SUMMARY SHEET:
The Recent Traumatic Episode Protocol (R-TEP): An Integrative Protocol for Early EMDR Intervention (EEI)

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SUMMARY SHEET BY MARILYN LUBER

Name: _______________________________ Date Today: ___________
Date of Trauma: __________ Recent Trauma Episode: __________________________

☑ Check when task is completed, response has changed, or to indicate symptoms.

Note: This material is meant as a checklist for your response. Please keep in mind that it is only a reminder of different tasks that may or may not apply to your incident.

History Taking/Intake: Assessing Readiness for EEI

Phase 1: Client History—Focus on past traumas and resources
Administer the Impact of Event Scale (IES-R) questionnaire. Score: _________

**Summarize Readiness: Severity, Motivation and Strengths (SMS) Rating**

- **S = Severity** (low) 1 2 3 4 5 (high)
- **M = Motivation** (low) 1 2 3 4 5 (high)
- **S = Strengths** (low) 1 2 3 4 5 (high)

(If Severity is high, minimum Motivation and Strengths should be 3 or higher)

Preparation/Resources

Phase 2: Preparation

- Four Elements Exercise for Stress Management: ☐ Completed
- Resource Connection: ☐ Completed
- Other Self-Calming/Stabilization Exercises: __________________________

Explanation of R-TEP: ☐ Completed
Episode Narrative: (main facts, no need to write all the details) 

Assessment and Desensitization: Points of Disturbance (PoDs)

Google Search for PoD #1 of T-Episode:
Phase 3: Assessment

(Do the full assessment, if possible. If high activation/inappropriate, do partial assessment.)

PoD#1: ________________________________
NC: ________________________________
PC: ________________________________ VoC: _______/7
Emotions: _____________________________ SUD: _______/10
Body Location: _______________________

Phase 4: Desensitization/Telescopic Processing

Main Strategy: EMDr Strategy

1. EMDr Strategy = when associations directly related to the current Traumatic Episode/or are adaptive, continue with sets of BLS (or after two to three adaptive associations go back to PoD#1 and check SUD ____/10).
   When associations do not relate to T-Episode, go BTT (PoD#1), check SUD ____/10.
   When SUD reduces to ecological level go to Installation.

If the PoD is an intrusion (intrusive image/sensation/feeling/thought), use EMD Strategy:

2. EMD Strategy = if associations are directly related to the PoD#1/adaptive, continue BLS.
   If associations do not relate to the PoD#1, go Back To Target (BTT) and check SUD ____/10.
   Note: If SUD does not reduce after about six to eight sets, “zoom out” in a natural transition to the EMDr Strategy.
   When SUD does reduce to ecological level, go to Installation.

Google Search for PoD #2 of T-Episode: ____________________________

____________________________________
____________________________________
____________________________________
____________________________________
Phase 3: Assessment
(Do the full assessment, if possible. If high activation/inappropriate, do partial assessment).

PoD#2: ____________________________
NC: ________________________________
PC: ___________________________ VoC: ___ /7
________________________ Emotions: _________________ SUD: _____ /10
Body Location: __________________________

Phase 4: Desensitization/Telescopic Processing

**Main Strategy: EMDr Strategy**

1. *EMDr Strategy* = when associations directly related to the current Traumatic Episode/or are adaptive, continue with sets of BLS (or after two or three adaptive associations go back to PoD#2 and check SUD ___/10).
   When associations do not relate to T-Episode, go BTT (PoD#2), check SUD __/10.
   When SUD reduces to ecological level, go to Installation.

2. *EMD Strategy* = if associations are directly related to the PoD#2___/adaptive, continue BLS.
   If associations do not relate to the PoD#2, go Back To Target (BTT) and check SUD __/10.

**Note:** If SUD does not reduce after about six to eight sets, “zoom out” in a natural transition to the EMDr Strategy.

   When SUD does reduce to ecological level, go to Installation.

*Google Search for PoD #3 of T-Episode: ____________________________
________________________
________________________
________________________
________________________
Phase 3: Assessment
(Do the full assessment, if possible. If high activation/inappropriate, do partial assessment.)

PoD#3: ________________________________
NC: ________________________________
PC: ________________________________ VoC: _______/7
Emotions: ____________________________ SUD: _______/10

Phase 4: Desensitization/Telescopic Processing

**Main Strategy: EMDr Strategy**

1. *EMDr Strategy* = when associations directly related to the current Traumatic Episode/or are adaptive, continue with sets of BLS (or after two or three adaptive associations go back to PoD#3 and check SUD ___/10).
   When associations do not relate to T-Episode, go BTT (PoD#3), check SUD ___/10.
   When SUD reduces to ecological level, go to Installation.

2. *EMD Strategy* = if associations are directly related to the PoD#3/adaptive, continue BLS.
   If associations do not relate to the PoD#3, go Back To Target (BTT) and check SUD ___/10.

**Note:** If SUD does not reduce after about six to eight sets. “zoom out” in a natural transition to the EMDr Strategy.

When SUD does reduce to ecological level, go to Installation.

*Google Search for PoD #__ of T-Episode: ________________________________

________________________________________
________________________________________
________________________________________
________________________________________
Phase 3: Assessment

(Do the full assessment, if possible. If high activation/inappropriate, do partial assessment).

PoD#__ : ____________________________
NC: ____________________________
PC: ____________________________VoC: ______ /7
Emotions: ____________________________ SUD: ______ /10

Phase 4: Desensitization/Telescopic Processing

Main Strategy: EMDr Strategy

1. *EMDr Strategy* = when associations directly related to the current Traumatic Episode/or are adaptive, continue with sets of BLS (or after two or three adaptive associations go back to PoD# and check SUD ___/10).
   When associations do not relate to T-Episode, go BTT (PoD#___), check SUD ___/10.
   When SUD reduces to ecological level, go to Installation.
2. *EMD Strategy* = if associations are directly related to the PoD#__/adaptive, continue BLS. If associations do not relate to the PoD#___, go Back To Target (BTT) and check SUD ___/10.

Note: If SUD does not reduce after about six to eight sets, “zoom out” in a natural transition to the EMDr Strategy.
When SUD does reduce to ecological level, go to Installation.
Note: Make a strong closure at the end of each session, using the Four Elements Exercise for Stress Management, Closing Resource, etc.

Episode Level

When there are no more PoDs identified with the Google Search to process, check Episode SUD (E-SUD).

E-SUD: ____/10

When the SUD is ecological or can be viewed calmly, install Episode PC (E-PC).

Ask: “What have you learned from this episode?”

E-PC: ____________________________________________

VoC: ______ /7

Phase 6: Episode Body Scan

Unresolved tension/tightness/unusual sensation: ____________________________

If SUD is still not ecological and the T-Episode cannot be viewed calmly, consider using the EMDR Standard Protocol for underlying issues beyond the T-Episode.

Client gives consent to new contract. ☐ Completed

Phase 7: Closure of the Episode

IES-R is administered post session ☐ Completed

Phase 8: Follow Up

Episode SUD: ____/10

Resolved. ☐ Completed

If SUD is not ecological, use G-Search to identify any residual targets.

3-month follow up: IES-R is implemented 3rd time: _______ ☐ Completed

Comments: ____________________________________________

__________________________________________________________

__________________________________________________________