

**Simplified group & individual  
applications  
of the EMDR Recent-Traumatic Episode  
Protocol (R-TEP)  
for emergency situations**

*Elan Shapiro, Edinburgh June 2014*

*We can't prevent traumas...  
but we can prevent them from becoming  
dysfunctionally stored trauma memories*

# The EMDR Recent Traumatic Episode Protocol (R-TEP) for Early EMDR Intervention (EEI) Elan Shapiro & Brurit Laub

## International Workshops & Presentations

*2008: London (EMDR Europe Consultants day)*

*2009: Stockholm, Atlanta (EMDRIA pre-conference)*

*2010: Paris, Hamburg, Minneapolis (EMDRIA pre-conference),  
New York, Connecticut, Orlando, London*

*2011: Vienna (EMDR Europe conference), London,*

*2007-2012: Netanya, Tel Aviv, Ashkelon, Shaar hanegov, Haifa,  
Maalot, Tel Hai*

*2012: Denver, San Diego, Phoenix, Madrid,  
Scotland, Milan, Metz*

*2013: Raanana, Tiberias, London, Geneva, Istanbul*

*2014: Manila, Tel Aviv, Budapest, Edinburgh, Amsterdam, Perth,  
Melbourne, Sydney, NZ*

# *PROGRAM OUTLINE*

*Introduction to EMDR R-TEP  
overview & video illustration*

*Introduction to EMDR G-TEP  
overview*

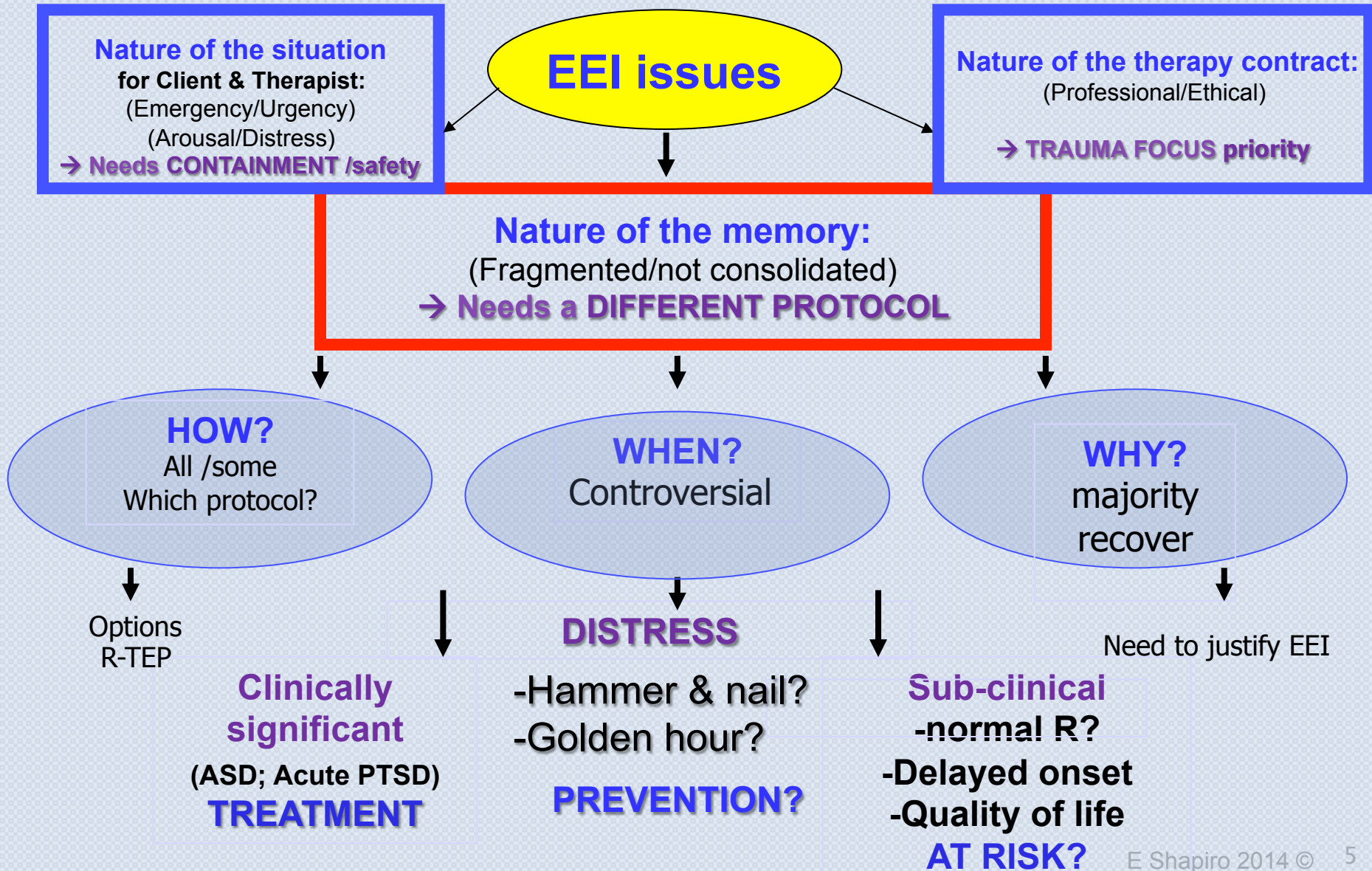
*Introduction to EMDR S-TEP  
Conclusions*

# WHY?

- **Why EEI ? (Early EMDR Intervention)**
- **Why EMDR R-TEP ?**

# Issues in Early EMDR Intervention (EEI): I

Shapiro, E. (2012), EMDR and early psychological intervention following trauma, *European Journal of Applied Psychology (ERAP)*, 62,241-251.



# Professional and ethical issues of EEI

## GENERAL

- **Unclear therapy contract:**  
the unusual circumstances of EEI hold risks for good therapy practice  
(Therapy intervention vs. Psychological 1<sup>st</sup> aid)
- **Concerns** about premature intervention; cutting corners; fear of causing harm; containment

# Professional and ethical issues of EEI addressed in the EMDR R-TEP

## SPECIFIC challenges for EMDR

- **Phase I:** < Intake /ego strength assessment
- **Phase II:** < preparation, stabilisation
- **Phase IV:** > Opening other clinical issues? In EMDR you know where you start but not where you may go
- **Phase VIII:** < Follow-up

**The EMDR R-TEP provides some answers**

# RESPONSES TO TRAUMA

(Data from Brewin et al, 2000; N.I.C.E, 2005; Andrews et al, 2007; McFarlane 2008; Roberts et al 2009 , Bryant 2011, Shalev 2011)

**T**

Majority have transient T Stress Symptoms  
Majority do not develop PTSD  
(45-80% natural remission at 9 months)

But 33% remain symptomatic for 3 years or longer with greater risk of secondary problems

**ASD** →  
7%-28%  
Mean 17%  
(26.%)

**>50%** **PTSD**  
(30% ) (70%)  
MAJORITY NO PRIOR ASD

PTSD m 8-13%  
w 20-30%

Delayed onset PTSD:  
average 38.2% military  
& 15.3% civilian  
but up to 68%  
**Sensitization/ kindling**  
(McFarlane)

Other disorders at 12 months:  
MDD 16%, GAD 11%, Agora10%,  
Social Phobia 7%, Panic 6%,  
Substance abuse 10%...

# POSTTRAUMATIC SENSITIZATION DISORDER ?

- ***“PTSD is part of a complex psychobiological process that leads to the emergence of the disorder in the weeks, months, or years after the event.”***
- ***“...Evidence of delayed effects of traumatic stress and their cumulative impact on psychological and physical health***
- ***“...exposure to traumatic stress leads to a general disruption of an individual’s underlying homeostasis”***

# POSTTRAUMATIC SENSITIZATION DISORDER ?

*Even in the absence of clinically significant symptoms:*

- ***The risk of onset of PTSD remains with time due to kindling and sensitization*** (McFarlane 2008,2009)
- This draws attention to **Trauma Memories** & a promising role for **Early EMDR Intervention** for prevention & promoting resilience

# A PREVENTATIVE ROLE FOR EMDR?

## POSSIBLE DIRECTIONS

- If accumulated traumatic memories **may sensitize later disorders (McFarlane)**
- & dysfunctionally stored memories underlie many disorders (**Adaptive Information Processing [AIP] model, Francine Shapiro**)
- **EMDR as a brief, effective approach for processing disturbing memories is highly suited for Early Intervention**

# EMDR R-TEP notes

## A broader vision for EEI

- ❖ **More than just treating ASD or distress**
- ❖ **Also for PREVENTION & RESILIENCE**

# BACKGROUND

- ❖ Existing EEI protocols
- ❖ Conceptualisation: Principle of hierarchical whole/part sequence
- ❖ The development/evolution of the EMDR R-TEP
- ❖ Overview of the EMDR R-TEP protocol

# Original EMDR Protocols

EMD  
Protocol

Recent  
Event  
Protocol

EMDR  
Standard  
Protocol

# Early EMDR Intervention (EEI) protocols

The **EMD protocol** (F. Shapiro 1989)

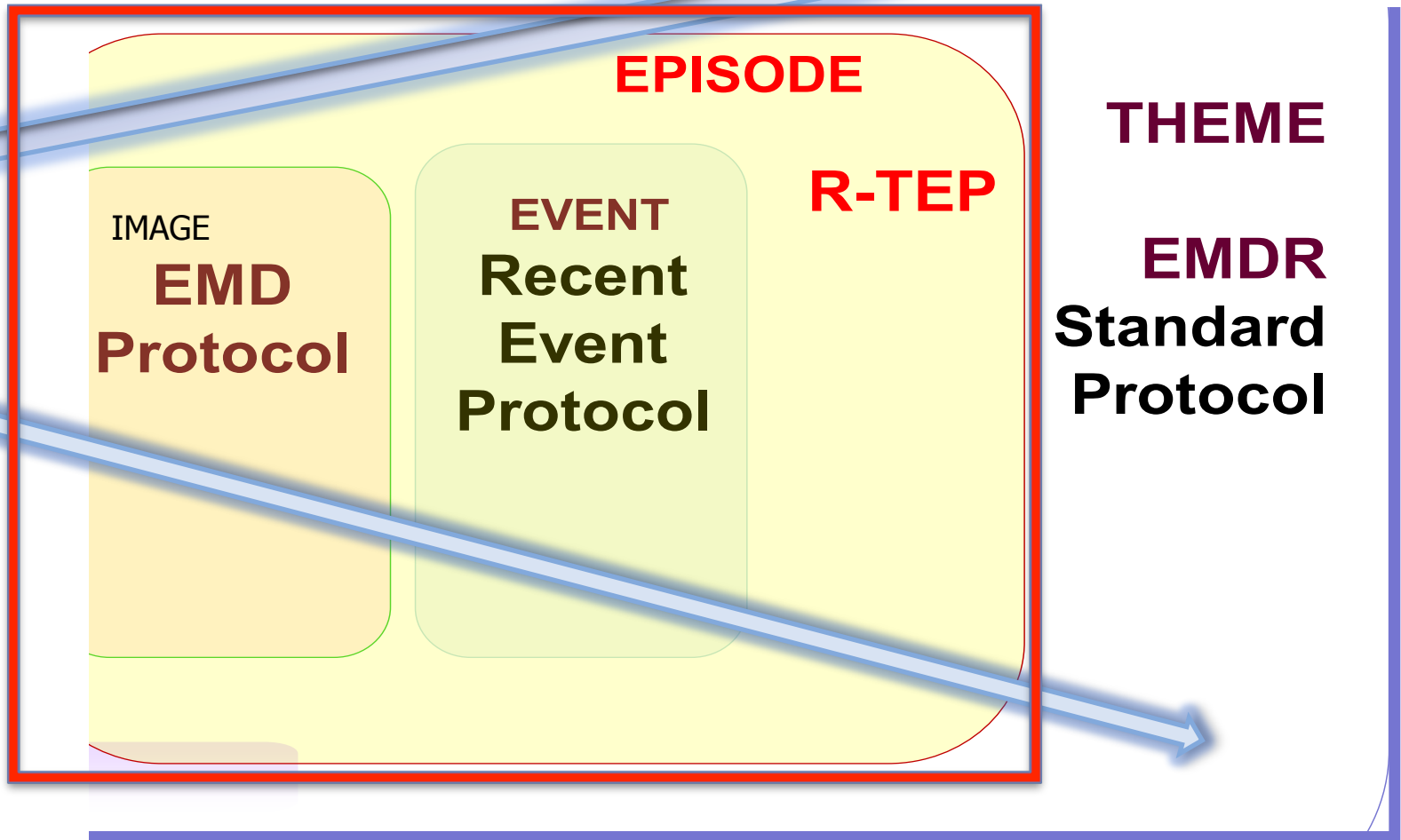
(re-introduced in 2004 for use in emergency situations)

- ❖ **Focuses on the (intrusive) image, returning to it and checking SUD (Subjective Unit of Disturbance) level frequently**
- ❖ **Limiting associative chains**

# Early EMDR Intervention (EEI) protocols

- ❖ **The Recent Event** protocol (F. Shapiro) taught at EMDR trainings
- ❖ **Conceptualizes the Traumatic event as a fragmented experience** which has not yet consolidated so that no single image can represent the entire event
- ❖ **It is therefore necessary to process a number of targets, which are aspects or parts of the event** in order to facilitate integration and consolidation (F. Shapiro, 1995, 2001)

(ERP)



**WIDENING FOCUS: Image/sensation → Event → Episode → Theme**

# Main Features of the EMDR R-TEP

- ❖ **1. An integrative approach:**  
Incorporates & extends EMD, Recent Event, protocols
- ❖ **2. A comprehensive approach:**  
The 8 Phases adapted for EEI
- ❖ **3. Attention to containment and safety**
- ❖ **4. Attention to standards of good practice**

## Phase I: HISTORY

- ❖ Obtain brief client history/information sufficient to be able to evaluate SMS ratings:

**S=Severity** (Lo) 1 2 3 4 5 (Hi)

**M=Motivation** (Lo) 1 2 3 4 5 (Hi)

**S=Strengths** (Lo) 1 2 3 4 5 (Hi)

- ❖ If possible administer the Impact of Events Scale (IES-R)

## Phase II: PREPARATION

In EEI often **high arousal and distress**

- ❖ importance of preparation for establishing sufficient **safety and containment** to enable processing

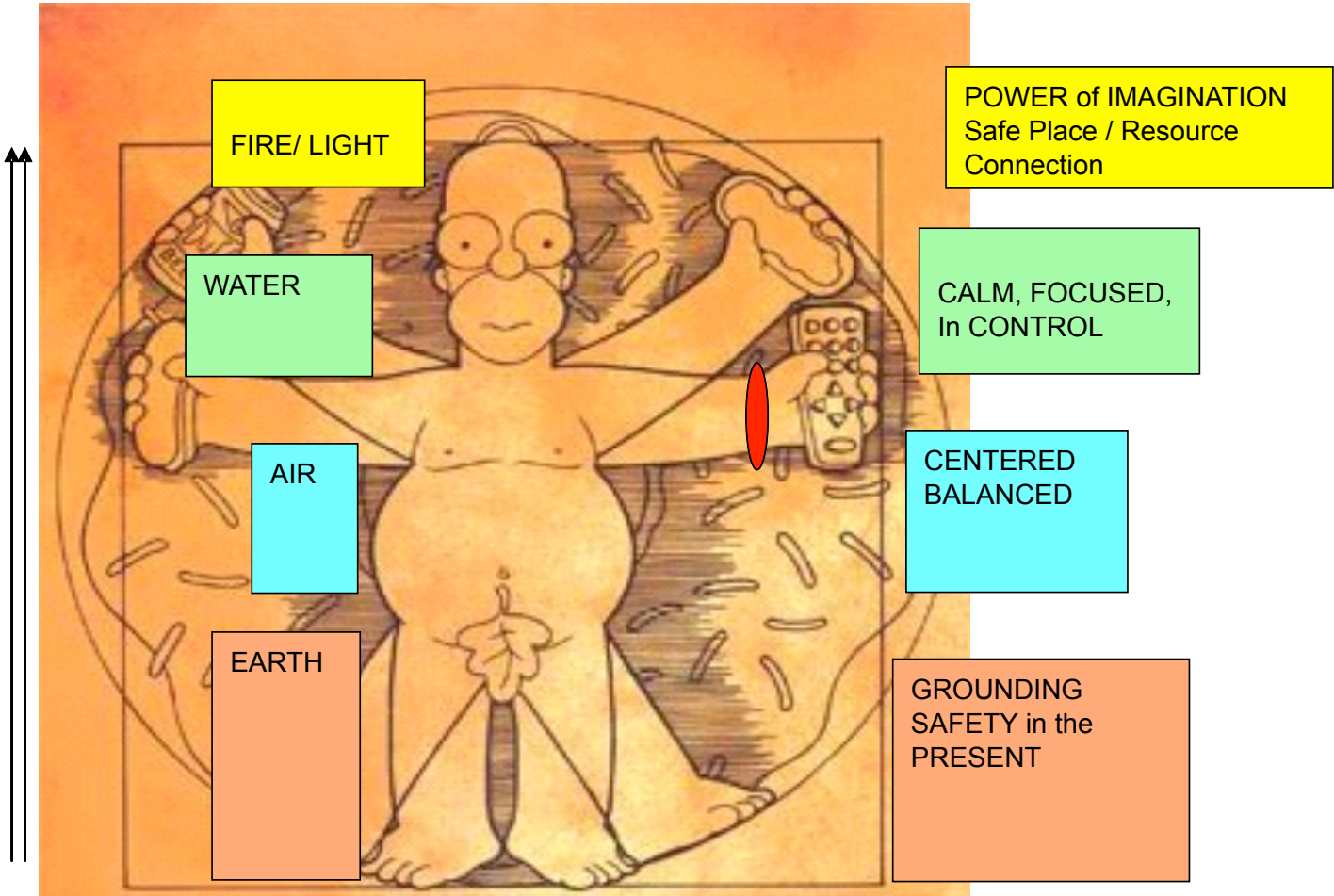
Adequate **self-stabilisation and resource exercises:**

- ❖ The 4 Elements (including Safe place, and/or Resource Connection), for calming, enhancing control & stress management

# Phase II Extended Preparation

The 4 Elements Exercise  
For preparation & for closure

*“the 4 Elements exercise can help you to learn some ways you can keep yourself calmer & more in control”*



**4 Elements for Stress Reduction:**  
**Earth, Air, Water, Fire (Light)**  
Elan Shapiro

# EMDR R-TEP notes

- ❖ **Extended Preparation:** begins with teaching the **4 Elements Exercises**
- ❖ The first 3 Elements are designed for de-arousal & stabilisation: **EARTH (a grounding exercise); AIR (a breathing exercise); WATER (for focus & control).**
- ❖ The **4<sup>th</sup> Element FIRE (or LIGHT)** Fires or lights the imagination (Resource imagery) and is to draw or write an image of something that helps them to **feel safer or calmer in the PRESENT (Step 1 on the worksheet)**
- ❖ The response to this preparation phase is diagnostic for **screening** those who are not yet ready for trauma processing and need further preparation

# *EMDR R-TEP*

## *Main Procedures*

*[1]. Traumatic Episode (T-Episode)*

*[2]. Episode Narrative*

*[3]. 'Google Search' (G-Search)*

*[4]. Focused Processing at PoD level*  
*2 main strategies:*

*EMD <-> EMDr*

# EMDR R-TEP Flow chart [1]



Trauma-EPIISODE

Traumatic  
event

Today

[1] *Traumatic-Episode*

the original event + aftermath until today

# EMDR R-TEP Flow chart [2]



Trauma-EPIISODE

Initial

Today

Traumatic  
event

*[2] Episode Narrative*

Telling the story  
of the Traumatic Episode  
out loud with BLS (Bi-Lateral Stimulation)

# EMDR R-TEP Flow chart [3]



**Points of Disturbance (PoDs)**  
are **Target fragments**

Identified using [3] *“Google-Search” /or “Scan”*

# *EMDR R-TEP Main Procedures [3]: "Google Search" (G-Search)*

*[3]- GOOGLE SEARCH* is a procedure for identifying multiple Points of Disturbance (PoDs) within the Traumatic Episode

- It is a non-sequential scanning  
(the way the brain retrieves memories?)
- It is repeated until there is no disturbance

# EMDR R-TEP Flow chart [4]



**STOP** when a PoD (Point of Disturbance) is identified:  
**Phase III ASSESSMENT**

## Phase IV DESENSITIZATION

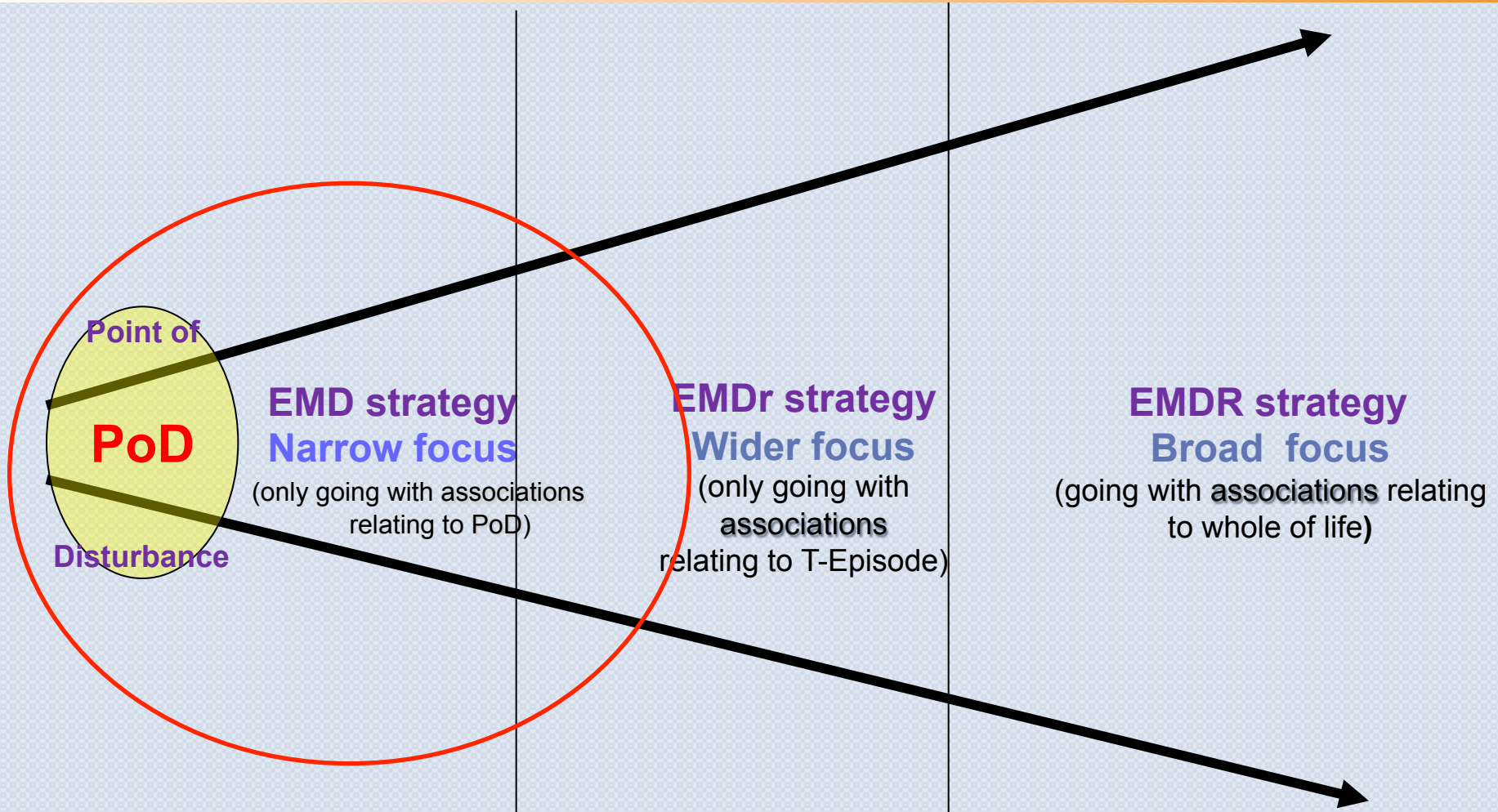
*[4] Focused Processing*

**EMD strategy (PoD Focused)**

**EMDr strategy (Episode Focused)**

# Focused Processing Approach [4]

## EMD



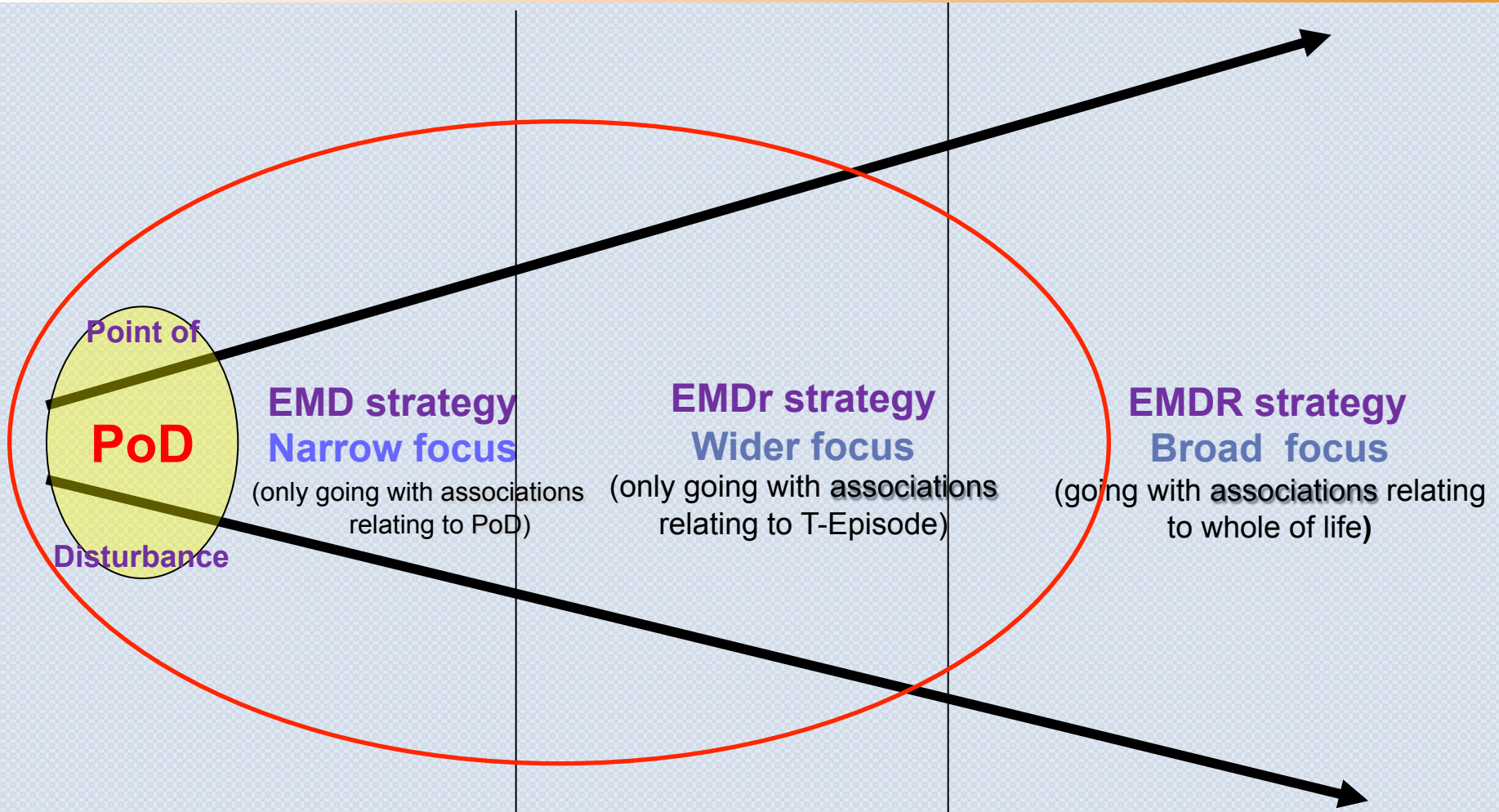
# *EMD strategy*

## **EMD Strategy (PoD Focused)**

- ❖ **“Zoom in”** - brief focus only on PoD  
slowing down AIP associative pace
- ❖ **Back to Target (BTT)** frequently
- ❖ **Rationale:** refocus & “digest”
- ❖ Especially effective for **intrusive fragments**

# Focused Processing Approach [4]

## EMDr



# *EMDr strategy*

## **EMDr strategy (Episode Focused)**

- ❖ **Main strategy** of Focused Processing
- ❖ Allows free **associative processing** as long as the associations are **relating to the current Traumatic Episode**
- ❖ Allows **contained processing** within **boundaries**

# R-TEP Flow chart



- ❖ Not necessarily chronological,  
(After we “lower the mountains then we can see the hills”)
- ❖ Usually about 3-5 PoDs identified
- ❖ Processed over 2 to 4 sessions
- ❖ **Can be on consecutive days**

# Procedural Overview : Adapted 8 Phases

- ❖ **Phase I: HISTORY** (evaluate readiness for EEI)
- ❖ **Phase II: PREPARATION** (attention to safety & containment)

## PoD LEVEL- Identification & Processing of PoDs (target fragments) within the Traumatic Episode

- ❖ **Phase: III- ASSESSMENT (of each PoD)**
- ❖ **Phase IV- DESENSITIZATION (Focused Processing)**
- ❖ **Phase V – INSTALLATION**
- ❖ (Phase VI -no Body Scan yet at this level)
- ❖ **Phase VII – CLOSURE (at end of each session)**

## ❖ **EPISODE Level**

where the **T- Episode** is related to as a whole.

# Procedural Overview : Adapted 8 Phases

## EPISODE Level

**T- Episode is related to as a whole for completion**

- ❖ **Check if Episode SUD is ecological**
- ❖ **EPISODE PC : Ask “what have you learned?”**
- ❖ **INSTALLATION Episode-PC (Episode Phase V)**
- ❖ **EPISODE BODY SCAN (Episode Phase VI)**
- ❖ **CLOSURE (Episode Phase VII)**
- ❖ **FOLLOW UP (Episode Phase VIII)**

# EMDR R-TEP notes

## A broader vision for EEI

- ❖ More than just treating ASD or distress
- ❖ Also for PREVENTION & RESILIENCE
  - Therefore how we present the intervention is important:
- ❖ Don't pathologise –normal people exposed to abnormal situations
- ❖ Keep a current trauma focus (therapy contract)
- ❖ A routine “check-up” to ensure that the disturbing experience is being “digested”, restoring balance

# HOW?

## The HOW? of the EMDR R-TEP

- VIDEO CASE ILLUSTRATION

# VIDEO CASE 1

- ILLUSTRATION of Key procedures of R-TEP, used from 10 -40 days after partners suicide, for Acute Stress & the facilitation of normal grieving

# VIDEO CASE ILLUSTRATION

## Phase 1: Intake, 10 days after T

- 35, executive, married young, divorce 3 years earlier,
- New good relationship 1 ½ years -expected future together.....until the suicide
- Acute Stress Symptoms: Re-experiencing-Intrusive images, sleep disturbed; Avoidance-terrified being at home alone, at night; Arousal- distress, startles, vigilant, concentration; Dissociation- numbing, derealisation
- IES-R = 85 (max 88)
- Phase I intake assessment (“S-M-S”)  
**S**everity- Hi (at risk); **M**otivation- Hi; **S**trengths- Hi
- Phase II Preparation: 4 Elements, Resource Connection

# *Main Procedures: Video illustration*

[1]. Traumatic Episode (T -Episode)

[2]. Episode Narrative

[3]. Google Search (G -Search)

[4]. Focused Processing

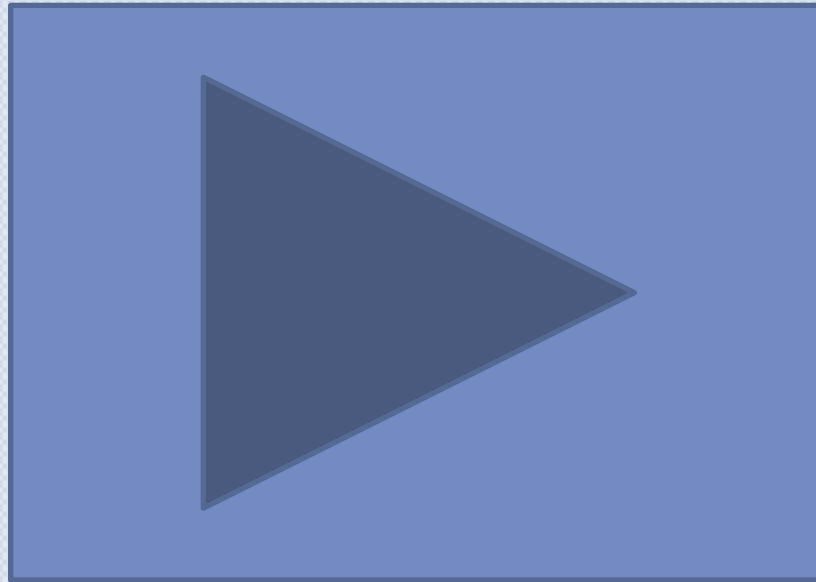
**EMD Strategy (PoD Focused)**

**Video Case 1B session 1 (7m), 10 days after  
R-TEP *Main Procedures*: [4] Trauma Focused Processing EMD**



# Video Case 1C session 1 (4m)

## The 4 Elements as closure



## *Main Procedures: Video illustration*

[1]. Traumatic Episode (T-Episode)

[2]. Episode Narrative

[3]. **Google Search**

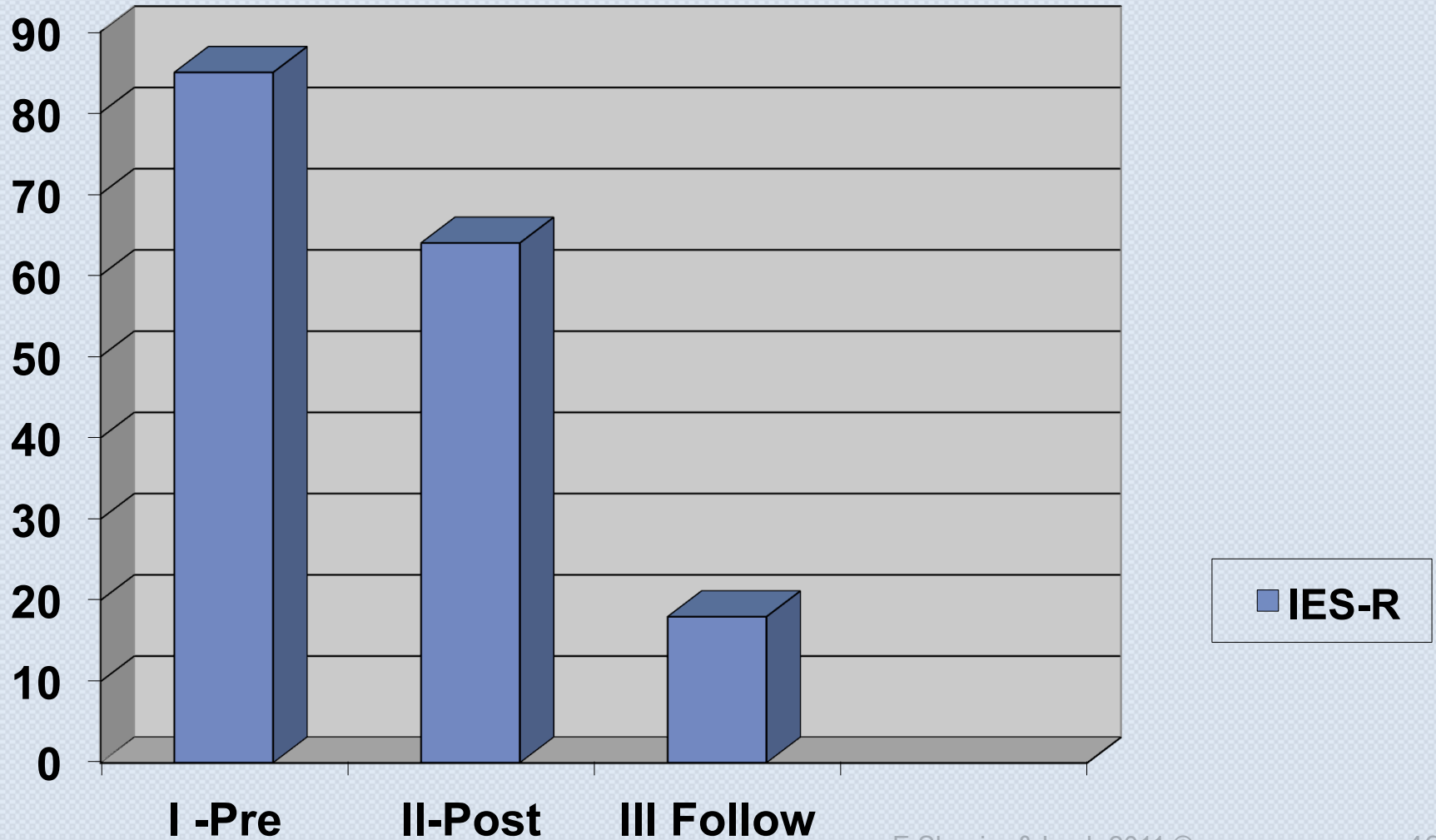
[4]. Focused Processing

**EMDr Strategy (Episode Focused)**

**Video Case 2A** session 2 (14m); 16 days after + Follow-ups  
at 16 & 18 mnths **EMDR R-TEP *Main Procedures:***  
**[3] G-Search [4] EMDr**



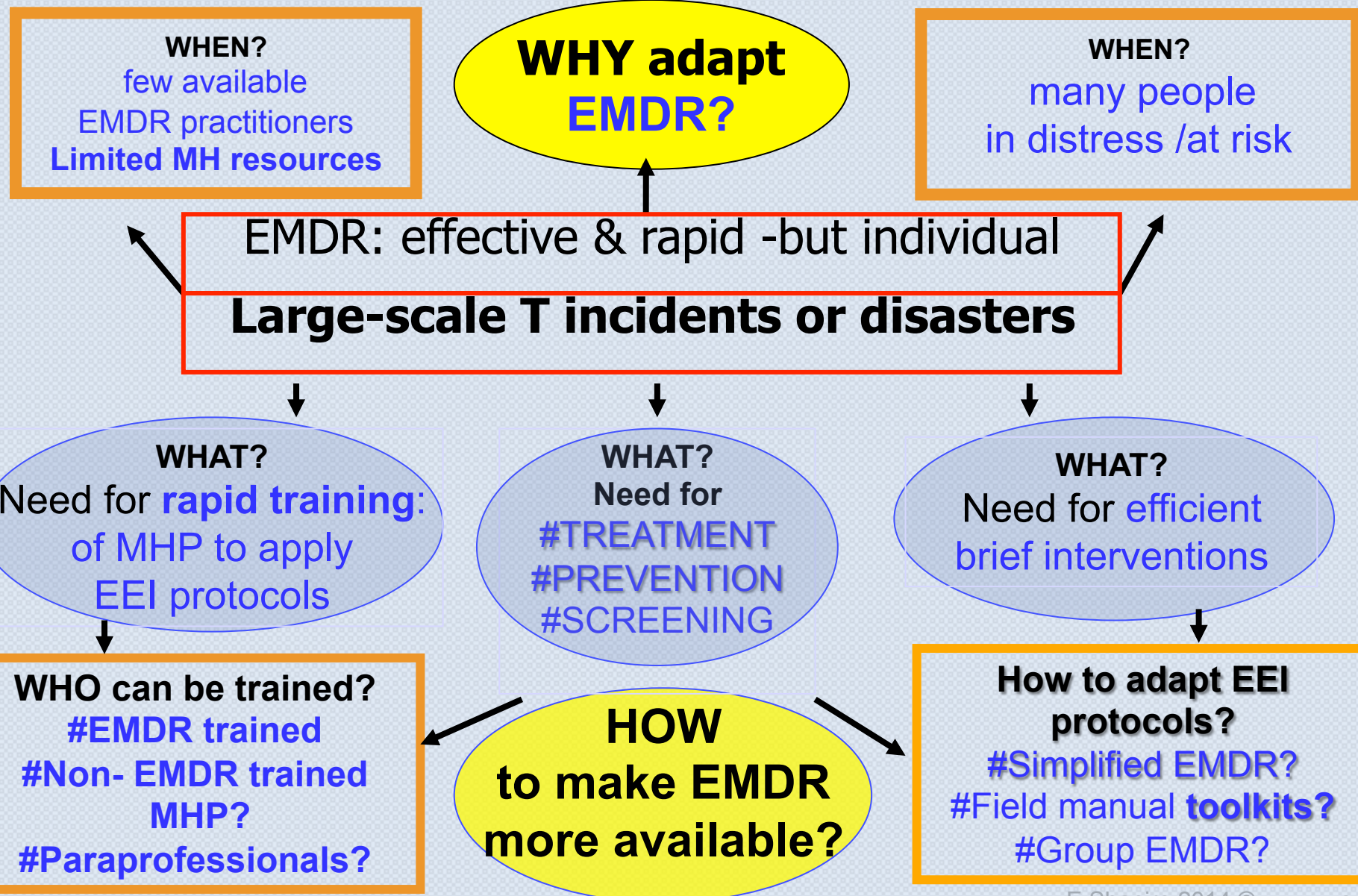
IES-R scores at I=10 days; II=30 days;  
III=10 months;



# EMDR R-TEP Case Intervention Overview

- **Session1- 10 days** –issue : **EMD**, Realization, PC It happened, fear/pressure → sadness (began grieving)
- **Session2- 16 days-** issue: **EMDr**, Guilt, PC I'm learning to forgive myself
- **Session3- 25 days-** issue: **EMDr**, anger, PC choose to leave the picture & take the love
- **Session4- 30 days** –issue: **EMDR**, fear of dark 'Google Back', PC I can trust myself
- **Session5- 40days-** issue: **EMDr**, How? Why? PC I'm moving towards reconciliation
- Follow-up-----
- new relationship /closure
- Session6 – 16 months -viewing Video session 2
- Session7 – 18 months-viewing Video session 1- closure, Rest In Peace
- 4 years later Married with a baby girl

# More Issues in Early EMDR Intervention: II



# Group EMDR?

## CHALLENGE 1

- ❖ Group EMDR Protocols
- ❖ G-TEP a new group EMDR protocol

# Group EMDR

- ❖ Poses **challenges for EMDR therapy** which is essentially an individual process.
- ❖ The **standard EMDR protocol is interactive** as the practitioner monitors and guides the client.
- ❖ Applying EMDR in a group setting with limited interactive possibilities **requires compromise and flexibility** and a trade-off between close monitoring and self-monitoring *reducing procedures to minimum essentials*

# Advantages of EMDR

- ❖ **Proven effectiveness of EMDR therapy** for treating trauma invites creative solutions to this challenge
- ❖ **Adaptive Information Processing ( AIP )** approach with emphasis on the **process** rather than the content and the spontaneous healing flow of the AIP that enables less monitoring
- ❖ **Structured, manualised form** of the EMDR and R-TEP protocols provide a good basis for rapid learning

# Integrative Group Treatment Protocol (IGTP)

- ❖ The first group protocol utilizing elements of EMDR was the **EMDR Integrative Group Treatment Protocol (IGTP)**, Jarero et. al, 2008 ).
- ❖ This protocol is also variously known as The **Group Butterfly Hug Protocol**, The EMDR Group Protocol, and the Children's EMDR Group Protocol.
- ❖ Originally developed for children it **employs drawings** as the main form of expression. It has also been used with adults.
- ❖ Has been shown to be beneficial in large scale disaster situations (Jarero et. al. 2008, 2011, 2012)

# IGTP

- ❖ “During the desensitization phase, each individual draws a personal picture of the traumatic event and rates his or her level of Subjective Units of Disturbance (SUD).
- ❖ The participants then look at the picture while doing the butterfly hug (crossing their arms and tapping themselves on the chest in a bilateral alternating fashion).
- ❖ After this, they draw another picture, rate its level of disturbance, and then look at that picture while doing the butterfly hug.
- ❖ The sequence is repeated two more times” (Jarero & Artigas, 2010)
- ❖ Elements of EMDR are minimalistic: focus + BLS + associative chain processing

# EMDR G-TEP

- ❖ The EMDR **G-TEP** is an attempt to answer the challenge of how to construct a **group protocol that contains more of the depth and power of an EMDR protocol for recent events**, more closely resembling the individual protocol
- ❖ Emphasizing a **preparation and screening** first part and employing a **contained EMD strategy** suitable for these circumstances, it has containment and safety built into the protocol.
- ❖ The **Trauma Episode conceptualization** of the G-TEP addresses the fragmented multi-target nature of non-consolidated recent trauma memories

# EMDR G-TEP

- ❖ This protocol was developed as a **simplified adaptation of the EMDR R-TEP** for use with groups of adults, adolescents & older children who have undergone recent traumatic experiences or life-changing events with on-going consequences
- ❖ The main **goal** here is to **efficiently & effectively process a Trauma Episode** within a **group framework**
- ❖ The **setup** is designed to provide a self explanatory package for group leaders to use with **a single worksheet for participants to guide the process step by step....**
- ❖ **Worksheet** arranged spatially so as to **communicate powerfully that the event is in the past.....that he/she is safe now in the present..... & that there is hope for the future...**

# G-TEP compared with R-TEP

## Main Procedures

[1]. **Traumatic Episode** concretely communicated in visual setup

[2]. Episode Narrative omitted

[3]. **'Google Search'** limited to 3 PoD's per session. Simplified Assessment: SUD + attention to sensorimotor, cognitive & emotional modalities, PC checklist.

[4]. **Focused Processing at PoD level**

Utilizes EMD strategy for contained focus & limited to 6 sets of BLS per PoD

# 8 step Group EMDR -Traumatic Episode Protocol (G-TEP)

*Elan Shapiro*  
*June 2014*

**A worksheet field manual  
for Early EMDR Intervention  
(EEI)**

# EMDR G-TEP

1- MATERIALS & WORKSHEET

2- INTRODUCTION

OVERVIEW, PROCEDURES, notes

3- INSTRUCTIONS, notes

❖ Spoken instructions from slide 17 in Field Manual marked with a 

# EMDR G-TEP

## 1- MATERIALS & WORKSHEET

# EMDR G-TEP

## Printed materials

- ❖ **For the Group Leader:** print slides for **Instructions** and figures (can be printed 2 to a page from the Field Manual file)
- ❖ **For each Participant:** print a “**G-TEP Worksheet**“ (using **Slide 6**) preferably on a large paper (SR 32X45cm), for drawings &/or writing (simple graphic sketches and/or a few words or sentences to express and record the process). Coloured pencils & pens. A silicon rubber wristband or a sticker

**Step 3 PAST RESOURCE**  
 Name.....

**Step 2 PAST ONSET EVENT**  
 Heading.....

DATE THEN.....

**Step 5 PoD level**

PoD 3.....[0.....10]

Set 1 - 2 - 3..... [0.....10]  
 Set 4 - 5 - 6.....[0.....10]

PoD 2.....[0.....10]

Set 1 - 2 - 3..... [0.....10]  
 Set 4 - 5 - 6.....[0.....10]

PoD 1.....[0.....10]

Set 1 - 2 - 3..... [0.....10]  
 Set 4 - 5 - 6.....[0.....10]

**Step 4 DESIRED FUTURE**  
 \*It happened & it's over. \* I survived.....  
 \*I'm safe (enough) now, here .....  
 \*I can cope \*I have strengths .....  
 \*I can (learn to) choose how to respond. ....  
 \*I did what I could.....  
 \*Other.....

**Step 6 EPISODE level** \_\_\_\_\_

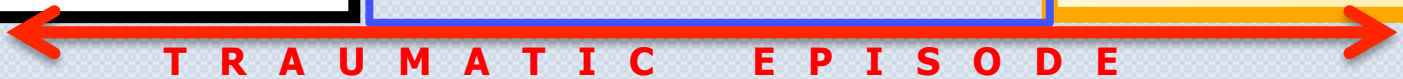
EPISODE SUD..... [0.....10]  
 EPISODE PC .....Set 1-2-3

**Step 1 PRESENT SAFETY**

*before* [0.....10] *after* [0.....10]

SAFE PLACE: Name.....

DATE TODAY.....



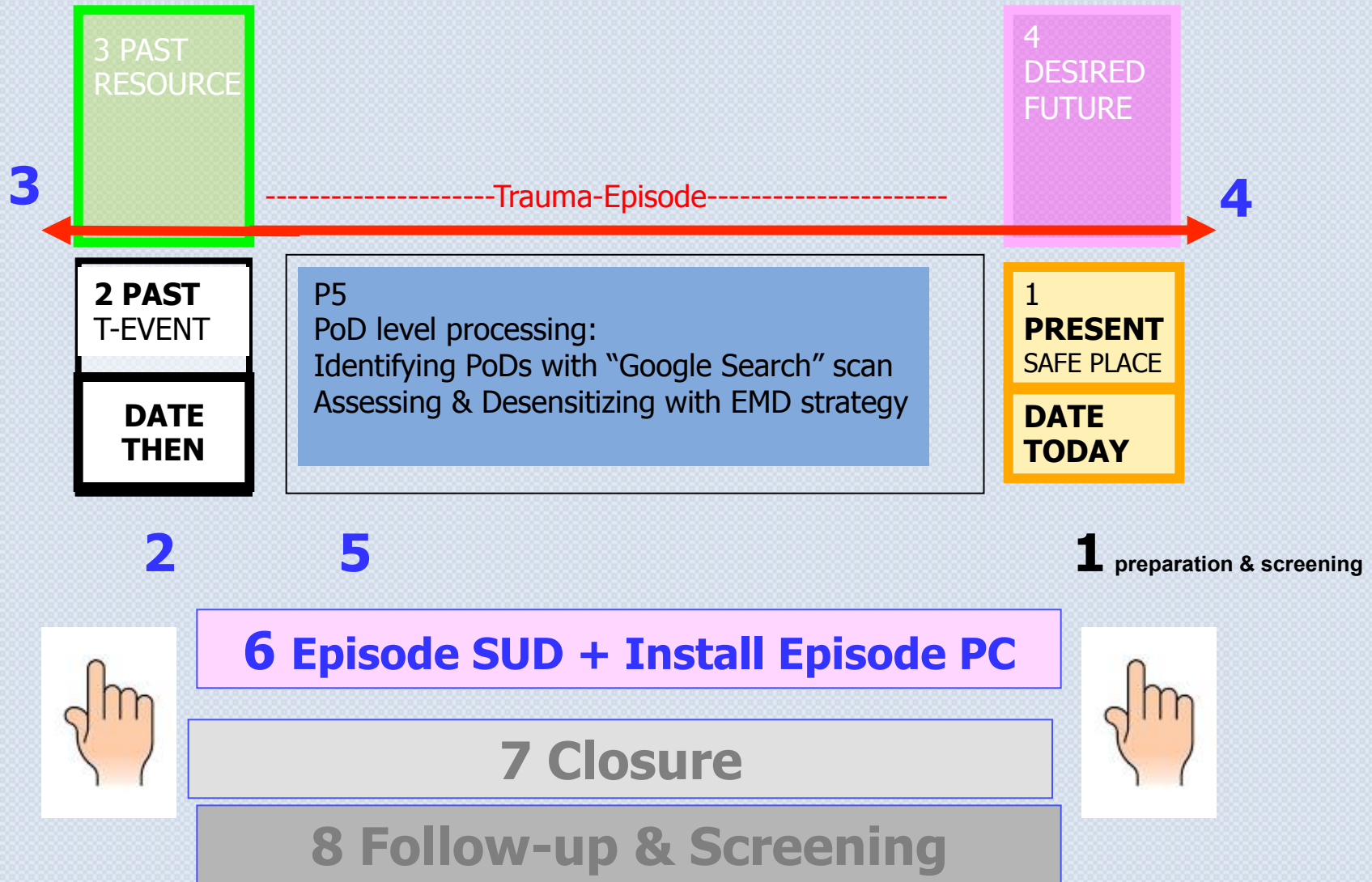
# EMDR G-TEP

## 2- INTRODUCTION

OVERVIEW, PROCEDURES, notes

# Overview of EMDR G-TEP

## 8 step Procedural sequence



# EMDR G-TEP notes

- ❖ This protocol is a **simplified adaptation of the EMDR R-TEP** for use with groups of adults, older children & adolescents who have shared recent traumatic experiences or life-changing events with on-going consequences that are not necessarily recent.
- ❖ The main **goal** here is to utilise a **group framework** to **efficiently & effectively process a shared Trauma Episode** to reduce traumatic stress, promote adaptive processing, strengthen resilience and prevent post trauma complications.
- ❖ The **setup** is designed to provide a self explanatory package for group leaders to use with a single worksheet arranged spatially so as to **communicate powerfully that the event is in the past; that he/she is safe now in the present & that there is hope for the future**

# EMDR G-TEP

## 3- INSTRUCTIONS, notes PART 1 (partial)

# EMDR G-TEP notes

- ❖ The slides & worksheet of the EMDR G-TEP are colour-coded (from slide 13) so that each of the 8 steps has its own colour to make it easier to follow
- ❖ The preparation phase (Step1) enables screening for those who are not ready yet to continue to the trauma processing stage & require more preparation or individual attention.
- ❖ Both parts can be done **on the same day, or on successive days.**
- ❖ It is recommended that the group leader should have additional **support staff** when possible, to aid with logistics & monitor for those who need assistance. The number depending on the size & nature of the group & circumstances.

## Step 1 EMDR G-TEP notes

- ❖ Present the worksheet folded in 3 to width with only Step 1 & Step 4 face up to reduce visual overload
- ❖ We use Step 1 for the Present Safety preparation starting with the 4 Elements exercises including the Safe /Calm Place
- ❖ Write the **DATE TODAY**

## Step 4 DESIRED FUTURE

- \*It happened & it's over. \* I survived.....
- \*I'm safe (enough) now, here .....
- \*I can cope \*I have strengths .....
- \*I can (learn to) choose how to respond. ....
- \*I did what I could.....
- \*Other.....

### Step 8

EPISODE SUD..... [0.....10]  
EPISODE PC.....Set 1/2/3

## Step 1 PRESENT SAFETY

before [0.....10]

after [0.....10]

SAFE PLACE: Name.....

---

**DATE TODAY**.....

# Step 1 EMDR G-TEP notes

- ❖ **Extended Preparation:** begins with teaching the **4 Elements Exercises**
- ❖ The first 3 Elements are designed for de-arousal & stabilisation: **EARTH (a grounding exercise); AIR (a breathing exercise); WATER (for focus & control).**
- ❖ The **4<sup>th</sup> Element FIRE (or LIGHT)** Fires or lights the imagination (Resource imagery) and is to draw or write an image of something that helps them to **feel safer or calmer in the PRESENT (Step 1 on the worksheet)**
- ❖ The response to this preparation phase is diagnostic for **screening** those who are not yet ready for the G-TEP processing and need further individual attention

# EMDR G-TEP

**3- INSTRUCTIONS, notes  
PART 2 (partial)**

**Can be later on the same day  
Or the next day**



# EXPLANATION

- ❖ *“What we will be doing can help your natural system digest the things that are still disturbing you from this difficult time /episode so that you can regain your balance. Just notice whatever you notice...images, thoughts, feelings, body sensations from the memories of your difficult experiences...while you are sitting here safely.....with your feet on the ground..... and gradually you can begin feeling calmer, safer and more in control here now.”*

**Step 3 PAST RESOURCE CONNECTION**  
Name.....  
.....  
..

**Step 2 PAST ONSET EVENT**  
Heading.....  
  
  
  
  
  
  
  
  
  
**DATE THEN.....**

## Step 2 EMDR G-TEP notes

- ❖ Turn the folded worksheet over so that only **Step 2** & **Step 3** are face up
- ❖ In **Step 2** the **ONSET** of the **TRAUMA EPISODE** (a life changing event, that still has on-going ramifications) is represented by a heading word or words, symbol or sketch
- ❖ the **DATE THEN** at which it started is written down.

# Step 2 PAST: Onset Traumatic EVENT

## INSTRUCTION

- ❖ *“Write the date (approximate) of when the first traumatic event occurred /the troubles started/ in the **Step 2 box** next to **DATE THEN**” [SHOW]*
  
- ❖ *“Write a headline &/or draw something to represent this initial traumatic event or beginning of the Trauma Episode” (headline word or words, &/or symbol or sketch).....*

**Step 3 PAST RESOURCE CONNECTION**  
Name.....

.....

**Step 2 PAST ONSET EVENT**  
Heading.....  
  
  
  
  
  
  
  
  
  
**DATE THEN.....**

**Step 3 EMDR G-TEP notes**

❖ **In Step 3** obtain an additional **RESOURCE from the PAST** with the **RESOURCE CONNECTION**: asking for a memory where they felt good with themselves.



## Step 3 PAST RESOURCE INSTRUCTIONS

- ❖ “Recall a memory, or a moment, where you felt good about yourself / whole, what first comes to mind?.....  
notice the feelings & sensations in your body.....”
- ❖ “in the Step 3 box [ **SHOW.....**] DRAW or WRITE something to represent this good memory.....a sketch or symbol or words .....  
.....notice what you **feel** when you connect to that place & how you **feel in your body?**”.....
- ❖ “Lets install with a long set of Butterfly Hugs [DEMONSTRATE.....]  
keep noticing the feelings & sensations in your body when you focus on your good memory.....  
**give it a name..... & install** with another long set of Butterfly Hugs as you say the name & focus on that good memory.....”
- ❖ Invite GROUP SHARING of good memories
- ❖ “Who would like to share with us their good memory?”

## Step 4 EMDR G-TEP notes

### ❖ Step 4 (Desired Future)

#### ❖ Checklist of suggested PCs:

- \*It happened & it's over. \* I survived.....
- \*I'm safe (enough) now, here .....
- \*I can cope \*I have strengths .....
- \*I can (learn to) choose how to respond.....
- \*I did what I could.....
- \*Other.....

### Step 4 DESIRED FUTURE

- \*It happened & it's over. \* I survived.....
- \*I'm safe (enough) now, here .....
- \*I can cope \*I have strengths .....
- \*I can (learn to) choose how to respond. ....
- \*I did what I could.....
- \*Other.....

#### Step 8

EPISODE SUD..... [0.....10]  
EPISODE PC..... Set 1-2-3

### Step 1 PRESENT SAFETY

before [0.....10]                      after [0.....10]

SAFE PLACE: Name.....

DATE TODAY.....



## Step 4 DESIRED FUTURE INSTRUCTIONS

- ❖ *“In the **Step 4 box** [SHOW.....] there is a list of some ways of thinking. How would you like to think about yourself and what happened? **Mark** which of these ways make some sense to you”.....*
- ❖ *“DRAW or WRITE any other thoughts or pictures of how you would like to see yourself in the future”  
.....*
- ❖ **Invite GROUP SHARING** of desired futures  
*“Who would like to share with us their desired future?”*

# Step 5 EMDR G-TEP notes

- ❖ {Step 5, PoD level processing} is presented by opening the worksheet fully & revealing the Traumatic Episode time line:

**DATE THEN.....DATE TODAY**

### Step 3 PAST RESOURCE

Name.....

### Step 2 PAST ONSET EVENT

Heading.....

DATE THEN.....

### Step 5 PoD level

PoD 3..... [0.....10]

Set 1 - 2 - 3..... [0.....10]

Set 4 - 5 - 6..... [0.....10]

PoD 2..... [0.....10]

Set 1 - 2 - 3..... [0.....10]

Set 4 - 5 - 6..... [0.....10]

PoD 1..... [0.....10]

Set 1 - 2 - 3..... [0.....10]

Set 4 - 5 - 6..... [0.....10]

### Step 4 DESIRED FUTURE

\*It happened & it's over. \* I survived.....

\*I'm safe (enough) now, here .....

\*I can cope \*I have strengths .....

\*I can (learn to) choose how to respond. ....

\*I did what I could.....

\*Other.....

### Step 6 EPISODE level

EPISODE SUD..... [0.....10]

EPISODE PC.....Set 1/2/3

### Step 1 PRESENT SAFETY

before [0.....10]      after [0.....10]

SAFE PLACE: Name.....

DATE TODAY.....



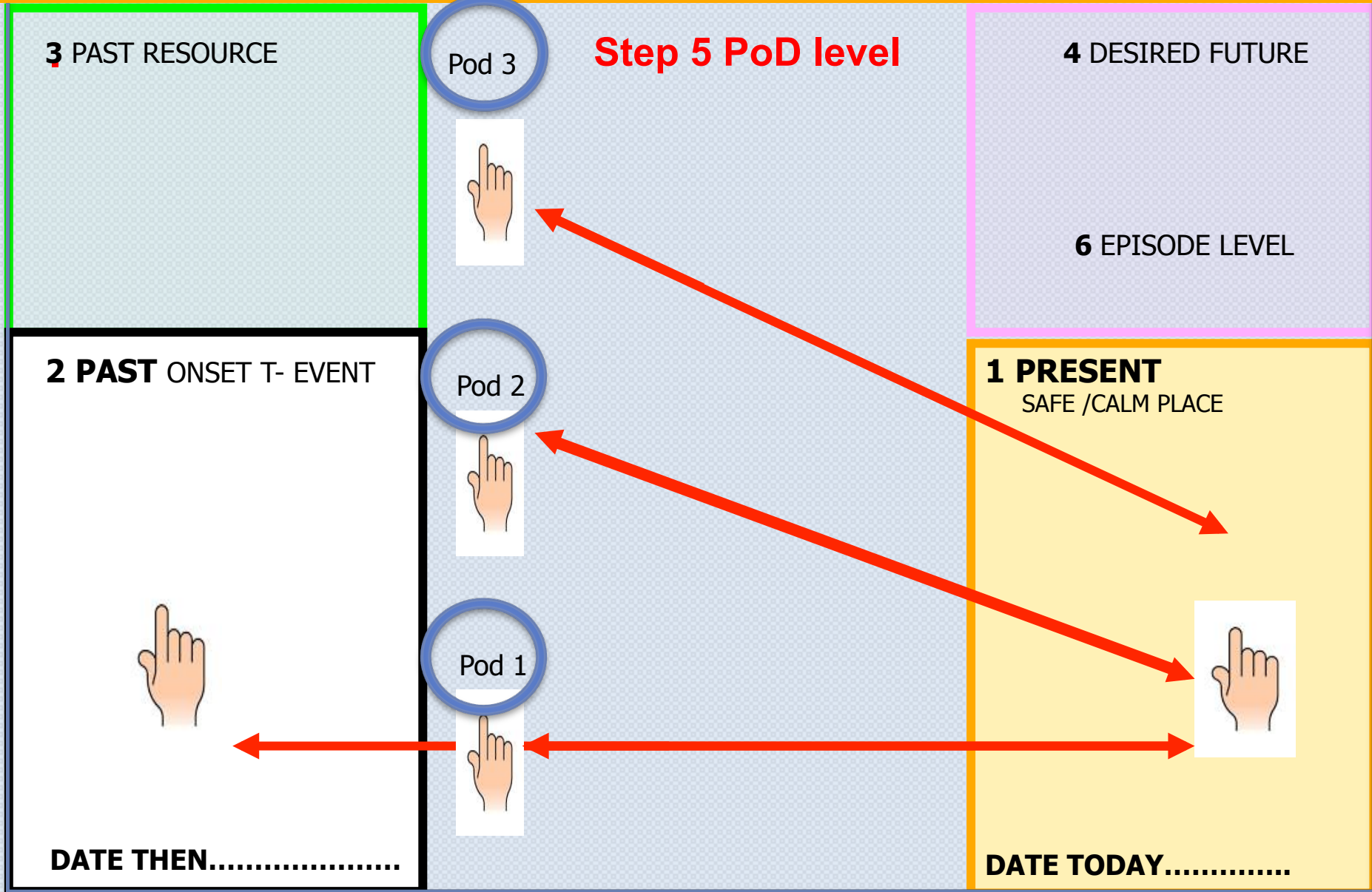
# Step 5 EMDR G-TEP notes

- ❖ **On Step 5, Points of Disturbance (PoDs) are identified** using “**Google Search**” / or **Scan** and processing each one at a time
- ❖ **Self Bi-Lateral-Stimulation (BLS)** is performed simply by asking the person to tap the **(PAST) “disturbance” box & then the (PRESENT) “Safe Place” box** –alternating **like drumming, with both hands\*** - **asking them to look at each hand as they do this so that they follow with their eyes.** They do this until a PoD is identified then stop and draw/write it.\*\*
- ❖ **Explain that research has shown that moving their eyes from side to side like this can help to distance the disturbing memories and to feel calmer.**

## **OPTIONAL:**

- ❖ **\* the tapping can also be done using one hand touching each box** or alternative BLS may be used: e.g. “**Butterfly Hugs**” ; self tapping on knees, but try to keep the Eye Movements with these as well.
- ❖ **\*\*The length of each set can also be fixed (e.g. X20) and performed with the group together guided by the group leader**

# Self Bi-Lateral-Stimulation (BLS): drumming with both hands while following with eyes

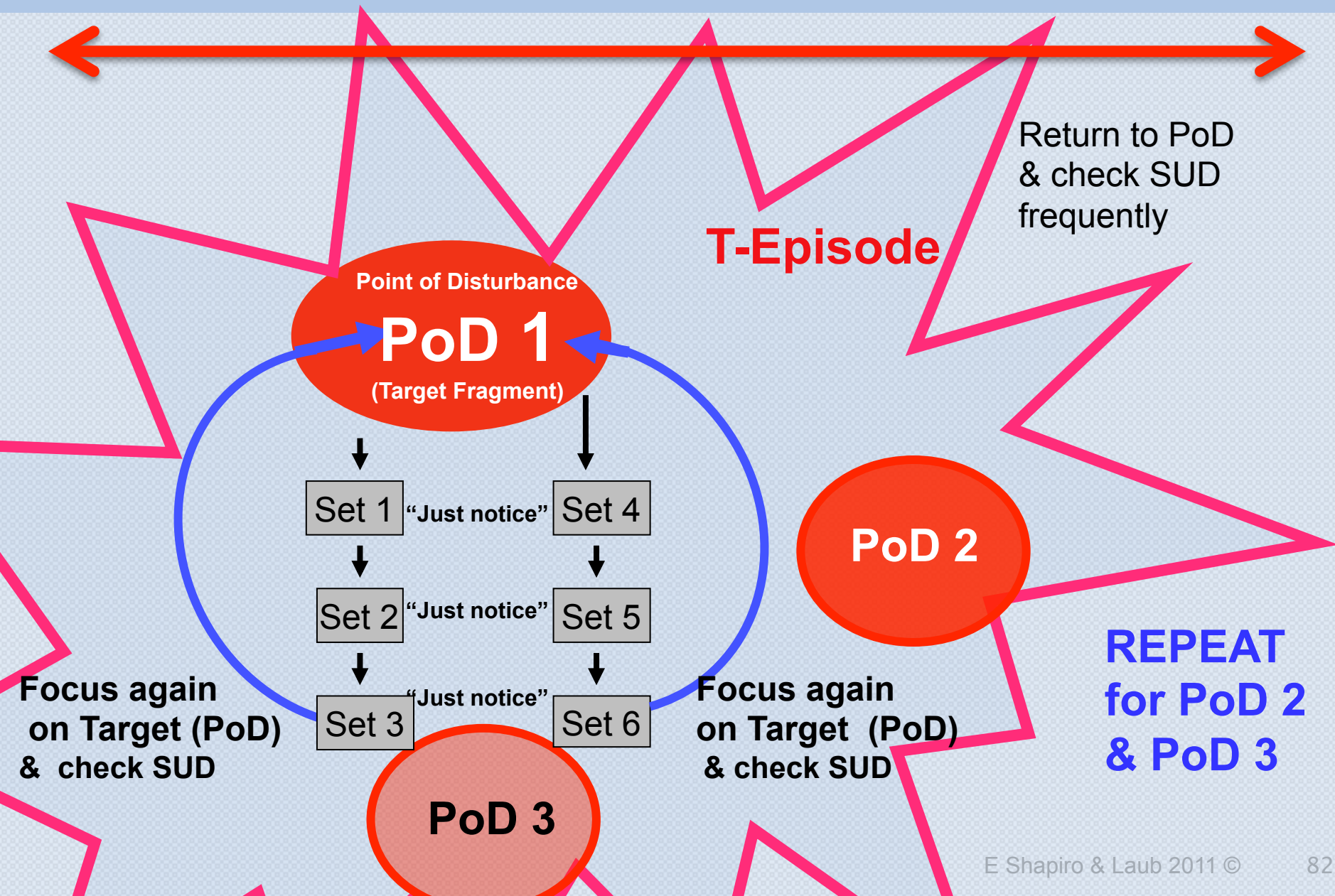


# Step 5 EMDR G-TEP notes

- ❖ Each **PoD** is then processed in a similar same way.
- ❖ An **EMD strategy** is used here for processing to keep a narrow focus & limit opening channels of associations. The instructions for the first Point of Disturbance (PoD1) deliberately directs to identify intrusions.
- ❖ **6 sets** are suggested to reduce the Subjective Unit of Disturbance (SUD 0-10) as far as it will go for each PoD.
- ❖ After each set of BLS the participants are asked to pay attention to their thoughts, feelings, body sensations, to whatever they noticed & after the 3<sup>rd</sup> & 6<sup>th</sup> sets also to re-focus on that PoD and rate how disturbing it is now from 0-10.....then to perform another set of BLS.

# EPISODE SCAN /GOOGLE SEARCH to identify PoDs 1, 2 & 3

## EMD strategy Desensitization for G-TEP



## Check Episode SUD (0-10) & Install Episode PC

- ❖ Participants whose Episode SUD levels are still high (>6?) can be offered additional G-TEP sessions

- ❖ Strong Closure: Rehearse 4 Elements
- ❖ Additional measures if needed
- ❖ Screening for those who may need referral for individual attention (Difficulty with Phase II stabilisation; SUDs don't reduce enough)
- ❖ Referral for individual treatment?

- ❖ Follow-up is important
- ❖ Check Episode SUD 0-10 & PC
- ❖ Consider additional G-TEP session /or Referral for individual treatment?

# A G-TEP Study among Syrian Refugees: A Randomized Clinical Trial (Yurtsever, Akyuz, Konuk et. al. 2014)

- ❖ 300.000 Syrian refugees living in 16 camps along the Syrian border in Turkey.
- ❖ **Objective:** To investigate the efficacy of EMDR Group Traumatic Episode Protocol (G-TEP) in comparison to a wait-list control condition in the treatment of Syrian refugees suffering from PTSD symptoms.
- ❖ **Design:** Parallel group randomized controlled trial.
- ❖ **Results:** EMDR G-TEP group had significantly lower trauma and depression scores at post-treatment compared with the wait-list group.
- ❖ Both groups had significant reductions following treatment with results maintained and improved at follow-up

# Group EMDR

## Initial Conclusions

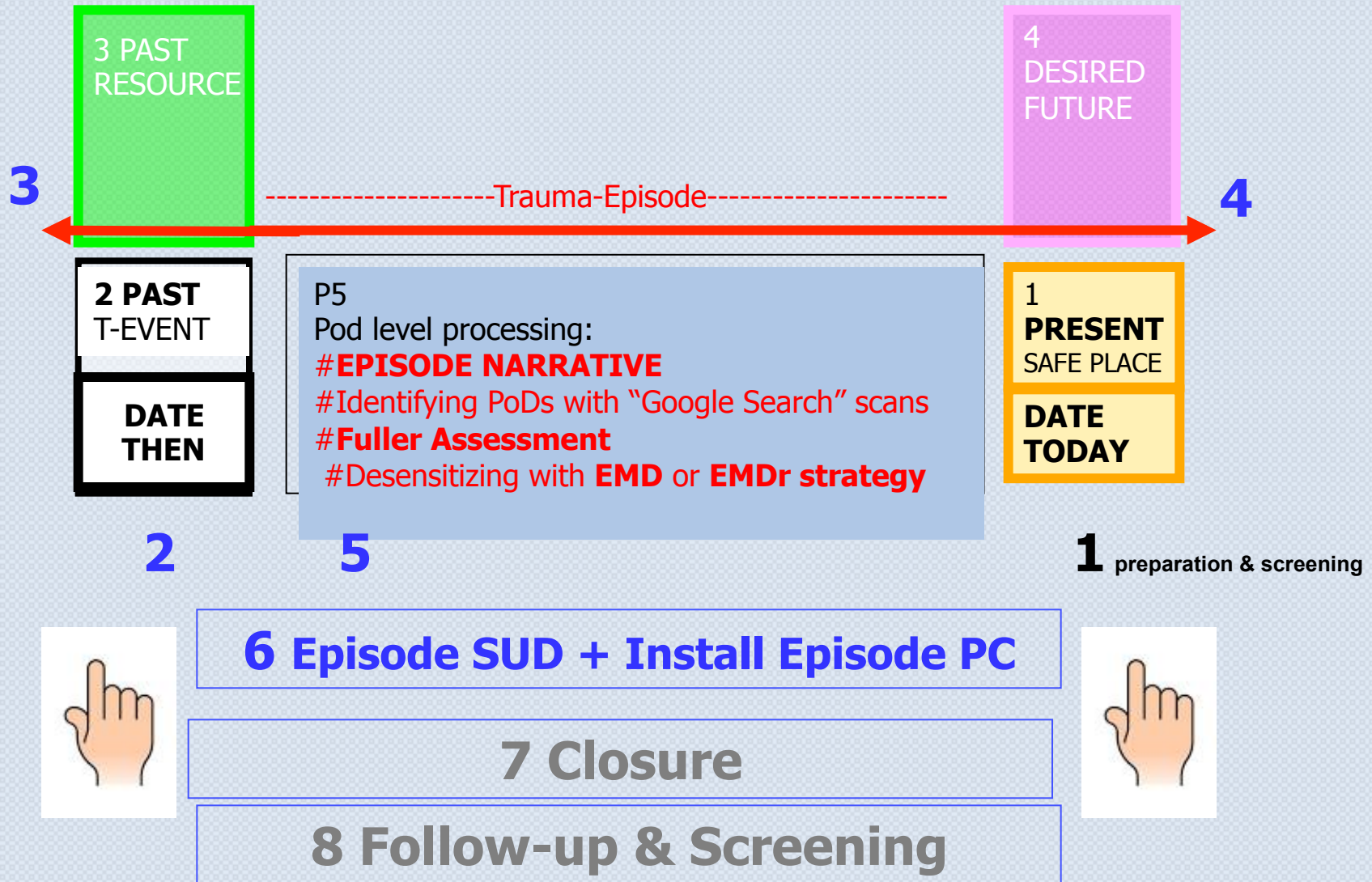
- ❖ **initial intervention in mass disaster situations** when there are large groups especially with children or underprivileged populations the **IGTP** (Jarero et al) may be used first as part of a comprehensive program for trauma treatment with victims of disasters (see Luber, 2014, ch.14&15)
- ❖ **G-TEP** may then be used in mass disasters for a **second stage intervention** following IGTP, after screening for those requiring more intensive trauma processing in smaller groups with adults & older children.
- ❖ **G-TEP** may be used **as a first stage intervention** with groups following **smaller scale incidents** such as family, school, neighbourhood or community critical incidents (road accidents, fires, shootings, crime, terrorism etc.) for treating distress, screening & prevention.

# Individual G-TEP?

- ❖ The 8- step worksheet protocol of the G-TEP can also be adapted for a structured individual administration
- ❖ The worksheet format can be taught rapidly as it is structured and manualised with self explanatory instructions

# Overview of Individual G-TEP

## 8 step Procedural sequence



# Simplified Applications of EMDR R-TEP



**1- A worksheet tool kit such as the individual application of EMDR G-TEP is a structured way of making Early EMDR Intervention rapidly available -possibly also to non-EMDR trained MH personnel -in emergency situations**



## CHALLENGE 2

- ❖ **Teaching EEI & EMDR R-TEP to non-EMDR trained MH professionals & paraprofessionals**
- ❖ What would need to be added?
- ❖ what would need to be simplified?
- ❖ While keeping integrity to EMDR
- ❖ **ADD: A background in basic EMDR therapy principles & practice; Mechanism, Model & Methodology**
- ❖ **SIMPLIFY: basic concepts & procedures accompanied with active practice throughout the training (modular active practice)**

# **EMDR Group Traumatic Episode Protocol (G-TEP) for Early EMDR Intervention (EEI)**

*Elan Shapiro  
National Centre for Mental Health  
Manila, January 2014*

**G-TEP for non-EMDR  
trained MH professionals**



# EMDR S-TEP

## EMDR Structured Traumatic Episode Protocols

Elan Shapiro

Based on the EMDR R-TEP (E Shapiro & Laub 2008) ;  
edited by Judy Moench, January 2014

# OUTLINE



## ❖ Introduction to EMDR

Basic EMDR therapy principles & practice;  
Mechanism, Model & Methodology

## ❖ Modular learning of main procedures

EMDR S-TEP, Step by Step

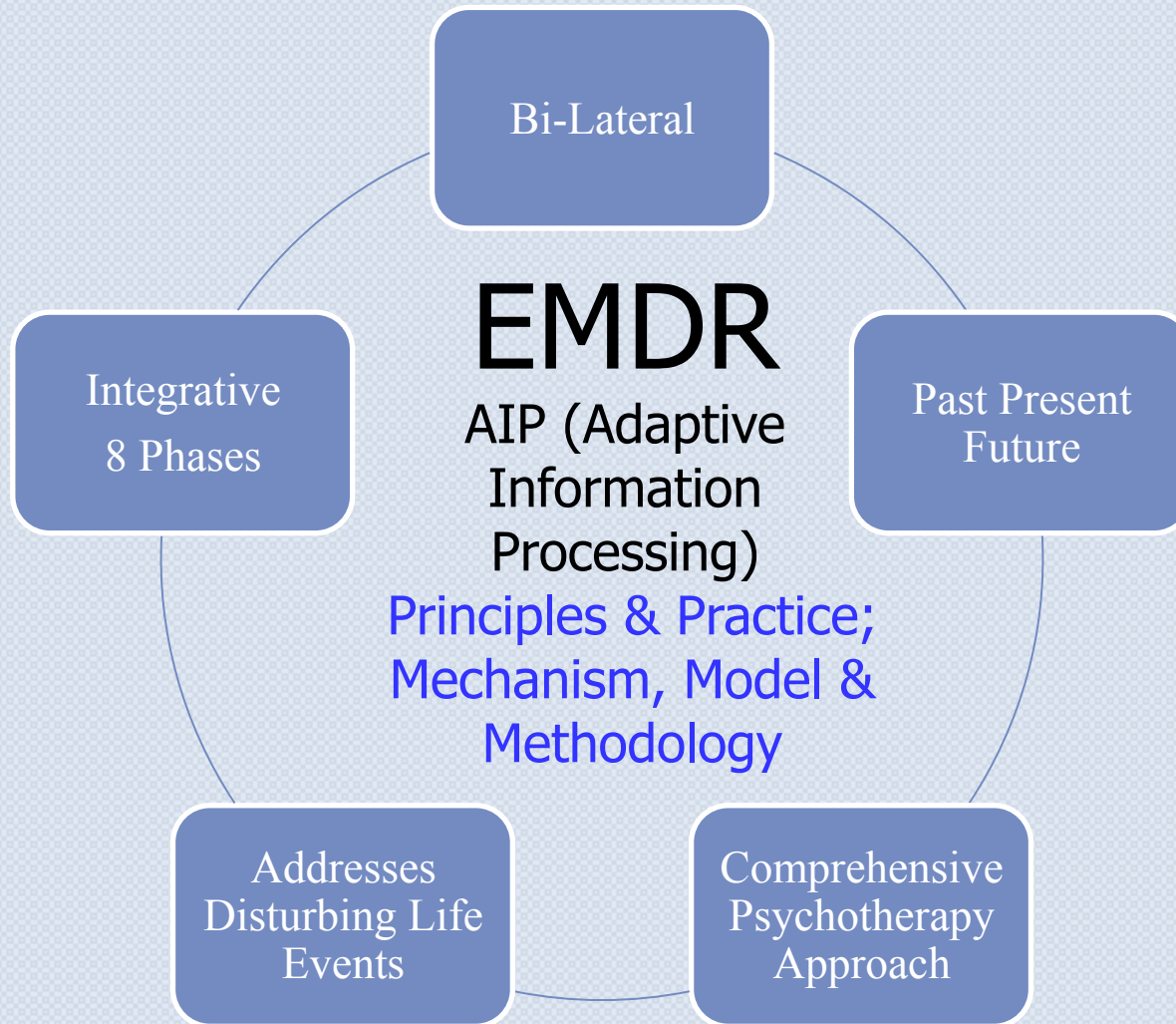
Describe it –See it –Do it

Practice each step then integrate



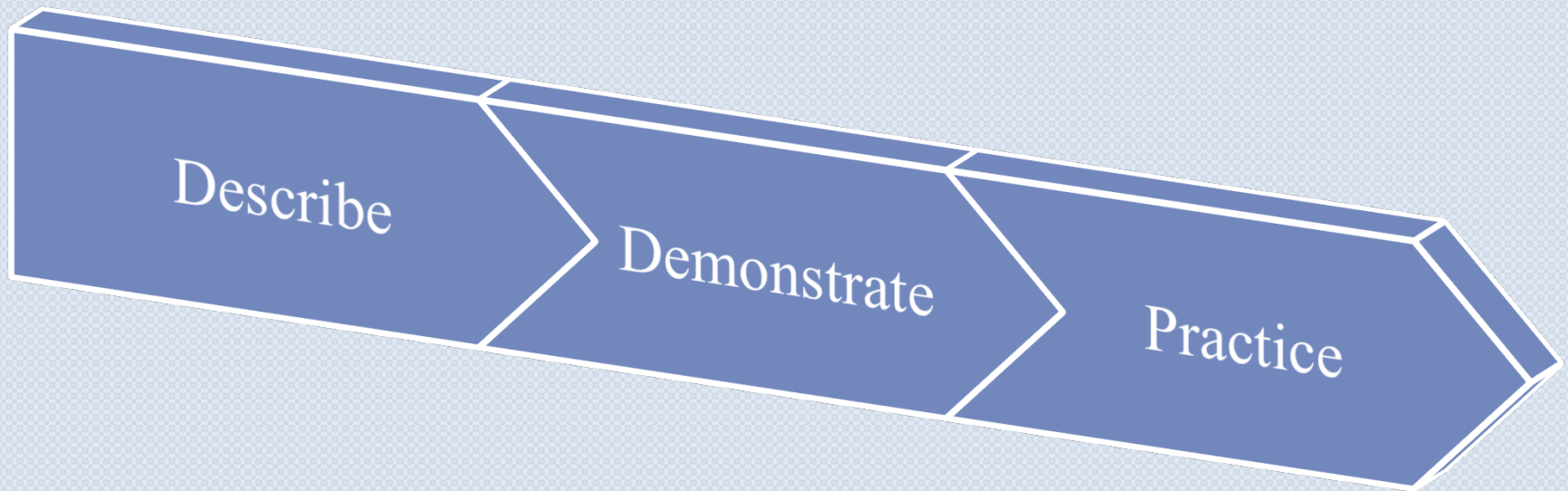
## ❖ Integration via Video Case & Practicum

# SUMMARY OF EMDR THERAPY APPROACH



**MODULAR LEARNING of the basic  
EMDR R-TEP procedures**  
**TEACH IT....SEE IT...DO IT**

# STEP BY STEP.....



**You will have time to practice. You have all the materials you will need to follow this step by step process.**

# The EMDR Recent Traumatic Episode Protocol (R-TEP)



- ❖ 2- Modular learning is a good way of teaching R-TEP in general....
- ❖ Resulting in a new modular R-TEP training program

# The EMDR Recent Traumatic Episode Protocol (R-TEP)



- ❖ **Modular learning of main procedures**
- ❖ **EMDR R-TEP, Step by Step**
- ❖ Describe it –See it –Do it
- ❖ Practice each step then integrate
- ❖ **Integration via Video Case & Practicum**



# MORE

- ❖ **RESEARCH**

- ❖ **CONCLUSIONS & DIRECTIONS**

# EMDR R-TEP Study (Fernandez, Geneva 2013)

- ❖ **EMDR R-TEP** was used with nearly 1000 survivors of the earthquakes in northern Italy
- ❖ IES Measures were taken pre-post & follow-up
- ❖ Maximum of 4 R-TEP sessions
- ❖ PTSD clients showed a significant improvement; their general score had a 50% reduction at the end of the treatment.
- ❖ All the subscales got better ( $p < .001$ ).
- ❖ 90% of the sample had a significant improvement and stabilisation
- ❖ Patients get better in all the clinical dimensions.

# A Pilot Study for Posttraumatic Stress Disorder Symptoms Among Syrian Refugees: Results of A Randomized Clinical Trial. (in press Konuk et. al. 2014)

- ❖ 300.000 Syrian refugees living in 16 camps along the Syrian border in Turkey.
- ❖ **Objective:** To investigate the efficacy of EMDR (R-TEP) in comparison to a wait-list control condition in the treatment of Syrian refugees suffering from PTSD symptoms.
- ❖ **Design:** Parallel group randomized controlled trial.
- ❖ **Participants:** 29 participants with PTSD symptoms.
- ❖ **Intervention:** randomly allocated to either 7 sessions EMDR (R-TEP) ( $n=15$ ) or the wait-list control ( $n=14$ ) condition.
- ❖ **Main outcome measures:** scores on (IES-R) and Beck Depression Inventory (BDI-II) at post-treatment and at 4 weeks follow-up.
- ❖ **Results:** EMDR group had significantly lower trauma and depression scores at post-treatment as compared with the wait-list group.

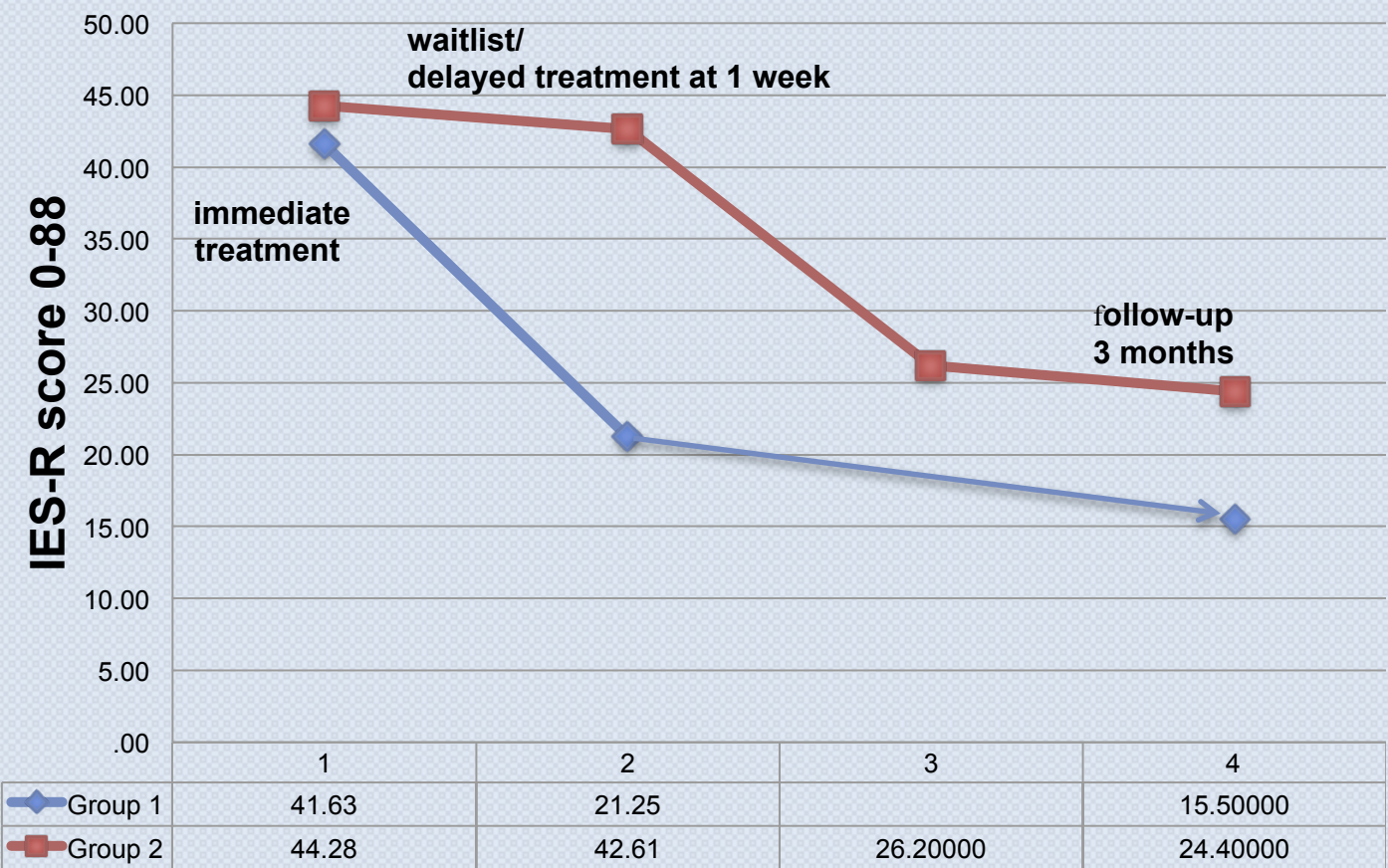
# EMDR R-TEP PILOT CONTROLLED STUDY

Shapiro, Laub & Ben Eliyahu (submitted for publication 2014)

## Delayed treatment control group design

- ❖ **Sample:** 17 survivors of a missile attack on a crowded town in southern Israel in which 3 people died. Divided randomly into 2 groups
- ❖ **Volunteer EMDR Therapists** reinforced overwhelmed local MH services
- ❖ **Measures:** (IES-R, PHQ-9 brief depression scale).
- ❖ **Assessment Time 1-** baseline measures on all 17; **INTERVENTION** (at 6 weeks) **Group [I]** received EMDR R-TEP on X2 consecutive days;
- ❖ **Time 2-** after one week all 17 measured again; **INTERVENTION** **Group [II control]** then also received EMDR R-TEP on X2 consecutive days;
- ❖ **Time 3-** **Group [II]** measured again;
- ❖ **Time 4-** **Follow-up** measures for all at 3 months.

# A Pilot Study for Early EMDR Intervention Following a Fatal Missile Attack: Results of a Randomized Clinical Trial. (E. Shapiro, Laub, Ben Eliyahu 2014)



# **EMDR R-TEP RESEARCH for Early EMDR Intervention (EEI)**

**Planned controlled studies in 2014  
In Turkey, Hungary, Netherlands.....**

# **Simplified Applications of EMDR R-TEP**

## **CONCLUSIONS & DIRECTIONS**

**HOW to make EMDR more available  
in emergency situations?**

**Adapting EEI protocols for rapid, effective training**

- ❖ Adaptation of EMDR R-TEP for Groups (G-TEP)
- ❖ Simplified worksheet with structured manualised instructions enable rapid learning.
- ❖ Can be also adapted for individual application
- ❖ May be accessible to Non- EMDR trained MHP & Paraprofessionals for use with groups or individuals?
- ❖ Modular teaching with active practice throughout for effective training

# Simplified Applications of EMDR R-TEP

## CONCLUSIONS & DIRECTIONS

- ❖ Worksheet tool kits such as the group EMDR G-TEP and the individual application of G-TEP, or the modular practice (S-TEP), are proposed structured ways of making the R-TEP rapidly available for Early EMDR Intervention in emergency situations.
- ❖ possibly also to non-EMDR trained MH personnel

# THANK YOU

# KEY to ABBREVIATIONS

- **R-TEP = Recent Traumatic Episode Protocol**
- **G-TEP = Group Traumatic Episode Protocol**
- **S-TEP = Structured Traumatic Episode Protocols**
- **U-TEP = Unfinished Traumatic Episode protocol**
- **EEI = Early EMDR Intervention**
- **PoD = Point of Disturbance**
- **BLS = Bi-Lateral Stimulation**
- **PC = Positive Cognition**
- **SUD = Subjective Unit of Disturbance**
- **EMD = Eye Movement & Desensitization**
- **EMDr = EMD “small r”**

## Related publications:

- **Shapiro, E., & Laub, B. (2013).** *The recent traumatic episode protocol (R-TEP): An integrative protocol for early EMDR intervention (EEI).* In **M. Luber (Ed.), Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets** (pp. 193-207). New York, NY: Springer Publishing Co.
- **Shapiro, E. (2012), EMDR and early psychological intervention following trauma, *European Journal of Applied Psychology (ERAP)*, 62,241-251.**

# Related publications:

- Shapiro, E. & Laub, B., (2008). Early EMDR Intervention (EEI): A Summary, a Theoretical Model, and the Recent Traumatic Episode Protocol (R-TEP). *Journal of EMDR Practice and Research* 2(2), 79-96.
- Shapiro, E. & Laub, B. (2009). The New Recent Traumatic Episode Protocol (R-TEP). In *Luber, M. Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations*. New York: Springer.
- Shapiro, E. (2007). 4 Elements Exercise, *Journal of EMDR Practice and Research*, 2, 113-115.
- Shapiro, E. (2009). EMDR Treatment of Recent Events. *Journal of EMDR Practice and Research* 3(3), 20th Anniversary Issue.
- Laub, B. & Weiner, N. (2011). A developmental/integrative perspective of the Recent Traumatic Episode Protocol (R-TEP) . *Journal of EMDR Practice and Research*, 5 (2), 57-72.