

Eye Movement Desensitization and Reprocessing (EMDR) Overview

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Trauma

- Big “T” trauma
- Little “t” trauma
- Trauma can occur anytime our brains are overwhelmed and unable to process incoming information in an effective way.
- Traumatic experience is experienced emotionally

Affects of Trauma on the Body and Mind

- Experiencing a trauma can have a dramatic effect on our bodies and our minds.
- It's a different experience to witness a trauma on TV as opposed when it's right in front of you, although it can still affect us
- When we perceive a threat, the body activates a stress response (occurs in your brain and body)
- Freeze, Flight, Fight Response

Affects of Trauma on the Body and Mind

- Trauma affects our present emotions, sensations, thoughts, beliefs
- Even though the traumatic event is over and past, the memories are held hostage in our mind
- The trauma is re-experienced and shows up as symptoms of stress reactions:
 - Racing heart
 - Feeling dizzy
 - Nausea
 - Shortness of breath

Affects of Trauma on the Body and Mind

- Body's response to acute stress is to prepare for the emergency (freeze, flight, fight)
- When traumatic incidents occur, stress hormones prevent our brains from fully processing information, creating maladaptive neural pathways and "freezing" the information in its original anxiety-producing form.
- Trauma disrupts our information processing system that helps us to integrate, adapt, and resolve traumatic experiences (Van der Kolk & Fisler, 1995)

What is EMDR?

- EMDR (Eye Movement Desensitization and Reprocessing) is a:
- Psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences
- It is widely assumed that severe emotional pain requires a long time to heal.
- EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma.

What is EMDR?

- When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes.
- EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves toward mental health

What is EMDR?

- If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering.
- Once the block is removed, healing resumes.
- Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes.

EMDR

- Targets the traumatic material that is held hostage in memory
- Allows the traumatic memories to be processed and resolved
- Re-establishes the individuals' psychological functioning by activating the Adaptive Information Process (AIP)
- EMDR desensitizes the trauma by using a three-prong approach to address past memories, present triggers and future disturbances

AIP Model

- Adaptive Information Processing (AIP) Model
- Problems arise when an experience is inadequately processed.
- Shapiro's AIP model (1995, 2001, 2006) posits that a particularly distressing incident may become stored in state-specific form, meaning frozen in time in its own neural network, unable to connect with other memory networks that hold adaptive information
- She hypothesizes that when a memory is encoded in excitatory, distressing, state-specific form, the original perceptions can continue to be triggered by a variety of internal and external stimuli, resulting in inappropriate emotional, cognitive, and behavioral reactions, as well as overt symptoms (e.g., high anxiety, nightmares, intrusive thoughts).

EMDR Process

- The following are accessed during the process:
 - Traumatic memory (picture, images)
 - Associated thoughts (what do you think about when you think about the incident, event, etc.)
 - Associated emotions (what emotions are associated with the image)
 - Associated body (somatic) symptoms (where do you feel this within your body?)(where do you carry the stress?)

EMDR Process

- Have the client identify a safe place (calm place) with positive associations where he/she feels safe, comfortable, peaceful or calm
- Client identifies an image he/she can easily involve which creates a feeling of clam and safety
- Ask the client to focus on the image and feel the positive emotions and identify the location of the physical sensations

EMDR Process

- Sets of bilateral stimulation (BLS) are used with the client as the client focuses on a traumatic memory and the negative thoughts or feelings associated with that memory
- The client then follows with their eyes while the therapist moves their finger or some other object in front of them from left to right.
- In between the sets of BLS, the therapist asks the client what they noticed, what came up for them, etc (relating to the traumatic material)
- The hypothesis is that doing this allows the client to access and reprocess negative memories, eventually leading to decreased psychological arousal associated with the memory. Therapy then focuses on fostering a positive belief or emotion in the client

Trauma Case Example

- 38 year old single female
 - Triggers are the smell of a specific aftershave, and boyfriend asking for sex
 - Traumatic memory is
 - 9 year old sexual abuse by 20 year old brother
 - What is the mental picture, image (picture of brother standing in front of me, his pants are pulled down, and he is demanding me to do something to him)
 - What thoughts or feelings come to mind (feeling anxious, scared, confused)
 - Where do you feel these feelings in your body (tension in chest and shoulders, knot in my stomach)
 - Negative beliefs (I'm worthless, I have no power)

8 Phases of EMDR Process

- Client history and treatment planning
- Client preparation
- Assessment
- Desensitization
- Installation (of positive cognitions)
- Body scan
- Closure
- Re-evaluation

Phase 1-History and Planning

- The therapist assesses the client's readiness and develops a treatment plan
- Client and therapist identify possible targets for EMDR processing (distressing memories past & present). These include distressing memories and current situations that cause emotional distress. Other targets may include related incidents in the past.
- Emphasis is placed on the development of specific skills and behaviors that will be needed by the client in future situations.

Phase 1-History and Planning (cont.)

- Initial EMDR processing may be directed to childhood events rather than to adult onset stressors or the identified critical incident if the client had a problematic childhood.
- Clients generally gain insight on their situations, the emotional distress resolves and they start to change their behaviors.
- The length of treatment depends upon the number of traumas and the age of PTSD onset.
- Multiple trauma victims may require a longer treatment time.

Phase 2- Client Preparation

- During the second phase of treatment, the therapist ensures that the client has several different ways of handling emotional distress (resource development)
- These resources will help the client maintain a sense of balance during and in between EMDR sessions
- Resource development may include:
 - Stress management skills
 - Developing a “Safe Place”
 - Imagery

Phase 3-Assessment

- The targets to be processed are identified
- The vivid visual image related to the traumatic memory is developed
- A negative belief about self in relation to the trauma is noted and rated on a scale in terms of intensity (0-10)
 - I am responsible
 - I am worthless
 - I am not safe
 - I'm not loveable

Phase 3-Assessment (cont.)

- The client then identifies positive self-beliefs that will replace the negative self-beliefs
- The beliefs are rated on a scale of how true they are ranging from 1-7 (1=not true at all; 7=completely true)
- Physical sensations associated with the targeted trauma are identified (body scan)
- The client also rates the distress about the targeted trauma on a 10 point scale (SUB) subjective units of disturbance

Phase 4-Desensitization

- The client is instructed to focus on the image, negative thought, and body sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation.
- These sets may include eye movements, taps, or tones. The type and length of these sets is different for each client.
- At this point, the EMDR client is instructed to just notice whatever spontaneously happens.

Phase 4-Desensitization (cont.)

- After each set of stimulation, the clinician instructs the client to let his/her mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind.
- Depending upon the client's report, the clinician will choose the next focus of attention. These repeated sets with directed focused attention occur numerous times throughout the session.
- If the client becomes distressed or has difficulty in progressing, the therapist follows established procedures (safe place, stress management) to help the client get back on track

Phase 5-Installation

- When the client reports no distress (SUDS score is 0) related to the targeted memory, (s)he is asked to think of the preferred positive belief that was identified at the beginning of the session.
- The goal is to concentrate on and increase the strength of the positive belief that the person has identified to replace his or her original negative belief.
- How deeply the person believes that positive cognition is then measured using the Validity of Cognition (VOC) scale. The goal is for the person to accept the full truth of his or her positive self-statement at a level of 7 (completely true).

Phase 5-Installation (cont.)

- EMDR cannot make anyone shed appropriate negative feelings, it cannot make the person believe anything positive that is not appropriate either.
- So if the person is aware that he or she actually needs to learn some new skill, such as self-defense training, in order to be truly in control of the situation, the validity of that positive belief will rise only to the corresponding level, such as a 5 or 6 on the VOC scale.

Phase 6- Body Scan

- After the positive cognition has been strengthened and installed, the therapist will ask the person to bring the original target event to mind and see if any residual tension is noticed in the body. If so, these physical sensations are then targeted for reprocessing.
- An EMDR session is not considered successful until the client can bring up the original target without feeling any body tension. Positive self-beliefs are important, but they have to be believed on more than just an intellectual level.

Phase 3-6 (Review)

- **Phases 3-6:** In phases three to six, a target is identified and processed using EMDR therapy procedures.
- These involve the client identifying three things:
 - 1. The vivid visual image related to the memory
 - 2. A negative belief about self
 - 3. Related emotions and body sensations.

Phase 7-Closure

- Closure ensures that the person leaves at the end of each session feeling better than at the beginning.
- If the processing of the traumatic target event is not complete in a single session, the therapist will assist the person in using a variety of self-calming techniques in order to regain a sense of equilibrium.

Phase 7-Closure (cont.)

- Throughout the EMDR session, the client has been in control (for instance, the client is instructed that it is okay to raise a hand in the "stop" gesture at anytime) and it is important that the client continue to feel in control outside the therapist's office.
- The client is also briefed on what to expect between sessions (some processing may continue, some new material may arise), how to use a journal to record these experiences, and what calming techniques could be used to self-soothe in the client's life outside of the therapy session.

Phase 8-Reevaluation

- Opens every new session.
- At the beginning of subsequent sessions, the therapist checks to make sure that the positive results (low SUDs, high VOC, no body tension) have been maintained, identifies any new areas that need treatment, and continues reprocessing the additional targets.
- The Reevaluation Phase guides the clinician through the treatment plans that are needed in order to deal with the client's problems.

Phase 8-Reevaluation (cont.)

- As with any form of good therapy, the Reevaluation Phase is vital in order to determine the success of the treatment over time.
- Although clients may feel relief almost immediately with EMDR, it is as important to complete the eight phases of treatment, as it is to complete an entire course of treatment with antibiotics.

Past, Present and Future

- EMDR may produce results more rapidly than previous forms of therapy, speed is not the issue and it is important to remember that every client has different needs.
- For instance, one client may take weeks to establish sufficient feelings of trust (Phase Two), while another may proceed quickly through the first six phases of treatment only to reveal, then, something even more important that needs treatment.
- Also, treatment is not complete until EMDR therapy has focused on the past memories that are contributing to the problem, the present situations that are disturbing, and what skills the client may need for the future.

Theories Supporting Why EMDR Works

- EMDR facilitates the processing of traumatic memory by activating brain systems normally activated during REM sleep (Harvard Medical School sleep researcher Robert Stickgold, Ph.D. at the 1998 EMDRIA Annual Conference).
- Sensory detail and trauma recovery is likely to occur when these memories lose their sensory richness (Stickgold 2002).

Theories Supporting Why EMDR Works (cont.)

- The orienting response theory states that eye movements activate an “investigatory reflex” in which first, an alert response occurs, then, a reflexive pause produces dearousal in the face of no threat. This reflex results in a state of heightened alertness and permits exploratory behavior in which cognitive processes become more flexible and efficient (Kuiken et al., 2001).

EMDR References (cont.)

- Recent evidence for using EMDR in adults. See this reference from the VA/Dept of Defense on EBT for PTSD:
 - https://www.ptsd.va.gov/professional/treat/txessentials/overview_therapy.asp
- Journal article regarding use with adults. The author, Francine Shapiro, PhD is supported on the American Psychological Assn website as an EMDR trainer.
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3951033/>
- APA practice guidelines lists EMDR as “conditionally recommended” as opposed to “strongly recommended” for treatment of PTSD.....Having some added info from the presenter may help:
 - <https://www.div12.org/treatment/eye-movement-desensitization-and-reprocessing-for-post-traumatic-stress-disorder/>

EMDR References

- EMDR Institute
 - www.emdr.com
- EMDR International Association
 - www.emdria.org
- F. Shapiro & M.S. Forrest (2004) EMDR: The Breakthrough Therapy for Anxiety, Stress and Trauma. New York: BasicBooks.
<http://www.perseusbooksgroup.com/perseus-cgi-bin/display/0-465-04301-1>



Questions? Comments?

Thoughts? Ideas?

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