

# **Asociación Mexicana para Ayuda Mental en Crisis, A.C.**

## **Mexican Association for Crisis Therapy**

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### **PROTOCOLS INTRODUCTION**

The following protocols were designed following a psychotherapy integration model (Stricker & Gold) \*. Integrative models call for a synthesis of traditional concepts and methods, within new theories and more pragmatic approaches to treatment, with the objective of developing more effective forms of psychotherapy.

The protocols were structured in a play therapy format following the principles of Creative Art Therapies (CAT). They have been applied successfully to hundred of children, (ages one to 16) who suffered posttraumatic stress, due to natural disasters in Mexico, Central America and South America

**We would appreciate your comments and suggestions as well as your reports following the replication of these protocols.**

#### **OBJECTIVES:**

The protocols are designed to accomplish eight main task as follows.

- **Identify the children with PTSD or Acute Stress symptoms** , in order to assist them individually with **EMDR**. \*
- Confronting traumatic material.
- Bringing to conscious awareness those aspects of the trauma that might have been dissociated.
- Facilitating the expression of painful emotions and or shameful behaviors.
- Offering the patient appropriate support and empathy.
- Condensing the different aspects of trauma into representative and more manageable images.
- Increasing patient's perception of mastery over the distressing elements of the traumatic experience.
- Facilitating adaptive congruence in relevant areas of the patient's intra and interpersonal experience.

\* Before applying the protocols, we recommend to converse with teachers, parents and relatives and mentioned to them the PTSD or Acute Stress symptoms, so they inform you if any children presents those symptoms.

We believe that should be applied all the protocols- or the majority - depending on the circumstance, because that facilitate you to identify the children that require individual attention (Emotional Protection Team Task).

We recommend don't leave immediately at the end of the protocols, but rather worked individually with the most affected children.

We also recommend requested to relatives or teachers to take the children with you (to your central office) in the afternoon or in other day, if possible.

## **ABBREVIATIONS**

**CISM:** CRITICAL INCIDENT STRESS MANAGEMENT.

**ICISF:** INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION.

**EMDR:** EYE MOVEMENT DESENSITIZATION AND REPROCESSING.

**NLP:** NEURO LINGUISTIC PROGRAMMING.

**EPT:** EMOTIONAL PROTECTION TEAM.

**SUDS:** SUBJECTIVE UNIT OF DISTURBANCE SCALE.

**CAT:** CREATIVE ARTS THERAPIES.

\* Stricker, G. & Gold, J. Psychotherapy Integration, Electronic Article:  
[www.Cyberpsych.org/stricker](http://www.Cyberpsych.org/stricker.htm). htm, 1996.

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## **BASIC PROTOCOL**

### **FIRST STEP, PREVIOUS TO ANY OTHER PROTOCOL**

- ❑ It begins with an **integration exercise (whose object is to obtain the children's attention and establish rapport)**. We use a little Mexican doll called Lupita, a little drum and a dolphin puppet.
- ❑ The important thing is to realize that objective while using the techniques preferred by the mental health professional in each case.
- ❑ Lupita, the doll, introduces the drum and the dolphin to her friends. With the ladybug-shaped drum, the therapist plays a low-pitched sound and asks the children to approach as giants; when he/she plays a high-pitched sound, they are to retire as midgets (**the aim here is: a) To familiarized the children with the space where they are going to work/play, b) That the children approach physically to the therapist, in order to establish rapport and obtain the confidence of the children, c) That the children integrated like a group**). With the dolphin the therapist makes big and small mouths, mouths that look happy, sad, bored, afraid, astonish, angry, etc., and the children follow after, imitating the expressions of the dolphin (**CISM/ICISF: the aim is to take them from the cognitive to the emotional**).
- ❑ In the next step, the therapist asks them to close their eyes and use their imagination to go to a place where they feel safe and calm. Once there, they are asked to touch the palm of one hand with the thumb of the other, and when they are doing that, they are told that they have an invisible button in their hand, which they can press in the future to go back to their **safe place**. Another form of this kind of anchoring is tapping on their knees or the “butterfly hug - the hug of self love” (**EMDR/NLP: the aim is to teach them this technique/resource so they can use it whenever they need it and trigger it with only pushing the invisible button, tapping their knees, or with the butterfly hug – the hug of self love**”).
- ❑ Then the therapist asks them **what colors** they saw in their safe place and expects their answer (**the aim is to verify that they did find their safe place**).
- ❑ At the end of this exercise, the therapist asks them to raise their hand if they have been to Mexico; then to raise their hand if they have been to the North Pole; then to do it if they have **trouble sleeping**; if they are **scared**; if they **feel sad**; if they have **nightmares**; if they **feel angry**; if they often think about and **remember the hurricane**. (These questions were made by suggestion of **Dr. Francine Shapiro** as a way of **measuring the impact of the event before and after the application of the protocol**). The children who raise their hand at each question are counted, and the same group is asked the same questions one or two weeks after the protocol; at which point the answers are compared.
- ❑ The therapist adds: **it is normal for you to feel this way, you are normal boys and girls who have suffered an abnormal experience, and that is why it is normal for you to have these feelings. It is also normal to have different feelings from other children, since each one feels different and that is normal (CISM/ICISF: the aim is to validate the signs and symptoms of post traumatic stress)**.
- ❑ The therapist goes on: It is important that you **talk** to the people you trust **about your feelings**, talking is going to make you feel better (**CISM/ICISF: the aim is to help in the recuperative process**).
- ❑ During this protocol and during all the others, the rest of the mental health professionals form an **“Emotional Protection Team” (EPT) around the children in order to be aware of their emotional reactions and help them when necessary**.

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## FOUR DRAWINGS PROTOCOL

- ❑ First, **apply the BASIC PROTOCOL**, up until the Safe Place.
- ❑ Show the children the faces that measure SUDS from 0 to 10, 0 being no disturbance, and 10 maximum disturbance. The aim is to familiarize the children with the scale, asking them questions like: "How do you feel when you get good grades?", point to the face. "How do you feel when you are sick?", point to the face.
- ❑ To this respect, we have realized that Latin American children associate the face corresponding to **number 10 with calm, and that corresponding to 0 with maximum disturbance, the opposite from North American children**. We attribute that to the grading system in Latin American schools, where 10 has the connotation of the very best, and 0 the very worst. For that reason we have inverted the scale and we recommend that for Latin American children it be **used conversely than for the North Americans**.
- ❑ We also observed that, the children who are not yet familiar with the numbers, will sometimes **say a number and point to a face that does not correspond**. Thus, it is better to **pick the face they point to over the number they say** (one of the members of the EPT can always write the correct number).
- ❑ The therapist (or mental health professional) asks: please raise your hand if you have **nightmares**. Who feels **scared**? Who feels **sad**? Who feels **angry** about what happened? Who has **trouble sleeping**? Who **remembers the hurricane often**? (These questions were made by suggestion of **Dr. Francine Shapiro** as a way of measuring **the impact of the event before and after the application of the protocol**). The children who raise their hand at each instance are counted and the questions are repeated to the same group one or two weeks after the application of the protocol; the variations are then registered.
- ❑ The therapist adds: **it is normal for you to feel this way, you are normal boys and girls who have suffered an abnormal experience, and that is why it is normal for you to have these feelings. It is also normal to have different feelings from other children, since each one feels different and that is normal (CISM/ICISF: the aim is to validate the signs and symptoms of post traumatic stress)**.
- ❑ The therapist goes on: It is important that you **talk** to the people you trust about **your feelings**, talking is going to make you feel better (**CISM/ICISF: the aim is to help in the recuperative process**).
- ❑ Once the Basic Protocol has been completed, the members of the Emotional Protection Team (EPT) hand out white pieces of paper and crayons to each of the children (they always have extra crayons in case the children ask for more).
- ❑ The therapist asks the children to write their name and age on one side of the paper (those who cannot do it are aided by the EPT members).
- ❑ Then the therapist tells them to divide the other side in four equal parts, drawing a cross at the center, and to write a small letter at the top left corner of each section (A,B,C and D). The therapist shows them how to do it and the EPT help).

Note: in this protocol we had to divide the sheet of paper in four given the scarcity of the material, but it is possible to work on four sheets of paper, making sure that each has the name of the child and the corresponding letter, so that the sequence can be identified.

- ❑ The therapist asks: Who saw rain during the hurricane? Who remembers what happened during the hurricane? -the children raise their hands. Now, then, says the therapist, **close your eyes and think about what makes you the most frightened, sad or angry about the hurricane (EMDR: Target)**.
- ❑ Take that thought from your head to your neck, to your arms, to your hands and fingers, to the crayon and now open your eyes and draw it in square A (**Gestalt/NLP**).
- ❑ When all the children are finished, they are shown the faces and they are asked to write the number of the face that corresponds to the feeling they get when looking at their picture.

Note: the emotional impact doesn't always appear in the first drawing; sometimes it will appear in the second or third one.

- ❑ Once all the children have done this (with the help of the EPT), they are asked to leave their drawings aside and hug themselves and then move their hands like the wings of a butterfly (**Butterfly Hug or the Self Love Hug**). **Aim: contra-lateral stimulation and loving oneself**. This lasts for approximately 1 minute.
- ❑ Now, says the therapist, you are going to draw whatever you want in square B.
- ❑ When they finish drawing B, they are shown the faces again, and write down the number of the face that corresponds to the feeling they get from their drawing.
- ❑ When they are done, they are asked to put their drawings aside **and to tap on their knees (EMDR: bilateral stimulation)**, for about 1 minute's time.
- ❑ The same procedure of square B is followed in squares C and D, allowing the children **to use the butterfly hug or the tapping on their knees as they choose**, after each one.

- The EPT gather all the drawings.
- The therapist asks them to close their eyes and go to their **safe place by pushing the invisible button on their hands, tapping their knees, or with the butterfly hug – the hug of self love”**). **(NLP: to reinforce the anchor)**. This exercise lasts for about 1 minute.
- Finally, the therapist asks them to breathe deeply three times and then open their eyes.

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**FREE DRAWING PROTOCOL**  
**RECOMMENDED FOR LARGE GROUPS**  
**TO BE PRECEDED BY THE BASIC PROTOCOL**

PERSONNEL AND SUPPLIES NEEDED:

- ❑ One facilitator (a mental health professional) and at least one assistant (Emotional Protection Team - EPT) for each group of 15 to 20 children. If there are few therapists, groups can be larger.
- ❑ Paper and crayons.
- ❑ Tables or desks for drawing, if possible.

PROCEDURE:

- ❑ Make the groups as age –homogeneous as possible.
- ❑ Ask the parents to permit the children to stay until the protocol is completed. Explain that the work only looks like play but that it is very important for their children’s mental health to see it to completion.
- ❑ Ask the children to sit in a circle and hand them each a crayon and a sheet of paper.
- ❑ Ask the children to write their name and age on their papers (in small letters, or they will use the whole sheet and will not have enough room for drawing). When children cannot write, the members of the EPT will do it for them.
- ❑ The children are asked to draw whatever they want.
- ❑ The members of the EPT will have more paper and crayons available. The children will receive more paper as they hand in their previous sheets (with drawings on both sides), making sure the sheets have their name and age written on them (**the aim is to make sure the material has had a good use, especially when it is scarce**). If they want another crayon, they have to return the one they were using before, and they can only have one at a time (**the aim is to keep constant contact with the children**). The drawings should be numbered in the order they are drawn to facilitate studying the progression of the processing of the traumatic material.
- ❑ As the children draw. The members of the EPT will observe them, walking around them constantly.
- ❑ If in the view of the EPT the drawings represent anguish, fear, anger, sadness or the like (e.g.: **only using black, chaotic shapes, only genitalia, hands omitted or fingers, faces without facial features**) the EPT stand behind the child (sitting or squatting) and gently taps on the child’s shoulders (**EMDR: bilateral stimulation**) while the child continues to draw. This is done without offering an explanation (unless the child request one) to avoid shifting the effective expression to a cognitive level. It is our experience that children simply accept the tapping as an expression of affection.
- ❑ When the child is finished, the EPT can ask about the drawing. If the child does not answer, the EPT simply asks the child to make another drawing while the EPT continues to tap on the child’s shoulders (**EMDR: bilateral stimulation**).
- ❑ If after 5-7 drawings there is no change, **the child must be perfectly identified, for subsequent individual work using the established EMDR protocols.**
- ❑ The duration of this exercise is of 20 to 30 minutes, but this can be adapted to the group.
- ❑ At the end of the exercise, the children will hand back the crayons and the members of the EPT collect all the drawings, **making sure that they all have name and age to identify them. This is important for the later study of the drawings and the identification of the children who may need individual therapy with EMDR.**
- ❑ The facilitator then asks the children to close their eyes and go to their **Safe Place, using the anchor taught during the Basic Protocol (i.e. pressing the “invisible button” on their hands, tapping their knees, or hugging themselves with the Butterfly Hug or the hug of self love”)**. (**NLP: the aim is to reinforce the anchor**). This exercise lasts for approximately 1 minute.
- ❑ Lastly, the facilitator asks the children to breathe deeply three times and open their eyes.

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## PIÑATA PROTOCOL

### RECOMMENDED FOR VERY LARGE GROUPS TO BE PRECEDED BY THE BASIC PROTOCOL

- ❑ The therapist (or mental health professional) shows a large paper bag and asks the children: Do you know what a piñata is? After the positive answer, he/she adds: You are going to fill up this piñata with all the things you want, so that they disappear and go away (Gestalt/NLP). If the children are not familiar with piñatas, we explain.
- ❑ The members of the Emotional Protection Team (EPT) hand out little pieces of colored paper to the children. The therapist asks them what colors they are, and the children respond: red, green, blue. The therapist tells them to think up something that scares them, or makes them sad, angry or uneasy (**EMDR:Target**). He/she asks them to take it from their heads to their hands and to the paper (**Gestalt/NLP**).
- ❑ The therapist goes to each of the children and asks them what they are putting in the bag. Some of the answers may be: a monster, a crocodile, a tiger, a lion, a snake (dreams or fantasies of threatening animals are common in children who have been through a highly traumatic experience).
- ❑ When all the children have put their pieces of paper in the piñata (bag), the therapist tells them it has become very heavy and he/she walks around pretending to be carrying a heavy load (**Gestalt/NLP**).
- ❑ The therapist begins to sing, followed by the children: “Dale, dale, dale, no pierdas el tino” (a very well known song in Latin America, which accompanies the breaking of a piñata and means approximately: “Hit it, hit it, hit it, don't lose your good aim”. It is an **encouraging song**).
- ❑ Meanwhile, the therapist and the EPT teaches them to tap their knees and they follow his/her example while they sing (**EMDR: bilateral stimulation**).
- ❑ At the end the piñata is destroyed, burned or buried (**Gestalt/NLP: the aim is to symbolize the disappearance of what has been placed in the piñata**).

END

## PROTOCOL OF THE STORY OF FINDING THE HEART

### TO BE PRECEDED BY THE BASIC PROTOCOL

- The therapist (or mental health professional) tells the following story: “Once upon a time there were three little children who lived in a very peaceful place. They went to school, they did their homework, they drew pictures and they played. One day it started raining very hard, and so much rain fell, that some of those children lost their homes. What else did they lose?”, asks the therapist, and the children usually answer: their toys, their parents, their friends, their pets. **(The aim is for them to tell their own experiences, to identify with the characters in the story, and to stimulate interaction).**

The therapist continues: “So these children became very sad. They had nightmares, they found it difficult to sleep, what else happened to them?”, he/she asks. The children usually answer: they remembered the rain and what they saw, they had ugly dreams **(CISM/ICISF: the aim is to take them from the cognitive to the emotional).**

The therapist goes on: “At the beginning it was normal for them to feel like that, after what they lived through **(CISM/ICISF: the aim is to validate their emotions and feelings)**, but a lot of time went by and it seemed that these children had lost their hearts: they didn't feel like laughing, studying or playing (This was added because the children in question had suffered the event already three months before).

One day they met a child who looked calm (adjectives such as “happy”, or “enthusiastic” were avoided given the extremely difficult situation these children find themselves in) and they asked him how he managed that. The child told them that the first thing he did was to talk with someone he trusted when he felt sad or angry or was having nightmares **(CISM/ICISF: the aim is to help in the recuperative process)**, then he followed the colors of the rainbow that appeared after the rain, when the sun came out; and he found the buried treasure at the end of the rainbow.

The three children in our story decided to talk to the people they trusted about how they felt **(CISM/ICISF: to help in the recuperative process)**, and then they went to look for the treasure at the end of the rainbow.

They walked for a long time (the therapist taps his/her own knees and the children follow, EMDR: bilateral stimulation), and when they got tired they lay down beside a big tree and fell asleep.

What do you think they saw when they woke up?”

The children give their ideas. One of them said: the rainbow. “Exactly”, says the therapist. And they run through the colors of the rainbow (while she taps her knees, **EMDR: bilateral stimulation**), and adds: and at the end of it they found a treasure, what do you think that treasure was?”. The children give some answers, and the therapist says: “HIS HEART. Feel your own heart (they are shown the Butterfly Hug or the Hug of Self Love, Aim: contra-lateral stimulation and self love). Close your eyes while you give yourselves this hug, and feel how your heart beats, and with each beat it fills you with calm and security. Feel the love that you give yourselves. Now open your eyes and take each other by the hand and feel how, all together, you make your hearts stronger .

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