EMDR RECENT TRAUMATIC EPISODE PROTOCOL (EMDR R-TEP)

FIDELITY SCALE Revised August 2014

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I. Intake and Preparation

1. Explains that the therapy contract gives priority to the current Trauma Episode focus & that other (clinical) issues will only be pursued, if necessary, with agreement of the client.

     INADEQUATE   0   1   2   3   SATISFACTORY

2. Screens and evaluates Strengths /Motivation/ Severity (SMS ratings).

     INADEQUATE   0   1   2   3   SATISFACTORY

3. Teaches and practices extended stabilization methods such as the 4 Elements exercises (including the Safe Place & the opening Resource Connection from the RCE). Uses additional stabilization methods if needed.

     INADEQUATE   0   1   2   3   SATISFACTORY

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II. Processing at the Point of Disturbance (PoD) Level

Episode Narrative

4. Discourages going into details of the Trauma Episode during Intake & Preparation to prevent premature activation.

     INADEQUATE   0   1   2   3   SATISFACTORY

5. Asks client to tell the story of the Trauma Episode out loud from some time before the critical traumatic incident occurred up to today and uses continuous BLS (Bi-Lateral Stimulation) as client tells the Episode Narrative of the traumatic .
     INADEQUATE   0   1   2   3   SATISFACTORY

6. <u>Avoids ending the session with the Episode Narrative</u>, leaves time for processing at least one PoD (Point of Disturbance).

      INADEQUATE 0   1   2   3 SATISFACTORY

Google Search

7. <u>Target identification:</u> Immediately after the Episode Narrative, instructs client to do a "Google Search" (G-Search) or scan without talking and to stop when anything is noticed which is still disturbing (at a Point of Disturbance (PoD)).

      INADEQUATE 0   1   2   3 SATISFACTORY

8. While client is internally scanning, does <u>continuous BLS</u> until PoD identified.

      INADEQUATE 0   1   2   3 SATISFACTORY

Assessment

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9. Uses this PoD as the target & does as much of the Phase 3 <u>Standard EMDR Assessment</u> (Image, NC, PC, VoC, emotions, SUD, Body) as is appropriate to the situation [i.e. some flexibility permitted: when client's disturbing memory is clearly activated can skip parts of the full assessment which are insensitive or not readily obtained; Negative Cognition can relate to the situation e.g.: "It didn't happen"]

      INADEQUATE 0   1   2   3 SATISFACTORY

Desensitization: Focused Processing strategies for each PoD

<u>EMDr</u>

10. Usually <u>begins with the **EMDr strategy** (unless the PoD is an intrusive fragment)</u>: Uses sets of BLS and <u>continues with associations as long as they are related to the Trauma Episode</u>.

      INADEQUATE 0   1   2   3 SATISFACTORY

11. If association departs from the Trauma Episode (EMD**R** association), (or following 2-3 adaptive associations), validates association but reminds of episode focused contract. Asks client to go back to target (PoD) and checks SUD. Continues with BLS for further processing.

    INADEQUATE   0   1   2   3   SATISFACTORY

12. Installs Positive Cognition (PC) in the usual way when SUD is ecological (PoD can be observed relatively calmly).

    INADEQUATE   0   1   2   3   SATISFACTORY

EMD

13. If the PoD is an intrusive fragment (frequently recurring disturbing image, sensation, thought, feeling) begin with the **EMD strategy** using sets of BLS and continue with associations only if directly related to the PoD.

    INADEQUATE   0   1   2   3   SATISFACTORY

14. If the SUD is not reducing significantly after about 6-8 sets expands naturally into an EMDr strategy.

    INADEQUATE   0   1   2   3   SATISFACTORY (Not Applicable)

15. If association departs from PoD (and is not positive/adaptive) asks client to go back to the PoD giving a rationale (eg so that it can become less sensitive/ that you learn to control it) at least once. Checks SUD and continues with sets of BLS.

    INADEQUATE   0   1   2   3   SATISFACTORY   (Not Applicable)

(Note: returning to the EMD strategy if a blocking intrusive/painful fragment comes up during EMDr processing and the SUD is not reducing, is permitted.).

    INADEQUATE   0   1   2   3   SATISFACTORY   (Not Applicable)

16. Installs PC in the usual way when SUD is ecological (PoD can be observed relatively calmly).

    INADEQUATE   0   1   2   3   SATISFACTORY

17. <u>Repeats G- Search</u>/Scan to identify remaining PoDs. For each PoD does an Assessment and repeats the Focused Processing procedures as above (items 9-16)

  INADEQUATE 0   1   2   3   SATISFACTORY

Closure

18. ensures client's relative <u>stabilization at end of session</u>. For example rehearses the 4 Elements exercises (with Safe Place, Opening or Closing resource of the RCE) and/ or additional calming exercises if needed.

  INADEQUATE 0   1   2   3   SATISFACTORY

Next Session

19. does another Google- Search with BLS again to <u>check for remaining PoDs</u>. If a PoD is identified continues as above (items 9- 16).

  INADEQUATE 0   1   2   3   SATISFACTORY

20. <u>When no more PoDs</u> emerge with Google- Search goes on to Episode Level for completion.

  INADEQUATE 0   1   2   3   SATISFACTORY

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III EPISODE LEVEL for completion

21. Checks the SUD of the whole <u>episode (E-SUD)</u>. If it is not ecological (realistic especially for on-going situations) checks again for missed PoDs with Google Search &/or uses interweaves, &/or enquires for Blocking Beliefs or underlying clinical issue (theme)

  INADEQUATE 0   1   2   3   SATISFACTORY

22. <u>Client Consent</u> obtained if decides to work on Blocking Beliefs or other underlying clinical issue (theme) with the regular EMDR protocol

  INADEQUATE 0   1   2   3   SATISFACTORY

23. If Episode SUD is ecological, or 0-1: determines & installs Episode PC (E-PC) checks VoC.

        INADEQUATE 0   1   2   3   SATISFACTORY

24.   Body Scan: asks client to scan body keeping in mind the entire Episode together with E-PC.

        INADEQUATE 0   1   2   3   SATISFACTORY

25. Closure & Follow-up: Obtains agreement for follow-up in 1-3 months and encourages client to call if difficulties occur.

        INADEQUATE 0   1   2   3   SATISFACTORY

Comments:

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