EMDR Group Stabilization practice before individual treatment as a time and resource saver

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Background and Aims

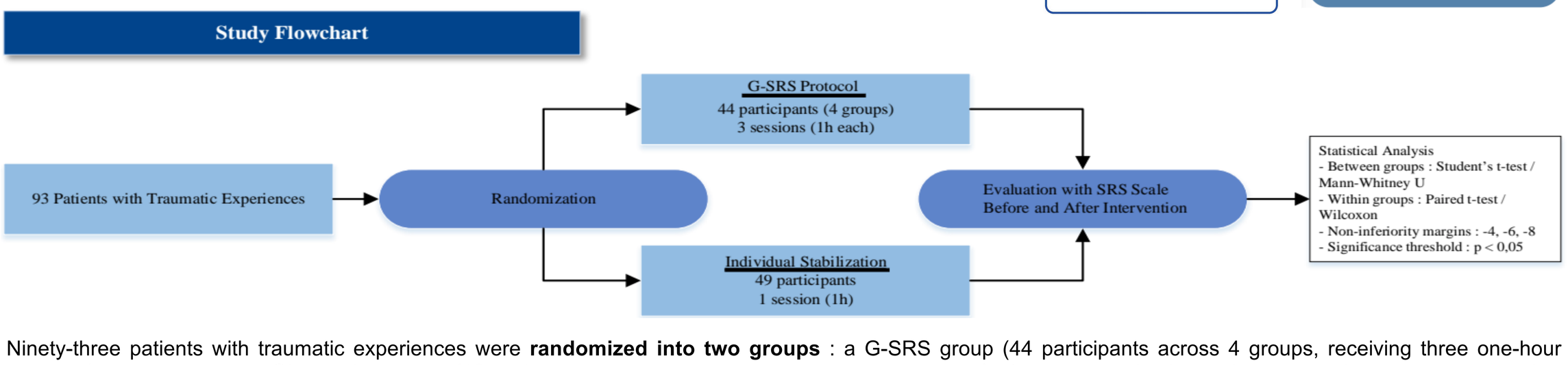
The growing demand for trauma-focused mental health services is increasingly limited by available resources. To improve access, group EMDR protocols such as G-TEP and IGTP enable collective trauma processing and have shown clinical effectiveness. Thus, it seems useful to design group approaches in EMDR specifically focused on learning emotional regulation and activating resources, gradually preparing for individual confrontation with trauma.

To further optimize service capacity without compromising the quality of individualized care, **we developed, since 2017, the Group Safety, Resources and Stabilization protocol** (G-SRS). This group intervention, delivered over three one-hour sessions, focuses on stabilization prior to trauma confrontation by integrating Phase 2 elements (psychoeducation, stabilization exercises) and adding a first experience of gentle confrontation with current trigers. **The G-SRS protocol is designed to enhance participants readiness for subsequent trauma-focused therapies.**

Our study evaluates the efficacy and relevance of the **G-SRS protocol before the application of the basic protocol** (phases 3 to 7), **compared to classic individual stabilization delivered in a single session**, using the Safety, Resources and Stabilization Scale (SRS Scale, QR code), scored from 0 to 80.

SRS SCALE

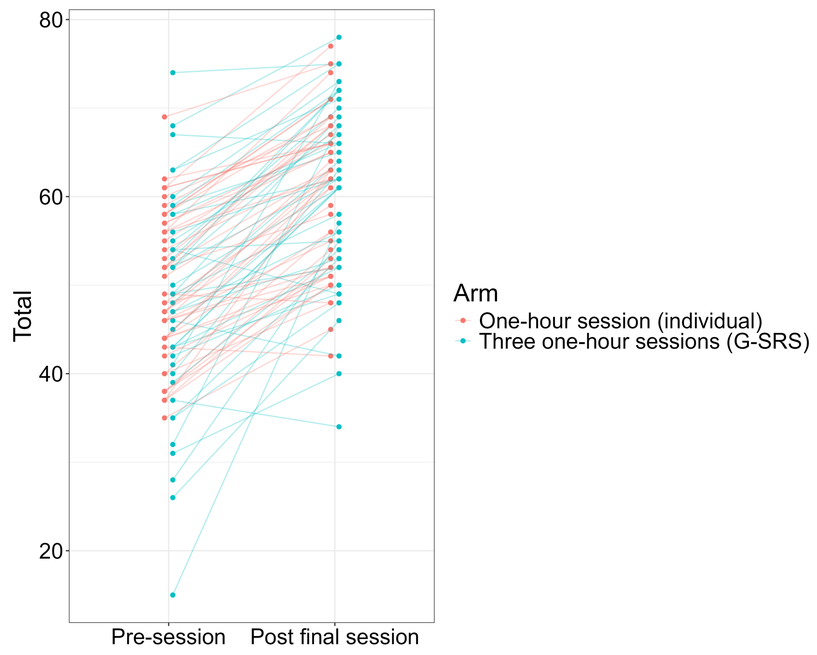
Methods

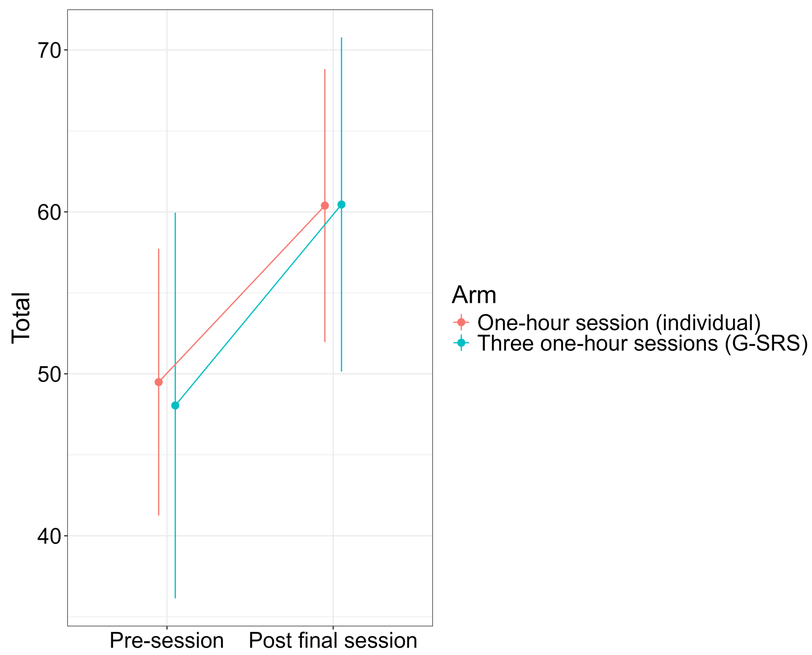


Ninety-three patients with traumatic experiences were **randomized into two groups** : a G-SRS group (44 participants across 4 groups, receiving three one-hour sessions) and an Individual Stabilization group (49 participants, receiving a one-hour individual session). **Pre- and post-intervention evaluations were conducted using the SRS Scale**. **Statistical analyses included between-group and within-group comparisons, as well as non-inferiority tests, with the significance threshold set at p < 0.05.**

Results

The populations were sufficiently homogeneous to be compared and the evolution of the total scores appeared to be comparable, with **a mean post-intervention score of 60.39** (± 8.4) **/80 for the individual intervention and 60.45** (± 10.3) **/80 for the group intervention, representing a mean improvement of 23% and 33% respectively**. The comparison of the evolution of the **mean scores did not indicate any significant difference between the two interventions (p-value 0.650).**





Exploratory statistics on the non-inferiority of **the G-SRS intervention and its ability to perform as well as individual stabilization showed a highly significant non-inferiority of the G-SRS protocol** at the thresholds of 4 points ($p < 0.024$), 6 points ($p < 0.002$) and 8 points ($p < 0.001$).

Conclusion

These findings suggest that the G-SRS protocol has a proven impact on participant outcomes as measured by the SRS Scale. Moreover, it improves access to care while reducing treatment time and associated costs. **Providing stabilization through individual sessions required 49 hours of therapist work for 49 patients, compared to only 24 hours needed (12 hours by therapist) to stabilize 44 patients with the G-SRS protocol**. **G-SRS appears to be a promising protocol to use prior to individual or groupal trauma confrontation**. This study suggests that the G-SRS protocol, with a gentle confrontation phase to a trigger in the third session, could facilitate the upcoming confrontation without inducing destabilization. Further research with larger samples is needed to explore the long-term effects of G-SRS on overall EMDR outcomes, symptoms reduction and development of post-traumatic growth.

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