

RECENT EVENTS PROTOCOL

Francine Shapiro (1995, 2001, 2018)

For use with single traumatic events that have occurred within the past three months or longer in situations characterized by lack of safety

After a traumatic event, it appears to take approximately two to three months for an event to become fully consolidated. Although the client can give a description of the event, it appears that on some level of information processing, the memory is not fully integrated. When dealing with a more distant trauma, successful processing can generally be achieved through the targeting of an image that represents the entire incident, or the worst aspect of the event, and positive effects generalize to the entire memory. However, with recent traumatic events, it is necessary to target each disturbing aspect of the traumatic event separately. Each of the targets needs to be assessed for its own image, negative cognition, positive cognition, VOC, emotions, SUDs, and body sensations.

PHASE ONE: HISTORY

- Obtain a brief description of the event in narrative form
 - Note each separate disturbing aspect of the experience
 - Each will become a separate target to be reprocessed

PHASE TWO: PREPARATION

- Client Selection
 - It may be necessary to provide some preparation or stabilization skills before completing the history-taking
 - It is important to determine if the client has earlier trauma that may get reactivated by reprocessing with the Standard Protocol
- EMDR Education
 - All of the usual aspects of client education should be addressed
 - Provide information about EMDR therapy
 - Provide information about the nature of memory—that images may become more detailed or may fade
 - Possible reactivation of old memories
 - Possible decrease in safeguards against substance use
 - Agreement about the treatment plan
- Mechanics
 - Eye movements are preferred, the same as with regular reprocessing
 - May need to experiment with shorter sets to avoid additional associations
- Self-Soothing Strategy (Calm Place, Container, Breathing, etc.)

PHASE THREE: ASSESSMENT

- Identify each disturbing aspect of the memory
- Obtain full assessment of the most disturbing aspect of the memory, with Image, NC, PC, VoC, emotion, SUDs, location of physical sensation
- If there is not a single worst part of the memory, target each aspect in chronological order

REPROCESSING SEQUENCE

- Desensitization: Target and reprocess (using Phases 3-5)
 - Worst part first (if needed)
 - All remaining targets in chronological order
- Have client visualize the entire sequence of the event with eyes closed and stop and reprocess any disturbance as it arises.
If there is disturbance, then that segment should be assessed with negative and positive cognition and reprocessed completely
- Repeat until the entire event can be visualized from start to finish without any cognitive, emotional, or somatic disturbance.
- Extended Installation Phase: Develop a representative positive cognition of the entire event and have client visualize the event from start to finish with eyes open and install positive cognition.
- As an additional check, review the entire event with eyes closed with the PC to ensure that the VOC is at a 7 or ecologically valid for the entire event. If not, target that part of the memory

PHASE SIX: BODY SCAN

- Once all of the separate aspects have been reprocessed and the positive cognition installed to a VOC of 7 or ecologically valid, conclude with a Body Scan for the entire event.

THREE PRONGED APPROACH

Present Triggers

- Reprocess all present triggers, such as, causes of startle responses, avoidance of locations similar where the event occurred, nightmares, or any negative reminders of the experience

Future Template

- Create a future template for each present trigger
- Create a future template of desired responses for coping in the future. Include accessing the positive cognition, additional resources or skills, or new information.