

COMPARISON CHART BETWEEN EMDR-PRECI, EMDR-RE, and R-TEP.

<p>EMDR-Protocol for Recent Critical Incident and Ongoing Traumatic Stress. (EMDR-PRECI). Jarero et al., 2011; Jiménez et al., 2020</p>	<p>EMDR Recent Event Protocol (EMDR-REP) Francine Shapiro (2001; 2009b; 2018).</p>	<p>Recent Traumatic Episode Protocol (R-TEP). E. Shapiro and Laub (2008; 2009).</p>
PURPOSE, CONCEPTUALIZATION AND PHASE ONE		
<p>The EMDR-PRECI is an eight-phase and three-pronged protocol developed in the field specially designed to treat recent, present, or past prolonged adverse experiences (e.g., ongoing, prolonged, or life-long traumatic stress).</p>	<p>To process an isolated individual trauma that has occurred within a three-month period, which is then followed by a period of relative safety and calm.</p>	<p>It posits a “trauma episode” to address disturbance related to a recent event that continues for the client through the present.</p>
<p>Conceptualizes the continuum of prolonged adverse experiences as creating a cumulative trauma exposure memory network of linked pathogenic memories with similar emotional, somatic, sensorial, and cognitive information, interfering with memory consolidation.</p>	<p>Conceptualizes traumatic event as composed of several separate moments/aspects</p>	<p>Conceptualizes traumatic episode as a trauma continuum composed of multiple fragments, experiences, and events.</p>
<p>Ask the client to give a brief (no more than 10 minutes) general description of the adverse experience in a narrative form from right before until the present moment. No BLS. No probe for early client history.</p>	<p>Collects history according to EMDR standard procedures.</p>	<p>Ask for a general description of the trauma at this stage. No BLS.</p>
PHASE TWO		
<p>Specifically suggests using the Butterfly Hug for reprocessing purposes during session as an alternative for the EM in the case of patients with a narrow window of tolerance or between sessions.</p>	<p>Does not specifically suggest using the Butterfly Hug for reprocessing purposes.</p>	<p>Does not specifically suggest using the Butterfly Hug for reprocessing purposes.</p>
<p>Uses Jarero & Artigas’s post-disaster self-soothing strategies.</p>	<p>Uses standard EMDR safe place and phase 2 strategies.</p>	<p>Uses E. Shapiro’s 4-Element self-soothing strategies (includes Safe Place) and Laub’s Resource Connection.</p>

PHASE THREE FOR INITIAL REPORTED PART/MOMENT/POINT OF DISTURBANCE		
To encompass the whole cumulative trauma exposure memory network, the clinician asks the client to run a mental movie of the whole adverse experience from right before the beginning until today or even looking into the future (no BLS) and assesses the worst part, asking the client to identify the image, NC, emotion, SUD, and body sensation's location but not PC or VOC.	Obtains a narrative history of the event (not until de present moment or the future). No BLS. Ask the client to assess the most disturbing moment as a complete target with image, NC, PC, VOC, emotion, SUD, and body sensation location.	Obtains a narrative history of the trauma episode with BLS & then immediately after uses Google search to identify the first Point of Disturbance (PoD) and assesses it with image, NC, PC, VOC, emotion, SUD, and body sensation location. (Flexibility is permitted).
Waits for the client to respond with their own NC before offering one. No PC is developed.	Suggests a tentative NC and PC to the clients if they have difficulty formulating NC or PC	Waits for the client to respond with their own NC before offering one. Suggests a tentative NC and PC to the client if they have difficulty formulating NC or PC.
PHASE FOUR FOR WORST PART/MOMENT/POINT OF DISTURBANCE		
Uses the Phase 4 free associative reprocessing of the standard EMDR protocol. At the end of each set of BLS, the standard protocol's words "Let it go" are NOT pronounced. Instead, after the "take a breath" instruction, the clinician asks, "What are you noticing now?" to obtain an accurate report of what the patient was noticing.	Uses the Phase 4 free associative reprocessing of the standard EMDR protocol. At the end of each set of BLS the clinician says: "Let it go, and take a breath."	Uses "Telescopic Processing" = three staged strategies, EMD->EMDr->EMDR, to gradually expand associative processing. Free associative processing is used if Trauma-Episode focused processing is not sufficient.
Primarily uses Eye Movements for BLS. Uses the Butterfly Hug in the case of patients with a narrow window of tolerance.	Uses various forms of BLS	Uses various forms of BLS but recommends EM and always keeping eyes open as well.
PHASE FIVE FOR WORST PART/MOMENT/ POINT OF DISTURBANCE		
Phase 5 is not done for the worst or other disturbing parts.	The most disturbing moment is processed to completion of the installation phase if applicable; VOC=7.	The Point of Disturbance is processed to complete the installation phase at an ecological level.

PHASE THREE FOR SUBSEQUENT PARTS/MOMENTS/ POINTS OF DISTURBANCE		
After the worst part is processed with Phases 3 & 4 procedures, the clinician asks the client to run the mental movie of the whole adverse experience from right before the beginning until today or even looking into the future to find remaining parts with disturbance. No BLS. Do not target the parts in chronological order, only those with disturbance.	Other disturbing moments are processed in chronological order. After this, the clinician asks the client to visualize the event with eyes closed to find any remaining moments with disturbance. No BLS.	After a Point of Disturbance is reprocessed, use Google search with continuous BLS to find another point. Sequencing is not necessarily chronological.
Each disturbing part is assessed with image, NC, emotion, SUD, and body sensation location, but not PC or VOC.	Each disturbing moment/aspect is assessed as a complete target with image, NC, PC, VOC, emotion, SUD, and body sensation location.	Each identified point is assessed as a complete target with image, NC, PC, VOC, emotion, SUD, and body sensation location (as possible)
PHASES FOUR AND FIVE FOR SUBSEQUENT PARTS/MOMENTS/ POINTS OF DISTURBANCE		
Each subsequent disturbing part is processed to complete the desensitization phase using the free-associative reprocessing of standard EMDR protocol. No chronological order is followed.	Each remaining disturbing target is processed in chronological order to the completion of the installation phase.	Each subsequent Point of Disturbance is processed with telescopic processing to completion of the installation phase. (not necessarily chronological)
PC is not identified for disturbing parts, and no PC installation is done for disturbing parts.	Installation of the PC uses standard EMDR procedure with frequent checking of VOC.	Installation of the PC uses standard EMDR procedure with frequent checking of VOC.
PHASE FIVE FOR THE ENTIRE EXTENDED EVENT/ADVERSE EXPERIENCE		
A global installation is conducted when the client identifies no further disturbance when visualizing the entire adverse experience from start to finish (even looking into the future).	It is conducted when the client identifies no further disturbance when visualizing the episode from start to finish with eyes open.	It is conducted when the client identifies no further Points of Disturbance when doing a “Google search” of the episode.
PC is developed for the entire adverse experience. To allow free associative reprocessing (like in Phase 4), the client is instructed to “let whatever happens, happen” during BLS, but not to focus on both positive cognition (PC) and the event while doing BLS, like in	Installation of the PC uses standard EMDR procedures, which include focusing on both positive cognition and the target memory while doing BLS and frequently checking the VOC.	PC is developed for the whole episode. Installation of the Episode PC uses standard EMDR procedures, which include focusing on both the PC and the target memory while doing BLS and frequently checking the VOC.

<p>the standard EMDR procedures for this phase.</p> <p>Note: Research (e.g., Hornsveld et al., 2011) has shown that focusing on both positive cognition and the target memory while doing BLS rendered the positive cognition less vivid and less positive.</p> <p>Installation of the PC does not use frequent checking of VOC but full reprocessing, doing long sets of BLS while information (disturbing or positive) is moving.</p> <p>It uses a supplemental step suggested by Dr. Francine Shapiro on December 15, 2010 (personal communication), reviewing the whole sequence with eyes closed and holding in mind the PC. Then, asks if the PC feels less than true on any part of the sequence (VOC=7 or ecologically appropriate).</p>	<p>An additional check was added by Dr. Francine Shapiro (2018). Ask the client to review the entire “video” with her eyes closed, holding in mind the PC to ensure that the VOC score is a 7 (or ecologically appropriate) for the entire event.</p>	
PHASE SEVEN AND THREE-PRONGED PROTOCOL		
<p>Uses Jarero & Artigas’s post-disaster self-soothing strategies.</p>	<p>Uses standard EMDR safe place and other session closure strategies.</p>	<p>Uses E. Shapiro’s 4-Element self-soothing strategies (includes Safe Place) and Laub’s Resource Connection.</p>
<p>Uses a Three-Pronged Protocol like the EMDR Standard Protocol</p>	<p>Uses a Three-Pronged Protocol like the EMDR Standard Protocol</p>	<p>Do not use a Three-Pronged Protocol.</p>

Table adapted from: Jarero, I., Artigas, L., & Luber, M. (2011).

Note: This table does not contain the full steps for any of the protocols but lists those elements that are similar and dissimilar.

References.

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