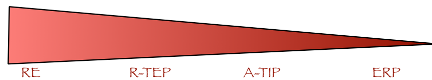
LECTURE 11b

Recent Events

Treating Recent Trauma

(Which to choose? You be the Judge)



- RE (F. Shapiro): Standard EMDR
- R-TEP (E. Shapiro / Brurit Laub) -EMD, EMDr, EMDR
- A-TIP (Kiessling): EMD
- ERP (G Quinn): ERP

RE - Recent Events

Francine Shapiro

AIP -
- Incident is fractionated
- Client is unable to work through an experience
- Environment- it is over (not on-going)

Eye Movements (Research)
- Images fade, emotions decrease, linkages occur, insight, adaptive learning

Applications
- Recent Trauma and it is over
- Client has the ability to process (past, present, future)

Case Conceptualization

Phase 1: Telling the story

- Have the client tell their story
- Look for 'spikes' during the narrative
- With each 'spike' identify the irrational belief (NC)

Phase 2 - Stabilization

- Calm Inner Space or other

Processing (Specific to global processing)

Phase 3:Accessing and Activating

- Worst, then Chronological
- Each 'Target' may (will) have a different NC/PC structure

Phase 4: Fractionated to ConsolidatedDesensitization

1. Desensitize worst target: SUD>0 (ecological)
2. Installation PC for that target: VoC<7 (ecological)
   --------no body scan (yet)
3. Repeat Phases 1 & 2 for each target - repeat narrative chronologically until totally consolidated (no more disturbing aspects: SUD=0)

Phase 5: Global Installation

- "As you think of the entire experience, what adaptive belief have you realized (PC)?-----Install PC (VoC=7)

Phase 6: Body Scan

- Neutral or Clear

Integration

Phase 8: Re-evaluation

- Checking the work
- Present Triggers

Three-pronged Processing

•Present Triggers

- Clear out any additional 'present triggers'

1.Run Future Templates on all present triggers

2.?Past

- Does the 'Recent Event' link to the 'Past'?

R-TEP: RECENT TRAUMATIC EPISODIC PROCEDURES

Elan Shapiro & Brurit Laub

AIP - Client is unable to work through the traumatic experience

Bilateral Stimulation

- Tapping
- Eye Movements

Clinical Interventions (Processing Continuum: EMD, EMDr, EMDR)

•Target processing with options to do more or less

Applications

•Resent Trauma within an on-going traumatic environment

•Client ability/inability to process (past, present, future)

Case Conceptualization

Phase 1: Telling the story

- Constant BLS - tapping/watching tapping
  - Calming, initial grounding during the 'telling story process'

Phase 2 - Stabilization

- Calm Inner Space or other
- Pre-processing Resource (Laub)

Processing

Phase 3:Accessing and Activating

- 'Goggle Search' for worst (repeat 'Goggle Search' to identify and process the next worst aspect***)

Phase 4: Desensitization

- Clinical judgment regarding initial processing modality (EMD, EMDr, EMDR)
- Ballon in or out as necessary***
  - EMD, EMDr, EMDR as is clinically appropriate

Phase 5: Installation

- Standard

Phase 6: Body Scan

- Clinical Judgment

Integration

- Reevaluation
- Future Triggers

*** Modifications to the Recent Events Protocols

A-TIP: ACUTE TRAUMATIC INCIDENT PROCESSING

(Experimental: Roy Kiessling)

Application
- Settings
  - Disasters
    - Crisis setting
      - Client is out of the shock of the trauma
      - Little if any time has passed since trauma
      - Environment may still be 'traumatic'
  1. Time/Setting limited
     1. Workman's Compensation Referral
  - Client's issue is pending-needing immediate processing
    - Future Triggers

A-TIP Procedures

Case Conceptualization

Phase 1: 'Walk through' what happened
- Slow tapping or heals going up and down while giving narrative (modified from E. Shapiro's R-TEP)

Phase 2: Stabilization/Affect Management
- Breathing
- Container
- Mindfulness
- Inner Calm Space

Processing

Phase 3: Access & Activate - Standard

Phase 4: Restricted Processing
- Process the incident using EMD procedures
- SUD > 0
  - Ecological

Phase 5: Installation
- VoC <7
- Ecological

Phase 6: Body Scan
1. Use clinical judgment

Integration

Phase 8 Reevaluation

Future Triggers

EMERGENCY RESPONSE PROCEDURES
ERP

(Emergency Room Procedures: Gary Quinn)

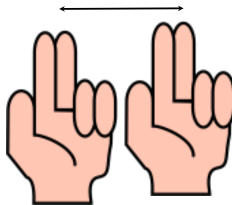
AIP - Client is frozen in the 'Traumatic' experience

Usually no history
Usually no preparation other then explanation of BLS (if that)
Usually no accessing and activating

With permission, Immediately begin Continuous EMs

CONTINUOUS (EM's)

- Client nurtures, supports, reframes constantly saying:
  - It's over
  - The incident.....is over,
  - You are here,
  - You are safe now,
  - That incident is in the past,
  - Follow my fingers,
  - Notice what you are hands are touching,
  - Place your feet firmly on the ground
  - Salivate
  - Have a drink of water



SUMMATION: Recent Trauma

BLS Interventions
- ERP
- A-TIP
- R-TEP
- RE

But...
What if the trauma had a pre-existing condition?

Additional interventions may be necessary to accomplish total treatment effects:
- EMDR
- EMDR from a Belief Schema Perspective