EMDR AS AN EFFECTIVE TRAUMA THERAPY

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I have no conflicts of interest to disclose.

Objectives

• Identify 3 key components of EMDR Therapy
• Describe how EMDR Therapy can effectively treat psychological trauma
• Discuss the Adaptive information Processing Theory of EMDR
What is EMDR
Eye Movement Desensitization and Reprocessing

• “EMDR is a phased, scientifically validated, and integrative psychotherapy approach based on the theory that much of psychopathology is traumatic experience or disturbing life events. These result in the impairment if the client’s innate ability to process and to integrate the experience or experiences within the central nervous system. The core of EMDR treatment involves activating components of the traumatic memory or disturbing life event and pairing those components with alternating bilateral or dual attention stimulation. This process appears to facilitate the resumption of normal information processing and integration. This treatment approach can result in the alleviation of presenting symptoms, diminution of distress from the memory, improved view of the self, relief from bodily disturbance, and resolution of present and anticipated triggers.” (EMDR International Association, 10/09)

• EMDR incorporates a unique standardized set of procedures and clinical protocols which are combined with the unique element of dual attention/bi-lateral stimulation.
• This psychotherapy consists of a complex methodology that includes psychodynamic, cognitive, behavioral, body-based and client-centered therapies. For many, it can be considered a brief therapy

History

• 1987 – Francine Shapiro, Ph.D., research fellow at MRI
• Initiated from research study in 1989 with Viet Nam veterans
• EMDR significantly reduced the symptoms of PTSD in research studies
Adaptive Information Processing Model (AIP)

- Most people have an innate ability to move towards health and wholeness and the inner capacity to achieve it.
- Under optimal conditions new experiences tend to be assimilated by an information processing system that facilitates their linkage with already existing memory networks associated with similarly categorized experiences.

AIP (2)

- The linkage of these memory networks tends to create a knowledge base regarding such phenomena as beliefs, expectations and potential fears.
- When a memory is accessed adaptively, it is linked with emotional, cognitive, somatosensory and temporal systems which facilitate its accuracy and appropriateness with respect to time, place and context.

AIP (3)

- When traumatic or disturbing events are encoded maladaptively, experiences tend to be dysfunctionally linked to existing neural networks, precluding processing into adaptive resolution
- Van der kolk describes trauma a disruption of the inherent information processing system that normally leads to integration and adaptive resolution following upsetting experiences
AIP (4)

• Under normal circumstances, the information processing may occur during thinking, talking, expressive/artistic activities, and/or dreaming.
• In trauma, however, a malfunction of this natural information processing system occurs such that the experience of trauma remains “frozen” manifesting in persistent intrusive thoughts, negative emotions and self-referenced beliefs, and unpleasant body sensations.
• EMDR specifically targets traumatic material and appears to restart this “stalled” information processing in a focused manner, facilitating the resolution of the traumatic memories through the activation of neurophysiological networks in which appropriate and positive information is stored.

How does it work?

• Speculation only. Mechanism of action unknown.
• Robert Stickgold (Harvard Med. Sleep researcher) proposed that “Several lines of evidence suggest that EMDR may help in the treatment PTSD by turning on memory processing systems normally activated during REM sleep but dysfunctional in the PTSD patient. Two separate memory systems store information in the brain. One, located in the hippocampus, stores episodic memories, the memories of actual events in our lives. The second, located in the neocortex, stores general information and associations. Based on physiological and cognitive studies, we have proposed that recovery from trauma depends on the effective ‘communication’ between these two memory systems during sleep and especially during REM sleep. PTSD we propose results from breakdown in this communication.

• EMDR would facilitate the processing of traumatic memory by activating brain systems normally activated during REM sleep. Any alternating, lateralized stimulation regimen, whether eye movements, tapping or binaural sound, could activate these systems by forcing the brain to constantly reorient to new locations in space. In the manner, EMDR can “push start” the broken down REM machinery that is required for the brain to effectively process
What Does EMDR Do?

• Desensitizes
• Reprocesses
• Keeps Dual Attention - Dual attention: the ability to remain oriented to the safety of the therapist’s office while accessing traumatic material.
• Creates new pathways in the brain

What Does EMDR Do (2)

• Alleviates emotional distress
• Addresses physical symptoms of trauma
• Help shift negative beliefs resulting from trauma
• Help the Sympathetic & Parasympathetic nervous system to deactivate & return to normal
• Removes or greatly diminishes triggers

What Does EMDR Do (3)

• Helps undo aloneness
• Brings the nervous system into the present and helps the primitive brain know it survived
• Gives client new choices of how to feel/think/act
• Provides a safe, effective way to treat dissociative disorders
Types of Trauma

- Physical and sexual abuse
- Medical
- Legal
- Accidents
- Developmental and shock trauma
- Bereavement
- Relational
- Racial and other cultural trauma
- Workplace, educational, bullying trauma

Complex Trauma

- Complex PTSD: A complex pattern of emotional disturbance resulting from extensive and repeated childhood neglect & trauma
- Traumatic memories result from a failure of the natural information processing system of the brain.
- The dysfunctionally stored traumatic memory is the cause of several distortions in the person’s experience.

- The past event may be recalled with intense and inappropriate negative emotion, as if it were occurring right now.
- The future is anticipated with disturbance as if the past event will happen again –and again
Eight stages of EMDR treatment

1. Client History & Treatment Planning
2. Client Preparation
3. Assessment
3. Desensitization & Reprocessing
5. Installation
6. Body Scan
7. Closure
8. Re-evaluation

What happens during EMDR?

• Identification of the problem
• Utilize the structured protocol
• While the client is engaged in the alternate Bi-Lateral Stimulation (BLS), she is experiencing various aspects of the initial memory or other related memories
• The practitioner pauses with the BLS at regular intervals to ensure that the client is processing adequately on their own

• Practitioner guides the process, making clinical decisions about the direction of the intervention. The client may process at cognitive, affective, and/or somatic levels over the course of a given session. The goal is the clients rapid processing of info about eh negative experience, bringing it to an "adaptive resolution."
• This means, a reduction in symptomology, a shift in the negative belief to a client’s more positive belief and the prospect of functioning more optimally
• Three pronged approach: earlier life experiences; present day stressor; desired thoughts and actions for the future
Client Response

- Allows clinician to facilitate the mobilization of a client's own inherent healing mechanism which stimulates an innate info processing system in the brain
- Acknowledges the physiological component in emotional difficulties. Directly targets physical sensations.

Recent Traumatic Events

- RTEP – Recent Traumatic Events Protocol was developed by Elan Shapiro, PhD and Bruit Laub, PhD.
- Incorporates specific steps to prevent traumatic memories from consolidating resulting in PTSD and other related disorders.
- RTEP was expanded into GTEP Group Traumatic Episodes Protocol for use in events that impact several or many people.

Early EMDR Intervention

- It is proposed that EEI, before trauma memories have been integrated, may be used not only to treat acute distress but may also provide a window of opportunity in which a brief intervention, possibly on successive days, could prevent complications & strengthen resilience.
- Checking for sticking points which can obstruct the Adaptive Information Processing (AIP), EMDR R-TEP may reduce the sensitization and accumulation of trauma memories.
Future Template

• Bringing new learning into future actions
• Utilizing bi-lateral stimulation to enhance new learning
• Gives client an opportunity to rehearse future actions
• Begins to create new templates/pathways in the brain

Research

• EMDR is an interactional, standardized therapy, which has been empirically validated in over 24 randomized controlled studies with trauma patients. There are hundreds of published case reports evaluating a considerable range of presenting complaints, including depression, anxiety, phobias, excessive grief, somatic conditions and addictions. Current randomized research validation is limited to the application of EMDR therapy to trauma-related disorders.

Disclosure

• There are no disclosures necessary for this presentation
Current EMDR Research

• Visit http://emdr.com/general-information/researchoverview.html and the Francine Shapiro Library http://emdr.nku.edu/
• For information listing EMDR therapy as an efficacious trauma treatment see www.emdr.com/studies.htm