Introduction to EMDR Therapy

Presenters

Michelle Gottlieb, Psy.D., LMFT, LPCC
Deborah Silveria, Ph.D.
Course Outline

- 1. History of EMDR Therapy
- 2. How trauma impacts emotions and behaviors
- 3. AIP Adaptive Information Processing
- 4. The three pronged approach
- 5. The eight phases of EMDR Therapy
- 6. Additional Elements
- 7. Success stories
- 8. Cultural Issues

Learning Outcomes

By the end of this course, you will be able to:

1. Explain the mechanism of change in EMDR
2. Describe at least three ways in which trauma affects emotions and behavior
3. Describe the eight phases of EMDR therapy
4. Apply a trauma-informed framework to identify those clients who would benefit from EMDR therapy
A definition of EMDR Therapy

An evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD)

Successful outcomes well-documented in literature for EMDR treatment of other psychiatric disorders, mental health problems, and somatic symptoms

<table>
<thead>
<tr>
<th>Adaptive Information Processing (AIP) model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis of EMDR</td>
</tr>
<tr>
<td>Much of psychopathology is due to maladaptive encoding and/or incomplete processing of traumatic or disturbing adverse life experiences</td>
</tr>
<tr>
<td>Impairs client’s ability to integrate these experiences in an adaptive manner</td>
</tr>
</tbody>
</table>
A Second Definition

- Eight-phase, three-pronged process of EMDR facilitates the resumption of normal information processing and integration
- Targets past experience, current triggers, and potential future challenges, resulting in:
  - Alleviation of presenting symptoms
  - Decrease or elimination of distress from the disturbing memory
  - Improved view of the self
  - Relief from bodily disturbance
  - Resolution of present and future anticipated triggers

History of EMDR and review of research

Shapiro’s chance observation → The first published article on “EMD” (1989) — the first year any studies were published on the treatment of PTS

EMD becomes EMDR (1990) — the desensitization model to the AIP Model

Current inclusion in treatment guidelines (APA, NICE, ISTSS, WHO) ← AIP Model
Mechanism of Change

- How and/or why does EMDR work?
  - Hypotheses:
    - Dual attention
    - Relaxation response/reciprocal inhibition
    - Neurobiological
    - EM's change perceptions of target memory
    - Normalization of hyperarousal - EEG studies
    - Polyvagal Theory (Porges)

How Trauma Impacts Emotions and Behaviors
How trauma impacts emotions and behaviors

- Trauma causes a disruption of normal adaptive information processing
- Trauma can include DSM 5 Criterion A events (“big T”) and/or developmental, chronic, “small t” events
- New experiences link to previously-stored memories
- If experiences are accompanied by high levels of disturbance, they may be stored in the implicit/non-declarative memory system

How trauma impacts emotions and behaviors

- When similar experiences occur (internally or externally), they link to the unprocessed memory networks, causing the negative perspective, affect, and/or sensations to arise
- Adaptive (positive) information, resources, and memories are also stored in memory networks
- As processing occurs, there is a posited shift from implicit/non-declarative memory to explicit/declarative memory and from episodic to semantic memory systems
AIP MODEL

AIP Model

- Theoretical Hypotheses
- The neurobiological information processing system is intrinsic, physical, and adaptive
  - SPECT scan
  - De-arousal of nervous system
  - EEGs
- Memories are stored in associative memory networks and are the basis of perception, attitude, and behavior
- Stored memory experiences are contributors to pathology and health
SPECT and PTSD

**Diamond Pattern (LT)**
- Increased anterior cingulate
- Increased basal ganglia
- Increased thalamus (limbic)
- Increased right lateral temporal lobe

One Session

before after
The Three-Pronged Approach
The Three-Pronged Approach

• Past
  • Map out the memory network of past experiences that relate to presenting issue, bringing them to awareness

• Present
  • Often it is current triggers that bring clients into treatment

• Future
  • Develop alternate patterns of response that are more adaptive to the client

Eight Phases of EMDR Therapy
Eight Phases

- Phase 1 - History Taking
- Phase 2 - Preparation
- Phase 3 - Assessment/Activation
- Phase 4 - Desensitization
- Phase 5 - Installation
- Phase 6 - Body Scan
- Phase 7 - Closure
- Phase 8 - Re-evaluation

Additional Elements
Resources for being able to do the work

- Grounding
- Container
- Resource development specific to EMDR therapy

Apply a trauma informed framework

- All pathology stems from trauma
  - DSM
  - Except for those diagnoses caused by an organic reasons
- Maladaptive and adaptive memory networks
What clients are appropriate

- Any client may be appropriate
- Screening
- DES

Success Stories
Who would benefit

- Vets
- Kids
- Adults
- Couples
- Addicts
- First responders
- etc.

What else besides PTSD?

- Depression/Anxiety/Mood Disorders
- Children
- Addictions
- Pain/Chronic illness
- Eating disorders
- Severe Mental Illness
Cultural Considerations

Trauma and Social Location

Adverse Childhood Experiences*  Historical Trauma/Embodiment

- Early Death
- Injury, Disability, and Social Problems
- Adverse of Health-risk Behaviors
- Social, Emotional, & Cognitive Impairment

- Early Death
- Separation of the child, divorce, institutionalization, orphanage

- Complex Trauma/ICD
- Trauma and social location

- Generalized Embodiment/State of Trauma
Seek Cultural Competence in Your Practice

ASK

• Attitude/Awareness
• Skills
• Knowledge

Questions?