Recent Traumatic Events Script Notes

Recent Traumatic Events Protocol
Scripted by Marilyn Luber
(Francine Shapiro, 2001, 2006)

The following is a summary of the Recent Traumatic Events Protocol (Shapiro, 2001, p. 225). For single traumatic events, the Standard EMDR Protocol should be applied to the following targets (assuming they are available).

Past Memories

1. Obtain a narrative history of the event, that is, each separate disturbing aspect or moment of the memory. Treat each separate aspect or moment as a separate target with the EMDR Standard Procedure and installation of positive cognition (PC).
2. Target the most disturbing aspect or moment of the memory (if necessary) otherwise target events in chronological order.
3. Target the remainder of the narrative in chronological order.
4. Have client visualize the entire sequence of the event with eyes closed and re-process it as any disturbance arises. The client should have a full association with the material as it is being reprocessed. If there is disturbance, the client should stop and inform the clinician. Then, the EMDR Procedure including the negative cognition (NC) and positive cognition (PC) is implemented. Repeat until the entire event can be visualized from start to finish without emotional, cognitive, or somatic distress.
5. Have client visualize the event from start to finish with eyes open, and install the PC.
6. Conclude with the Body Scan. Only do Body Scan at the end of the processing of all of the targets.

Present Triggers

7. Process present stimuli that may cause a startle response, nightmares, and other reminders of the event that the client still finds disturbing, if necessary.
Future Template

8. Create a future template.

Note: For clients whose earlier history contains unresolved events that are associated with lack of safety and control, a longer treatment may be required.

Recent Traumatic Event Protocol Script

Past Memories

1. Narrative History

Obtain a narrative history of the event, such as each separate aspect or moment of the event. Treat each separate aspect or moment as a separate target with the full Standard EMDR Procedure and Protocol and installation of the PC. Do not do a Body Scan until all targets are processed.

Say, "Please tell me every important detail of the event that occurred to you. We will treat each separate moment that stands out as a target for EMDR."

2. Target: Most Disturbing Aspect or Moment of the Memory

Target the most disturbing aspect or moment of the memory (if necessary), otherwise target events in chronological order.

Say, "What was the most disturbing aspect or moment of the memory of the event?"

Picture

Say, "What picture represents the disturbing aspect or moment of the event?"

If there are many choices or if the client becomes confused, the clinician assists by asking the following:
Say, “What picture represents the most traumatic moment of the event?”

When a picture is unavailable, the clinician merely invites the client to do the following:

Say, “Think of the disturbing aspect or moment of the event.”

Negative Cognition (NC)

Say, “What words best go with the picture that express your negative belief about yourself now?”

Positive Cognition (PC)

Say, “When you bring up that disturbing aspect or moment of the event, what would you like to believe about yourself now?”

Validity of Cognition (VoC)

Say, “When you think of the disturbing aspect or moment of the event (or picture) how true do those words ________ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”

1 2 3 4 5 6 7
(completely false) (completely true)

Sometimes it is necessary to explain further.

Say, “Remember, sometimes we know something with our head, but it feels differently in our gut. In this case, what is the gut-level feeling of the truth of ________ (clinician state the positive cognition), from 1 (completely false) to 7 (completely true)?”

1 2 3 4 5 6 7
(completely false) (completely true)

Emotions

Say, “When you bring up the picture or the disturbing aspect or memory of the event and those words ________ (clinician states the negative cognition), what emotion do you feel now?”
Subjective Units of Disturbance (SUD)

Say, “On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?”

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Location of Body Sensation

Say, “Where do you feel it (the disturbance) in your body?”

Continue with Phases 4 through 5. Phases 6 through 7 are completed after the final segment of the memory has been reprocessed and all of the targets have been treated. It is at that point that the body tension can dissipate.

3. Target: Remainder of the Narrative in Chronological Order

Picture

Say, “Now let’s target the first stand-out moment of the event and go from there.”

If there are many choices or if the client becomes confused, the clinician assists by asking the following:

Say, “What picture represents the most traumatic part of this stand-out moment?”

When a picture is unavailable, the clinician merely invites the client to do the following:

Say, “Think of the stand out moment.”

Negative Cognition (NC)

Say, “What words best go with the picture of this stand out moment that express your negative belief about yourself now?”

Positive Cognition (PC)

Say, “When you bring up that picture or stand out moment, what would you like to believe about yourself now?”
Validity of Cognition (VoC)

Say, "When you think of the stand out moment (or picture), how true do those words ________ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7
(completely false) (completely true)

Sometimes it is necessary to explain further.

Say, "Remember, sometimes we know something with our head, but it feels differently in our gut. In this case, what is the gut-level feeling of the truth of ________ (clinician states the positive cognition), from 1 (completely false) to 7 (completely true)?"

1 2 3 4 5 6 7
(completely false) (completely true)

Emotions

Say, "When you bring up the picture (or stand-out moment) and those words ________ (clinician states the negative cognition), what emotion do you feel now?"


Subjective Units of Disturbance (SUD)

Say, "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"

0 1 2 3 4 5 6 7 8 9 10
(no disturbance) (highest disturbance)

Location of Body Sensation

Say, "Where do you feel it (the disturbance) in your body?"


Continue with Phases 4 through 5. Phases 6 through 7 are completed after the final segment of the memory has been reprocessed and all of the targets have been treated. It is at that point that the body tension can dissipate.

Note: Repeat the sequence above for each moment that stands out in chronological order.

4. Visualize Entire Sequence of Event With Eyes Closed

Have the client visualize the entire sequence with eyes closed and reprocess it as any disturbance arises. The client should have a full association with the material as it is being reprocessed. If there is disturbance, the client should stop and inform the clinician. Repeat until the entire event can be visualized from start to finish without emotional, cognitive, or somatic distress.
Say, “Please visualize the entire sequence of the event with eyes closed. If there is any disturbance, please open your eyes and we will reprocess the material together. Let me know when your disturbance decreases.”

Repeat this until the client can visualize the entire event from start to finish without distress. If or when there is no disturbance, visualize the entire sequence of the event with eyes open. See the following section.

5. Visualize Entire Sequence of Event With Eyes Open and Install Positive Cognition (PC)

Have the client visualize the event from start to finish with eyes open, and install the PC.

Say, “Please visualize the entire sequence of the event with your eyes open and think of ______ (state the positive cognition). Scan the videotape mentally—even though the images will not be clear—and give the stop signal when you are finished. Go with that (or any other bilateral stimulation [BLS] you are using).”

Use a long set of BLS.

6. Body Scan

Conclude with Body Scan. Only do Body Scan at the end of the processing of all of the targets or moments of the event.

Say, “Close your eyes and keep in mind the original memory and the ______ (repeat the selected positive cognition). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find any tension, tightness, or unusual sensation, tell me.”

If any sensation is reported, do BLS.

Say, “Go with that.”

If a positive or comfortable sensation, do bilateral stimulation to strengthen the positive feeling.

Say, “Go with that.”

If a sensation of discomfort is reported, reprocess until discomfort subsides.

Say, “Go with that.”
Present Triggers

7. Present Stimuli or Triggers

Process present stimuli that may cause a startle response, nightmares, and other reminders of the event that the client still finds disturbing, if necessary.

Target or Memory—Startle Response

Say, “Are you having any startle responses to situations, events, or stimuli that are related to this event?”

LIST FOR SITUATIONS AND EVENTS THAT TRIGGER A STARTLE RESPONSE

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Picture

Say, “What picture represents the situation or event where the startle response occurs?”
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Say, “What are the images that are coming up from the situation or event where the startle response occurs?”
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Say, “What picture represents the most traumatic part of the situation or event where the startle response occurs?”
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Negative Cognition (NC)

Say, “What words best go with the picture that express your negative belief about yourself now?”
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Positive Cognition (PC)

Say, “When you bring up that picture, situation, or event where the startle response occurs, what would you like to believe about yourself now?”
________________________________________________________________________
________________________________________________________________________
Validity of Cognition (VoC)

Say, "When you think of the startle response (or picture) how true do those words ________ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7  
(completely false) (completely true)

Sometimes, it is necessary to explain further.

Say, "Remember, sometimes we know something with our head, but it feels differently in our gut. In this case, what is the gut-level feeling of the truth of ________, (clinician states the positive cognition), from 1 (completely false) to 7 (completely true)?"

1 2 3 4 5 6 7  
(completely false) (completely true)

Emotions

Say, "When you bring up the picture (the situation or event where the startle response occurs) and those words ________ (clinician states the negative cognition), what emotion do you feel now?"

__________________________

Subjective Units of Disturbance (SUD)

Say, "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"

0 1 2 3 4 5 6 7 8 9 10  
(no disturbance) (highest disturbance)

Location of Body Sensation

Say, "Where do you feel it (the disturbance) in your body?"

__________________________

Continue with Phases 4 through 7 for the situation, event, or stimulus that triggers you from above and any others. After processing the first situation that results in a startle response, check to see if any of the others mentioned are still active; if not, proceed to the next question. If there are more startle responses that need to be processed, go ahead and reprocess that experience.

Target or Memory—Nightmare Image

Say, "Are you having any nightmares concerning this event?"
NIGHTMARE TRIGGER LIST

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Picture

Say, “What picture represents the nightmare?”
__________________________________________________________________________

__________________________________________________________________________

Say, “What picture represents the most traumatic part of the nightmare?”
__________________________________________________________________________

__________________________________________________________________________

Negative Cognition (NC)

Say, “What words best go with the picture that express your negative belief about yourself now?”
__________________________________________________________________________

__________________________________________________________________________

Positive Cognition (PC)

Say, “When you bring up that picture or nightmare, what would you like to believe about yourself now?”
__________________________________________________________________________

__________________________________________________________________________

Validity of Cognition (VoC)

Say, “When you think of the nightmare (or picture), how true do those words _______ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”

1 2 3 4 5 6 7
(completely false) (completely true)

Sometimes, it is necessary to explain further.

Say, “Remember, sometimes we know something with our head, but it feels differently in our gut. In this case, what is the gut-level feeling of the truth of _______ (clinician states the positive cognition), from 1 (completely false) to 7 (completely true)?”

1 2 3 4 5 6 7
(completely false) (completely true)
Emotions
Say, "When you bring up the picture (or nightmare) and those words ________ (clinician states the negative cognition), what emotion do you feel now?"

Subjective Units of Disturbance (SUD)
Say, "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"

0 1 2 3 4 5 6 7 8 9 10
(no disturbance) (highest disturbance)

Location of Body Sensation
Say, "Where do you feel it (the disturbance) in your body?"

Continue with Phases 4 through 7 for the dream or nightmare from above. After processing the first nightmare, check to see if any of the others mentioned are still active, if not, proceed to the next question. If there are more nightmares that need to be processed, go ahead and reprocess that experience.

Other Reminders of the Recent Event
Process any situation, event, or stimulus that triggers your association with the recent event.

Say, "What are the other reminders of the ________ (state the situation, event, or stimulus) that triggers you and that you still find disturbing?"

Other Reminders Trigger List

Target or Memory
Say, "What ________ (state the situation, event, or stimulus) that triggers should we use first?"
Chapter 20  Recent Traumatic Events Protocol  153

Picture

Say, “What picture represents the most traumatic part of ________ (state the situation, event, or stimulus) that triggers you?”

______________________________

______________________________

Negative Cognition (NC)

Say, “What words best go with the picture that express your negative belief about yourself now?”

______________________________

______________________________

Positive Cognition (PC)

Say, “When you bring up that picture or ________ (state the situation, event, or stimulus) that triggers you, what would you like to believe about yourself now?”

______________________________

______________________________

Validity of Cognition (VoC)

Say, “When you think of the ________ (state the situation, event, or stimulus) that triggers you (or picture), how true do those words ________ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”

1 2 3 4 5 6 7
(completely false) (completely true)

Sometimes, it is necessary to explain further.

Say, “Remember, sometimes we know something with our head, but it feels differently in our gut. In this case, what is the gut-level feeling of the truth of ________ (clinician states the positive cognition), from 1 (completely false) to 7 (completely true)?”

1 2 3 4 5 6 7
(completely false) (completely true)

Emotions

Say, “When you bring up the picture or ________ (state the situation, event, or stimulus) that triggers you and those words ________ (clinician states the negative cognition), what emotion do you feel now?”

______________________________

______________________________
Subjective Units of Disturbance (SUD)

Say, "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"

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Location of Body Sensation

Say, "Where do you feel it (the disturbance) in your body?"

For clients whose earlier history contains unresolved events that are associated with lack of safety and control, a longer treatment may required.

Say, "Are there any other earlier unresolved events that are associated with lack of safety and control? If so, we can work with them now."

Future Template

8. Create a Future Template

Continue with the Standard EMDR Protocol for targets that need reprocessing.

Although in the summary for the Protocol for Recent Traumatic Events (Shapiro, 2001, p. 225), Dr. Shapiro does not mention the use of any future templates, in fact, the use of the future template is implicit in all EMDR work. Furthermore, the future template is part of the recent event protocol that is taught in the EMDR training to address avoidance, adaptation, and actualization in the future (R. Solomon, personal communication, February, 2009). See Appendix A.
EMDR FIDELITY RATING SCALE

VI. RECENT EVENT PROTOCOL (RE) SUBSCALE

(only possible to evaluate protocol if all tapes related to recent event are available for review)

Client/Subject #: __________________  Clinician:___________________________________

Date of Session: ___________               Date of Review:____________          Tape #:_______

Rater: 1)___________________ 2)_______________________

Recent Event Protocol

1. Obtains a narrative history of the event and identifies each separate disturbing segment or moment of the memory (“t”).
   0 1 2 3 NA

2. Reviews the event and determines which “t” is MOST disturbing to the client.
   0 1 2 3 NA

3. Facilitates reprocessing of MOST disturbing “t”, using the Standard EMDR Protocol through to completion of the installation phase. Body scan is omitted.
   0 1 2 3 NA

4. Appropriately reevaluates MOST disturbing “t” before proceeding to next relevant target. Only proceeds if target is resolved (SUDS = 0 or 1).
   0 1 2 3 NA

5. Facilitates the reprocessing of remaining “t’s” in chronological order.
   0 1 2 3 NA

6. Appropriately reevaluates each “t” before proceeding to next relevant target. Only proceeds if target is resolved (SUDS = 0 or 1).
   0 1 2 3 NA

7. After addressing all relevant “t’s” (SUDS = 0 or 1), asks client to visualize entire event sequence with eyes closed. If any disturbance is reported, implements the Standard EMDR Protocol, focusing on the disturbance.
   0 1 2 3 NA

8. Continues process until client can visualize the event from start to finish without any emotional, cognitive or somatic distress (some disturbance may be ecological).
   0 1 2 3 NA
9. Has client visualize event from start to finish with eyes open and while thinking about the positive cognition. EMs are added as client visualizes entire event.
   0  1  2  3  NA

10. Does effective body scan (combines original incident with positive cognition and asks client to scan body; if time allows, processes any sensations client reports).
    0  1  2  3  NA

11. If disturbing material, feelings, or sensations emerge during body scan, returns to processing or appropriately contains material (if at end of session).
    0  1  2  3  NA

12. Provides appropriate closure.
    a. Chooses appropriate termination point.  + -
    b. Provides support/normalizes experience.  + -
    c. Adequately debriefs.  + -
    d. Predicts possibility of continued processing between sessions.  + -
    e. Encourages client to call if having difficulties.  + -
    0  1  2  3  NA

13. If material is not completely processed, uses procedure for closing incomplete session (relaxation, visual healing, containment).
    0  1  2  3  NA

14. Requests that client journal or maintain a log between sessions.
    0  1  2  3  NA

15. After completing processing related to recent past event, targets present triggers using the Standard EMDR Protocol.
    0  1  2  3  NA

16. After effectively processing all relevant present triggers, targets future goals using the Future Template Protocol.
    0  1  2  3  NA

Comments: ______________________________________________________________________
________________________________________________________________________________
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