The EMDR R-TEP & G-TEP protocols were inspired by the seminal work of Dr. Francine Shapiro originator of EMDR Therapy.
Issues in Early EMDR Intervention (EEI): I

**Why R-TEP?**

- **Nature of the situation for Client & Therapist:**
  - (Emergency/Urgency)
  - (Arousal/Distress)
  - Needs CONTAINMENT / safety

- **Nature of the therapy contract:**
  - (Professional/Ethical)
  - Normal people in abnormal situations
  - Avoid pathologising
  - TRAUMA FOCUS priority

- **Nature of the memory:**
  - (Fragmented/not consolidated)
  - Needs a DIFFERENT PROTOCOL
WHAT is R-TEP? - KEY PROCEDURES & CONCEPTS
Overview
FLOW CHART
WIDENING FOCUS: Image/sensation → Event → Episode → Theme
[1] Traumatic-Episode
= the original event + aftermath:
includes all the experiences
relating to the critical event
up to today;
seen as a
trauma continuum
[2] Episode Narrative
Telling the story of the Traumatic Episode out loud with BLS (Bi-Lateral Stimulation)

During the intake the client is deliberately not asked to recount the details of the trauma to avoid triggering activation prematurely
Points of Disturbance (PoDs)
are Target fragments

Within the T-Episode
(concerning the original incident until today)

Identified using [3] “Google Search” /or “Scan”
STOP when a PoD (Point of Disturbance) is identified:
Phase III ASSESSMENT

Phase IV DESENSITIZATION

[4] Focused Processing

EMDr strategy (Episode Focused)
EMD strategy (PoD Focused)

(Phase V INSTALLATION)
Focused Processing
EMD

PoD
Point of Disturbance

EMD strategy
Narrow focus
(only going with associations relating to PoD)

EMDr strategy
Wider focus
(only going with associations relating to T-Episode)

EMDR strategy
Broad focus
(going with associations relating to whole of life)
Early EMDR Intervention (EEI) protocols

- The EMD protocol (HAP Military and Post-Disaster Field Manual - Francine Shapiro, 2004) introduced for use in emergency situations.

- EMD Differs from the Standard EMDR protocol in that it focuses on the image, returning to it and checking SUD (Subjective Unit of Disturbance) level frequently.

- Limiting associative chains.
Focused Processing Approach
EMDr

Point of Disturbance

PoD

EMD strategy
Narrow focus
(only going with associations relating to PoD)

EMDr strategy
Wider focus
(only going with associations relating to T-Episode)

EMDR strategy
Broad focus
(going with associations relating to whole of life)
- Not necessarily chronological, (After we “lower the mountains then we can see the hills”)
- Usually about 3-5 PoDs identified
- Processed over 2 to 4 sessions
- Can be on consecutive days
[1]. Traumatic Episode (T-Episode)

[2]. Episode Narrative

[3]. ‘Google Search’ (G-Search)

[4]. Focused Processing at PoD level
   2 main strategies: EMD <-> EMDr
Main Features of the EMDR R-TEP

- **1. An integrative approach:** Incorporates & extends EMD, Recent Event, protocols

- **2. A comprehensive approach:** The 8 Phases adapted for EEI

- **3. Attention to** containment and safety

- **4. Attention to** standards of good practice
WHY adapt EMDR?

Large-scale T incidents or disasters

WHEN?
- few available EMDR practitioners
- Limited MH resources

WHEN?
- many people in distress /at risk

EMDR: effective & rapid - but individual

WHAT?
- Need for rapid training: to apply EEI protocols
- Need for #TREATMENT #PREVENTION #SCREENING
- Need for efficient brief interventions

HOW to make EMDR more available?

WHO can be trained?
- #only EMDR trained?
- #Non-EMDR trained MHP?
- #Paraprofessionals?

How to adapt EEI?

#Field manual “packages”? #Group EMDR? #Internet?
Group EMDR?

BACKGROUND
The CHALLENGE

- Group EMDR
- G-TEP a proposed new group EMDR protocol
Poses **challenges for EMDR therapy** which is essentially an individual process.

The **standard EMDR protocol is interactive** as the practitioner monitors and guides the client.

Applying EMDR in a group setting with limited interactive possibilities **requires compromise and flexibility** and a trade-off between close monitoring and self-monitoring **reducing procedures to minimum essentials**.
Proven effectiveness of EMDR therapy for treating trauma invites creative solutions to this challenge

Adaptive Information Processing (AIP) approach with emphasis on the process rather than the content and the spontaneous healing flow of the AIP that enables less monitoring

Structured, manualised form of the EMDR and R-TEP protocols provide a good basis for rapid learning
Developed as a simplified adaptation of the EMDR R-TEP for use with groups of adults, adolescents & older children who have undergone recent traumatic experiences or life-changing events with on-going consequences

Goal to process a Trauma Episode within a group framework

Suggests a group protocol that retains the depth and power of an individual EMDR protocol for recent events

The Trauma Episode conceptualization of the G-TEP is the first group protocol to address the fragmented multi-target nature of non-consolidated recent trauma memories
EMDR Group-Traumatic Episode Protocol (G-TEP)

Elan Shapiro 2015

Manual edited by Judy Moench
2- INTRODUCTION
OVERVIEW of PROCEDURES, VIDEO, RESEARCH
The setup is designed for use with a single worksheet to guide the process step by step.

The slides & worksheet of the EMDR G-TEP are colour-coded so that each of the 8 steps has its own colour to make it easier to follow.
6 STEPS on the WORKSHEET STRUCTURE
Step 1 PRESENT SAFETY

before [0...10]  
after [0...10]

SAFE PLACE: Name

DATE THEN

---

Step 2 PAST ONSET EVENT

Heading [0...10]

DATE THEN

---

Step 3 PAST RESOURCE

Name

PoD 1 [0...10]

PoD 2 [0...10]

PoD 3 [0...10]

Set 3 [0...10]  Set 6 [0...10]  Set 9 [0...10]

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Step 4 DESIRED FUTURE

* It happened & it’s over. * I survived…………………..
*I’m safe (enough) now, here ………………………….
*I can cope  *I have strengths …………………
*I can (learn to) choose how to respond.
*I did what I could……….* I have hope…….
*Other

---

Step 5 PoD level

PoD 1 [0...10]

PoD 2 [0...10]

PoD 3 [0...10]

Set 3 [0...10]  Set 6 [0...10]  Set 9 [0...10]

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Step 6 EPISODE level

EPISODE SUD [0...10]

EPISODE PC Set 1-2-3

---

DATE TODAY

TRAUMATIC EPISODE
**EMDR G-TEP WORKSHEET for Group Leaders**

### Step 1 PRESENT SAFETY

**before** [0...10]  
**after** [0...10]

**SAFE PLACE:** Name……………………………

- a) Write general stress SUD (before 0-10)
- b) Do 4 ELEMENTS / Safe / Calm Place drawing
- c) Write SUD (after 0-10)
- d) Write - DATE TODAY
- e) Invite group SHARING of Safe / Calm Places
- f) Screen

**c) 4 ELEMENTS**

- EARTH = grounding, safety in the present
- AIR = breathing, balance
- WATER = calm & controlled
- FIRE / LIGHT = light the path to your imagination = Safe Place & /or RC exercise

**DATE THEN……………………………**

### Step 2 PAST ONSET EVENT

**Heading……………………[0....10]**

- a) Representation of onset event: Heading / word or words, symbol or sketch
- b) Write SUD [0...10])
- c) Write DATE THEN…………………

**DATE THEN………………………**

### Step 3 PAST RESOURCE

**Name……………………………**

- a) Step 3 RESOURCE CONNECTION:  
  Draw or write about a memory where you felt good with yourself, felt whole.
  - b) Note the experience (images, feelings, sensations)
  - c) Install with BHs
  - d) Give it a name & strengthen connection with more BHs

- b) Invite GROUP SHARING of good memories

### Step 4 DESIRED FUTURE

- a) “In the Step 4 box [SHOW…..] there is a list…. How would you like to think about yourself and what happened?”
  Mark which of these ways make some sense to you”……
- b) “DRAW or WRITE any other thoughts or pictures of how you would like to see yourself in the future”

### Step 5 PoD level

- c) Invite GROUP SHARING of desired futures__________

**PoD 3.**

- REPEAT same procedure (as BELOW) for PoD1 ,PoD2, PoD3

**PoD 2.**

- (B) 
  FOCUSED PROCESSING
  - a) Focus on PoD & TAP together as leader shows & counts 10/20
  - b) AFTER EACH SET of BLS …breathe… attention to images, thoughts, feelings, body sensations …. (deep breath until all ready)
  - c) REPEAT for 6/9 sets (for each PoD)
  - d) AFTER every 3rd set (3rd & 6th / 9th SETS) re-focus on that PoD — WRITE SUD [0-10] down

**Set 3 [0.....10]  Set 6 [0.....10]  Set 9.[0.....10]**

**PoD 1.**

- (A)
  - a) PoDs identified using “GOOGLE SEARCH” / SCAN
  - b) BLS… tap the (PRESENT) “DATE NOW” & then the (PAST) “DATE THEN” box & box – looking at your hand as you do this ………
  - c) until a PoD is identified then stop and draw/write it.

**Set 3 [0.....10]  Set 6 [0.....10]  Set 9.[0.....10]**

### Step 6 EPISODE level

**EPISODE SUD……………………[0......10]**

**EPISODE PC ………………………………Set 1-2-3**

- c) 4 ELEMENTS
  - EARTH = grounding, safety in the present
  - AIR = breathing, balance
  - WATER = calm & controlled
  - FIRE / LIGHT = light the path to your imagination = Safe Place & /or RC exercise

**DATE TODAY……………………………**

### T R A U M A M AT I C  E P I S O D E
The Worksheet is a meta-communication: in which the trauma event is enveloped with present/past/future resources arranged spatially to physically convey that the event is in the past...... that they are safe now in the present....... & that there is hope for the future......
EMDR G-TEP with Syrian Refugees in Turkey

Asena Yurtsever, Tuba Akyüz, Emre Konuk, Feryal Tükel, Zeynep Zat, Ceren Zeynep Acartürk, Mustafa Çetinkaya

Presented at the EMDR European Conference, Edinburgh, 29 June 2014
An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees with Post Traumatic Stress Symptoms: Results of a Controlled Trial

Yurtsever, Akyüz, Konuk, Tükel, Zat, Acartürk & Çetinkaya
(submitted for publication 2016)

- 6 groups X2 G-TEP sessions Exp. n=31 Control n=32
- The results show that EMDR G-TEP is effective on depression (BDI) and PTSD symptoms (MINI & IES)
- Adaptive Information Processing continues after EMDR sessions
- Follow up studies show decreasing continuum of trauma related symptoms. Thus, Early Intervention with G-TEP prevents and reduces the symptoms of PTSD and other comorbid disorders
GOAL: Preparation & Screening Sequence

- Ask to write down SUD before (0….10)
- Do 4 Elements exercises
- Includes Safe/calm place drawing or words
- Ask to write SUD after (0….10)
4 Elements for Stress Reduction:

**FIRE/LIGHT** your IMAGINATION
(SAFE PLACE drawing or words)

**WATER** = CALMING & CONTROLLED

**AIR** = BREATHING, CENTERING, BALANCE (coherence)

**EARTH** = GROUNDING, SAFETY in the PRESENT

Starting with your feet & following your body up
Later on the same day or the next day
Continue working on STEPS 2-7 with those who responded positively to STEP 1 (general stress / SUD levels < 6)
Those whose SUD levels are still high/ unable to reduce stress are screened for further preparation/ individual attention before trauma processing
write headline
or dawing
to represent the event
-a word or a few words
a symbol
or a sketch
"Recall a memory, or a moment, when you felt good about yourself"
write or draw any other thoughts or pictures of how you would like to see yourself in the future
6 or 9 sets are suggested to reduce SUD (0-10) as far as it will go for each PoD

After each set of BLS ……pay attention to any images, thoughts, feelings, body sensations, to whatever they noticed

After the 3rd & 6th (& 9th) sets re-focus on that PoD and rate SUD now from 0-10…….
Check Episode SUD (0-10) & Install Episode PC

- Participants whose Episode SUD levels are still high (>6?) can be offered additional G-TEP sessions
EPISODE SUD RATING

[0....10]

When you think about the whole Episode now
STEP 6: EPISODE PC

Installation of Positive Cognition
Strong Closure: Rehearse 4 Elements
Additional measures if needed
Screening for those who may need referral for individual attention or additional G-TEP sessions
Follow-up is important
Check Episode SUD 0-10 & PC
Consider additional G-TEP session /or Referral for individual treatment?
[1]. Traumatic Episode concretely communicated in visual setup

[2]. Episode Narrative omitted

[3]. ‘Google Search’ limited to 3 PoD’s per session. Simplified Assessment: SUD (0-10) + attention to sensorimotor, cognitive & emotional modalities, PC checklist.

[4]. Focused Processing at PoD level
Utilizes EMD type strategy for contained focus & a suggested 6 or 9 sets of BLS per PoD