WHAT?

WHAT is R-TEP?

- KEY PROCEDURES & CONCEPTS

EMDR R-TEP
Main Procedures

[1]. Traumatic Episode (T -Episode)

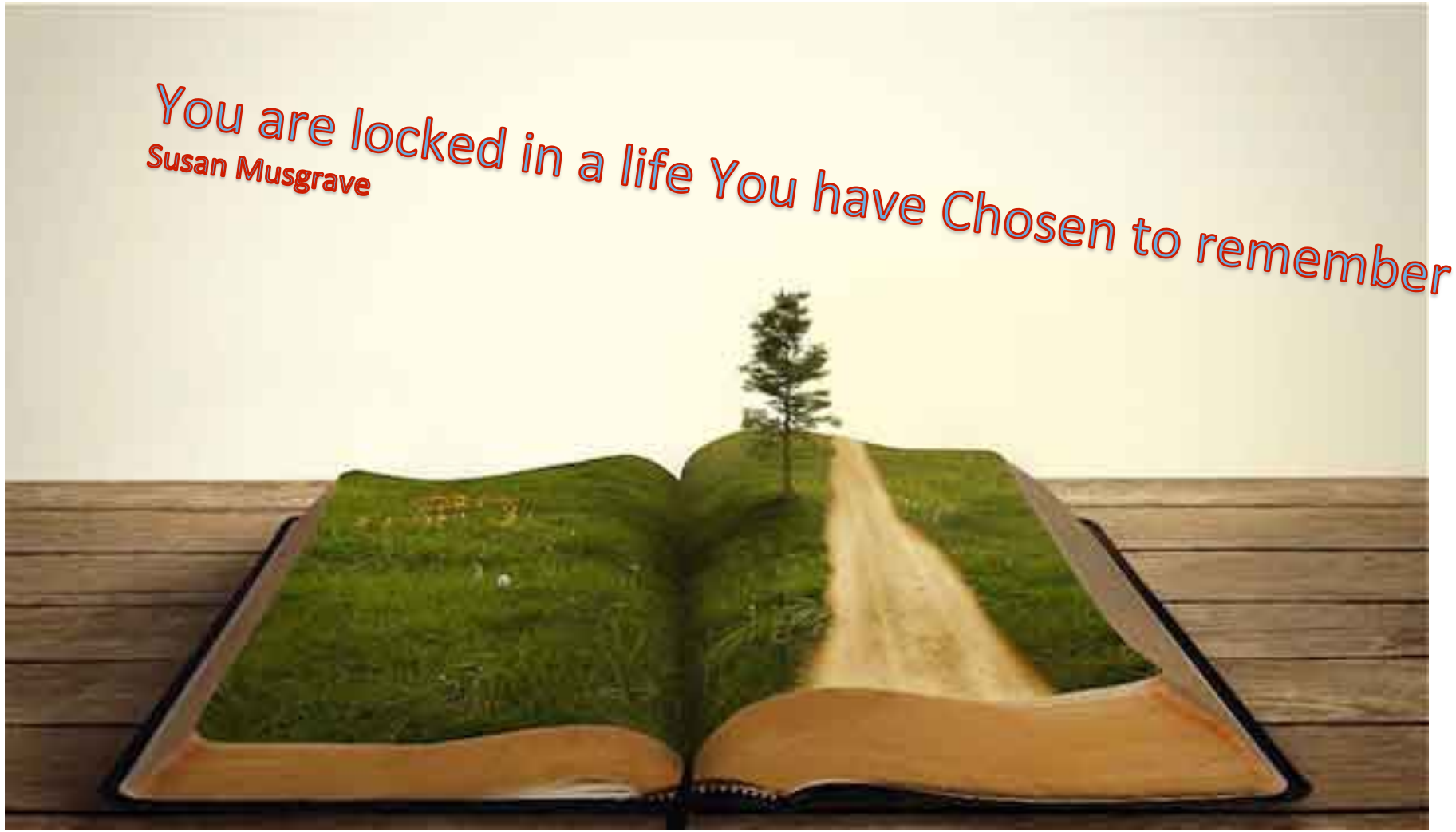
[2]. Episode Narrative

[3]. 'Google Search' (G -Search)

[4]. Focused Processing at PoD level

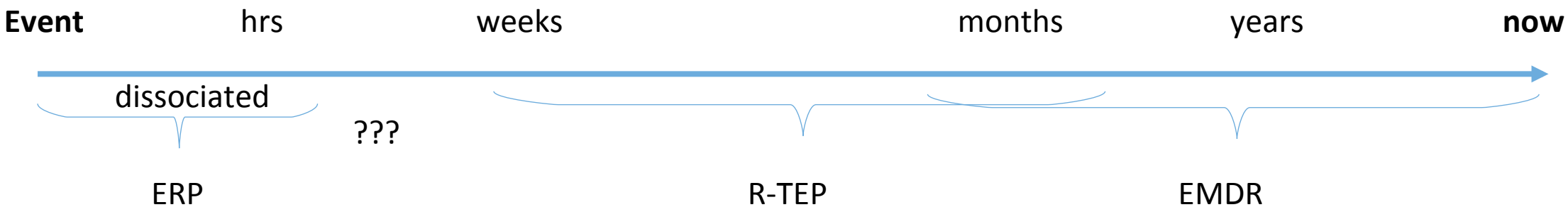
2 main strategies: EMD <-> EMDr

Managing an ASR story
A protocol for when “you don’t have a story”



Making sense in a senseless world Rollo May

The gap



Why is there a gap?

- ERP won't help if client is already oriented
- R-TEP relies on the ability to do efficient google search

ASR

Acute stress reaction: ICD-10 (the first days)

A

Fragmented Memories!

Ben

Gabi

Shir

S


?


Why ?


Why?


WHY?


WHY

Prof. Eli Zomer

Traumatic memories tend to be remembered as a set of disconnected pictures floating in space, fragmented from each other

Dr. Pat Ogden

The brain as an “anticipation machine.”

Prof. Michael Gazzaniga

Left brain narrator fills in the gaps when there is not enough information, thus regaining a sense of control. Inability to do so can create anxiety

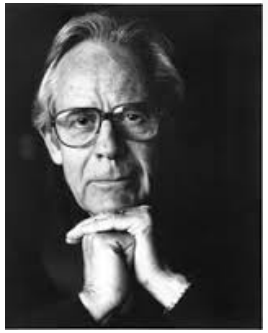
- The AIP model needs a target memory to process
- R-TEP protocol works amazingly when the PoDs are in coherent context

BUT….

- what if there too many scattered PoDs to be targeted?
- What if the event in some way is still going on?
- What if he target memory is not accessible, or processing the target memory is meaningless in the broader context for the client, because it is out of context with no narrative connection.

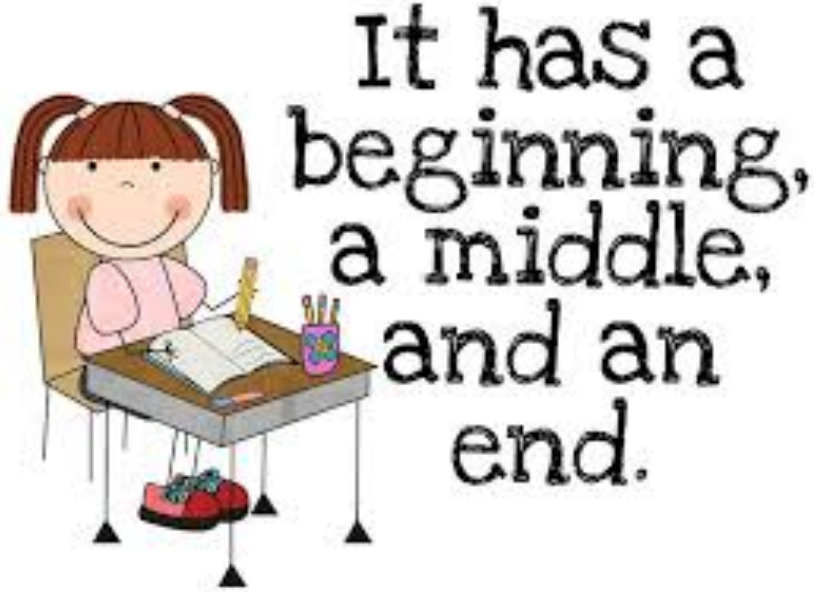
From our clinical experience, R-TEP “google search” works great on a traumatic Narrative when the context is clear to the patient. But In these cases the traumatic narrative might be so fragmented that the PoD is inaccessible since it’s dissociated

We need a way to discover the unprocessed target, when the patient himself can’t point it out.



Dr. Rollo May

People need stories that create narratives in order to cope with the obstacles of life.



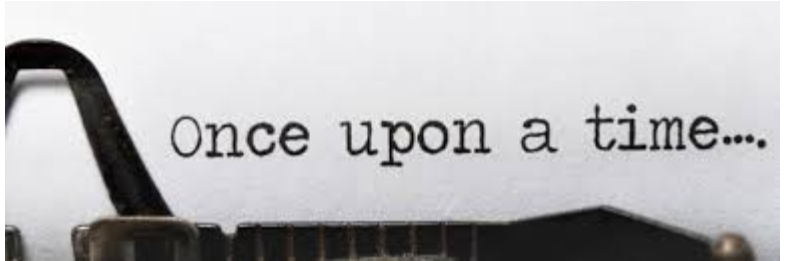
What situations do we use (HF)R-TEP?

Fragmented memories

- ☑ Extremely early intervention (post ERP treatment)
- ☑ Continuing event
- ☑ No clear Traumatic moment (oppressing ‘public’ memory)
- ☑ In future: complex PTSD

What does the (HF)R-TEP add?

- Mirroring narrative narrative puts it into past present future perspective – organized narrative pattern. Enables working with clients that are unable to pinpoint PoD
- Hearing my own story produces oxytocin, creates empathy, and lets the left brain narrator rest, reducing stress (Gazzaniga, 2004).
- Hearing my own narrative retold by another allows to hear my story and make changes to it, add things I might have missed and see a pattern.



- Phase 1: History taking and assessment
- Phase 2: Preparation
- Phase 3: Episode assessment and narrative organization
  (NBLS1, NBLS2, mirror narrative)
- Phase 4: Desensitization and reprocessing on the PoD level with narrative
  (NBLS3)
- Phase 3: Episode level assessment
- Phases 4-8: Episode level reprocessing till closure and reassessment

Phase 1: History taking

1. It is important to get whatever information you can from whoever brought the client. How has he been treated? Have paramedics used ISP?
2. Introduce yourself to the patient.
3. Assess SMS (Strengths, Motivation and Severity).
4. Assess self regulation need and ability.

Phase 2: Preparation

1. If in dissociated state, use ERP. Otherwise, continue to preparation.
2. If needed, teach 4 elements exercise (Elan Shapiro) (or any other stabilization techniques).
3. Psychoeducation about ASR
4. Explain rationale for emphasizing narrative

   “in order to work with the even you’ve just been through, we know it is better to have an organized narrative to we can pinpoint what needs to be resolved.

Phase 3 (episode): ASSESSMANT AND ORGINIZATION

NBLS-1: (narrative with Bi-Lateral Stimulation, 1st time)

- Explain to client that difficult events can be overwhelming to deal with and at first can seem to make little sense. Ask for permission to BLS tapping while the client tells what happened from *a bit before the event* up until *now*.
- Start tapping while client tells the Fragmented Narrative (FN) for the first time. Listen to FN. Do not interfere except when client stops in the middle, and then say "*what else do you remember?“* (NOT what happened next)
- Once client has finished the narrative, ending with the present, mirror to him the fact that this event is in the past and is over.

Phase 3 (episode): ASSESSMANT AND ORGINIZATION

NBLS-2: Do NBLS 2nd time.

- Explain to client it is important to try and get a more organized narrative so this time he will try to tell the narrative in the order he best remembers it.
- This time correct timing and tense while client is telling the story. If for instance client says 'and then I see the explosion', correct him and say *'you mean then you SAW the explosion'*.

Mirror Narrative:

- Retell Narrative to the client. Ask if you missed something. If he reminds of something he said and you forgot, correct it with and continue telling narrative. If something new comes up, redo NBLS2. Do until mirror Narrative matches NBLS2.

Phases 4: desensitization and Reprocessing - PoD level

- **NBLS-3**: (replaces G-SEARCH)
- Ask client to retell the narrative a third time. This time, stop at every PoD to process like regular R-TEP.
- Once finished NBLS-3, ask client to continue telling narrative (NBLS-3). If there are more PoDs, process them like first NBLS-3. Keep doing this end of narrative.
- Keep redoing NBLS-3 until client goes through entire narrative from beginning to end without any more PoDs.

Phase 3: Assessment - Episode level

- This is done same way as standard R-TEP.
- Once all PoD's have been processed, ask client to think of the entire event as whole, get Picture, NC, PC, VOC, SUDS and Body Sensation, and process at R-TEP's EMDr level.
- do not ask more than once or attempt to search for the proper NC. Often there is no NC so early on besides that of being in danger, since the event has not been encoded yet in a way that associated to self. If NC is not obvious and clear, move on and process with no NC.
- Try to see if a PC exists, if something doesn't click straight, don't try too hard, move on.

Phase 4: Reprocessing - Episode level

This phase is also done like standard R-TEP, with a slight change

- Start with target TICES
- BLS
- If client comes up with new material within the boundaries of the Narrative, tell him to "*go with that*".
- If association is outside of the Narrative, go back to the memory and say "*go back to the story, what comes up?*" if connected to episode say *"go with that"*
- Continue as usual

Stages 5-8: Instillation, Body Scan, Closure, Reassessment – Episode level

Once SUDS is ecological, do standard instillation, body sweep and close with 4 elelments exercise (or any other self regulation technique). Meet later and reassess episode and see if there is need for more work.

Use questionnaires if possible!

impact of event scale - revised

your name: [redacted] today's date: 31/12/15

on 15/8/15 (date) you experienced Death of wife (life event)

below is a list of difficulties people sometimes have after stressful life events. please read each item and then indicate how distressing each difficulty has been for you *during the past 7 days or other agreed time:*

			how distressing?				
			not at all	a little bit	moder -ately	quite a bit	extre -mely
			0	1	2	3	4
I	a.	any reminder brought back feelings about it				X	
I	b.	I had trouble staying asleep	X				
I	c.	other things kept making me think about it				X	
h	d.	I felt irritable and angry	X			X	
A	e.	I avoided letting myself get upset when I thought about it or was reminded of it				X	
I	f.	I thought about it when I didn't mean to				X	
A	g.	I felt as if it hadn't happened or it wasn't real		X			
A	h.	I stayed away from reminders about it				X	
I	i.	pictures about it popped into my mind				X	
h	j.	I was jumpy and easily startled	X				
A	k.	I tried not to think about it					X
A	l.	I was aware that I still had a lot of feel-ings about it, but I didn't deal with them	X				
A	m.	my feelings about it were kind of numb			X		
I	n.	I found myself acting or feeling like I was back at that time			X		
h	o.	I had trouble falling asleep		X	X		
I	p.	I had waves of strong feelings about it			X		
A	q.	I tried to remove it from my memory				X	
h	r.	I had trouble concentrating	X				
h	s.	reminders of it caused me to have phys-ical reactions, such as sweating, trouble breathing, nausea. or a pounding heart	X				
I	t.	I had dreams about it	X				
h	u.	I felt watchful and on-guard	X				
A	v.	I tried not to talk about it					X

avoidance subscale (total of e, g, h, k, l, m, q, v divided by 8) = 2.125

intrusion subscale (total of a, b, c, f, i, n, p, t divided by 8) = 2

hyperarousal subscale (total of d, j, o, r, s, u divided by 6) = 0.16

Weiss,D.S. & Marmar,C.R. *The impact of event scale-revised.* in Wilson,J.P. & Kean,T.M. (eds.) *Assessing psychcological trauma and PTSD: a practitioner's handbook (ch 15).* N.Y: Guildford, 1995.

impact of event scale - revised

your name: [redacted] today's date: 14.4.16

on 15.8.15 (date) you experienced WIFE's death (life event)

below is a list of difficulties people sometimes have after stressful life events. please read each item and then indicate how distressing each difficulty has been for you *during the past 7 days or other agreed time:*

		how distressing?				
		not at all	a little bit	moder -ately	quite a bit	extre -mely
		0	1	2	3	4
a.	any reminder brought back feelings about it	X				
b.	I had trouble staying asleep	X				
c.	other things kept making me think about it	X				
d.	I felt irritable and angry	X				
e.	I avoided letting myself get upset when I thought about it or was reminded of it	X				
f.	I thought about it when I didn't mean to	X				
g.	I felt as if it hadn't happened or it wasn't real	X				
h.	I stayed away from reminders about it	X				
i.	pictures about it popped into my mind	X				
j.	I was jumpy and easily startled	X				
k.	I tried not to think about it	X				
l.	I was aware that I still had a lot of feel-ings about it, but I didn't deal with them	X				
m.	my feelings about it were kind of numb	X				
n.	I found myself acting or feeling like I was back at that time	X				
o.	I had trouble falling asleep	X				
p.	I had waves of strong feelings about it	X				
q.	I tried to remove it from my memory	X				
r.	I had trouble concentrating	X				
s.	reminders of it caused me to have phys-ical reactions, such as sweating, trouble breathing, nausea. or a pounding heart	X				
t.	I had dreams about it	X				
u.	I felt watchful and on-guard	X				
v.	I tried not to talk about it	X				

avoidance subscale (total of e, g, h, k, l, m, q, v divided by 8) = 0

intrusion subscale (total of a, b, c, f, i, n, p, t divided by 8) = 0

hyperarousal subscale (total of d, j, o, r, s, u divided by 6) = 0

Weiss,D.S. & Marmar,C.R. *The impact of event scale-revised.* in Wilson,J.P. & Kean,T.M. (eds.) *Assessing psychcological trauma and PTSD: a practitioner's handbook (ch 15).* N.Y: Guildford, 1995.