

What is EMDR Therapy?

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What is EMDR?

- ▶ Eye Movement Desensitization and Reprocessing (EMDR) is an **integrative psychotherapy approach** that has been **extensively researched and proven effective** for the treatment of trauma.
- ▶ EMDR is a set of **standardized protocols** that incorporates elements from many different treatment approaches with the use of bilateral stimulation using eye movements, tones and or tapping.
- ▶ To date, EMDR therapy has helped millions of people of all ages relieve many types of psychological stress.

Definition of EMDR

- ▶ EMDR model is based on, Adaptive Information Processing (AIP), that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences.
- ▶ This impairs the client's ability to integrate these experiences in an adaptive manner.

EMDR –Who is it good for?

- ▶ Depression and Other Mood Disorders
- ▶ Generalized Anxiety Disorders, Panic Attacks, Phobias
- ▶ PTSD, Greif
- ▶ Sexual Assault, Domestic Violence-Abuse—Emotional, Physical, Sexual
- ▶ Addictions
- ▶ Somatic Problems— phantom limb pain, chronic pain, eating disorders, body image issues, migraines, gastrointestinal
- ▶ Vicarious Trauma
- ▶ Performance Enhancement—work, sports, art, school
- ▶ Children, Veterans, First Responders—police, EMT, firefighters, nurses

Research on Effectiveness

- ▶ Twenty controlled studies have consistently found EMDR effectively decreases/eliminates symptoms of PTSD for the majority of clients.
- ▶ In 2017, four studies compared EMDR with various trauma-focused CBT interventions, three of these studies found greater efficacy for EMDR and less time needed for therapy sessions (Renee Beer, Journal of EMDR Practice and Research, 2018).

Research on Effectiveness continued

- ▶ EMDR designated effective for PTSD:
 - ▶ World Health Organization
 - ▶ American Psychiatric Association
 - ▶ U.S. Department of Veteran Affairs, U.S. Department of Defense
 - ▶ Substance Abuse and Mental Health Services Administration (SAMHSA)
 - ▶ International Society of Traumatic Stress Studies
 - ▶ Other Studies are available on many other symptoms, disorders
 - ▶ For research summaries, visit www.emdria.org and www.emdr.com

EMDR is NOT a Technique

- ▶ EMDR is a psychotherapy approach that is guided by the Adaptive Information Processing Model and composed of integrative protocols and procedures which include the use of bilateral stimulation (BLS).
 - ▶ Eight Phases of Treatment : History Taking, Preparation, Assessment, Desensitization, Installation, Body Scan, Closure, Reevaluation
 - ▶ Three Pronged Protocol: Past, Present, Future
 - ▶ Psychodynamic, Cognitive Behavioral, Client Centered, Mindfulness

Origin of EMDR

- ▶ In 1987, psychologist Shapiro made the chance observation that eye movements can reduce the intensity of disturbing thoughts, under certain conditions.
- ▶ Dr. Shapiro studied this effect scientifically and, in 1989, she reported success using EMDR to treat victims of trauma in the *Journal of Traumatic Stress*.
- ▶ Since then, EMDR has developed and evolved through the contributions of therapists and researchers all over the world. Today, EMD is a set of standardized protocols that incorporates elements from many different treatment approaches.

EMDR: An Adaptive Information Processing Model

- ▶ When a traumatic or disturbing event happens, the natural system for processing a memory has been interrupted because of the high arousal and/or or encoded as survival information. The brain's fight, flight, freeze response kicks in.
- ▶ Information that occurs at the time of the upsetting event is stuck or frozen in the memory.
- ▶ Present day triggers or experiences can activate the feelings and responses in the stored memory.
 - ▶ Negative Emotions
 - ▶ Intrusive thoughts
 - ▶ Physical Sensations

Innate Information Processing

- ▶ Traumatization has been described as the disruption of the inherent processing system that normally leads to integration and adaptive resolution following upsetting experiences. (Van Der Kolk, Fislser 1995).
- ▶ Under normal circumstances this information processing may occur during thinking, talking, expressive/artistic activities, and or day dreaming.
- ▶ In trauma however, a malfunction of this natural information processing system occurs such that the experience of the trauma remains “frozen”, manifesting in persistent intrusive thoughts, negative emotions and self-referenced beliefs, and unpleasant body sensations

Describing EMDR to a Client

- ▶ When a traumatic event occurs, it can be locked or frozen in the brain with the original pictures, sounds, thoughts feelings and body sensations. Present day experiences can trigger those original feelings, thoughts, images sensations.
- ▶ EMDR helps process the frozen information and allows the brain to process the experience by connecting that old or “stuck” memory with other information in your brain.
- ▶ Similar what may happen in REM (Rapid Eye Movement) sleep when we dream. The eye movements or other forms of bilateral stimulation may help to process the unconscious information stored in your brain.

Describing EMDR to a Client

- ▶ EMDR does not take away the memory. You will remember it, but it will be more distant, vague and not as distressing.
- ▶ EMDR will not take away any information that is valid or true that you need to hold on to for your well-being.
- ▶ It is your own brain doing the healing you are the one in control during the processing, I am just the facilitator of change.
- ▶ **Access** the dysfunctional stored information; **Stimulate** the brain and maintain; **Move** the information; **Desensitize**; **Reprocess** learning takes place the client adapts their understanding of the event and shifts negative cognitions to positive cognitions.

During EMDR Processing

- ▶ Client internally generates “corrective information” about the event rather than that information being externally generated through discussion with therapist.
- ▶ Therapist does not reflect, interpret, reframe or intervene in other traditional ways.
- ▶ Client centered-Follow the clients processing
- ▶ Mindfulness-“just notice that” “Go with that”
- ▶ Cognitive Interweaves-ask questions that link statements made by client and only when needed to move processing forward.

Processing Sessions

- ▶ Typically 50 minutes
- ▶ A targeted memory can require more than one session for resolution
- ▶ Number of processing sessions can vary based on client issues and trauma history.
- ▶ 1-4 processing sessions for a single trauma
- ▶ Processing may or may not continue after session
- ▶ Target past, Present and Future to get full resolution

Case Examples

Work Related

- ▶ **Image:** The Human Resources Director comes into my cubicle and tells me I have 15 minutes to clear out my desk and download my computer files before my exit interview.
- ▶ **Negative Cognition:** I'm worthless
- ▶ **Positive Cognition:** I have value
- ▶ **Validity of Positive Cognition (VOC):** 3 out of 7
- ▶ **Emotions/Feelings:** Irritable/ worried
- ▶ **Subjective Units of Distress (SUD) now:** 7 out of 10
- ▶ **Body Sensation:** Tightness in chest, tingling in arms, "I feel sick"

Childhood Trauma Example:

Picture: My father appears at the bedroom door late at night and tells me to take off my clothes. I'm about 5 years old. He smells of alcohol.

Negative Cognition: I'm in danger.

Positive Cognition: I'm safe now.

Validity of Positive Cognition (VOC) = 2 out of 7

Emotions/Feelings: Fear, sadness, anxiety

SUD Now = 8 out of 10

Body Sensation: Tension in the neck and shoulders, knots in stomach, palpitations in chest.

How and Why EMDR works?

- Dr. Francine Shapiro wrote in her 2001 textbook:

“Theories as to why EMDR works are currently only speculations – and will probably remain so for many years.”

“Fortunately we do not have to know why a demonstrably effective treatment works before using it. If we did, no form of psychotherapy and few pharmaceuticals would be used.”

“By analogy, although it took decades to discover why penicillin works, it was used in the meantime because its positive effects were dramatic and reliable.”

Why and How?

- REM Sleep
 - Reconsolidation of information
- Orienting Response
 - Alternating bilateral stimulation shifts client focus from traumatic material to external stimuli which disrupts the traumatic associative networks, so learning can occur.

Resources

EMDR International Association | www.emdria.org

EMDR Institute | www.emdr.com

EMDR Research Foundation | www.emdrresearchfoundation.org

Francine Shapiro Library | <http://emdr.nku.edu>

EMDR Humanitarian Assistance Program | www.emdrhap.org

EMDRadvancedtrainings.org