

# R-TEP Cheat Sheet

## Overview

Phase 1: History – brief history to be able to evaluate Severity of trauma, Motivation to do the work, Strengths and resources

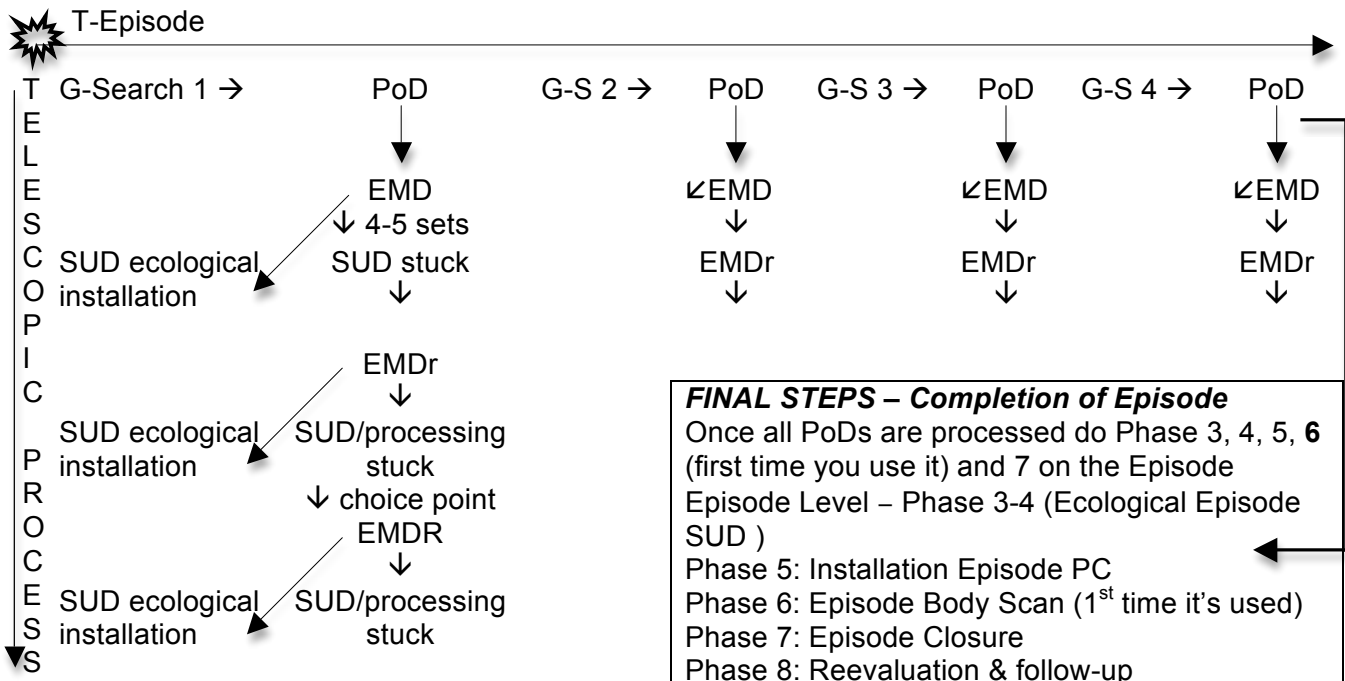
Phase 2: Preparation – establish sufficient safety & containment. Teach self-soothing skills such as Container, Calm/Safe Place, 4 Elements

Multi-target identification and processing within the Traumatic Episode (T-Episode)

1. T-Episode Narrative + slow, continuous BLS – telling the story aloud with BLS (use both tactile & EMs throughout by tapping hands at appropriate distance and asking them to follow with eyes)
2. Episode Google Search (G-Search) + slow BLS → identifying first Point of Disturbance (PoD) relating to T-Episode (doesn't have to be in chronological order)
3. Do Telescopic Processing with (Phase 3-5) 3-stage strategy: EMD → EMDr → EMDR (if necessary)
  - Phase 3: Assessment of PoD identified from G-Search
  - Phase 4: Desensitization – Telescopic Processing: 3 strategies staged approach (EMD → EMDR → EMDR)
  - Phase 5: Installation – **NO PHASE 6: BODY SCAN YET**
  - Phase 7: Closure – extended closure exercises at end of session
4. Continue G-Searches and processing each PoD (as above) as it is identified until all PoDs are processed, THEN proceed to processing at Episode level using Standard Protocol (Phases 3-7). This will be the first time Phase 6: Body Scan is used.

## Episode Level vs PoD Level

5. Check Episode SUD
6. What have you learned (re Episode)?
7. Phase 5: Installation of Episode PC
8. Phase 6: Body Scan of Episode (**first time Body Scan is performed**)
9. Phase 7: Closure
10. Phase 8: Reevaluation – follow-up



Explanation: *“This EMDR protocol is especially suited for early intervention. Its aim is to help your natural system digest the disturbing fragments of the traumatic episode so that you can regain your balance. Let whatever comes to mind come up. Sometimes I will ask you to go back to a certain part of the memory: it’s like zooming in or out. This can help you focus, observe, and process your memories and experiences so that past and present aren’t confused and you can begin feeling calmer, safer and more in control. I am going to ask you to watch the whole T-Episode like a movie, beginning some time before it started until today. Feel your feet on the ground. The safety of this room, and tell the story out loud.”*

1. Have client do Episode Narrative (telling the story aloud of what happened from the incident up to today + slow CONTINUOUS tactile + EM BLS)
2. Do the G-Search + slow BLS (tactile + EM) to identify the first PoD (doesn’t have to be in order)  
*“Now, without talking, scan the whole episode for anything that’s disturbing, like a “Google Search” on the computer. Just notice what comes up as you search the whole episode, in no particular order. Scan the whole episode from the original event up to today and stop and tell me when you find the first disturbance.”*
3. When a PoD is identified in the G-Search, STOP and use it as a target (Phase 3: Assessment – Phase 5: Installation)
4. Telescopic processing: begin Desensitization with the narrow EMD strategy – only go with associations that directly relate to the PoD or are adaptive. If associations depart from PoD, go to target (original PoD) and check SUD
5. When SUD reduces to ecological level do Phase 5: Installation of PC as usual
6. If SUD not reducing after a few sets expand naturally into EMDr strategy and go with associative chains relating to the T-Episode
  - Use client’s ability to remain within affective window of tolerance to inform choice of which strategy to use (EMD vs. EMDr vs. EMDR)
  - If association departs from T-Episode (new issue from past) then acknowledge it, go to target and check SUD
  - When SUD reduces to ecological level proceed to Phase 5: Installation of PC as usual
7. Repeat steps 2-6 above until all PoDs are accessed and processed
8. Process the T-Episode (Phases 3-5) NOW do Phase 6: Body Scan and Phase 7: Closure

1<sup>st</sup> PoD identified with G-Search

Phase 3: Assessment

1. *“What picture represents disturbance?”*
2. *“What words go best with that picture that express your negative belief about yourself now?”*
3. *“When you look at the picture, what would you like to believe about yourself now?”*
4. *“When you look at the picture, how true do those words (PC) feel to you now on a scale of 1-7, where 1 feels completely false and 7 feels completely true?”*
5. *“When you bring up that picture and those words (NC), what emotions do you feel now?”*
6. *“On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now?”*
7. *“Where do you feel it in your body?”*

Phase 4: Desensitization

- If association directly related to 1<sup>st</sup> PoD or is positive/adaptive, then continue, if not, go to target. *“What do you get?”* and check SUD.
- Continue processing until 0 SUD or ecologically valid (ability to think of the PoD calmly)

CHOICE POINT: Telescope to EMDr strategy

If association directly related to T-Episode or positive/adaptive then continue BLS, if not go to target.  
Return to target after 2-3 positive/adaptive associations

Phase 5: Installation for 1<sup>st</sup> PoD

**NO PHASE 6: BODY SCAN yet!!!!**

**REPEAT UNTIL ALL PoDS ARE PROCESSED** (may require several extended sessions)

Finally, process The T-Episode using Phases 3-7 (Standard Protocol). *“Now, as you think about the entire episode, what picture represents the worst part.....”* (Phases 3-7 – this is the first time for Phase 6: Body Scan)

Phase 7: Closure – if at the end of session → incomplete or complete. Do strong closure.

## Glossary

**3-Staged Strategy** – processing strategy that starts with most narrow focus and expands focus for experiences beyond the identified PoD. It is designed for minimal intervention and contained boundaries. “When the roof leaks, fix the roof!” The transition between strategies is a clinical choice point based on flexibility and attunement with client.

**BLS** – Bilateral stimulation. In R-TEP use EMs (eye movements) and tactile (tapping or pulsers) simultaneously (to ground, contain and orient) throughout the entire process. BLS is continuous during T-Episode narrative and G-Search. Once Phase 4: Desensitization begins, use standard BLS approach throughout processing.

**EEl** – Early EMDR Intervention: EMD, EMDR, EMDR

**EMD** – Eye Movement Desensitization protocol: focuses on intrusive image and frequently returning to it, checking SUD to limit accessing associative chains. Narrow focus on associations relating to PoD only. Return to target (PoD) and check SUD frequently. Particularly effective with intrusive image/sensation fragments.

**EMDr** – zooming out to a wider focus on associations relating to the T-Episode, if appropriate. Return to target when association departs from T-Episode. This is the main strategy in R-TEP.

**EMDR** – Zoom out to broad focus on associations relating to entire life with no limitations, if appropriate. Determine by client’s ability to stay within affective window of tolerance and informed consent/contract with client.

**ERP** – Emergency Response Protocol, Gary Quinn

**Episode** – the entire traumatic experience

**Episode Narrative** – telling the story of the Traumatic Episode aloud with continuous BLS (tapping & eyes). This helps ground the client and contain affect while beginning to bridge the gaps of the story as the client begins processing. Avoid telling of narrative in Phases 1 & 2 to avoid premature activation.

**G-Search** – Google Search: a non-sequential attuned scanning mechanism for identifying multiple PoDs within the T-Episode. It is repeated after each PoD is processed until there is no disturbance. Use continuous BLS during G-Search

**PoD** – Points of Disturbance within the T-Episode. Composed of intrusive image/sensation/thought, or any other fragment/experience. Target and process each PoD, using standard Phase 3 Assessment (use clinical judgment to assess appropriateness) before doing G-Search for the next PoD

**RE** – Recent Event protocol, Francine Shapiro: conceptualizes traumatic event as unconsolidated fragmented experience so that no single image can represent the entire event.

**R-TEP** – Recent Traumatic Episode Protocol, Elan Shapiro & Brurit Laub

**T-Episode** – the original event + aftermath: includes all experiences, thoughts, and future concerns relating to the critical event up to today. It is seen as a trauma continuum. T-Episode may have several PoDs so G-Search is usually repeated until no more disturbance is found.

**Telescopic processing** – involves using a staged approach in EEI. Three optional strategies of expanding focus of associations which adjusts to the level at which the information processing may be sticking by “zooming in and out”

**Window of Tolerance** – client’s ability to remain in an optimum affective zone during processing. You do not want the client to over-access (use containment strategies) or under-access (use strategies that amplify activation)