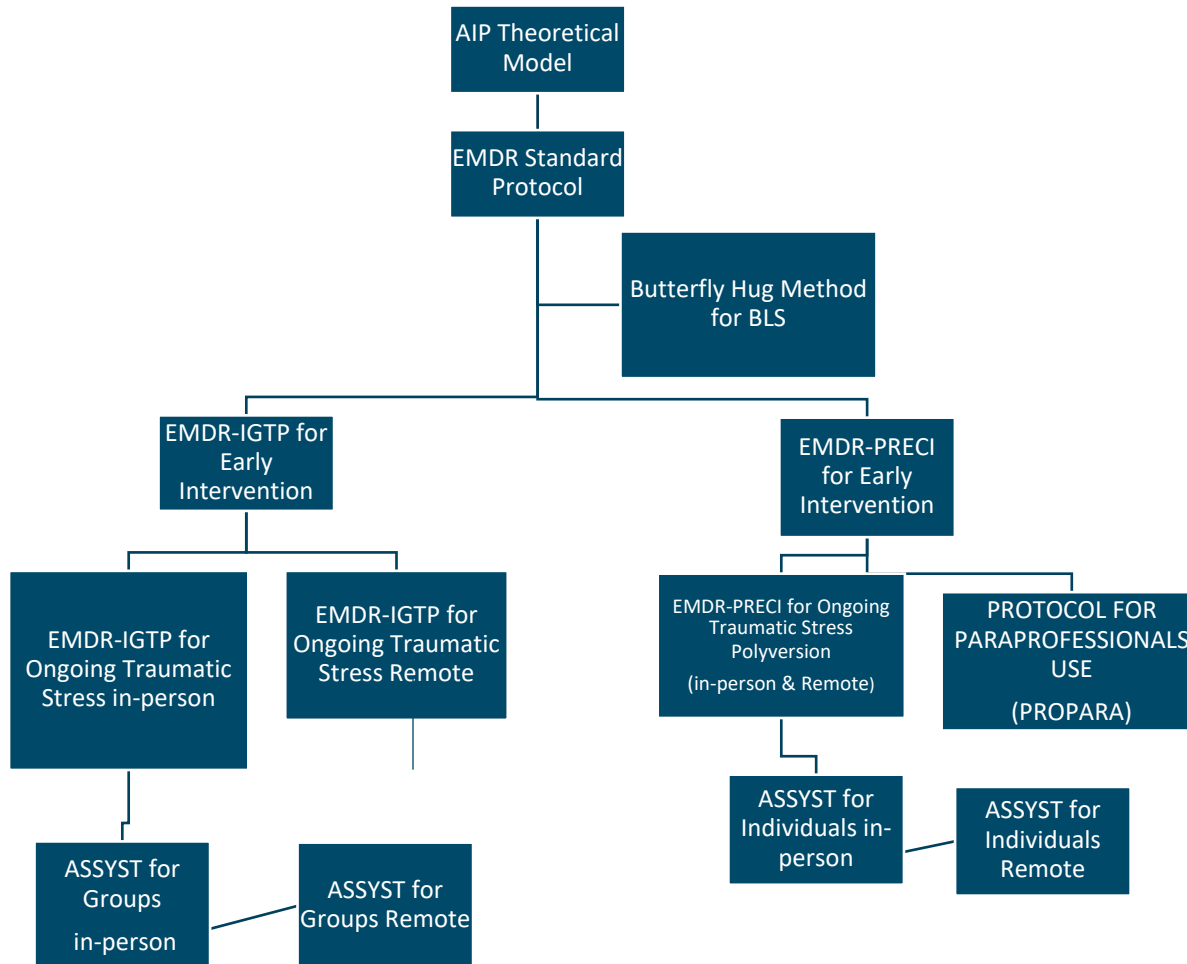


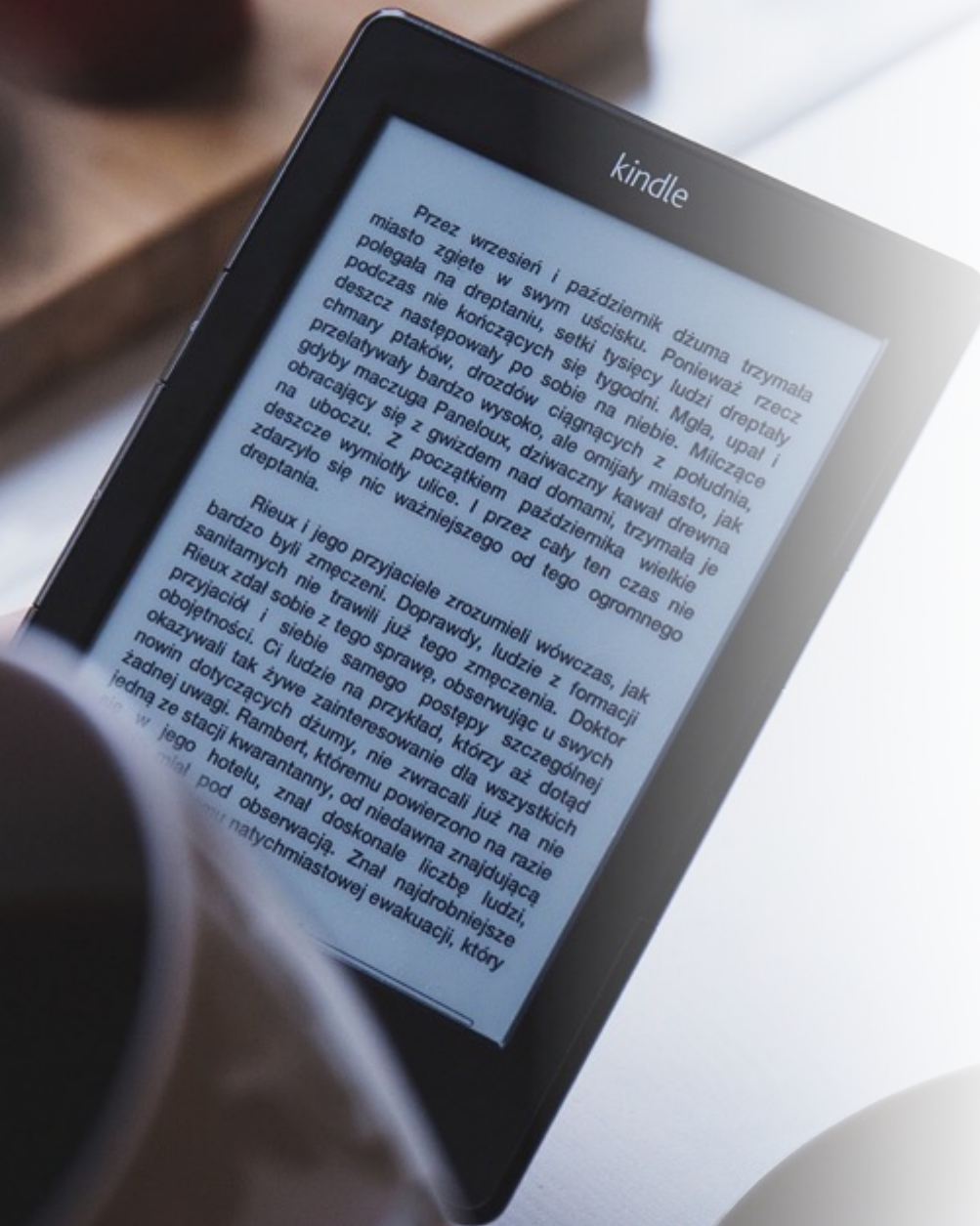
**WHAT EMDR
THERAPY
PROTOCOLS HAVE
WE BEEN USING
WITHIN THIS STEPED
CARE APPROACH?**



OUR PROTOCOLS AND PROCEDURES FAMILY TREE

ALL OUR PROTOCOLS WERE BORN DURING HUMANITARIAN FIELD WORK AFTER DISASTERS





**AS OF SEPTEMBER 2023,
OUR PROCEDURES AND
PROTOCOLS HAVE**

**67 PEER-REVIEWED
PUBLISHED OR IN-PRESS
PAPERS**

**No Poster, Conference
Presentations, or Newsletter
publications are included on
this list.**

**Being the ones with the
most research in the EMDR
Early Intervention and
Ongoing Traumatic Stress
field.**



THE ASSYST TREATMENT PROCEDURES



Because we need to prioritize treatment
Our First Step of Care is to focus on

**THE PATIENT'S AUTONOMIC NERVOUS SYSTEM
HYPERACTIVATION REGULATION.**



**The
Acute Stress
Syndrome
Stabilization
(ASSYST)©
treatment
intervention
procedures.**



The ASSYST© treatment interventions in a group, individual, and Web-based formats were born during humanitarian field-work and are AIP-informed, carefully field-tested, evidence-based, and user-friendly psychophysiological algorithmic **symptom-focused** trauma-sensitive approaches...



...whose references and **core components** are from the **EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS)©** and the **EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI)©**

Becker, Y., Estévez, M.E., Pérez, M.C., Osorio, A., Jarero, I., & Givaudan, M. (2021) Longitudinal Multisite Randomized Controlled Trial on the Provision of the Acute Stress Syndrome Stabilization Remote for Groups to General Population in Lockdown During the Covid-19 Pandemic. *Psychology and Behavioral Science International Journal*. 16(2), 1-11.



- The EMDR-IGTP-OTS and EMDR-PRECI are multicomponent EMDR therapy protocols.
- The ASSYST treatment interventions (ASSYST TI) have the **core components** (the most therapeutically active) of these EMDR protocols.
- Because the ASSYST TI are **symptom-focused approaches** and not disorder-focused approaches, like the EMDR therapy protocols, they require less time than the full protocols, **enhancing the feasibility** of delivering brief treatment in settings with limited resources around the world.



VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF POSTTRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER

Department of Veterans Affairs
Department of Defense

“If components require less time than a full protocol, they might have enhanced feasibility in settings with limited resources” (p. 55)

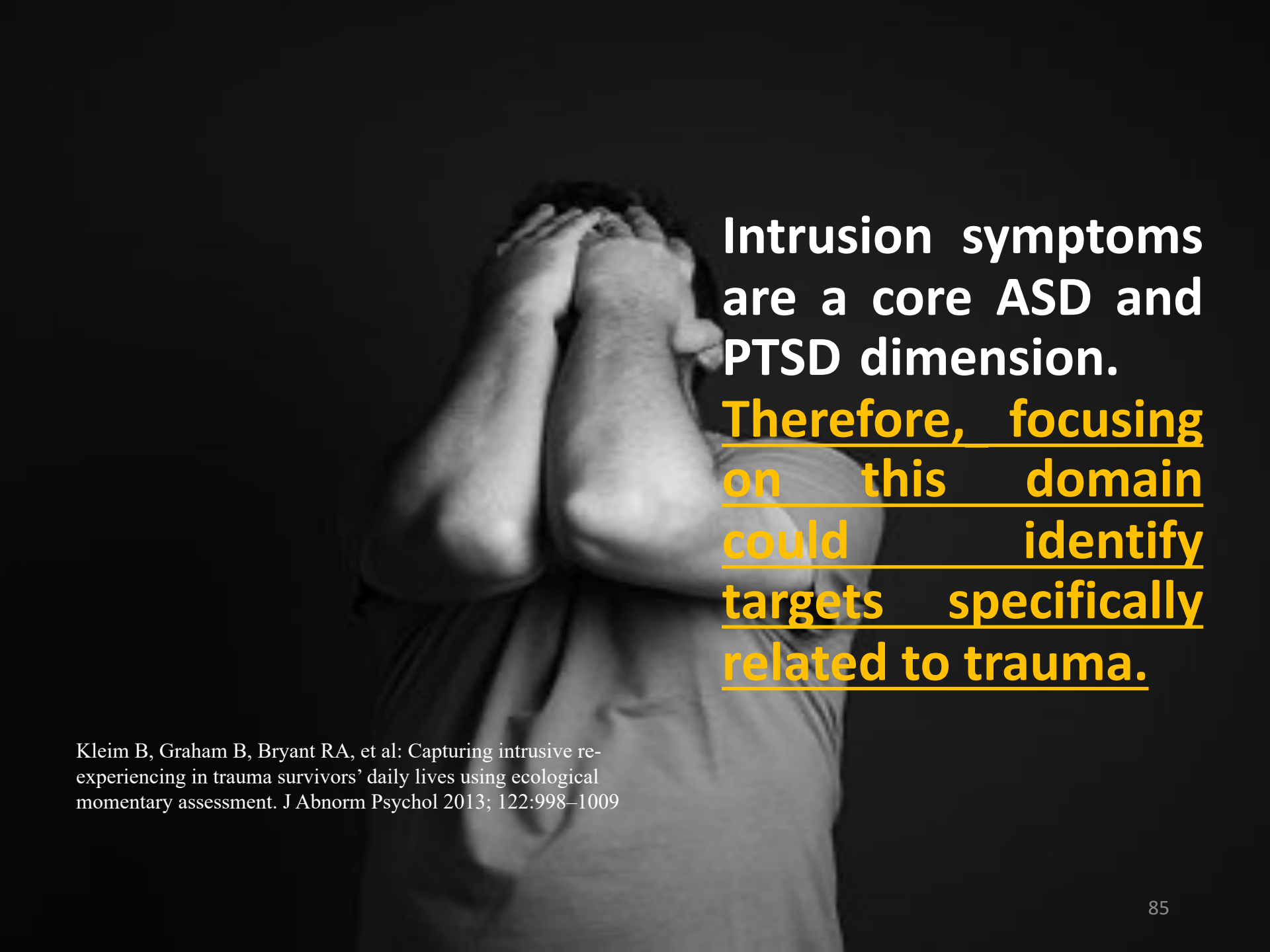
VA/DoD Clinical Practice Guideline. (2023). Management of Posttraumatic Stress Disorder and Acute Stress Disorder Work Group. Washington, DC: U.S. Government Printing Office.



Intrusion symptoms examples.

Recurrent **intrusive memories, in the here and now**, of the adverse experience(s) that includes one or more of the following components:

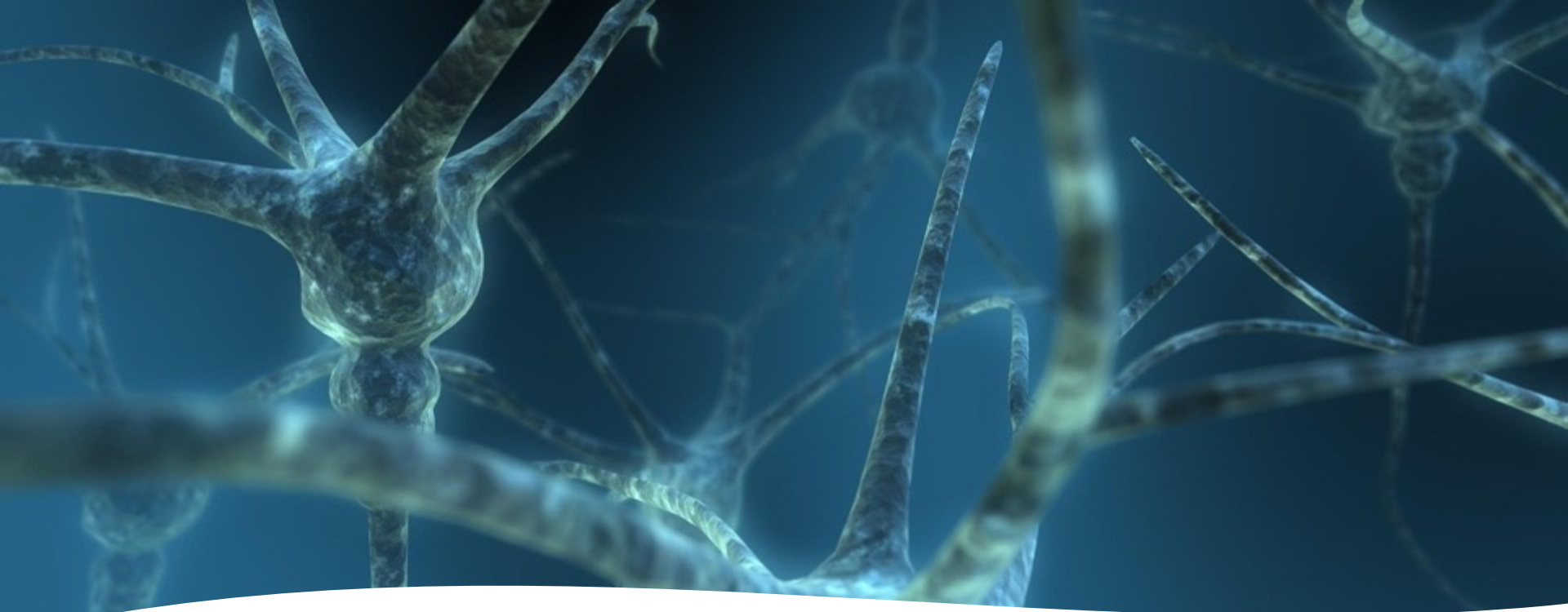
- **Sensory:** images, smells, sounds, touch or be touched, or taste.
- **Emotional:** physical sensations associated with affective states (emotions and feelings).
- **Physiological** (visceral sensations): vomiting sensation, sense of heat for a burn victim, shortness of breath for a near-drowning experience survivor.



**Intrusion symptoms
are a core ASD and
PTSD dimension.**

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

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



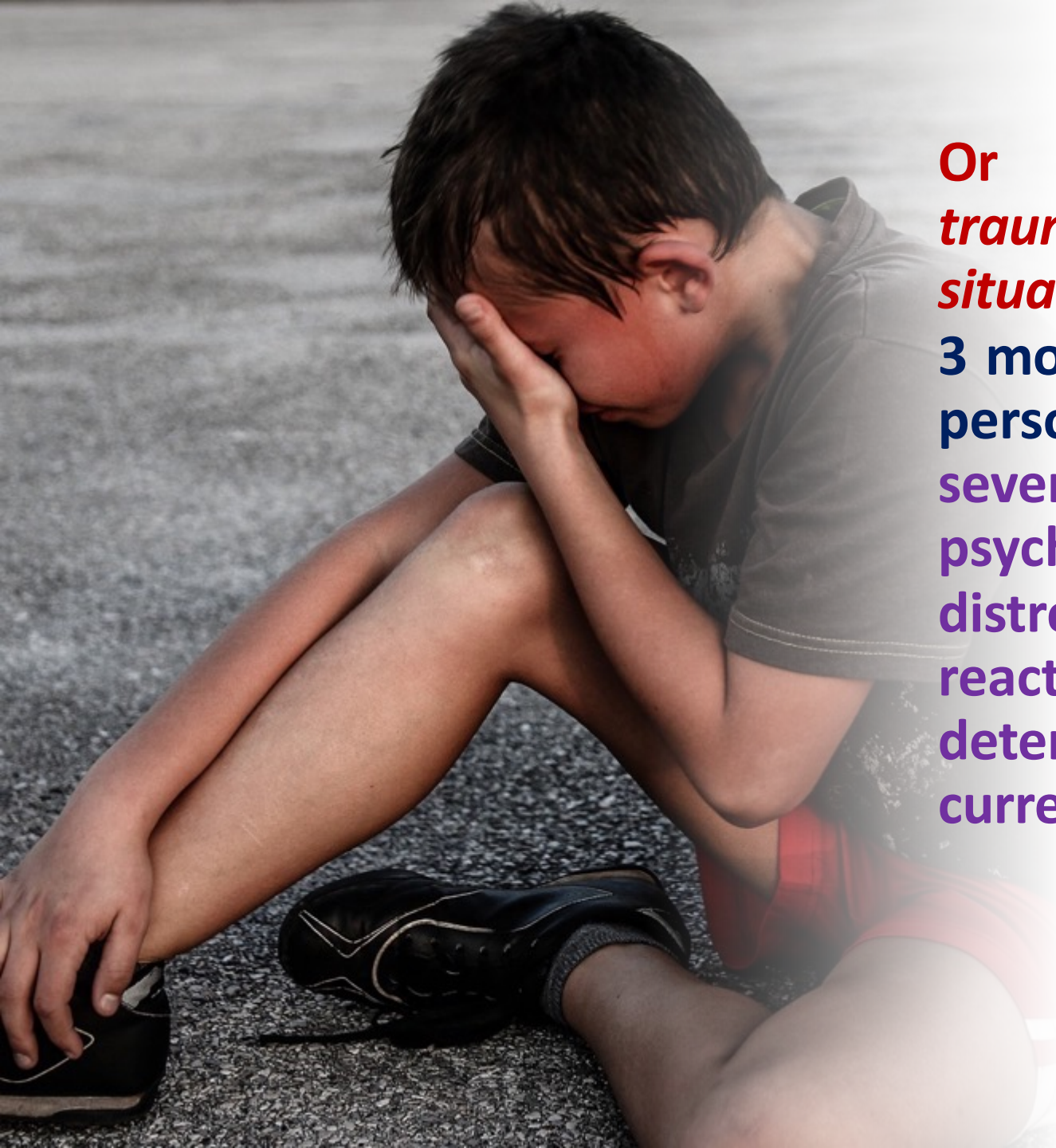
The objective of these treatment interventions is focused on the **client's/patient's Autonomic Nervous System sympathetic branch hyperactivation regulation** through the reduction or removal of the activation produced by the **sensory, emotional, or physiological** components of the distressing/pathogenic memories of the adverse experience(s)...



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



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



Or during *ongoing traumatic stress situations* (more than 3 months) when the person shows severe symptoms of psychological distress, physiological reactivity, and/or deterioration in current functioning.



THE EMDR-IGTP-OTS PROTOCOL



**The EMDR
Integrative Group
Treatment
Protocol (EMDR-
IGTP)© for early
intervention was
born in 1998 with
a mango tree as
the roof and sea
sand as the floor.**



***It is the first EMDR protocol for individual treatment in a group format/setting* and was created in 1998 out of necessity by members of the Mexican Association for Mental Health Support in Crisis after hurricane Pauline.**



We developed the EMDR-IGTP for **Ongoing Traumatic Stress** (EMDR-IGTP-OTS) to provide EMDR therapy treatment to populations living with **recent, present, or past prolonged adverse experiences** (e.g., **ongoing, prolonged, or life-long traumatic stress**).



Like the refugees in Ethiopia
Kelly Smyth-Dent teaching
the BH in Ethiopia in 2018



The EMDR-IGTP-OTS administers the eight phases of the standard EMDR individual treatment in a group format/setting, using art therapy (i.e., drawings, symbols) and the Butterfly Hug (BH), as a self-administered bilateral stimulation method to reprocess traumatic material.

Artigas, L., & Jarero, I. (2014). The Butterfly Hug. In M. Luber (Ed.). *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters* (pp. 127-130). New York, NY: Springer.



PROTOCOL ADVANTAGES



- The group setting allows for a **group administration of individual EMDR treatment**, ensuring that many individuals can be treated **simultaneously**. This is highly valuable in settings where resources are limited.
- Also, the group setting **reduces the stigma associated with mental health services**, normalizes psychosocial support, and creates a sense of belonging, offering emotional support to participants.



- The structured worksheet promotes a sense of **pathogenic memories' containment**.
- It is a **highly manualized** treatment protocol, facilitating treatment adherence.



- Treatment can be delivered **online or in-person** in non-private settings such as under a mango tree, in shelters, open-air clinics, and so forth.
- Patients in the group **do not have to verbalize or write** information about the adverse experiences, preventing the other participants and clinicians from developing Secondary Traumatic Stress (STS) or Vicarious Trauma.



- The protocol is suitable for large-scale, post-traumatic situations and chaotic conditions, and also for small groups (e.g., families).
- All treatment and pathogenic memories' exposure takes place in the affect-regulating presence of the **Emotional Protection Team**.
- The protocol is designed to be a structured and time-limited treatment intervention easily taught to both new and experienced EMDR clinicians.



➤ EMDR clinicians can be assisted by **specially trained allied professionals** (e.g., medical doctors, social workers, nurses) in particular situations where the availability of EMDR clinicians is limited.



- The pathogenic memories are not visualized mentally as in the standard EMDR protocol, but instead are represented concretely in the participants' drawings or symbols.



Intensive EMDR Therapy.

- **The protocol can be provided on subsequent days, two or three times a day, and there is no need for homework between sessions. This reduces the risk of discontinuation of treatment and research attrition.**



Cultural Sensitivity, Diversity, & Inclusion

✓ The Protocol is culturally sensitive, and reduces cultural resistance, even to members of reticent cultures to therapeutic treatment (e.g., military, first responders) because the protocol...



- Is minimally intrusive and respects privacy.
- Does not require creating a narrative of the adverse experiences.
- Does not require verbal or written disclosure of details, prolonged re-living the traumatic experiences, or homework.



Ethiopia, 2018
Refugees camp.

➤ **Is cost-effective.** People are treated more quickly, with fewer therapists, involving larger segments of the community, allowing for **equitable care.**



- **Allows EMDR Therapy treatment to be more affordable and accessible to all people, no matter their socioeconomic status.**



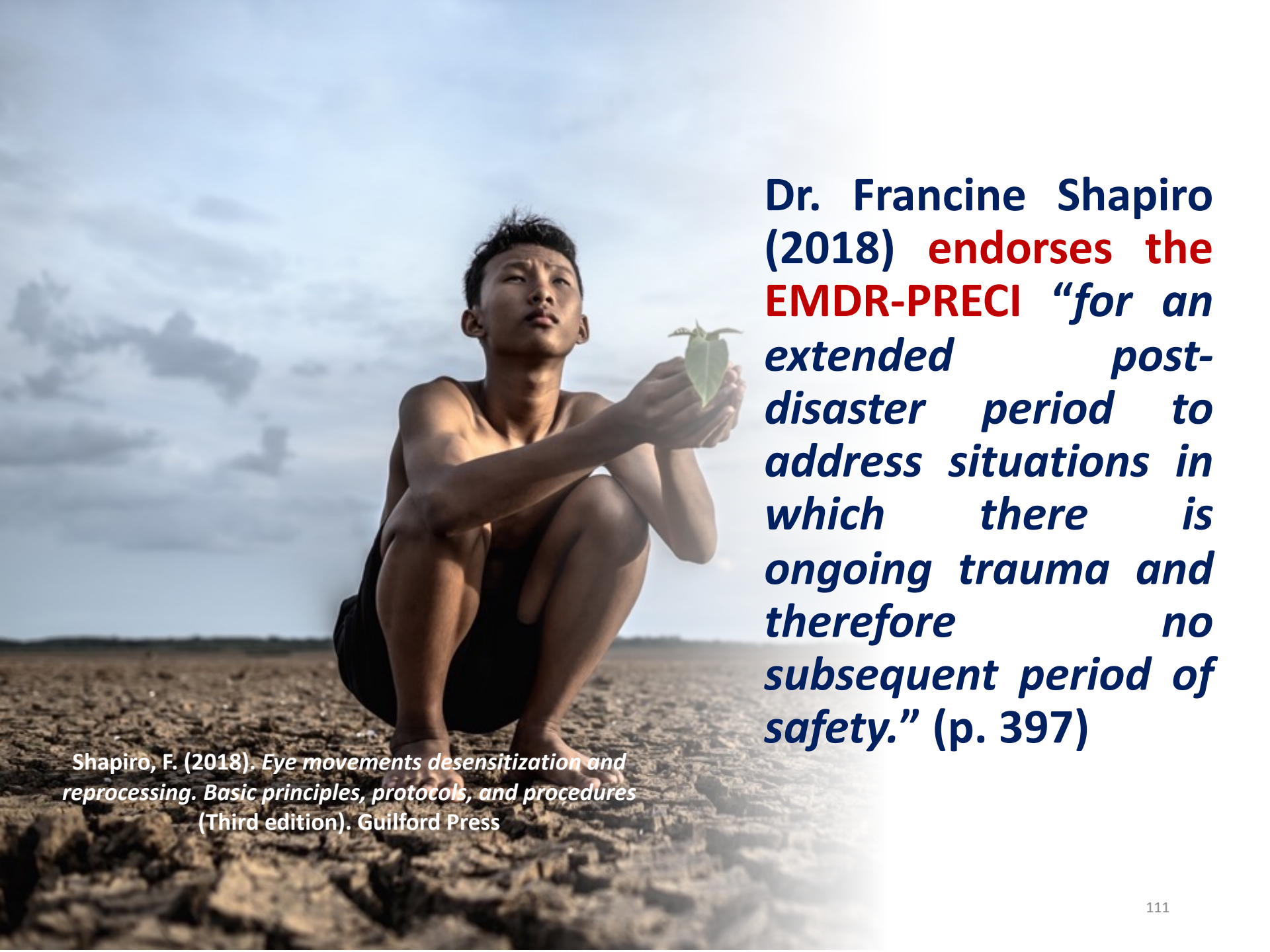
THE EMDR-PRECI PROTOCOL



EMDR-PRECI is an eight-phase and three-pronged protocol for individual High-Intensity Treatment Intervention, developed in the field, and specially designed to treat recent, present, or past prolonged adverse experiences...



... where related stressful events **continue for an extended time** and there is no post-trauma safety period for traumatic memory consolidation (e.g., refugees and asylum seekers).



Dr. Francine Shapiro (2018) endorses the EMDR-PRECI “for an extended post-disaster period to address situations in which there is ongoing trauma and therefore no subsequent period of safety.” (p. 397)

Shapiro, F. (2018). Eye movements desensitization and reprocessing. Basic principles, protocols, and procedures (Third edition). Guilford Press

Posttraumatic Stress Disorder Prevention and Treatment Guidelines

Methodology and Recommendations

EMDR-PRECI research studies
contribute to the ISTSS and NICE
recommendation of EMDR Therapy for Early
Treatment (within the first three months
post-trauma) to prevent and treat PTSD
symptoms.



**THANK YOU
AND
BUTTERFLY
HUGS FOR YOU
ALL**