EYE MOVEMENT DESENSITIZATION AND REPROCESSING

AN EFFECTIVE TREATMENT FOR TRAUMA
Disclaimer

• This workshop IS NOT an EMDR training.

• This is an informational workshop ONLY.

• This workshop IS NOT intended to equip participants to practice EMDR
ORIGIN OF EMDR

• 1987 – Dr. Francine Shapiro made a chance discovery that eye movements can reduce the intensity of disturbing thoughts, under certain conditions.
• Inner world video
FIRST CONTROLLED STUDY

• 1989 – First study was done with 22 victims of rape, molestation, and Vietnam combat veterans still suffering from traumatic memories.
• Subjects were randomly assigned to a treatment control group.
• The study indicated the use of eye movements showed great promise for alleviating symptoms such as anxiety, flashbacks, and sleep disturbance associated with PTSD.
Evidence for EMDR

• More than 30 positive controlled outcome studies have been done.
• Some of the studies show that 87% - 90% of single-trauma victims no longer experience PTSD symptoms after 3-12 sessions.
• A study funded by HMO Kaiser Permanente found that 100% of single-trauma victims and 77% of multiple trauma victims had significant reduction to complete reduction of PTSD symptoms.
Research on EMDR

• Google “EMDR research” to find sites listing empirically based research
USING EMDR TO TREAT OTHER DISORDERS

• The majority of EMDR evidence-based research has been done for PTSD.

• EMDR is also effective in treating anxiety, guilt, anger, phobias and bereavement.
Acceptance by Professional Organizations

• American Psychiatric Association – “EMDR is effective for treating symptoms of acute and chronic PTSD.”

• Department of Veteran Affairs and Department of Defense have jointly issued practice guidelines “strongly recommending” EMDR for the treatment of PTSD in both military and non-military populations

• The World Health Organization
Acceptance by Professional Organizations Continued

• United Kingdom Department of Health
• The Israeli National Council for Mental Health
• International Society for Traumatic Stress
• Insurance companies
Handout

EMDR – Frequently Asked Questions
Bessel van der Kolk

Effective Trauma Treatment
Brain Research and PTSD

• Beginning in the 90s neurobiology exploded because of new technology
• New neuroimaging developments over the past 20+ years have changed our understanding of what happens in a traumatized brain.
• In the past PTSD was viewed as a emotional disorder
• Today, because of extensive brain research, we now know that PTSD is a physical disorder that disrupts the entire emotional system.
The Traumatized Brain

• PTSD is all about what happens in the brain during and immediately after a critical, traumatic incident.
• The parts of the brain that are most involved in PTSD are the amygdala, hippocampus, medial front cortex thalamus, hypothalamus and the hypo-pituitary-adrenal axis.
• THE RESULT: Trauma resets the brain to remain in a state of high alert as a protection mechanism
HIPPOCAMPUS
The Memory Control Center of the Brain

- Research has established that the hippocampus shrinks in people with PTSD
- Brain scans have shown it is possible for the hippocampus to regrow
- New studies have shown that 8 to 12 sessions of EMDR were associated with an average 6% increase in the volume of the hippocampus.
- These effects were maintained one year later
THE AMYGDALA

• Research indicates that deactivating the amygdala is the key to reducing PTSD symptoms.
• Once the amygdala is deactivated, the brain is able to reset itself, reprocess and integrate the traumatic memory from the right side of the brain to the left side.
• EMDR is not the only effective therapy for PTSD.
REM SLEEP

• REM Sleep is the brain’s information processing system at work while we sleep.

• As the memory is brought up by the brain through dreams, the amygdala is activated and desensitizes the emotional disturbances associated with the memory.

• The hippocampus then takes that memory and gives it a new meaning: it happened, it’s over, it’s in the past
Is EMDR Similar to REM Sleep?

• The exact mechanism for the effectiveness of EMDR is yet unknown.
• It appears that using rapid eye movements or other forms of bilateral stimulation activates the same mechanisms in the brain as REM sleep.
• You Tube: EMDR Therapy Uses
EMDR TRAINING QUALIFICATIONS

• “A clinical background is necessary for the effective application of EMDR therapy. Attendance at the training is limited to all levels of social workers and mental health professionals who have a masters degree or higher in the mental health field and are licensed or certified through a state or national board which authorizes independent practice”
EMDRIA APPROVED TRAINING

• An EMDRIA Approved EMDR Training provides clinicians with the knowledge and skills to utilize EMDR therapy.

• Go to the EMDR International website (EMDRIA) for a list of approved trainings available.
**PLEASE NOTE: PESI & The Bodymind Institute are NOT EMDRIA Approved EMDR Training Providers**
WHY I BECAME AN EMDR THERAPIST
Personal Experience using EMDR at a Sexual Assault Counseling Agency

• For most clients – saw significant reduction of PTSD symptoms in a short amount of time

• For most children – sexual trauma was cleared out between 3 and 6 sessions
PHASE 1 – History and Treatment Planning

**ASSESS CLIENT’S READINESS FOR EMDR**

- Is client in a non-abusive relationship?
- Does client have extensive abuse history?
- Does client have a support system?
- What medications is client taking?
- Assess for alcohol and/or drug use
PHASE 2 - Preparation

• Ensure client has adequate methods of handling emotional distress
• Instruct client on the importance of “Breathing” (handout)
• Instruct client on Peaceful Place installation (handout)
PHASE 3 - Assessment

- A target is identified
- Negative belief is identified
- Preferred positive belief is identified
PHASE 4 - Desensitization

• Client instructed to focus on image negative belief, and body sensations
• Bilateral stimulation or eye movements
• Client instructed to just notice whatever happens
PHASE 5 - Installation

• When client reports no distress related to targeted memory, therapist begins installation of positive cognition or belief.
PHASE 6 – Body Scan

- After positive cognition has been strengthened and installed, therapist asks client to bring the original target to mind to see if he or she notices any residual tension in their body.
- An EMDR session is not considered successful until the client can bring up the original target without feeling any body tension.
PHASE 7 - Closure

• At the end of every session “closure” ensures that the person leaves at the end of each session feeling emotionally and physically strong.

• If the processing of the traumatic target is not complete in a single session, the therapist will assist the person in using self-calming techniques until a sense of equilibrium is acquired.

• Therapist explains to the client their brain will continue to process after they leave and this may go on for several days.
PHASE 8 - Evaluation

• Next session begins with re-evaluation and progress of previous session.
• In order to assure that reprocessing is complete, target from previous session is reprocessed a second time.
• Some traumatic memories take many sessions before the brain is able to completely “digest” the memories and emotional disturbances connected to the memories.
CASE STUDY