

PUBLISHED RESEARCH ON THE AIP MODEL-BASED ACUTE TRAUMA AND ONGOING TRAUMATIC STRESS THEORETICAL CONCEPTUALIZATION AND THE EMDR-PRECI

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AIP MODEL-BASED ACUTE TRAUMA AND ONGOING TRAUMATIC STRESS THEORETICAL CONCEPTUALIZATION.

Jarero, I., & Artigas, L. (2018). **AIP model-based Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization** (Second Edition). *Iberoamerican Journal of Psychotraumatology and Dissociation*, 10(1), 1-10. <https://www.revibapst.com/volumen-10-numero-1-2018-2019>

The aim of this article is to give a case conceptualization of acute trauma and ongoing traumatic stress based on Dr. Francine Shapiro Adaptive Information Processing (AIP) Theoretical Model that could serve as a working hypothesis to expand the clinical and research horizons of the EMDR early interventions for individuals and groups.

EMDR-PROTOCOL FOR RECENT CRITICAL INCIDENTS AND ONGOING TRAUMATIC STRESS (EMDR-PRECI) STUDIES.

Jarero, I., Artigas, L., & Luber, M. (2011). **The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context.** *Journal of EMDR Practice and Research*, 5(3), 82–94. DOI: 10.1891/1933-3196.5.3.82

This randomized, controlled group field study was conducted subsequent to a 7.2 earthquake in North Baja California, Mexico. Treatment was provided according to continuum of care principles. Crisis management debriefing was provided to 53 individuals. After this, the 18 individuals who had high scores on the Impact of Event Scale (IES) were then provided with a single-session of the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI). Participants were randomly assigned to two groups: immediate treatment group and waitlist/delayed treatment group. There was no improvement in the waitlist/ delayed treatment group, and scores of the immediate treatment group participants were significantly improved, compared with waitlist/delayed treatment group participants. One session of EMDR-PRECI produced significant improvement on symptoms of posttraumatic stress for both the immediate-treatment and waitlist/delayed treatment groups, with results maintained at 12-week follow-up, even though frightening aftershocks continued to occur frequently. This study provides preliminary evidence in support of the protocol's efficacy in a disaster mental health continuum of care context.

Jarero, I., & Uribe, S. (2011). **The EMDR protocol for recent critical incidents: Brief report of an application in a human massacre situation.** *Journal of EMDR Practice and Research*, 5(4), 156–165. DOI: <http://dx.doi.org/10.1891/1933-3196.5.4.156>

This ongoing field study was conducted subsequent to the discovery of clandestine graves with 218 bodies recovered in the Mexican state of Durango in April 2011. A preliminary psychometric assessment was conducted with the 60 State Attorney General employees who

were working with the corpses to establish a triage criterion and provide baseline measures. The Impact of Event Scale (IES) and the short posttraumatic stress disorder (PTSD) rating interview were administered, and the 32 individuals whose scores indicated moderate-to-severe posttraumatic stress and PTSD symptoms were treated with the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI). Participants were assigned to two groups: immediate treatment (severe scores) and waitlist/delayed treatment (moderate scores). Each individual client session lasted between 90 and 120 minutes. Results showed that one session of EMDR-PRECI produced significant improvement on self-report measures of posttraumatic stress and PTSD symptoms for both the immediate treatment and waitlist/delayed treatment groups. This study provides preliminary evidence in support of the protocol's efficacy in a natural setting of a human massacre situation to a group of traumatized adults working under extreme stressors.

Jarero, I., & Uribe, S. (2012). **The EMDR protocol for recent critical incidents: Follow-up Report of an application in a human massacre situation.** *Journal of EMDR Practice and Research*, 6(2), 50-61. DOI: <http://dx.doi.org/10.1891/1933-3196.6.2.50>

This article reports the follow-up results of our field study (Jarero & Uribe, 2011) that investigated the application of the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) in a human massacre situation. A single individual session was provided to 32 forensic personnel of the State Attorney General in the Mexican state of Durango who were working with 258 bodies recovered from clandestine graves. Pre-post results showed significant improvement for both immediate treatment and waitlist/delayed treatment groups on the Impact of Event Scale (IES) and Short PTSD Rating Interview (SPRINT). In this study, we report the follow-up assessment, which was conducted, at 3- and 5-months posttreatment. Follow-up scores showed that the original treatment results were maintained, with a further significant reduction of self-reported symptoms of posttraumatic stress and PTSD between posttreatment and follow-up. During the follow-up period, the employees continued to work with the recovered corpses and were continually exposed to horrific emotional stressors, with ongoing threats to their own safety. This suggests that EMDR-PRECI was an effective early intervention, reducing traumatic stress for a group of traumatized adults continuing to work under extreme stressors in a human massacre situation. It appears that the treatment may have helped to prevent the development of chronic PTSD and to increase psychological and emotional resilience.

Jarero, I., Amaya, C., Givaudan, M., & Miranda, A. (2013). **EMDR Individual Protocol for Paraprofessionals Use: A Randomized Controlled Trial with First Responders.** *Journal of EMDR Practice and Research*, 7(2), 55-64. DOI: <http://dx.doi.org/10.1891/1933-3196.7.2.55>

The eye movement desensitization and reprocessing (EMDR) individual protocol for paraprofessional use in acute trauma situations (EMDR-PROPORA) is an adaptation of the EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI). This randomized clinical trial examined the effectiveness of the protocol

administered by experienced EMDR therapists. There were 39 traumatized first responders on active duty randomly assigned to receive two 90-min sessions of either EMDR-PROPARGA or of supportive counseling. Participants in the EMDR-PROPARGA group showed benefits immediately after treatment, with their scores on the Short PTSD Rating Interview (SPRINT) showing further decreases at 3-month follow-up. In comparison, supportive counseling participants experienced a nonsignificant decrease after treatment and an increase in the SPRINT scores at the second follow-up. The significant difference between the two treatments provides preliminary support for EMDR-PROPARGA's effectiveness in reducing severity of posttraumatic symptoms and subjective global improvement.

Jarero, I., Uribe, S., Artigas, L., Givaudan, M. (2015). **EMDR protocol for recent critical incidents: A randomized controlled trial in a technological disaster context.** *Journal of EMDR Practice and Research*, 9(4), 166-173. DOI: <http://dx.doi.org/10.1891/1933-3196.9.4.166>

This research evaluated the effectiveness of the Eye Movement Desensitization and Reprocessing (EMDR) Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) in reducing posttraumatic stress symptoms related to the explosion in an explosives manufacturing factory north of Mexico City that killed 7 employees. The EMDR-PRECI was administered on 2 consecutive days to 25 survivors who had posttraumatic stress symptoms related to the critical incident. Participants' mean score on the Short PTSD Rating Interview (SPRINT) was 22, well above the clinical cutoff of 14. They were randomly assigned to immediate and waitlist/delayed treatment conditions and therapy was provided within 34 days of the explosion. Results showed significant main effects for the condition factor, $F(1, 80) = 67.04, p < .000$. SPRINT scores were significantly different across time showing the effects of the EMDR therapy through time, $F(3, 80) = 150.69, p < .000$. There was also a significant interaction effect, condition by time, $F(2, 80) = 55.45, p < .001$. There were significant differences between the two treatment conditions at Time 2 (post-immediate treatment vs. post-waitlist/delayed), $t(11) = 210.08, p < .000$. Treatment effects were maintained at 90-day follow-up. Results also showed an overall subjective improvement in the participants. This randomized controlled trial provides evidence for the efficacy of EMDR-PRECI in reducing posttraumatic stress symptoms after a technological disaster.

Encinas, M., Osorio, A., Jarero, I., Givaudan, M. (2019). **Randomized Controlled Clinical Trial of the Provision of the EMDR-PRECI to Family Caregivers of Patients with Autism Spectrum Disorder.** *Psychology and Behavioral Science International Journal*, 11(1), 1-8, DOI: 10.19080/PBSIJ.2019.11.555802

This randomized controlled clinical trial aimed to evaluate the effectiveness of the eye movement desensitization and reprocessing Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) in reducing posttraumatic stress disorder (PTSD), anxiety and depression symptoms in family caregivers of patients with autism spectrum disorder (ASD). Participants were randomly assigned to six 60-minute individual treatment sessions (N=14) or to care as usual control condition (N=12). They completed pre, post, and follow up measurements PCL-5 and HADS, while participants continued taking care of their relatives with ASD, during the follow-up. Data analysis by repeated measures ANOVA revealed a significant effect for time, for group and interaction for PTSD and Anxiety: ($F(2,$

46) = 16.99 $p < .001$, $\eta P2 = .425$), ($F(1, 23) = 6.61$, $p < .01$, $\eta P2 = .223$), ($F(2, 46) = 30.42$, $p < .001$, $\eta P2 = .569$); ($F(2, 46) = 8.92$, $p < .001$, $\eta P2 = .280$), ($F(2, 23) = 7.36$, $p < .05$, $\eta P2 = .242$), ($F(2, 46) = 11.33$, $p < .001$, $\eta P2 = .330$) respectively, and significant effect for time ($F(2, 46) = 4.35$, $p < .05$, $\eta P2 = .159$) and interaction ($F(2, 46) = 4.64$, $p < .05$, $\eta P2 = .168$) with no significant effect for group for depression. The study results suggest that the EMDR-PRECI could be an efficient and effective treatment to address family caregiver's PTSD, anxiety and depression symptoms.

Jarero, I., Schnaider, S., Givaudan, M. (2019). **EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress with First Responders: A Randomized Controlled Trial.** *Journal of EMDR Practice and Research*, 13(2).

This randomized controlled trial aimed to evaluate the effectiveness of the eye movement desensitization and reprocessing Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) in reducing posttraumatic stress disorder (PTSD), anxiety, and depression symptoms related to the work of first responders on active duty. Participants were randomly assigned to two 60-minute individual treatment sessions ($N = 30$) or to a no-treatment control condition ($N = 30$). They completed pre-, post-, and follow-up measurements using the Posttraumatic Stress Disorder Checklist for *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*) (PCL-5) and the Hospital Anxiety and Depression Scale (HADS). Data analysis by repeated measures analysis of variance (ANOVA) showed clear effects of the EMDR-PRECI in reducing PTSD work-related symptoms in the treatment group with symptom reduction maintained at 90-day follow-up with a large effect size ($d = 3.99$), while participants continued to experience direct exposure to potentially traumatic work-related events during the follow-up period. Data analysis by repeated measures ANOVA revealed a significant interaction between time and group, $F(2, 116) = 153.83$, $p < .001$, $\eta P2 = .726$ for PTSD, and for anxiety $F(1, 58) = 37.40$, $p < .005$, $\eta P2 = .090$, but not for depression. A t-test showed a clear decrease for depression symptoms for the treatment group with statistically significant results. The study results suggest that the EMDR-PRECI could be an efficient and effective way to address first responders' work-related PTSD, anxiety and depression symptoms.

Estrada, B.D., Angulo, B.J., Navarro, M.E., Jarero, I., Sánchez-Armass, O. (2019). **PTSD, Immunoglobulins, and Cortisol Changes after the Provision of the EMDR- PRECI to Females Patients with Cancer-Related PTSD Diagnosis.** *American Journal of Applied Psychology*, 8(3), 64-71. doi: 10.11648/j.ajap.20190803.12

EMDR therapy administered to patients with cancer has proven to be effective in the reduction of posttraumatic stress disorder (PTSD) symptoms and PTSD diagnosis remission. The main objective of this study was to measure the PTSD scores and diagnosis changes before and after the provision of the EMDR-Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) to female patients with cancer-related PTSD diagnosis. A secondary objective was to observe the immunoglobulins and the cortisol changes pre and post-treatment. Seven female patients with different types of cancer (5 breast, 1 colon, and 1 lymphatic cancer), different cancer treatments (radiation, chemotherapy, radiation, and chemotherapy), and PTSD diagnosis related to their diagnosis and cancer treatment met the inclusion criteria. Participants age ranged from 40 to 57 years

old ($M = 52.28$ years old). For PTSD diagnosis and total scores, we used the Global Assessment of Posttraumatic Stress Questionnaire validated for the Mexican population. Biomarkers (cortisol and immunoglobulins) were measured before and after EMDR treatment. For the neuroendocrine measure, we used the cortisol levels in the participant's blood. For the immunological measure, we used the Nephelometry technique. We measured the changes in the following types of antibodies (immunoglobulins): a) Immunoglobulin A (IgA), b) Immunoglobulin G (IgG), and c) Immunoglobulin M (IgM). EMDR-PRECI was provided by three licensed EMDR clinicians formally trained in the protocol administration. Each EMDR-PRECI session lasted 50-60 minutes. The minimum number of sessions was three and the maximum ten with an average of five. Treatment focused only on the distressing memories related to diagnosis and cancer treatment. No adverse effects were reported during treatment or at six months post-treatment assessment. Results showed a full PTSD diagnosis remission in all participants with significant differences for PTSD scores, $t(6) = 2.44$, $p < .05$. These results are in concordance with Carletto et al. [12] study in which all patients treated with EMDR no longer met criteria for PTSD. No significant differences were found for immunoglobulins or cortisol. We believe that the administration of the EMDR-PRECI could be an efficient and effective component of a psychosocial approach to reduce or eliminate cancer-related PTSD symptoms and diagnosis.