EMDR: Helping the Brain Heal Itself

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• History and development of EMDR therapy

• Research demonstrating the effectiveness of EMDR therapy

• The Adaptive Information Processing Model (AIP)

• The Eight Phases and Three Prongs of EMDR Therapy
1987 - Francine Shapiro goes on a walk in the park

1988 – First research with Vietnam-era vets with “EMD”

1989 - Research published supporting effectiveness of EMD in treating PTSD

1991 – Alternative forms of bilateral stimulation (BLS) discovered to be effective

1991 – “EMD” becomes “EMDR”
What is EMDR?

- Eye Movement Desensitization and Reprocessing
- What have you heard about it?
- EMDR therapy is a well-established integrative, client-centered psychotherapy approach that emphasizes the brain’s information processing system.
- EMDR therapy is used to process the early memories that set the foundation for the current pathology and the present situations that trigger the dysfunction.
Three-Pronged Protocol of EMDR

- Past
- Present
- Future
There are currently over 30 randomized control trials demonstrating the effectiveness of EMDR therapy with adults and children.

First study of EMDR by Francine Shapiro was published the same year as the first controlled studies of CBT and psychodynamic therapy for PTSD (1989).

Typically 3-6 sessions (1.5 hours) – 77-100% remission of PTSD with single trauma victims with stable outcomes at follow up (up to 35 months documented).
- Minimum 12 or more sessions (1.5 hours) needed for *multiple trauma* victims

- EMDR therapy, CBT and exposure therapies are more highly effective in trauma treatment than other forms of therapy

- EMDR therapy does not require homework, sustained arousal or detailed descriptions of the event for positive results
- 70% of EMDR participants achieve good outcome compared to 29% of persons in PE therapy; EMDR therapy also had fewer dropouts.

- EMDR therapy uses half the number of sessions as other therapies to achieve results; relatively small number of sessions result in substantial benefits maintained over time.

- EMDR therapy is more beneficial for depression symptoms than prolonged exposure.

Evaluation of co-workers 10 days after they witnessed seven people killed in an explosion revealed a mean of 22 on the SPRINT, indicating severe PTSD symptoms. After two consecutive-day 60-minute EMDR sessions the mean SPRINT scores for immediate and delayed treatment groups declined to equally low levels on both posttest and follow-up.

Standard PE and EMDR therapy protocols are effective, safe, and feasible in patients with PTSD and severe psychotic disorders, including current symptoms. Additional evaluation indicated trauma-focused treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition: van den Berg D.P.G., et al. Trauma-focused treatment in PTSD-patients with psychosis: symptom exacerbation, adverse events, and revictimization. *Schizophrenia Bulletin*. doi: 10.1093/schbul/sbv172.

EMDR was superior to both control conditions in the amelioration of both PTSD symptoms and depression. Upon termination of therapy, the EMDR group continued to improve while the fluoxetine participants again became symptomatic.

Studied children in Palestine exposed to ongoing traumatic events. Those treated with EMDR therapy showed increased resiliency in response to subsequent exposure to traumatic events as compared to children who were not treated.
Other non-randomized studies indicate positive treatment effects for depression, borderline personality disorder, body dysmorphic disorder, dental phobia, phantom limb pain, chronic pain, substance abuse, behavioral addictions, panic disorder, and generalized anxiety disorder, among others.

Randomized controlled trials currently in progress include:

- EMDR treatment of sex offenders and the impact on recidivism
- Early EMDR interventions in disaster situations
- Depression
National & International Treatment Guidelines

- Israeli National Council for Mental Health (2002) EMDR is one of only three methods recommended for treatment of terror victims.

- American Psychiatric Association (2004) EMDR is recommended as effective in the treatment of trauma.

- Department of Veteran Affairs & Department of Defense (2004) EMDR was placed in the “A” category for treatment of intense trauma.
- Substance Abuse and Mental Health Service Administration (SAMHSA) (2005) National Registry of Evidence-based Programs and Practices

- California Evidence Based Clearinghouse for Child Welfare (2010)

- National Institute for Clinical Excellence (London) (2005) Trauma-focused CBT and EMDR were stated to be empirically supported treatments of choice for adult PTSD

- World Health Organization (WHO) (2013) Guidelines Review Committee in Geneva, Switzerland, has formally approved the recommendation on EMDR in adults and children for PTSD
How Does EMDR Work?

We don’t know how any psychotherapy works, but some possibilities include…

- **REM**: memory is organized during rapid eye movement (REM or dream) sleep; memory is pruned, parts of memories are digested and the unimportant aspects are discarded, leaving us with the gist of these experiences.
- **Orienting Response**: a process by which mammals respond to novel stimuli. With EMDR therapy, when eye movements begin, there is arousal, then appraisal, which indicates there is no current threat, and then arousal goes down (de-arousal), with decreasing vividness and emotion (right hemisphere) related to the memory, and the information moves to a narrative form in the left hemisphere.
- **Working Memory**: Bilateral stimulation of any kind is capable of disrupting working memory. For most disturbing memories, the eye movements are highly efficient in disrupting visual spatial template, or the images associated with the memory, reducing vividness and intensity.
The Model: Adaptive Information Processing (AIP)

- We have a physical system that moves us toward health, unless blocked in some way.
- The Adaptive Information Processing system does the same for our psychological health – an innate healing system.
- Pathology results when adverse experiences are dysfunctionally stored and cannot link up naturally with more adaptive information already stored in the brain.
The intensity of affect associated with the memories is what keeps them from linking up to more adaptive networks.

If an experience gets stuck/dysfunctionally stored in the brain, reminders of the event will be a “trigger,” activating the individual’s symptoms (intrusions, avoidance, hypervigilance, etc.).

Linking up experiences with already-processed memories is the brain’s way to digest the experiences and move toward adaptive resolution, thereby creating more adaptive thoughts, feelings, beliefs and behaviors.
EMDR therapy facilitates an associative process that allows the information to link up with adaptive networks.

What is useful is stored and available to inform future experiences; what is no longer adaptive is discarded (e.g. physical sensations, irrational beliefs, intense affect, etc.).

EMDR therapy is a distinct integrative treatment approach that is compatible with all other major orientations to psychotherapy.

Different diagnoses require different, often customized EMDR therapy procedures.
Eight-Phase Treatment Approach

Phase 1: History & Treatment Planning
Phase 2: Preparation
Phase 3: Assessment
Phase 4: Desensitization
Phase 5: Installation
Phase 6: Body Scan
Phase 7: Closure
Phase 8: Reevaluation

“Happy people always dream in bold color rainbows”
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<th>Phase</th>
<th>Purpose</th>
<th>Procedures</th>
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<tbody>
<tr>
<td>1. History-</td>
<td>• Obtain background information</td>
<td>• Standard history-taking questionnaires and diagnostic psychometrics</td>
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<tr>
<td>taking</td>
<td>• Identify suitability for EMDR treatment</td>
<td>• Review of selection criteria</td>
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<td>• Identify processing targets from events in client’s life according to</td>
<td>• Questions and techniques to identify 1) past events that have laid the groundwork for the</td>
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<td>standardized three-pronged protocol</td>
<td>pathology, 2) current triggers, and 3) future needs</td>
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<td>2. Preparation</td>
<td>• Prepare appropriate clients for EMDR processing of targets</td>
<td>• Education regarding the symptom picture</td>
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<td>• Metaphors and techniques that foster stabilization and a sense of personal control</td>
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<td>3. Assessment</td>
<td>• Access the target for EMDR processing by stimulating primary aspects of the memory</td>
<td>• Elicit the image, negative belief currently held, desired positive belief, current emotion, and physical sensation and baseline measures</td>
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<td>4. Desensitization</td>
<td>• Process experiences toward an adaptive resolution (no distress)</td>
<td>• Standardized protocols incorporating eye movements (taps or tones) that allow the spontaneous emergence of insights, emotions, physical sensations, and other memories</td>
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<td>5. Installation</td>
<td>• Increase connections to positive cognitive networks</td>
<td>• Enhance the validity of the desired positive belief and fully integrate the positive effects within the memory network</td>
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<td>6. Body Scan</td>
<td>• Complete processing of any residual disturbance associated with the target</td>
<td>• Concentration on and processing of any residual physical sensations</td>
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<td>7. Closure</td>
<td>• Ensure client stability at the completion of an EMDR session and between sessions</td>
<td>• Use of guided imagery or self-control techniques if needed</td>
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<td>• Briefing regarding expectations and behavioral reports between sessions</td>
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| 8. Reassessment | • Ensure maintenance of therapeutic outcomes and stability of client | • Evaluation of treatment effects  
|             |                                                  | • Evaluation of integration within larger social system |
Three-Pronged Protocol of EMDR

Past

Present

Future
EMDR Training & Information

• EMDR International Association (www.EMDRIA.org)

• EMDR Institute (www.EMDR.com)

• Trauma Recovery/EMDR Humanitarian Assistance Programs (www.EMDRHAP.org)