# The Recent Traumatic Episode Protocol (R-TEP) for Early EMDR Intervention (EEI) : Brief Overview

E. Shapiro and Laub (2008, 2009) have proposed a comprehensive protocol for acute phase EMDR Intervention called the Recent Traumatic Episode Protocol (R-TEP) which incorporates and extends the existing EMD and Recent Event protocols together with additional measures for containment and safety. The R-TEP usually requires 2-4 sessions which can optionally be conducted on successive days. (elanshapiro@gmail.com; bruritlaub@yahoo.com)

## GLOSSARY of KEY R-TEP TERMS

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

   The original traumatic incident together with its aftermath is viewed as an on-going trauma continuum while the experiences are not yet adaptively processed. The T-Episode comprises multiple targets of disturbance. These Target fragments are referred to as **Points of Disturbance (PoD)**, from the original incident until today.

2. **Episode Narrative + continuous BLS** (Bi-Lateral Stimulation)

   The Episode Narrative is telling the story of the traumatic episode out loud with continuous BLS. This helps to ground and contain affect, and start bridging the gaps of the story while the client begins the processing. In phases I & II recounting the details of the trauma is discouraged to avoid premature activation
   Option: Using a distancing metaphor, e.g. T.V screen, gives additional containment if needed.

3. **Google Search (G-Search) or Scan**

   The G-Search is a mechanism to identify the various Points of Disturbance (PoD) by non-sequential scanning of the T-Episode, without talking, together with BLS.

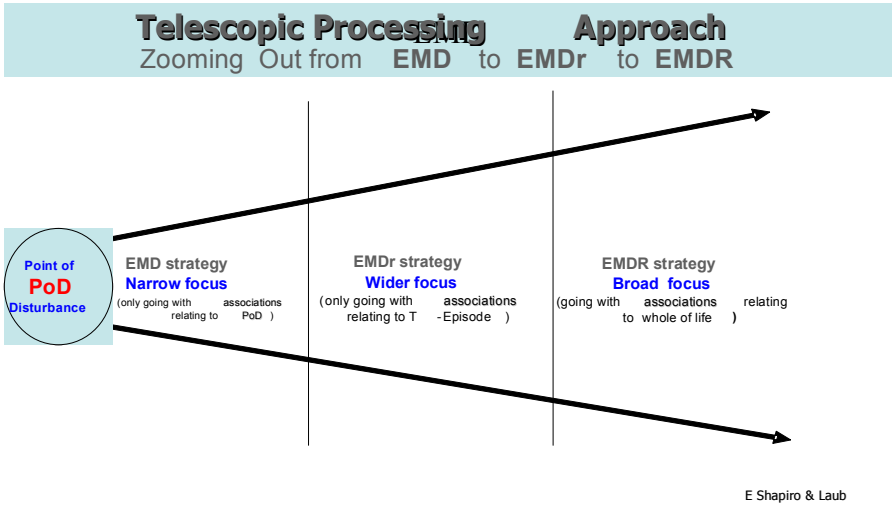
4. **Telescopic Processing[1]: A three strategies approach (EMD →EMDr→EMDR)**

   The term "Telescopic Processing" is used to reflect the three optional strategies of expanding focus of associations which adjusts to the level at which the information processing may be sticking: (Zooming In & Out)

   - **EMD strategy:** Narrow focused processing of the PoD by limiting the range of associations to the PoD (Zoom In). This is a brief strategy, particularly effective with intrusive image/sensation fragments.
   - **EMDr[2] strategy:** Expanding to a wider focused processing of the PoD, if necessary, by going with the chains of associations relating to the T-Episode (Zoom Out to the T-Episode). This is the main strategy.
   - **EMDR strategy:** Further expanding of associations, if necessary, to include the whole span of life with no limitation of associations, as in the standard EMDR protocol. It requires client consent (Zoom Out to whole of life).

The transition between strategies is a clinical choice point conducted with flexibility and attunement.

[1] Term after Marilyn Luber
[2] Term after Roy Kiessling.




**Overview: Adapted 8 Phases**

A. Phase I: HISTORY (evaluate readiness for EEI)
Phase II: PREPARATION (attention to safety & containment)

B. Processing at Points of Disturbance (PoD) level
Multi-Target Identification & Processing within the Traumatic Episode
Phases 3 to 7: 3-ASSESSMENT; 4-DESENSITIZATION; 5-INSTALLATION (If ecological); (no 6-BODY SCAN yet); 7-CLOSURE at end of session

1. T-Episode Narrative + continuous BLS (telling the story of the traumatic episode out loud with BLS (Bi-Lateral Stimulation).
2. Episode G- Search + BLS (identifying Points of Disturbance (PoD) relating to the T-Episode from the original incident until today)
3. Assessment of each PoD identified from G-Search
4. Telescopic Processing (Desensitization): A staged approach (EMD →EMDr→EMDR)
5. Installation if SUD is ecological
6. A strong Closure at end of session

C. Processing at Episode level for completion

- Check Episode SUD
- INSTALLATION of Episode PC (Episode Phase 5)
- Episode BODY SCAN (Episode Phase 6)
- CLOSURE of Episode (Episode Phase 7)
- FOLLOW – UP (Episode Phase 8

## COMPARISON TABLE Standard EMDR Protocol vs. R-TEP

| | **Standard EMDR Protocol** | **R-TEP** | | | |
|---|---|---|---|---|---|
| **Phase 1 History** | Full Intake<br>3 Pronged orientation<br>Past Present Future.<br>Targets identified for treatment plan | Briefer Intake history: to assess SMS (Severity/Motivation/Strengths), Therapy contract has Trauma Focused priority. Concept of **T-Episode**<br>Only general information about the T initially (details only requested later during Episode Narrative + BLS) | | | |
| **Phase 2 Preparation** | Safe Place (More if needed) | Extended preparation<br>e.g. 4 Elements (includes Safe Place), Resource Connection. | | | |
| **Phase 3 Assessment** | Image; NC; PC; VoC; Emotion; SUD; Body | a) **Episode Narrative + BLS**<br>b) **G-Search with BLS**<br>to identify **Target** fragments /Points of Disturbance (PoD).<br>c) FOR EACH PoD: Image; NC; PC; VoC; Emotion; SUD; Body | | | |
| **Phase 4 Desensitization** | Processing with BLS<br>No limitations of association as long as there is change | **Telescopic Processing** :<br>3 staged strategies of expanding focus of associations, if needed EMD→EMDr→EMDR | EMD strategy<br>Narrow focus going only with associations relating to the PoD but returning to Target (PoD) & checking SUD when it departs from PoD. If SUD stuck after 6 sets expand naturally into EMDr strategy → | EMDr strategy<br>Wider focus allowing associative chains relating to the T-Episode<br>If SUD stuck consider expanding to EMDR strategy → | EMDR strategy<br>no limitation of association as long as there is change<br>Only if needed & with client consent |
| **Phase 5 Installation** | Install PC when SUD 0/1 | Install PC (for each Target when SUD is ecological) | | | |
| **Phase 6 Body Scan** | Body Scan | No Body Scan until all the targets of the T-Episode processed | | | |
| **Phase 7 Closure** | Closure | Strong closure at the end of each session (usually requires several sessions) | | | |
| **Phase 8 Reevaluation** | next session | Check for remaining PoDs using G-Search at next session. Follow-up at end. | | | |

# R-TEP Flow chart