Summer 2023

Online EMDR Group Psychotherapy

By: **Dr. André Maurício Monteiro**

PEOPLE WHO NEED PEOPLE ARE THE LUCKIEST PEOPLE IN THE WORLD. *performed by Barbra Streisand*

Eye movement desensitization and reprocessing (EMDR) therapy is designed to treat post-traumatic stress disorder (PTSD) clients who are present in the office, right? Well, it's complicated. In recent years, EMDR has been undergoing significant changes. It has expanded beyond clients suffering exclusively from PTSD (Valiente-Gómez et al., 2017); mostly due to the pandemic, online options for therapists have multiplied (Mischler et al., 2021); and 1:1 psychotherapy may no longer be the only format suited for both therapists and clients. I shall detail a pilot experience with online group psychotherapy, addressing some of these most recent changes and offering suggestions for an integrative theoretical and

practice model.

The plasticity of the therapeutic field has required more tools to encompass demands from an ever-growing clientele. In the beginning of 2020, the routine was disrupted, as the COVID-19 pandemic hit society head-on. Initially, many thought pandemic restrictions might constrain public movement for a few weeks. It turned out otherwise. To cope with the new context, therapists were faced with the novelty of the virtual telehealth realm. EMDR therapists also had to adapt quickly to the new environment but, in particular, hoping that reprocessing would retain its energy through screens of all sizes. Fortunately, it did. Clients were ready to accept this modernization.

As the death toll of the pandemic kept on rising in many countries, clinicians rushed to figure out adequate means to continue with psychotherapy. Meanwhile, the demand for online therapy intensified. Perhaps mental health gained more visibility. All these changes required adjustments to the new landscape that made the concept of geography flexible overnight. Therapy became available a mere computer click away, no matter where the parties involved lived.

Due to the increase in demand for therapy and EMDR showing signs of online effectiveness, forming online groups seemed like a natural next step to reach out to a larger expected audience. However, few EMDR therapists have training in group dynamics. In addition, there is already substantial evidence that reprocessing is effective with varied clients at the same time, as in group protocols (Jarero et al., 2014; Shapiro & Laub, 2014), but not multiple clients with simultaneous varied complaints.

> **“The lack of enough EMDR therapists for everyone afflicted with collective trauma led to the development of group protocols, which in turn, enabled therapists to go beyond the prevalent 1:1 modality. Necessity and creativity pushed the birth of early intervention with groups. Results suggest that early intervention**

strategies offer support to both acute and long-term traumatized clients.

REVAMPING GROUP WORK

EMDR has already been extensively used with groups in post-catastrophe settings (Luber, 2013). The lack of enough EMDR therapists for everyone afflicted with collective trauma led to the development of group protocols, which in turn, enabled therapists to go beyond the prevalent 1:1 modality. Necessity and creativity pushed the birth of early intervention with groups. Results suggest that early intervention strategies offer support to both acute and long-term traumatized clients.

Most of these protocols, however, focus on short-term interventions, with participants having experienced the same traumatic experience.

Working with a cohort of survivors who live near each other is efficient and cost-effective. EMDR therapists have delivered top-quality therapy and relief to these catastrophe survivors.

With online therapy as a new reality, one may try out still other forms of group experience (Yalom and Leszcz, 2020). If group interventions work for focal trauma, they may also work for long-term therapy, thus expanding the frontiers of group EMDR beyond the same overarching trauma distressing all participants. Clients would then be encouraged to express whatever bothers them, not just one adversity in common.

WHY CONSIDER GROUP WORK?

Most clients initially suffered traumatic exposure in groups (family, school, work). Healing can also take place in groups. Clients may be satisfied with 1:1 crisis intervention but still feel there is more to it once they achieve enough symptom reduction. They may want more. Clients who feel stigmatized or ostracized, for instance, benefit from bearing witness to the suffering of others who go through similar or distinct challenges (Monteiro, 2022). They find inspiring resilience as they face their past challenges. One will have difficulty in finding all of that in a single therapist.

SOME THEORETICAL ASSUMPTIONS

Popular neuroscientists converge on the assumption that the brain evolved into an interpersonal and social organ (Cozolino, 2020; Siegel et al., 2021). An example is how infants need interactions with primary caregivers for survival, to mature their emotional regulatory right brain, acquire language, and exercise basic social skills.

Subsequent interaction with peers enhances maturation.

The Adaptive Information Processing (AIP) model also relates to information processing and learning. It makes sense to consider it, therefore, as both neurological and relational. We need others to learn. We need interaction with others to become ourselves. The learning scaffolding, such as mirror neurons and the social engagement system (Porges, 2021), complements the memory reconsolidation ability of the brain. How to transition from theory to practice?

A FEW PRACTICAL ASPECTS

Setting up a group is no easy task, let alone an online group. In this since-the-pandemic-online-pilot-group started, it has proven a feasible feat. Most of the guiding principles are the same as for in-person groups. For starters, forming a group is not simply assigning people to interact with other members in the same space.

HOW THE EMDR STANDARD PROTOCOL FITS INTO GROUPS

The standard protocol provides guidelines for a phased-type of therapy (Shapiro, 2017). Online group psychotherapy requires a few adjustments as one considers the dovetailing of participants. It is, nevertheless, also phased and in tune with EMDR tenets.

Phase 1

Online History Taking / History in the Remaking

Most of the basics of individual history taking occur at an individual level before the official entrance in the group setting. Curiously, certain clients feel the urge to share experiences in the group that were never mentioned in individual therapy before. Perhaps disclosure before a group makes clients feel more real or collectively accepted. Especially clients who learned to be quiet, and keep secrets as children, may have learned to camouflage. Group work provides them with a space to recover from this non-existence. They feel encouraged to break certain pacts of silence and feel seen as human beings (sometimes for the first time), not as silent accomplices in past crimes.

Clients may reveal secrets that not even the therapist was aware of. These revelations are commonplace in group work. In a way, therapists become part of the group that witnesses first-hand reports about horrific, poisonous contents that clients have swallowed, which remain undigested for countless years. Emerging narratives that result from this exchange help redefine personal and group history. Having a screen between participants serves as a buffer that protects each one from excessive interaction. In-person groups may become emotionally more intense as stories trigger the memories of other group members, which is sometimes overwhelming to more vulnerable clients. Online interaction, on the other hand, enables participants to observe other group members with a certain degree of distancing:

> **“The Adaptive Information Processing (AIP) model also relates to information processing and learning. It makes sense to consider it, therefore, as both neurological and relational. We need others to learn.**

We need interaction with others to become ourselves.

It is happening on that little screen, not right here with me. The setting creates a natural sense of distancing though intensity sometimes surprises more experienced clients who allow themselves to connect with the stories of other group participants.

HELPFUL TIPS

How to select EMDR group members – prospective group clients should have GROUP:

G Gratifying previous experience in 1:1 EMDR;

R Resources related to maintenance of dual awareness;

O Overwhelming emotions under regulation;

U Understanding the theory and practice of social skills; and

P Patience to listen and the motivation to share.

Phase 2

Safe Place Revisited

The group provides a unique safe space. A single therapist cannot outnumber a supportive group. Assimilating the presence of others provides clients with a strong state change skill to which they may resort in case they look for support.

Feedback from group peers provides identification: It is a kind of "been there, suffered that," which dilutes the intensity of certain negative emotions, such as guilt and shame.

Once again, fitting into a video screen enables clients to choose a safe space, a base from where they can attend the group. The screen creates a protective skin that covers open wounds from the past and can shield some shameful jittery movement from being exposed. The client has more control over what they choose to expose. Safe place installation may be done in the first sessions, or after a new member joins the group. It can be done centered around the place where is the client is located or we may use the group per se.

We can ask group members to arrange the place where they are in such a way that they feel comfortable and ready for the session. This can be done in the beginning of each session, so they understand participating in a group session requires preparation, a kind of self-care.

> **Feedback from group peers provides identification: It is a kind of "been there, suffered that," which dilutes the intensity of certain negative emotions, such as guilt and shame.**

It may also be done collectively. It provides space for negotiations of disclosure and feedback.

We may ask members to look at the other screens and observe all the participants. "Let us become aware we are all here for a similar purpose, even though our backgrounds may differ greatly. This is an opportunity to realize this is a place where we should feel comfortable. If we do not, check inside to see whether the uneasiness stems from something that has been said here, or does it perhaps come from someplace else. In any case, let us try a set of butterfly hugs, and observe how your body and mind react.

What do you think might jeopardize this state? What if we talk/ jot down a few ideas and become aware of what may hinder this group interaction from being

what we need. Is it something we hear from others or disclose in the group?"

Phase 3

Individual or Collective Target Selection

Depending on the narrative flow of the group, targets for reprocessing may vary from individual memories or collective themes, such as fear of abandonment, fear of criticism, of feeling shamed, etc., risks everyone is prone to feel when inside any given group. For instance, in case of a collective theme, therapists may also floatback: “What comes up for you as you think about this fear of abandonment? Have you ever felt this before?” followed by setting up the rest of the image, cognition, emotions and sensations (ICES). I usually ask for the ICES specifics to be shared briefly, so as not to interfere with the task of accessing target memory.

Phase 4

The Power of Communal Reprocessing

Whether observing others reprocess or butter flying along, group members benefit enormously from communal reprocessing. Here lies a significant distinction between individual and group work. As mentioned before, bilateral stimulation (BLS) seem to activate individual AIP and empathic power to mentalize (Bateman, A., and Fonagy, P., 2019). Through the observation of reprocessing, clients could acquire new meanings other participants bring to the session and describe reprocessed traumatic memories in a new light.

During an online session, the therapist may perform visual BLS in front of the screen, and/or clients can pursue their tapping. In between sets, participants may say out loud what comes up for them. This sharing usually activates resilience networks and brings about a sense of teamwork, a reprocessing endeavor conquered through the sense of belonging, and respectful presence that supports one another.

Phase 5

Not Restricted to an Individual PC

One of the pros of group work is the possibility to install a **Collective Positive Cognition (CPC)**. As traumatic material subsides from awareness and SUDS

Cognition (CPC). As traumatic material subsides from awareness and SUDS diminish in Phase 4, the therapist aids group members in choosing a personal PC first and install it. Then the group is encouraged to select a CPC that best describes the results obtained through reprocessing. The ritual of everyone installing a CPC simultaneously can be powerful and liberating.

Phase 6

Body Scan

Phase 6 may also enhance participants' physical awareness as they initially scan their bodies and tap out traces of remaining discomfort. The next procedure may consist of scanning faces of other group members through the screens. Of course, access to the physical expression of others online is limited. Still, this step contributes to bringing the group back to an orientation to the present.

Identifying a certain physical reaction may derive from peers in the slots on the screen becoming triggers that activate neuroception (Porges, S., 2021), an indication that not everyone feels safe in the same way. Additional to reprocessin relation to the physical activation that may ensue right away or be used as a target in future sessions.

Phase 7

Closure

The return to the collective context fosters sharing about what the whole experience of the session was like. Sharing, in turn, stimulates compassion toward personal parts and selves and those of other group members. This exchange tends to mobilize cognitive integration, bringing clients from the limbic back into the cortical brain.

Phase 8

Reevaluation

Reevaluation offers the chance to integrate past and upcoming sessions, from reprocessing phases to history taking, stabilization, or activation of unexpected dialogues between memory networks from other group members. This phase consolidates the texture and uniqueness of each group. The interweaving of individual biographies in this artificial online interaction warrants a creative

space, one where the lives of previously unknown people intersect with one another and thrive with new meanings.

PROSPECTS

As we consider the prospects of online group psychotherapy as a new forum for clinical practice, a point to consider is how to research this complexity. To possibly estimate the interpersonal impacts of EMDR therapy, researchers may explore diverse dimensions, such as personal improvement x rates of relapse, development of social skills, content analysis of session narratives, and the effects of reprocessing in individual x group modalities. Because of the multiplicity of variables, research will probably be more qualitative than quantitative in nature. Either way, group experiences will gradually supply the current scarcity of systematic data.

Learning EMDR therapy revolutionizes a clinical practice. The revolution keeps on unraveling as online group psychotherapy may, in turn, revolutionize EMDR practice. This model is not a panacea. Many therapists may not identify themselves with it. But to those who do, there is a wide field to be explored in trauma treatment, especially in places where resources are limited, and therapists are not abundant.

André Mauricio Monteiro, Ph.D., is a psychologist with a masters and doctorate in psychology. He took his psychodrama/ group training from 1984-87. He took his EMDR basic training in 2000/1 and is currently an EMDR Institute and Alianza EMDR LatinAmérica and the Caribbean trainer of trainers and an EMDR Europe senior trainer, offering training both in Brazil and Portugal.

References

About online research with EMDR **www.emdria.org/research/online-emdrtherapy-recent-research-and-overview**

Bateman, A., & Fonagy, P. (2019). *Handbook of Mentalizing in Mental Health Practice* (A. Bateman & P. Fonagy, Eds.). American Psychiatric Association Publishing.

Cozolino, L. (2020). *The Pocket Guide to Neuroscience for Clinicians* (Norton Series on Interpersonal Neurobiology). NY: W.W. Norton & Company.

Jarero, I., Artigas, L. Alcalá, N. & Cano, T. L. (2014). The EMDR Integrative Group

Treatment Protocol (IGTP). In Luber, M. *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets.* NY: Springer Publishing Company.

Luber, M. (2013). *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols and Summary Sheets.* NY: Springer Publishing Company.

Mischler, C., Hofmann, A., Behnke, A., Matits, L., Lehnung, M., Varadarajan, S., Rojas, R., Kolassa, I-T., & Tumani, V. (2021). Therapists' experiences with the effectiveness and feasibility of video conference-based eye movement desensitization and reprocessing. *Frontiers in Psychology: Psychology for Clinical Settings,* 748712. https://doi.org/10.3389/fpsyg.2021.748712

Monteiro, A. M. (2022). EMDR in a group setting (GEMDR). In Nickerson, M. (Ed.) *Cultural Competence and Healing Culturally Based Trauma with EMDR Therapy: Innovative Strategies and Protocols* (2nd ed.). NY: Springer Publishing Company.

Porges, S. (2021). *Polyvagal Safety: Attachment, Communication, Self-Regulation.* NY: W. W. Norton & Company.

Shapiro, E. & Laub, B. (2014). The recent traumatic episode protocol (R-TEP): An integrative protocol for early EMDR intervention (EEI). In Luber, M. *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, And Summary Sheets.* NY: Springer Publishing Company.

Shapiro, F. (2017). *Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures* (3rd ed.). New York: Guilford Publications.

Siegel, D. J., Schore, A. and Cozolino, L. (Eds.) (2021). *Interpersonal neurobiology and clinical practice*. NY: W. W. Norton & Company.

Valiente-Gómez, A., Moreno-Alcázar, Treen, D., Cedrón, C., Colom, F., Pérez, V. and Amann, B. L. (2017). EMDR beyond PTSD: A Systematic Literature Review. *Frontiers in Psychology.* Vol. 8. https://doi.org/10.3389/fpsyg.2017.01668

Yalom, I. D. and Leszcz, M. (2020). *The Theory and Practice of Group Psychotherapy*

(6th ed.). NY: Basic Books and Hachette Book Group.