

EMDR Recent Traumatic Episodes Protocol (R-TEP)

ANNOTATED SCRIPT¹

[Based on the work of Elan Shapiro & Brurit Laub.²]

CLINICAL CONSIDERATIONS	SCRIPT – What the therapist says out loud is in bold .
INTRODUCTION Define Episode for the client/establish clinical contract	Our focus today is on the recent experience in your life. We can think of it as an episode spanning the time just before the difficulty began up to today. We will work together to reduce your distress and rebalance yourself.
 PHASE 1 Assess S-M-S Severity 1 – 5 Motivation 1 – 5 Strengths 1 – 5 Clinical Screening Tools - These can be administered now if not given prior to first contact. 	 I will ask you a few brief questions to prepare us for our work <u>before</u> we explore the story of what has happened. What was your life like before all this began? Tell me about your symptoms or struggles since this episode began. Have you sought assistance from a mental health professional in the past? Tell me about your motivation to work through this episode Tell me about your strengths and resources that are inside you as well as those around you?
PHASE 2 Consent - EMDR & focus of this specific issue we're working on.	The focus of our attention will be the recent experience you've had - everything since it began up to today. Earlier material from your life may come up. It if does, we can take note of its significance and I'll invite you to redirect your focus to this recent experience.
4 Elements Anchor Object - Can be a wristband, piece of	We have found that tapping back and forth like this [demonstrate] while following with your eyes can help you feel more calm and better digest the disturbing things that have happened. Is it okay if we practice that? [Practice.] During the tapping just notice whatever comes up. When we pause, I'll ask for brief feedback about what you are noticing. Sometimes the emotions can be intense, but I'll be here to help ground you.
jewelry, stone, watch, sticker, etc. Take note of general SUD. [This is not an Episode SUD.]	Choose an object that can anchor you. [Pause while they find the object] We'll call that your anchor. What is your general stress level right now from 0, completely calm, to 10, the worst you can imagine?

¹ This annotated script has been developed by Reg Morrow Robinson and Bill Brislin.

² Shapiro, E., & Laub, B. (2013). The recent traumatic episode protocol (R-TEP): An integrative protocol for early EMDR intervention (EEI). In Luber, M. (Ed.) *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets 9pp. 193-207).* New York: Springer Publishing.

If more grounding seems necessary client can be invited to notice additional external objects, e.g., three blue things, or round objects, etc. The point is to get the client out of their head and into their grounded body fully aware of their external environment which is currently calm and safe.	I am going to teach you an exercise which uses the four elements to help you feel calmer and more grounded. <u>Earth</u> - The first element is Earth. Place your feet firmly on the ground and notice the chair supporting you safely and securely. [Brief pause.] Look around and notice three things you didn't notice before or are noticing in a fresh way. [Brief pause.] What do you hear? How is the temperature here? [Brief pause.]
	<u>Air</u> - Moving up the body, the second element is Air. With your feet planted comfortably on the floor, take some slower, deeper breaths - about 5 seconds in and 5 seconds out. Allow the air to fill you from the belly through the chest as you feel calmer and more grounded. Take about six of those slower, deeper breaths. [Pause as breathing occurs]
	Water - With your feet on the ground, breathing more slowly and deeply, let's move up the body to the fourth element, Water. Notice if your mouth is moist or dry. [Pause.] When we are stressed our mouths become dry. As you make more saliva you can feel more and more in control. Take a few moments to consciously make more saliva. It may help to think of biting into a lemon. [Pause.]
	Light - Now light up your imagination by going to a place that feels calmer and safer. It can be a real or imagined place. [Pause] Notice the emotions you have when you connect with this place and the pleasant sensations you experience in your body. [Pause] As you continue to connect with this place, cross your arms over your chest and gently alternate tapping about a half-dozen times enjoying the pleasant emotions and sensations. [Pause] Give your calmer/safer place a name. [Pause] As you step into your place and think of the name, do another alternating half-dozen taps to strengthen the connection. [Pause]

Г

Episode Narrative - Avoid eliciting narrative if there will not be time to begin processing the first PoD ³ . Use continuous BLS ⁴ during the narrative.	 [IP⁵] Is it okay if I tap on the back of your hands? [Pause]. As I'm tapping, follow my hand(s) with your eyes. [Pause] Good. Feel your feet on the ground, the safety of this room, and tell the story out loud from some moments before the disturbance began up to now. Look up and let me know when you've finished. [TH⁶] I'd like to invite you to tap alternately on your knees (desk/table) and follow along with your eyes. Feel your feet on the ground, the safety of this room, and tell the story out loud from some moments before the disturbance began up to now. Look up and let me know when you've finished.
OPTIONAL: Resource Connection Envelope - This can be used in addition to the 4 Elements. See <i>Resource Connection</i> <i>Envelope.pdf</i> for full script. Accessing an Opening Resource to enable client to access a sense of wholeness, which facilitates adaptive processing and enhances hope.	"Before we begin processing, I would like you to recall a moment when you felt good with yourselfyou felt whole. What's the first thing that comes to mind?

³ **PoD** = Point of Disturbance

⁴ **BLS** = Bilateral stimulation

⁵ **IP** = In-person delivery of the protocol ⁶ **TH** = Telehealth delivery of the protocol

Google Search	Google Search
 This occurs: After the completion of Episode Narrative. After processing of a PoD if there is time to begin another PoD. At the beginning of a subsequent session even if the PoD from the previous session was incomplete. Stop Google search when the first PoD is identified and move to Phase 3. 	 [IP] As I tap on the back of your hands and you follow with your eyes, scan from just before the distress began up until now in no particular order and notice any moment of disturbance. Please stop when any disturbance comes up and let me know. [Pod] [TH] As you tap alternatingly on your knees (desk/table) and follow along with your eyes, scan the episode in no particular order and notice any moment of disturbance. Please stop when any disturbance. Please stop when any disturbance comes up and let me know. [PoD] [IP/TH] Subsequent Google Searches you may add: As you scan the episode, it may include things that have happened, things that are happening now, and things that may happen in the future.
PHASE 3 [If no picture or if it is not the most compelling aspect, search for another sensory component: sound, smell, taste.	 When you focus on the point of disturbance (PoD) what picture do you see now? As you hold that image in mind, what negative words about yourself? What would you rather believe about yourself now when you see that image? Bring up the memory and those positive words: Bring up the memory and those positive words: Motice how true they feel to you now. Let's use a scale of 1-7, where 1 feels completely false and 7 feels completely true. How true do they feel? Go back to the PoD and those negative words: [repeat NC]. What emotions are you feeling now? We'll use a disturbance scale where 0 is neutral and 10 is the worst disturbance possible. From 0-10, how disturbing does that experience feel to you now? Check in with your body and let me know where you feel that disturbance in your body

 PHASE 4 Process cognitive, emotional, and somatic material during Phase 4. Before assuming a PoD has reached ecological validity with a SUD >0, invite them to notice the body and process any remaining somatic material. The formal Phase 6 Body Scan takes place when working at the Episode Level. EMD - This is a laser beam strategy designed to reduce intrusions which can be any intrusive component, i.e., image, sound, smell, taste, thought, or feeling. If SUD is not decreasing after 6-8 sets, consider returning to target more frequently OR switching to an EMDr strategy. EMDr - This is the usual processing strategy for R-TEP. It seeks to encourage a processing offer the set of the set	 PHASE 4 Bring up the image [sound/smell/taste], and those negative words Notice the sensations in your and follow the tapping with your eyes. [Apply BLS; Pause or Breath] What do you notice/get now? Go with that. [Add sets until it is appropriate to return to target. See "Back to Target" below] BACK TO TARGET (BTT) EMD Strategy - BTT Whenever the chain of associations leaves the intrusive element of the PoD.] Go back to the [intrusive component:] to help your natural system digest it. How disturbing does it feel now from 0 to 10 where 0 means you can think about it and remain calm and 10 is the worst disturbance you know? [Pause]. Notice what makes it a and let's continue. When SUD is not decreasing - Notice what you are feeling in your body? [Pause] Notice that. [Apply BLS]
processing effect across the whole traumatic episode where arousal can be lowered, and new adaptive learning can take place. If SUD is not decreasing, switch to EMD. Client may be avoiding a difficult piece.	EMDr Strategy - [Return to target whenever the chain of associations leaves the traumatic episode or there are 2 reports of neutral or positive.] Go back to the (original PoD). What comes up now? [Pause] Notice that and let's continue. [Apply BLS]
EMDR - If the chain of associations is regularly leaving the traumatic episode and the SUD of the PoD is not diminishing, it is an indicator that EMDR may used briefly or with a renegotiation of the therapeutic contract. EMD & EMDr: When the SUD reaches 0 or is ecological, proceed to Phase 5.	 When Checking SUD - Go back to the [PoD]. How disturbing does it feel now from 0 to 10 where 0 means you can think about it and remain calm and 10 is the worst disturbance you know? [Pause] Notice that. [Apply BLS] When SUD is not decreasing – What you are feeling in your body? Notice that. [Apply BLS] IF THE ASSOCIATION IS OUTSIDE OF THE EPISODE You have noticed something important outside of our focused work. I will make note of it for us to consider at a later time. Is that okay? Let's return to [PoD] now. What comes up when you think of it now? [Pause] Notice that. [Apply BLS]

 PHASE 5 Continue until the VOC is 7 or ecological. Then go to Google Search (p. 3) OR Closure (p. 7) OR Episode Level (p. 6). There is no Phase 6 Body Scan when working at the PoD level. 	When we first looked at this experience, you hoped to eventually believe the words [insert original PC]. As you bring up the experience now, do those words hold true, or do you have a new viewpoint that feels stronger?
 AFTER COMPLETION OF PoD [SUD=0;	Stop and read the left column before proceeding!
VOC=7 or ecologically valid] If time allows, do another Google	[If "Yes," see script Phases 3-5 above.]
Scan (p. 3). Does a new PoD present? Yes – Move to Phases 3-5 (p. 3).	[If "No," proceed to Episode Level below.]

EPISODE LEVEL Check Episode SUD - if it is not 0 or ecological, do another Google Search.	When you think of the entire episode now, how disturbing is it to you on a scale from 0 to 10
 Phase 5 Install Episode PC The PC may not always be self-referencing. Any of these questions may generate a positive statement which may be installed. Apply BLS. When the report is neutral or no change, check VOC. 	When you look at the incident and all that has happened since, the entire episode, how would you like to think about it now? What have your learned from it? [Elicit Episode PC]
Phase 6 Episode Body Scan If any disturbance is identified, apply	When you think of the entire episode and your positive words [State
as many sets of BLS as necessary to process the body/somatic	E-PC] notice any body sensations.
sensations.	[Use sets of BLS focusing on the body as in the Standard Protocol.]

PHASE 7 CLOSURE	Now let's take a minute to shift away from the work we've been doing and back to the present moment so you can leave here feeling centered and secure.
Sufficiently regulated	Recall the 4 Elements exercise and walk yourself through the four steps. I'm right here if you need any assistance. [Pause]
Requires additional assistance regulating	
Container 4 Elements Therapist will guide client in greater	Imagine a container that is just right to hold all that is disturbing to you. This container is able to hold and safely store all that disturbance. What comes to mind? As you sit here supported in your chair, you can allow all of the disturbing material to float into the container. With each exhale more and more of it automatically floats into the container. Let me know when most of it is there. [Pause] Now close/seal the container so it can only be opened by you whenever you are here or in another healing place. Your container can also have a "night deposit opening" so you can add anything that emerges after you leave here without anything getting out. How does it feel to know you have this container and can use it whenever you wish? [Pause]
detail to assist in stabilization	Recalling the 4 Elements exercise you learned earlier, the first element is Earth. Notice your feet firmly planted on the floor and the chair securely supporting and grounding you. [Pause] Look around the room and identify 3 things you haven't noticed recently. [Pause] Moving up the body to the second element, Air. Take a few moments to breathe more slowly and deeply - about 5 seconds for each inhale and 5 seconds for each exhale. [Pause] Continuing up the
Resource Envelope - If the Opening Resource was created in Phase 2 complete the envelope now.	body to the third element, Water, think of a nice juicy lemon and allow your mouth to make more and more saliva. Notice feeling more and more control. [Pause] Finally, we arrive at the fourth element, Light. Light up your imagination and go to your safer/calmer place noticing the pleasant emotions and sensations you have and allow yourself to enjoy them.
Closing and plan for follow-up for all clients.	Remember, your natural information processing system has been activated, so processing may continue between sessions. Use your self-regulation exercises and additional resources if you need to. Do you have any questions or concerns?
It is recommended that you follow- up 1-3 months following completion of treatment.	From here our plan is? [Discuss with client].

During 1.	8 REEVALUATION Ongoing Treatment: Do a brief assessment of how the client has been doing since the last session, then resume with a new Google Search to identify the current most active PoD. If Google Search comes up clear, proceed to Episode Level.	 [These are sample questions.] Let's check-in. How have you been since our last meeting? How did you do after you left here last time? Any changes in symptoms? Have you noticed any shifts or changes related to the work we've been doing? Any new behaviors or insights that seem important? [Reinforce any clearly felt positives with slow, short sets of BLS as desired.]
3.	If the previous session closed with an incomplete PoD, do not resume that PoD unless the client brings it up again during the Google Search.	
Episod	Up of Previously Completed e Level Check how the client is	
	doing. Check Episode SUD. Process any disturbance which emerges.	
3.	If this is an ongoing situation, a new PoD may have arisen. Begin Phase 3, 4, and 5 on new PoD.	
4.	If the recent episode has been adequately treated, have other themes emerged which may suggest an extension of the therapeutic contract.	
5.	Complete post assessment evaluations.	