HANDOUT #1R

The Recent Traumatic Episode Protocol (R-TEP)

for Early EMDR Intervention (EEI)

Overview & protocol instructions

Elan Shapiro & Brurit Laub REVISED June. 2012

elanshapiro@gmail.com; brurit@zahav.net.il

The R-TEP is a comprehensive current trauma focused protocol for EEI which incorporates and extends the existing EMD and Recent Event protocols together with additional measures for containment and safety. The R-TEP usually requires 2-4 sessions which can optionally be conducted on successive days.

GLOSSARY of KEY R-TEP TERMS

1- Traumatic Episode (T-Episode)

The original traumatic incident together with its aftermath is viewed as an on-going trauma continuum while the experiences are not yet adaptively processed. The T-Episode comprises multiple targets of disturbance. These Target fragments are referred to as **Points of Disturbance (PoDs)**, from the original incident until today.

2- Episode Narrative + continuous BLS (Bi-Lateral Stimulation)

The Episode Narrative is telling the story of the traumatic episode out loud with continuous BLS which helps to ground and contain affect. This initial processing begins to integrate the gaps of the fragmented traumatic story. In phases I & II recounting the details of the trauma is discouraged to avoid premature activation
Option: Using a distancing metaphor, e.g. T.V screen, gives additional containment if needed.

3- Google Search (G-Search) or Scan

The G-Search is a mechanism to identify the various Points of Disturbance (PoD) by non- sequential scanning of the T-Episode, without talking, together with BLS.

4-Telescopic Processing[1]: A three strategies approach (EMD <→EMDr ….→EMDR)

The term "Telescopic Processing" is used to reflect the three optional strategies for Phase IV Desensitization.
EMD strategy: Narrow focused processing of the PoD by limiting the range of associations to the PoD . This is a brief strategy, particularly effective with intrusive image/sensation fragments.

EMDr[2] strategy: Wider focused processing of the PoD, by going with the AIP chains of associations relating to the T-Episode . This is usually the main strategy.

EMDR strategy: Widest focus. Only used if necessary, to include the whole span of life with no limitation of associations, according to the standard EMDR protocol. It requires client consent as the initial contract is current trauma focus. This step is optional and rare.

[1] Term after Marilyn Luber
[2] Term after Roy Kiessling.

Overview: Adapted 8 Phases

A. Phase I: INTAKE (History Taking) -evaluate readiness for the R-TEP

Phase II: PREPARATION (attention to safety & containment)

B. <u>Processing at Points of Disturbance (PoD) level</u>

Identification of target fragments and their processing within the Trauma Episode

PoD Level Phases: ASSESSMENT (III); DESENSITIZATION (IV); INSTALLATION (V) If ecological; (no BODY SCAN VI yet); CLOSURE (VII)- at end of each session

1. **Trauma-Episode Narrative + continuous BLS** (Bi-Lateral Stimulation) -telling the story of the traumatic episode out loud with BLS.
2. **Episode Google- Search + BLS** (identifying **Points of Disturbance (PoD)** relating to the T-Episode from the original incident until today)
3. **Assessment of each PoD (Point of Disturbance)** identified from G-Search
4. **Telescopic Processing (Desensitization)**: **A 3 strategies approach (EMD <→EMDr →EMDR)**
5. **Installation if SUD is ecological**
6. **Repeat steps 2-5 to identify & process remaining PoDs, until none found**
7. **A strong Closure at end of each session**

C. <u>Processing at Episode level for completion</u>

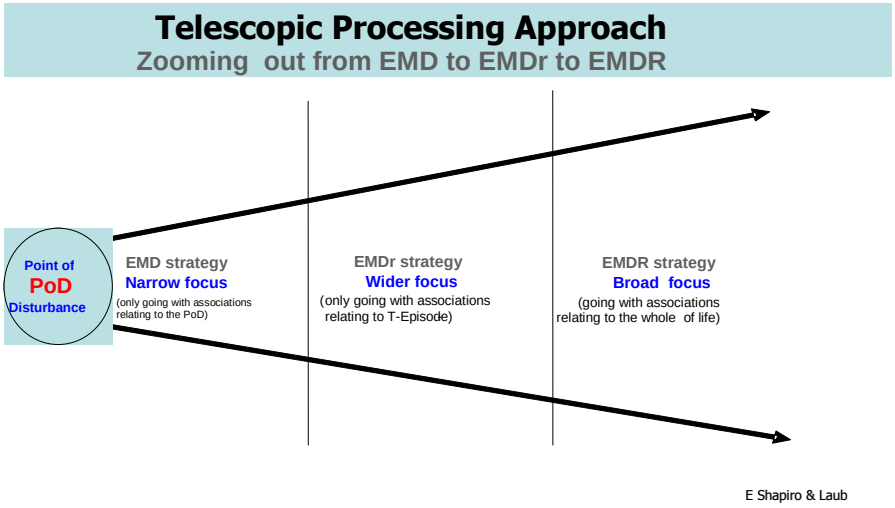
Check Episode SUD

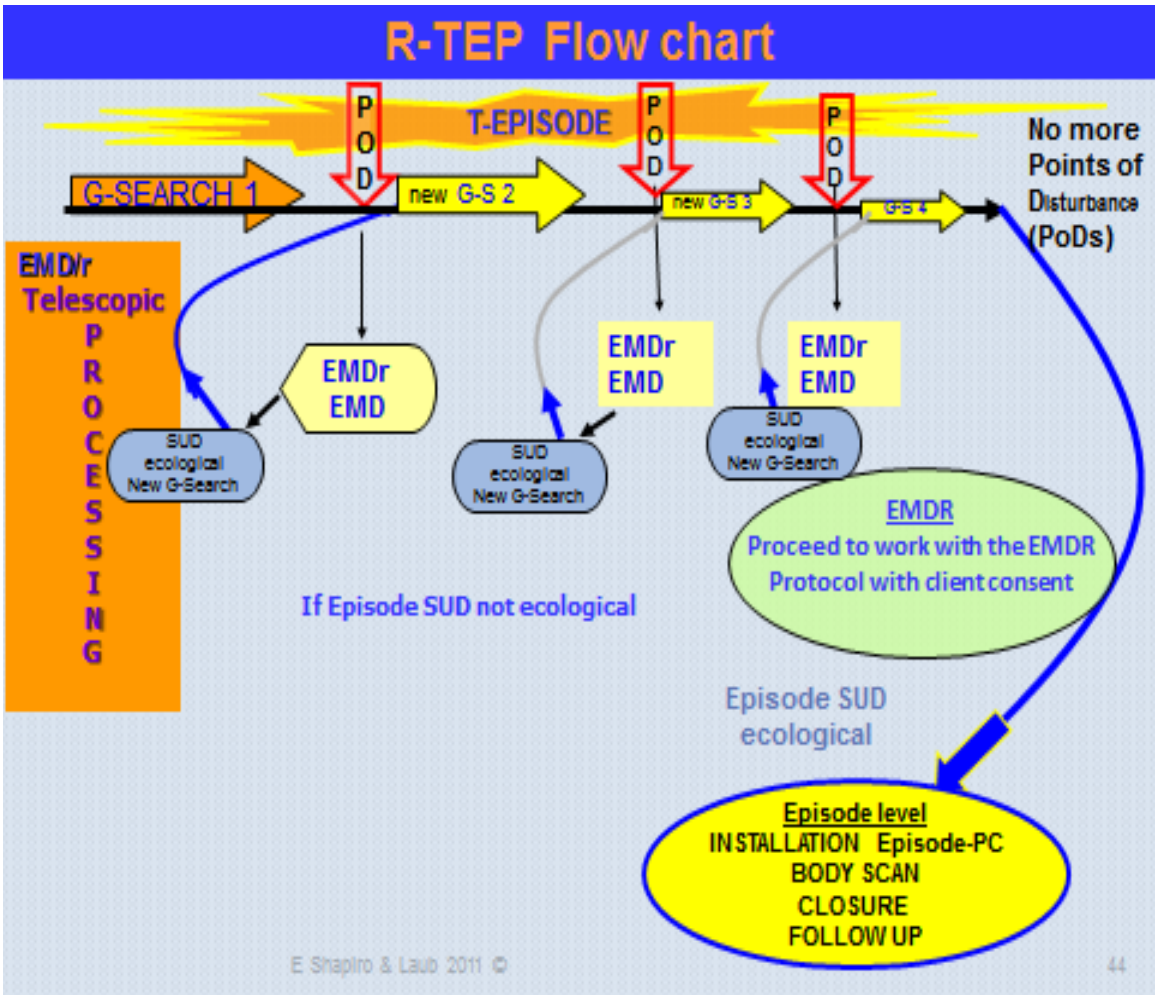
INSTALLATION of Episode PC

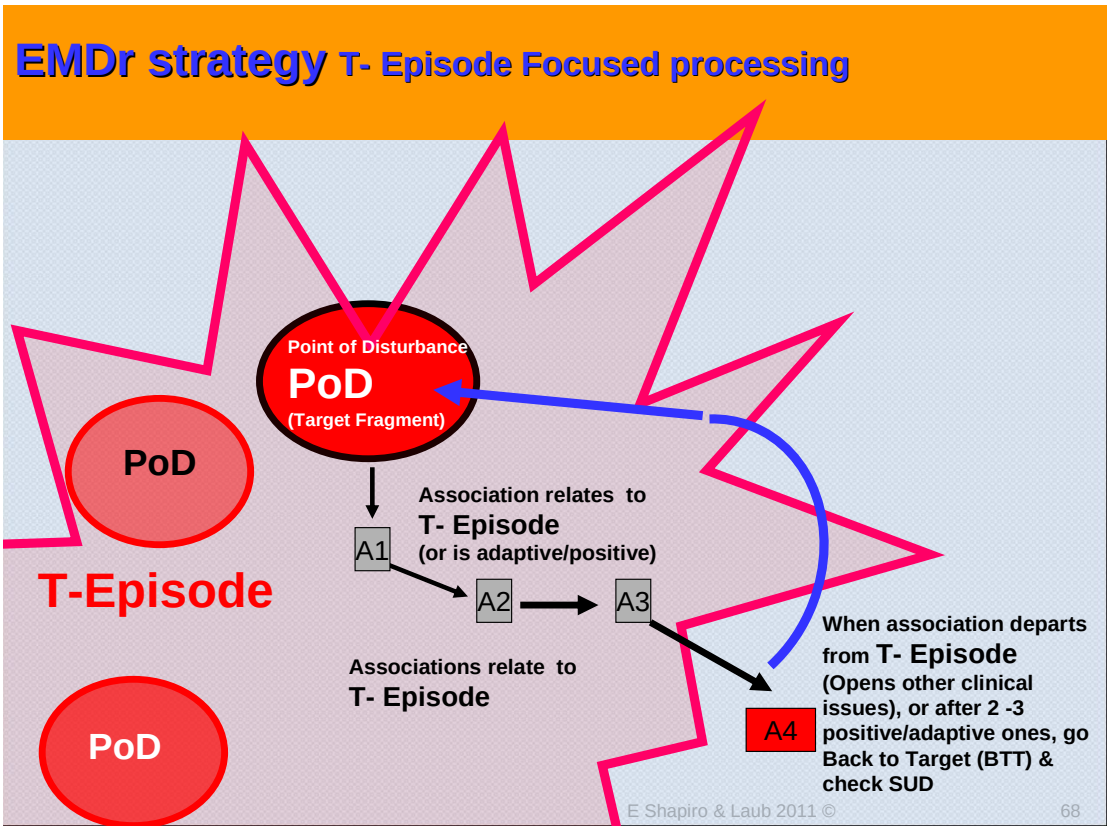
Episode BODY SCAN

CLOSURE of Episode

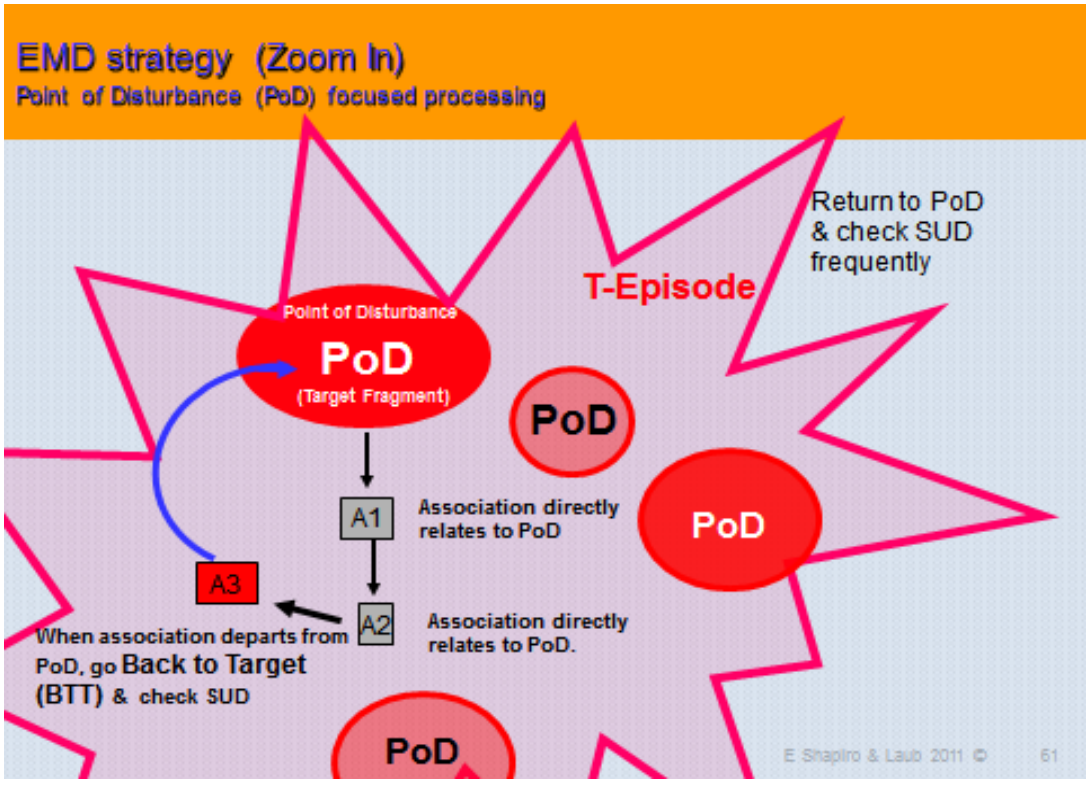
FOLLOW – UP


Telescopic Processing Approach
Zooming out from EMD to EMDr to EMDR
Point of PoD Disturbance
EMD strategy
Narrow focus
(only going with associations relating to the PoD)
EMDr strategy
Wider focus
(only going with associations relating to T-Episode)
EMDR strategy
Broad focus
(going with associations relating to the whole of life)
E Shapiro & Laub


R-TEP Flow chart
T-EPISODE
POD
POD
POD
G-SEARCH 1
new G-S 2
new G-S 3
G-S 4
No more Points of Disturbance (PoDs)
EMDr Telescopic PROCESSING
EMDr EMD
EMDr EMD
EMDr EMD
SUD ecological New G-Search
SUD ecological New G-Search
SUD ecological New G-Search
If Episode SUD not ecological
EMDR
Proceed to work with the EMDR Protocol with client consent
Episode SUD ecological
Episode level
INSTALLATION Episode-PC
BODY SCAN
CLOSURE
FOLLOW UP
E Shapiro & Laub 2011 ©
44



E Shapiro & Laub 2011 ©



COMPARISON TABLE Standard EMDR Protocol vs. R-TEP

	Standard EMDR Protocol	**R-TEP**			
Phase I History	Full Intake 3 Pronged orientation Past Present Future. Targets identified for treatment plan	Briefer Intake history: to assess SMS (Severity/Motivation/Strengths), Therapy contract has current Trauma Focused priority. Concept of **T-Episode** Only general information about the T initially (details only requested later during Episode Narrative + BLS)			
Phase II Preparation:	Safe Place (More if needed)	Extended preparation e.g. 4 Elements (includes Safe Place), Resource Connection.			
Phase III Assessment	**Target**: Event Image; NC; PC; VoC; Emotion; SUD; Body	a) **Episode Narrative + BLS** b) **G-Search with BLS** to identify **Target** fragments /Points of Disturbance (PoD). c) FOR EACH PoD: Image; NC; PC; VoC; Emotion; SUD; Body			
Phase IV Desensitization	Processing with BLS No limitations of association as long as there is change	**Telescopic Processing** : 3 strategies of expanding focus of associations, if needed EMD<→EMDr…….→EMDR	EMD strategy Narrow focus going only with associations relating to the PoD but returning to Target (PoD) & checking SUD when it departs from PoD. If SUD stuck after 6 sets expand naturally into EMDr strategy →	EMDr strategy Wider focus allowing associative chains relating to the T-Episode If SUD stuck consider narrower EMD strategy focus	EMDR strategy no limitation of association as long as there is change Only if needed & with client consent
Phase V Installation	Install PC when SUD 0/1	Install PC (for each Target when SUD is ecological)			
Phase VI Body Scan	Body Scan	No Body Scan until all the targets of the T-Episode processed			
Phase VII Closure	Closure	Strong closure at the end of each session (usually requires several sessions)			
Phase VIII Reevaluation	next session	Check for remaining PoDs using G-Search at next session. Follow-up at end.			

R-TEP PROTOCOL INSTRUCTIONS

The special circumstances of early interventions requires sensitivity and flexible application of the protocol guidelines.

A. Phase I: INTAKE (evaluate readiness for the R-TEP)

SMS ratings

Obtain as much client history as is reasonable in the circumstances to get an idea from the client or from others, of previous functioning, prior trauma etc., sufficient information to estimate SMS ratings on a 5 point scale 1-5 Lo to Hi (S=Severity, M=Motivation, S=Strengths). In addition to the nature of the trauma, gauge risk factors & decide whether it is appropriate to proceed with EMDR processing with this client at this time.
If possible administer the Impact of Events Scale (IES-R) as part of the evaluation.

Summary of SMS ratings based on all information obtained & clinical impression						
S=Severity	**(Lo)**	**1**	**2**	**3**	**4**	**5 (Hi)**
M=Motivation	**(Lo)**	**1**	**2**	**3**	**4**	**5 (Hi)**
S=Strengths	**(Lo)**	**1**	**2**	**3**	**4**	**5 (Hi)**

Phase II: PREPARATION (attention to safety & containment)

In Early EMDR Intervention, clients are likely to be easily flooded with states of high arousal and distress. Therefore phase II preparation is particularly important for establishing sufficient safety and containment to enable starting to work on the protocol.
In all cases start with teaching self stabilisation and resource exercises such as: The 4 Elements, Safe place, and Resource Connection, for calming and enhancing control.
Therapy contract: priority will be given to maintaining a recent trauma focus. Consent will be requested if it is found necessary to broaden the intervention to regular EMDR.

Explanation: ***This EMDR protocol is especially suited for early intervention. It's aim is to help your natural system digest the disturbing fragments of the traumatic episode so that you can regain your balance. Let whatever comes to mind come up. Sometimes I will ask you to go back to a certain part of the memory, and sometimes not. At other times, we might note something that we could come back to later if we choose, then refocus on the current traumatic episode. It is like Zooming In, or Out, which can help you focus observe & process your memories & experiences, so that past & present are not confused & you can begin feeling calmer, safer & more in control.***

B. Processing at Points of Disturbance (PoDs) level

Identification & processing of each PoD within the Traumatic Episode.

(Phases III, IV, V & VII -no VI)

1. T-Episode Narrative + continuous BLS (Bi-Lateral Stimulation)

Telling the story of the Traumatic Episode (T-Episode) out loud with BLS, from the original incident until today, including disturbing thoughts about the future, which need to be processed.

Option: Using a distancing metaphor, e.g. T.V screen, gives additional containment.

"I am going to ask you to view the whole T-Episode, ***beginning some time before it started until today. Feel your feet on the ground, the safety of this room, and tell the story out loud****".*

[OPTION "and watch the whole episode as on T.V. Imagine that you are watching the episode on a screen with a remote control that can make the screen smaller, further away, lower the volume or even stop it"]

2. Episode G- Search with BLS - to identify Points of Disturbance (PoDs) relating to the T-Episode from the original incident until today

"Now, without talking out loud, scan the whole episode, like "Google Search" in the computer, ***for anything which is disturbing****, in no particular order. Just notice what comes up as you search the whole episode from the original event until today and stop at what is still disturbing you."*

Use continuous BLS during the *G-Search*

3. Phase III: Assessment of PoD

ASSESSMENT of each Point of Disturbance (PoD) which becomes the target fragment.

use as much of the **Standard Protocol** assessment as appropriate (use clinical judgement)

NOTE: When there is high arousal or activation and/or the PoD is an intrusion, flexibility is advised and a partial Assessment may be conducted.

Phase III: ASSESSMENT of PoD

1.TARGET (PoD): *"Describe what is disturbing you" (PoD)*

_____

2. Image:

If the PoD is not a visual image ask:
"Is there a picture which goes with this PoD?"

_____

3. NC (Negative Cognition):
"What negative words go with that PoD…,or about yourself, now?"
.....

If high arousal &/or difficulty in rapidly finding an NC, suggest a suitable NC
"A lot of people who have gone through situations similar to what you went through often report afterwards that they are left with negative thoughts or judgments about themselves, like: 'I can't believe it happened' ;I'm not safe' ; 'I'm helpless; 'I didn't do enough', and so on. What kind of thought occurs for you?

_____

4. PC (Positive Cognition) *"When you bring up that PoD … how would you like to think about it, or about your self, now ?"*
.....

If it is difficult to find a PC while the level of disturbance is high, offer a tentative PC which is appropriate to the NC: e.g. "*Would you like to believe that…"it happened & it's over, I survived, I am safe now from THAT event…I can cope, I did the best I could". Is that what you would like to believe or is there something else you prefer?*

5. VOC *"On a scale of 1 to 7, where 1 is completely not true and 7 is completely true, how true do these words feel to you, now?"* 1 2 3 4 5 6 7

_____

6. Emotions: *"When you bring up that PoD … and those words (NC above), what emotion(s) do you feel now?"*

7. SUD: *"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 the (PoD)…….. feel to you now?"*

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

_____

8. Location of Body Sensation:
"Where do you feel it in your body?"

4. Phase IV: TELESCOPIC PROCESSING (Desensitization)
Phase V: INSTALLATION

<u>EMDr strategy</u> - This is the main strategy of the Telescopic Processing. In this strategy the associative span of the Adaptive Information Processing (AIP) system relates *to the current traumatic episode*. If an association comes up which is not related to the traumatic episode the client is asked to re-focus by going Back To Target (BTT) to the Pod *(Point of Disturbance)* and checking the SUD.

<u>The EMD strategy</u> – This is a narrow focused strategy which allows only associations related to the PoD. If the association is not directly related to the PoD the client is asked to re-focus by going BTT and checking the SUD frequently.

The EMD strategy is advocated:

a) When the target/ PoD (Point of Disturbance) is an intrusive fragment (frequently recurring disturbing Image, sensation, thought, feeling). **But if the SUD is not reducing significantly after about half a dozen sets then expand naturally into an EMDr strategy.**

b) When there is still an intrusive/painful fragment which blocks the AIP system, or when the SUD level is not reducing with the EMDr strategy, consider narrowing to an EMD strategy as one procedure which can be attempted to get the processing moving (in addition to interweaves).

c) In very early interventions, and possibly when working with children, the EMD strategy may be preferred.

In this T-**Episode focused protocol** the full **<u>EMDR strategy</u>** is used only if it becomes necessary and then with client consent.

EMD Strategy: Point of Disturbance (PoD) narrow focused processing

Use this strategy primarily:
When the Point of Disturbance (PoD) is an intrusive image/sensation, feeling or thought
When the EMDr processing is arrested (stuck)
When the intervention is very early

The EMD strategy limits associations. If associations relate directly to the PoD the processing is continued. If associations depart from the PoD then there is a return to Target (the PoD) and the SUD level is checked frequently.
The distancing metaphor can be suggested to help with high arousal if needed.
It is usually a brief procedure, so if the SUD is not reducing after about 6 sets "Zoom Out" smoothly to a wider EMDr strategy.

INSTRUCTIONS

"I'd like you to Zoom In to the Point of Disturbance (PoD: image/ /sensation/feeling/or thought etc.)…think of those negative words (repeat the (NC), and notice where you are feeling it in your body"… ,

Then do a set of BLS (Bi-Lateral Stimulation)
After set: *say "Take a deep breath. …What do you get now?".....*
……...

a) If the association is about the *PoD*,:
say "Go with that" … then do another set of BLS.

b) If the association departs from the *PoD go back to Target (PoD)*
say: "I would like you now to re-focus briefly on the Point of Disturbance (PoD: image/ /sensation/feeling/or thought etc.) to help your natural system digest it, "What do you notice now?" ..... . /or, "Has anything changed?"...../ "How much disturbance do you feel now from 0 to 10?"

0 1 2 3 4 5 6 7 8 9 10 …then do another set of BLS.

And so on… continue for several more sets.

When SUD level reduces to ecological validity or the original **PoD** can be viewed relatively calmly **proceed directly to do the Phase V INSTALLATION** for this PoD. (Do the Installation in the usual way checking the PC & VoC [1…7] and installing it as close to 7 as it will go)

If the SUD level is not reducing sufficiently, after about 6 sets**,** then "Zoom Out" to the **EMDr** strategy (below) which permits wider associations relevant to the **current T-Episode**

THIS IS THE MAIN STRATEGY of the TELESCOPIC PROCESSING

EMDr Strategy - Trauma-Episode focused processing

INSTRUCTIONS

"I'd like you to Zoom In to the Point of Disturbance (PoD) …think of those negative words (repeat the (NC), and notice where you are feeling it in your body"… , Then do a set of BLS (Bi-Lateral Stimulation) After set: *say "Take a deep breath. …What do you get now?".....*

a) If the association is about the Trauma Episode

say *"Go with that"* … and continue with sets of BLS, and chains of association as long as the association is related to the episode

b) If the association departs from the Trauma *Episode - go back to Target (PoD)*

say "we can note that but as we have agreed to focus on the episode I will ask you now to go back to the Point of Disturbance ....(PoD: image/sensation/feeling/or thought etc.),
What do you notice now?.....How much disturbance do you feel now from 0 to 10?"

0 1 2 3 4 5 6 7 8 9 10 Then do another set of BLS

Continue the processing in this way until the SUD level drops to an ecological level or PoD can be viewed calmly.

Go on to do the Phase V: INSTALLATION for this PoD **(Do the Installation in the usual way checking the PC & the VoC [1…..7] and installing it as close to 7 as it will go)**

If the SUD level is not reducing or processing gets stuck then, consider using the EMD strategy for more focused processing and/or use interweaves.

Continue by repeating the "Episode G-Search" as before to check if there are any other PoDs left within the T-Episode to be processed similarly with Telescopic Processing

*"Now, again without talking out loud, return to scan the whole episode, like "Google Search" in the computer, **for anything else which is disturbing**, in no particular order. Just notice what comes up as you search the whole episode from the original event until today and stop at what is still disturbing you and we will process it."*

Use continuous BLS during the *G-Search*

EMDR Strategy **Rarely if the EMDr and EMD strategies are not sufficient to process the current T-Episode (processing may be arrested due to blocking beliefs or other issues which need to be addressed) it may be necessary to work with the regular EMDR protocol on targets outside of the current T-Episode, but only with client consent, establishing a new contract.**

Since the T-Episode is comprised of several Target fragments (PoDs) the G- Search is usually used over several sessions.

Ensure a strong closure at the end of each session!

NOTES:

Concerns about the future such as, "*What if it happens again*?", a disrupted sense of personal safety and challenges to basic world assumptions (e.g. 'bad things don't happen to good people') may arise during the G-Search. These Targets are processed in the same way as other Targets. This may be helpful for strengthening resilience.

C . Processing at EPISODE LEVEL for completion

Checking Episode SUD (E-SUD)

When no more targets (PoD) emerge with G-Search

check the **SUD level for the entire T-Episode**.

"*When you think of the entire episode now, how disturbing is it to you on a scale from 0 to 10?"*…….

When the SUD level is zero or one proceed to Installation of Episode PC

NOTE: Rarely, if the Episode SUD is not zero, inquire what is preventing it or what would be needed to reach zero. Consider using interweaves, doing an additional G-

Search or it may be necessary to work with the Standard EMDR Protocol for underlying issues, **with client consent**.

Phase V: INSTALLATION of Episode Positive Cognition (E-PC)

"When you look at the original incident and all that has happened since, the entire episode, how would you like to think about it now? What have you learned from it?"

……..

Obtain an E- PC for the entire episode

Check the VOC. - "*When you think of the entire episode again and say the words (repeat the E-PC), how true does it feel to you on a scale from 1 to 7?"*…

Episode Installation with BLS

"*Hold them together, the entire episode and these words……. (E-PC)*"

Install with sets of BLS checking VOC.

Continue installation until it no longer changes and VoC is 6 or 7
If the VoC is less than 7, say the following
"*What prevents this from being a 7?" ; or "What can help it reach 7?"*

EPISODE BODY SCAN

"When you think of the entire episode and your positive cognition… (state E-PC),
notice any body sensations.

Use sets of BLS as in the Standard Protocol

EPISODE CLOSURE

FOLLOW - UP

Obtain feedback from previous work and check Episode SUD Level (0……10)
If not ecological: use G-Search to identify any residual Targets (PoD) which may require additional processing.

If ecological: confirm appropriateness of Episode-PC ……

Check & reinforce VOC (1……7)

Administer the Impact of Events Scale (IES-R) again **at end of treatment & at follow-up (after about 3 months)**

Check level of functioning again at post treatment & at follow-up

(POST) Level of Functioning (compared to usual) [LO] 1….2….3….4 [HI]

(FOLLOW-UP) Level of Functioning (compared to usual) [LO] 1….2…3….4 [HI]

IES-R Scoring

TOTAL SCORES: PRE_____POST_____

FOLLOW-UP_____

COMMENTS (continue on other side of page)

_____

_____

_____

_____

_____

DATA COLLECTION PILOT

Phase I: History (INTAKE)

A. Date today: _____Date of trauma:_____Time since trauma:_____

Clinician: _____Client's name / initials/ no:_____1. M / 2. F

Contact Phone no: _____email:_____

Age:_____Family status:_____Education (no. of years):_____

Employment: 1.working 2. not working_____

_____

B. Type of intervention: 1. R-TEP_____2. Other (specify)_____

Recent Traumatic incident or incidents _____

Medication 1. No 2. Yes (specify + when started)_____

_____

Physical injury: 1. No 2. Yes (specify type + severity) _____

Level of Functioning (compared to usual) [LO] 1…..2…..3…..4 [HI]

Previous psychological treatment: 1. No 2. Yes (specify)_____

_____

C. Previous trauma history

Event _____date (year)_____

Event _____date (year)_____

Event _____date (year)_____

D. Preparation: (Poor) 1……5 (Excellent)

E. "SMS" evaluations: [LO] 1.....5 [HI]: **Severity….Motivation….Strengths….**

COMMENTS (continue on other side of page)

_____

_____

Please scan & send completed INTAKE & IES data forms to: elanshapiro@gmail.com; brurit@zahav.net.il

Fax: 00 972 4 9530048

(INTAKE) Impact of Event Scale Revised (IES-R): NAME____ DATE (event)_____ DATE (now)_____

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 SEVEN DAYS with respect to _____ (the trauma) how much were you distressed or bothered by these difficulties?

Extremely	Quite a bit	Moderately	A little bit	Not at all	
4	3	2	1	0	1.Any reminder brought back feelings about it
4	3	2	1	0	2. I had trouble staying asleep
4	3	2	1	0	3. Other things kept making me think about it
4	3	2	1	0	4. I felt irritable and angry
4	3	2	1	0	5. I avoided letting myself get upset when I thought about it or was reminded of it
4	3	2	1	0	6. I thought about it when I didn't mean to
4	3	2	1	0	7. I felt as if it hadn't happened or wasn't real
4	3	2	1	0	8. I stayed away from reminders about it
4	3	2	1	0	9. Pictures about it popped into my mind
4	3	2	1	0	10. I was jumpy and easily startled
4	3	2	1	0	11. I tried not to think about it
4	3	2	1	0	12. I was aware that I still had a lot of feelings about it, but I didn't deal with them
4	3	2	1	0	13. My feelings about it were kind of numb
4	3	2	1	0	14. I found myself acting or feeling as though I was back at that time
4	3	2	1	0	15. I had trouble falling asleep
4	3	2	1	0	16. I had waves of strong feelings about it
4	3	2	1	0	17.I tried to remove it from my memory
4	3	2	1	0	18. I had trouble concentrating
4	3	2	1	0	19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart
4	3	2	1	0	20. I had dreams about it
4	3	2	1	0	21.I felt watchful or on-guard
4	3	2	1	0	22. I tried not to talk about it

(POST-at end of treatment) IES-R: NAME_____DATE (event)_____DATE (now)_____

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 SEVEN DAYS with respect to _____ (the trauma), how much were you distressed or bothered by these difficulties?

Extremely	Quite a bit	Moderately	A little bit	Not at all	
4	3	2	1	0	1.Any reminder brought back feelings about it
4	3	2	1	0	2. I had trouble staying asleep
4	3	2	1	0	3. Other things kept making me think about it
4	3	2	1	0	4. I felt irritable and angry
4	3	2	1	0	5. I avoided letting myself get upset when I thought about it or was reminded of it
4	3	2	1	0	6. I thought about it when I didn't mean to
4	3	2	1	0	7. I felt as if it hadn't happened or wasn't real
4	3	2	1	0	8. I stayed away from reminders about it
4	3	2	1	0	9. Pictures about it popped into my mind
4	3	2	1	0	10. I was jumpy and easily startled
4	3	2	1	0	11. I tried not to think about it
4	3	2	1	0	12. I was aware that I still had a lot of feelings about it, but I didn't deal with them
4	3	2	1	0	13. My feelings about it were kind of numb
4	3	2	1	0	14. I found myself acting or feeling as though I was back at that time
4	3	2	1	0	15. I had trouble falling asleep
4	3	2	1	0	16. I had waves of strong feelings about it
4	3	2	1	0	17.I tried to remove it from my memory
4	3	2	1	0	18. I had trouble concentrating
4	3	2	1	0	19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart
4	3	2	1	0	20. I had dreams about it
4	3	2	1	0	21.I felt watchful or on-guard
4	3	2	1	0	22. I tried not to talk about it

(<u>Follow-up [3 months?]</u>) IES-R: NAME_____DATE (event)_____DATE (now)_____

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 SEVEN DAYS with respect to _____ (the trauma), how much were you distressed or bothered by these difficulties?

Extremely	Quite a bit	Moderately	A little bit	Not at all	
4	3	2	1	0	1.Any reminder brought back feelings about it
4	3	2	1	0	2. I had trouble staying asleep
4	3	2	1	0	3. Other things kept making me think about it
4	3	2	1	0	4. I felt irritable and angry
4	3	2	1	0	5. I avoided letting myself get upset when I thought about it or was reminded of it
4	3	2	1	0	6. I thought about it when I didn't mean to
4	3	2	1	0	7. I felt as if it hadn't happened or wasn't real
4	3	2	1	0	8. I stayed away from reminders about it
4	3	2	1	0	9. Pictures about it popped into my mind
4	3	2	1	0	10. I was jumpy and easily startled
4	3	2	1	0	11. I tried not to think about it
4	3	2	1	0	12. I was aware that I still had a lot of feelings about it, but I didn't deal with them
4	3	2	1	0	13. My feelings about it were kind of numb
4	3	2	1	0	14. I found myself acting or feeling as though I was back at that time
4	3	2	1	0	15. I had trouble falling asleep
4	3	2	1	0	16. I had waves of strong feelings about it
4	3	2	1	0	17.I tried to remove it from my memory
4	3	2	1	0	18. I had trouble concentrating
4	3	2	1	0	19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart
4	3	2	1	0	20. I had dreams about it
4	3	2	1	0	21.I felt watchful or on-guard
4	3	2	1	0	22. I tried not to talk about it