

Scaling Up EMDR Group Interventions: Comparing EMDR-IGTP and EMDR G-TEP

The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) and the EMDR Group Traumatic Episode Protocol (G-TEP) are the leading evidence-based group EMDR approaches. They have structured procedures and share core principles adapted from EMDR interventions. Both are grounded in the Adaptive Information Processing (AIP) model and aim to expand access to trauma-focused care through group-based formats while maintaining individual processing.

EMDR-IGTP and G-TEP represent complementary EMDR group interventions, however each has distinct structural and procedural characteristics. The selection of a protocol should be guided by clinical considerations, including the needs of the population, the delivery context, and the goals of the intervention.

Scope and clinical framework.

Both protocols are designed to address more than single-incident trauma. EMDR-IGTP is highly adaptable across diverse populations and settings and can address recent, present, or past prolonged adverse experiences, as well as anticipated trauma (flash-forwards). G-TEP is structured around the concept of a “trauma episode,” encompassing past, present, and anticipated future elements, including ongoing disturbance.

Scalability and group size.

EMDR-IGTP can be used with large groups (2–100+ participants), particularly in large-scale or humanitarian settings. G-TEP is typically implemented in smaller or moderate-sized groups, although it can be adapted according to context.

Processing strategy.

EMDR-IGTP allows regulation and processing to unfold in a natural and organic “bottom-up” manner. G-TEP uses shorter chains of association as part of a deliberate micro processing Trauma Episode Focus strategy, designed to keep processing contained to the identified Points of Disturbance (PoDs) within the trauma episode and reduce the risk of overwhelm by limiting activation of unrelated clinical material, before integrating the Trauma Episode.

Bilateral stimulation.

EMDR-IGTP uses the Butterfly Hug as a form of self-administered bilateral stimulation. G-TEP uses two forms of self-administered bilateral stimulation: structured tapping on the worksheet combined with eye movements, for desensitization processing, and the Butterfly Hug for the installation and strengthening of resources.

Use of materials.

EMDR-IGTP integrates art-making (e.g., drawings and symbols) as a natural part of the process, which may support expression for participants who prefer nonverbal or experiential modalities. G-TEP incorporates both non-verbal and verbal expression through drawing and/or writing on a structured worksheet, which is spatially organized to support temporal orientation (past–present–future) and includes built-in containment and guided self-monitoring as core safety features.

Disclosure and group sharing.

EMDR-IGTP avoids disclosure of trauma content to prevent secondary traumatic stress or vicarious trauma. G-TEP is designed as a guided self-help approach that similarly avoids disclosure of trauma content within the group but invites voluntary sharing of the worksheets’ structured resources, which may support group cohesion.
