

INTRODUCTION TO EMDR

What is EMDR therapy? For Laypeople: 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. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. 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. 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. 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 training sessions, clinicians help clients activate their natural healing processes.

More than thirty positive controlled outcome studies have been conducted on EMDR therapy. Some of the studies show that 84%-90% of single-trauma victims no longer have post-traumatic stress disorder after only three 90-minute sessions. Another study, funded by the HMO Kaiser Permanente, found that 100% of the single-trauma victims and 77% of multiple trauma victims no longer were diagnosed with PTSD after only six 50-minute sessions. In another study, 77% of combat veterans were free of PTSD in 12 sessions. There has been so much research on EMDR therapy that it is now recognized as an effective form of treatment for trauma and other disturbing experiences by organizations such as the American Psychiatric Association, the World Health Organization and the Department of Defense.

EMDR therapy is an eight-phase treatment. Eye movements (or other bilateral stimulation) are used during one part of the session. After the clinician has determined which memory to target first, he asks the client to hold different aspects of that event or thought in mind and to use his eyes to track the therapist's hand as it moves back and forth across the client's field of vision. As this happens, for reasons believed by a Harvard researcher to be connected with the biological mechanisms involved in Rapid Eye Movement (REM) sleep, internal associations arise and the clients begin to process the memory and disturbing feelings. In successful EMDR therapy, the meaning of painful events is transformed on an emotional level. For instance, a rape victim shifts from feeling horror and self-disgust to holding the firm belief that, "I survived it and I am strong." Unlike talk therapy, the insights clients gain in EMDR therapy result not so much from clinician interpretation, but from the client's own accelerated intellectual and emotional processes. The net effect is that clients conclude EMDR therapy feeling empowered by the very experiences that once debased them. Their wounds have not just closed, they have transformed. As a natural outcome of the EMDR therapeutic process, the clients' thoughts, feelings and behavior are all robust indicators of emotional health and resolution—all without speaking in detail or doing homework used in other therapies.

Treatment Description: EMDR therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach.

Phase 1: The first phase is a history-taking session(s). The therapist assesses the client's readiness and develops a treatment plan. Client and therapist identify possible targets for EMDR processing. 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. 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

targets and their components, actively processing the past, present and future aspects, and on-going evaluation. The processing of a target includes the use of dual stimulation (eye movements, taps, tones) while the client concentrates on various aspects. After each set of movements the client briefly describes to the clinician what s/he experienced. At the end of each session, the client should use the techniques s/he has been taught by the clinician in order to leave the session feeling in control and empowered. At the end of EMDR therapy, previously disturbing memories and present situations should no longer be problematic, and new healthy responses should be the norm. A full description of multiple cases is available in the book *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* by Shapiro

How many sessions will it take? The number of sessions depends upon the specific problem and client history. However, repeated controlled studies have shown that a single trauma can be processed within 3 sessions in 80-90% of the participants. While every disturbing event need not be processed, the amount of therapy will depend upon the complexity of the history. In a controlled study, 80% of multiple civilian trauma victims no longer had PTSD after approximately 6 hours of treatment. A study of combat veterans reported that after 12 sessions 77% no longer had post-traumatic stress disorder.

How many sessions with the therapist BEFORE (s)he begins EMDR therapy? This depends upon the client's ability to "self-soothe" and use a variety of self-control techniques to decrease potential disturbance. The clinician should teach the client these techniques during the preparation phase. The amount of preparation needed will vary from client to client. In the majority of instances the active processing of memories should begin after one or two sessions.

Will EMDR therapy or the eye movements increase the frequency of seizures? There is no indication that EMDR therapy will increase the frequency of seizures.

Will EMDR/eye movements cause seizures? There is no indication that EMDR therapy will cause seizures. In thousands of cases there have been only three reports of seizures occurring with people already diagnosed with epilepsy. Two of these cases occurred when using a lightbar. One case seemed to be caused by the processing of an old seizure. The client later reported that her experience made later seizures more manageable.

Will I live the trauma as intensely as before? Many people are conscious of only a shadow of the experience, while others feel it to a greater degree. Unlike some other therapies, EMDR therapy clients are not asked to relive the trauma intensely and for prolonged periods of time. In EMDR therapy, when there is a high level of intensity it only lasts for a few moments and then decreases rapidly. If it does not decrease rapidly on its own, the clinician has been trained in techniques to assist it to dissipate. The client has also been trained in techniques to immediately relieve the distress.

What are the adverse effects? As with any form of psychotherapy, there may be a temporary increase in distress. Distressing and unresolved memories may emerge; some clients may experience reactions during a treatment session that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensation subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, feelings, etc., may emerge.

resolves and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of PTSD onset. Generally, those with single event adult onset trauma can be successfully treated in under 5 hours. Multiple trauma victims may require a longer treatment time.

Phase 2: During the second phase of treatment, the therapist ensures that the client has several different ways of handling emotional distress. The therapist may teach the client a variety of imagery and stress reduction techniques the client can use during and between sessions. A goal of EMDR therapy is to produce rapid and effective change while the client maintains equilibrium during and between sessions.

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. In addition, the client identifies a positive belief. The therapist helps the client rate the positive belief as well as the intensity of the negative emotions. After this, 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. 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 to help the client get back on track. When the client reports no distress 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. At this time, the client may adjust the positive belief if necessary, and then focus on it during the next set of distressing events.

Phase 7: In phase seven, closure, the therapist asks the client to keep a log during the week. The log should document any related material that may arise. It serves to remind the client of the self-calming activities that were mastered in phase two.

Phase 8: The next session begins with phase eight. Phase eight consists of examining the progress made thus far. The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses.

Is EMDR therapy a one-session cure? No. When Shapiro (1989a) first introduced EMDR therapy into the professional literature, she included the following caveat: "It must be emphasized that the EMD procedure, as presented here, serves to desensitize the anxiety related to traumatic memories, not to eliminate all PTSD-symptomology and complications, nor to provide coping strategies to victims" (p 221). In this first study, the focus was on one memory, with effects measured by changes in the Subjective Units of Disturbance (SUD) scale. The literature consistently reports similar effects for EMDR with SUD measures of in-session anxiety. Since that time, EMDR therapy has evolved into an integrative approach that addresses the full clinical picture. Two studies have indicated an elimination of diagnosis of posttraumatic stress disorder (PTSD) in 83-90% of civilian participants after four to seven sessions. Other studies using participants with PTSD have found significant decreases in a wide range of symptoms after three-four sessions. The only study of combat veterans to address the multiple traumas of this population reported that 12 sessions of treatment resulted in a 77% elimination of PTSD. Clients with multiple traumas and/or complex histories of childhood abuse, neglect, and poor attachment may require more extensive therapy, including substantial preparatory work in phase two of EMDR.

What can I expect with EMDR therapy, ie., What should/could happen? Each case is unique, but there is a standard eight phase approach that each clinician should follow. This includes taking a complete history, preparing the client, identifying