**The need for a cross-cultural adaptation of the EMDR group protocol intervention for trauma affected children and adolescents: Reflections from the Sri Lankan context**

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Numerous research had revealed symptoms of distress and prevalence of post-traumatic stress disorders after the direct or indirect traumatic life experiences. Trauma event can be a natural or man maid disasters. Eye Movement Desensitization and Reprocessing (EMDR) group protocol is one of the key interventions to treat mental health effects of natural or man-made disasters. According to Dr. Francine Shapiro EMDRgroup protocols has an effective impact on reboots resilience and healaffected minds after the disaster experiences (Luber& Shapiro, 2009). Ampleof research had discovered early intervention ofEMDR after the traumatic event can be beneficial for relieving excessive distress and prevent complications (Silver, Rogers, Knipe&Colelli, 2005). Co characteristic of disorder comprises the distressing fluctuation between intrusion and avoidance. Intrusion characterized withspontaneous visual images of the trauma nightmares, intrusive thoughts. Avoidance characteristics represent deliberate effort of not to think of traumatic event.

Sri Lanka is an island with such traumatic experiences of thirty years civil war, Tsunami in 2004 and Easter Sunday attack in April 2019. After the Tsunami there was a study with an objective of crucial steps in establishing and carrying out EMDR training in Sri Lanka (Errebo, Knipe, Forte, Karlin&Altayli, 2008). Apart from that there is dearth of research related to EMDR in Sri Lankan context.In order to fulfill this gap, the EMDR group protocol was used with children and adolescents impacted by the Easter attacks that occurred on 21/4/2019 in Sri Lanka.

This paper aimed on three key objectives, firstly to adapt and developed EMDR group protocol to children and adolescence Sri Lanka; secondly, to examine cultural acceptability of EMDR group protocol in Sri Lankan context; finally, to examine the outcome of the EMDRgroup protocol among children and adolescence who had experienced recent trauma in April Easter Sunday bomb attack.

**Overall research design and models/s, study design**

Main objective was reducing trauma among children and adolescence after the Easter Sunday Bomb attack in in the Katuwapiytiyavillage. Convenience sampling technique was used to select the participantsas this research is a Quasi-experimental design with pretest and post- test.

Moreover,the research team was careful to include many childrenmore possible than excluding them. Before the intervention starts, at the baseline phase all the participants underwent an assessment to measure their distress levels. Impact of Event Scale - 8 (IES) was used to assess the distress.

**Phase I:Applying EMDR group protocol.**

At the phase 1 the EMDR group protocol was used with the first cohort.Preliminary sample consisted of 854 female students, ranging from 9 to 18-years, from one school, participated. Primary and secondary students were taken separately. With 10 groups in all, each group consisted of 73 -100 students.During the intervention there were some observation related how these children were responding in the EMDR group protocol. With hands on experience there are few issues experienced in the protocol when it apply in the Sri Lankan context. Firstly, majority of were not understood some of the steps, secondly, some of the terms Ex (Butterfly hug/ Monkey) made difficult to conduct the session due to adolescence negative responses. Thirdly, some of them look at it in negative attitude and they were not connected to intervention (having chats/ not self-presence to the program).

**Phase 2: Adaptation and Validation of the EMDR group protocol**.

Formative Method of Adopting Psychotherapy (FMAP)(Hwang, 2006; Bernal, 2009)involves in adaptation process ofthe EMDR group protocol. Bottom up approach of FMAP involves in five phases directing the objects developing, testing, and reformulating therapy modifications.Subsequent to this intervention, the authors reflected on the necessity to cross-culturally adapt the EMDR group protocol to the Sri Lankan context. Particularly, for adolescents: (i) there is a need to include a component of psycho-education on the psychological effects of trauma, (ii) include a component on the facets of a balanced future life, and (iii) as most adolescents were writing than drawing, it was deemed more culturally appropriate to guide them to write about one particular memory in each box. (iv)need of use culturally appropriate concepts. The authors intend to cross-culturally adapt the EMDR group protocol to Sri Lanka.

Eight dimensions of FMAP(Hwang, 2006, 2009: Bernal, 2009) were changed:Language dimension involves the adaptation and development of the English to Sinhala. Person dimension containsof cultural similarities and differences between the Sinhala speaking children with traumatic experience and the clinician. Metaphors and language represent native expressions and cultural concepts example “Butterfly-hug” changed to “Birds’-wings”. Content includes cultural knowledge of values, traditions, and customs of the culture. Changers are done by adding Impact of mental health, deep explanation of what is trauma and how important get relief from current trauma for future balanced future life. The dimension of Concept and the Goal dimensions include goals of the therapy and reframe the skills depending on settings are same as the English version of EMDR group protocol. In method dimension, permitted children to draw and wright in the boxes about one particular memory. The context dimension was based on Sinhala speaking culture in Sri Lankan context.

**Phase 3: applying EMDR group protocol revised Sinhala version with village children and adolescence in Katuwapitiya.**

After adapting culturally sensitive Sinhala version of EMDRgroup protocol applied it with new group of children and adolescence.

*Key words:* Cross-cultural adaptation of protocols, EMDR group protocol, cultural acceptabilitychildren & adolescents, Sri Lanka.

**References:**

Bernal, G., Bonilla, J., &Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23,* 67–82.

Errebo, N., Kniep, J., Forte, K.,Karlin, V,.andAltayli, B. (2008). EMDR-HAP training in Sri Lanka following 2004tsunami. J. EMDRPract. Res. 2, 124- 139.

Hwang, W. (2006). The Psychotherapy Adaptation and Modification Framework (PAMF): Adaptation to Asian Americans. *American Psychologist, 61*(7), 702-715.

Hwang, W. (2009).The Formative Method for Adapting Psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Prof Psychol Res Pr*. 2009 August ; 40(4): 369–377. doi:10.1037/a0016240.

Marilyn, L.& Shapiro, F., (2009). Interview With Francine Shapiro: Historical Overview, Present Issues, and Future Directions of EMDR. *Journal of EMDR Practice and Research, Volume 3*, Number 4, 2009.EMDR International Association DOI: 10.1891/1933-3196.3.4.217.

Silver, S. M., Rogers, S., Knipe, J., &Colelli, G.(2005). EMDR Therapy Following the 9/11 Terrorist Attacks: A Community-Based Intervention Project in New York City. International Journal of Stress Management, 12(1), 29–42. [https://doi.org/10.1037/1072-5245.12.1.29](https://psycnet.apa.org/doi/10.1037/1072-5245.12.1.29)