The EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) and Ongoing Traumatic Stress ©

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

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

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

There is preliminary evidence supporting the efficacy of EMDR-PRECI in reducing symptoms of posttraumatic stress in adults and maintaining those effects despite ongoing threat and danger after a 7.2 earthquake in North Baja California, Mexico in 2010. This was part of a Disaster Mental Health Continuum of Care response (Jarero, Artigas, & Luber, 2011). The EMDR-PRECI was used in a human massacre situation with traumatized First Responders who were continuing to work under this extreme stress. They reported a reduction in self-report measures of posttraumatic stress and PTSD symptoms, resulting in the prevention of the further development of chronic PTSD, and, included the increase in mechanisms of psychological and emotional resilience (Jarero & Uribe, 2011; Jarero & Uribe, 2012).

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

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Phase 1: Client History.

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

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

____

____

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

Say, "*Without details*, p*lease tell me about the different aspects of what happened to you that are standing out for you.*"

1. ____
2. ____
3. ____
4. ____
5. ____

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

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

Phase 2: Preparation.

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

Life-threatening substance abuse _______Yes_______________No
Serious suicide attempts: _________Yes_______________No
Self-mutilation: _________Yes_______________No
Serious assaultive behavior: ________Yes_______________No
Signs of Dissociative Disorders: _______ Yes______________No *

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

Educate the client about EMDR-AIP

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

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

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

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

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

The Butterfly Hug and Self-Soothing Exercises.

The Butterfly Hug Method for Bilateral Stimulation

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

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

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

Abdominal Breathing

Say, *"Close your eyes put one hand on your stomach and imagine that you have a balloon inside your stomach. Now, inhale and see how the balloon grows and moves your hand up. Now you can exhale and see how the balloon deflates, and, your hand goes down. Put all your attention in that. If anything distracts you gently return to the exercise.*"

Do this exercise for 5 minutes.

Concentration Exercise

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

Do this exercise for 5 minutes.

Pleasant Memory

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

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

Do this exercise for 5 minutes.

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Phase 3: Assessment

Run the movie to establish the first target (the worst fragment/part).

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

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

Picture.

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

____

____

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

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

____

____

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

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

____

Negative Cognition (NC).

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

____

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

Emotions

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

____

Subjective Units of Disturbance (SUD)

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

0 1 2 3 4 5 6 7 8 9 10
(no disturbance) (highest disturbance)

Location of Body Sensation.

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

____

Continue with Phase 4/Desensitization Phase Steps.

Say, "I'd like you to bring up that picture, those negative words (repeat the negative cognition)*, notice where you are feeling it in your body—and follow my fingers."* (BLS generally 20 or more passes/customized to need of client).

A. REPROCESS: *"Take a breath, let it go, what are you noticing now? Go with that."* (BLS generally 20 or more passes/customized to need of client).

Repeat: *"Take a breath; let it go, what are you noticing now? Go with that."*

(BLS generally 20 or more passes/customized to need of client) as long as client reports change or new information (as many sets of BLS as necessary) until the client stops reporting change for two consecutive sets of BLS, then ask (B).

B. BACK TO TARGET: *"When you go back to that fragment/part we are reprocessing, what are you noticing now*? (Pause). *Go with that*."

(BLS generally 20 or more passes/customized to need of client).

Repeat: *"Take a breath; let it go, what do you notice now? Go with that."* (BLS generally 20 or more passes/customized to need of client) as long as client reports change or new information (as many sets of BLS as necessary).

When the client goes back to target for two consecutive sets of BLS and still reports no change check SUD (see C below).

C. CHECK SUD:

"When you bring up that fragment/part, on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? (Pause for a response*). Go with that."* (BLS generally 20 or more passes/customized to need of client).

If SUD is 1or 2, ask, *"Where do you feel it in your body? Go with that."* (BLS)
REPEAT Steps A, B, and C until SUD is 0 (or ecologically sound).

Phase 4: Desensitization Phase/Reprocessing Sequence.

Target and Reprocess in the Following Sequence:

a. Elicit worst fragment (see above).
b. After you have processed the worst fragment/part always elicit other fragments/parts using the run the movie procedure (see below).

Run the Movie

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

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

Reprocess only fragments/parts with disturbance following Phases 3 and 4 procedures (See above).

At this point it is not necessary to reprocess each fragment with the full Standard EMDR Protocol (meaning Phases 5 and 6) because we are not working with a consolidated memory network.

This procedure is repeated until the entire event can be visualized from start to finish without emotional, cognitive, or somatic distress. It can takes more than one session. We suggest Intensive EMDR Treatment: consecutive days twice a day (morning and afternoon) if appropriate for the patient/client.

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Phase 5: Global Installation Phase.

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

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

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Check the VoC.

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

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

Link the PC and the entire event and add BLS.

Say, *"Think of the entire event (or incident) and in the words*__________ (repeat the selected positive cognition)*, now let whatever happens, happen."*

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

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

At the end of the set say, "*Take a breath…what do you notice now?"*

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

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

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

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

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

If VoC < 7, check for a Blocking Belief.

Say, *"What prevents this from being a 7?"*

____
____

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

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

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

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

If so, target that part with BLS.

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

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

Phase 6: Body Scan.

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

Say, *"Close your eyes and think about the whole incident and the* _______(repeat the positive cognition). *Then bring your attention to the different parts of your body, starting with your head and working downward… Open your eyes when you have finished."*

"*Take a breath…what do you notice now?"*

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

Keep doing BLS while information (disturbing or positive) is moving and the Body Scan is clear.

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Phase 7: Closure.

Use the Standard EMDR Protocol to close the session.

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

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When client shows significant disturbance, take special care to stabilize client using one of the self-soothing exercises, emphasizing possibility of continual processing.

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

Three- Pronged Approach.

1. Past memories: the traumatic incident memories already reprocessed.

2. Present Triggers: Reprocess present triggers with the client. Each trigger may be connected to different situations that need different skills sets or information to optimize future functioning.

3. Future Template.

Present Triggers

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

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

List for Situations and Events that Trigger the Critical Incident

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Picture

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

____

____

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

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

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____

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

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

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Negative Cognition (NC)

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

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Subjective Units of Disturbance (SUD)

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

0 1 2 3 4 5 6 7 8 9 10
(no disturbance) (highest disturbance)

Location of Body Sensation
Say, *"Where do you feel it* (the disturbance) *in your body?"*

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Continue with Phases 4 through 7 for the situation, event, or stimulus that triggers you from above and any others. After processing the first triggered situation, check to see if any of the others mentioned are still active; if not, proceed to the next question. If there are more triggers that need to be processed, go ahead and reprocess that experience.

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Future Template

The clinician asks the client to run a movie of the desired response to cope in the future.

Say, *"This time, I'd like you to close your eyes and play a movie, imagining yourself coping effectively with*__________ (state where client will be) *in the future. With the new positive belief*_________ (state positive belief) *and your new sense of*__________ (strength, clarity, confidence, calm), *imagine stepping into the future. Imagine yourself coping with ANY challenges that come your way. Make sure that this movie has a beginning, middle, and end. Notice what you are seeing, thinking, feeling, and experiencing in your body. Let me know if you hit any blocks. If you do, just open your eyes and let me know. If you don't hit any blocks, let me know when you have viewed the whole movie."*

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If the client hits blocks, address as above with BLS until the disturbance dissipates.
Say, *"Go with that."*

Post-Traumatic Growth.

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

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

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Administration of Instruments.

Say: *"Please respond to these questionnaires."*

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

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