EMDR AND TRAUMA

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INTRODUCTION

• Restoration Counseling Services is dedicated to restoration of body, mind, and spirit...this is not just a healing place but a place of restoring.

• My passion with my clients is to instill hope that new lives are possible if they so desire.

• What EMDR means to me personally as a survivor, and now as a clinician.
EMDR

• EYE
• MOVEMENT
• DESENSITIZATION
• REPROCESSING
In 1987, Francine Shapiro was walking in the park when she realized that eye movements appeared to decrease the negative emotion associated with her own distressing memories.

She assumed that eye movements had a desensitizing effect, and when she experimented with this she found that others also had the same response to eye movements.
It became apparent however that eye movements by themselves did not create comprehensive therapeutic effects and so Shapiro added other treatment elements, including a cognitive component, and developed a standard procedure that she called Eye Movement Desensitization (EMD).
• Francine Shapiro, PhD describes the actual process this way:

Specific procedures are used to help clients maintain a sense of control during memory work as the therapist guides their focus of attention. They need only focus briefly on the disturbing memory during the processing while engaged in the bilateral stimulation as the internal associations are made. The client’s brain makes the needed links as new emotions, sensations, beliefs, and memories emerge. All of the work is done in the therapy sessions. It is not necessary for the client to describe the memory in detail, and no homework is used.
THEORY OF EMDR

• The information processing system processes the multiple elements of our experiences and stores memories in an accessible and useful form.

• Memories are linked in networks that contain related thoughts, images, emotions, and sensations.

• Learning occurs when new associations are forged with material already stored in memory.
THEORY OF EMDR

► When a traumatic or very negative event occurs, information processing may be incomplete, perhaps because strong negative feelings or dissociation interfere with information processing.

► The memory is then stored without appropriate associative connections and with many elements still unprocessed.
THEORY OF EMDR

• When the individual thinks about the trauma, or when the memory is triggered by similar situations, the person may feel like she is reliving it, or may experience strong emotions and physical sensations. A prime example is the intrusive thoughts, emotional disturbance, and negative self-referencing beliefs of posttraumatic stress disorder (PTSD).
THEORY OF EMDR

• It is not only major traumatic events, or “large-T Traumas” that can cause psychological disturbance. Sometimes a relatively minor event from childhood, such as being teased by one’s peers or disparaged by one’s parent, may not be adequately processed. Such “small-t traumas” can result in personality problems and become the basis of current dysfunctional reactions.
REGARDLESS OF HOW TOUGH A PERSON IS, THE BOTTOM LINE IS THAT MEMORIES OF DISTURBING EXPERIENCES CAN BE STORED IN THE WRONG FORM OF MEMORY.
WHEN IS EMDR THERAPY NEEDED?

When talk therapy isn’t working... While talk therapy can bring some relief and often does some people do not do well to continue reliving their same stories over and over.
• Sometimes an event or series of events is so disturbing your nervous system cannot function normally.

• The memory of the trauma becomes a part of you.

• All of the traumatic psychological and physical details are internalized, along with a host of negative beliefs.

• As long as it goes unprocessed, they may be triggered by experiences or interactions in your current life, shifting and coloring your perceptions.
Unlike talk therapy, the value of EMDR is in its ability to assist your brain and body's information processing system to make the automatic connections necessary for settling traumatic disruption for good.

The internal processes of your mind are supported so that more helpful connections of the nervous system are made in your memory networks.

Trauma loses its ability to torture one as the intensity is lessened and negativity is neutralized. From there healing begins.
• Research shows that the eye movements used in EMDR therapy stimulate the same processes that occur during rapid eye movement or REM sleep.

• Rem sleep happens when we are dreaming. Scientist believe that at that point, the brain processes survival information. They assert that the eye movements of both the REM state and EMDR treatment help move episodic traumatic memory, including all the emotions, physical sensations and beliefs linked to the trauma into more logical memories.

• From there, meaning and perspective are gained, and negative, erroneous connections can be released.
• Compared to traditional therapies, EMDR treatment may feel very different. It is not a prolonged experience. Distressing thoughts, emotions, and bodily sensations may occur, but after noticing them briefly, the bilateral stimulation will move you on.

• Like scenes viewed from a train ride...clips of a movie.
INDICATIONS FOR EMDR

- Trauma of course—Not only big T’s but little t’s too
- Anxiety (great results with social anxiety)
- Depression
- Somatic illnesses
- Work enhancement performance
- Addictions
- Grief
- Any event a client is “stuck” with
• EMDR can be used with adults as well as children.
• Children process out much quicker because less is stored if event caught quickly.

• Not every one will want to change or heal.
• Some people get used to hanging on to their trauma like a familiar coat and cannot envision life without as it has became how they identify themselves.
SINGLE INCIDENT TRAUMA

• EMDR is also used in recent trauma situations where the sooner the trauma is hit the sooner it will resolve itself.

• The process is different in that you identify each step of the trauma and go through the trauma story detail by detail as you process each detail to quickly clean out the file where trauma stored.
RESOURCE DEVELOPMENT

- At times people will present for EMDR who have very little coping skills or appear very fragile
- If they are afraid of the therapy
- Need improvement of self care
- Poor ego strength
- Intolerable shame
- I also in history gathering inquire about coping skills
- When have you had to be strong before and how do you do it?
- Bridge analogy
USE OF EMD

• EMD can be used in incidents of acute stress, crisis intervention, acute incidents, good when only have a session.

• Its mini sessions where after each pass you go back to event and evaluate level of discomfort.

• Get rating as low as it will go.

• When you think of event what do you get now?
CASE STUDIES

• Grief
• Sexual Abuse
• Military Trauma
• Anxiety
GRIEF

- Grief
- Complicated grief of over 20 years
- Traumatic death sudden and very violent
- Loss of child
- Major lifestyle loss

- What do we need to hold on to and what do we want to let go of?
- What grief is and isn’t?
- Addressing fear of forgetting loved ones.
SEXUAL ABUSE

• Study of client over 25 years with many multiple medical illness and outcome from start to finish
• Rape case of over 20 years
• Childhood sexual abuse
• Incest case
MILITARY TRAUMA

• Tremendous success: ability to sleep after 5 years
• Medic seeing trauma
• Suicidal case study
SOCIAL ANXIETY

• Ability to go out in public and converse in a group
• Bank robbery (brief incident processing)
• Child with dog bite
THREE PRONG PROCESS

• Access—Target information

• Stimulate—information processing system

• Move—information to adaptive resolution
• Discussion of channels that may have to be cleaned out regarding trauma or past traumas that may pop up in connection with the same symptoms as the brain remembers.

• Always tell them the brain knows where to go.
8 PHASES TO TREATMENT

- Gathering History
- Preparation-assessing coping skills (use of containers or resource development installation)
- Assessment (target, identify negative and positive cognitions)
- Desensitization (use of cognitive interweave) SUDS
- Installation
- Body Scan
- Closure
- Reevaluation
DUAL STIMULATION

During phases 4 through 6 of EMDR (see A Brief Description of EMDR for more information on the eight phases of EMDR) clients focus on their distressing or desired experiences at the same time as they attend to a dual attention stimulus. Eye movements are the most commonly used dual attention stimulus, but tapping, tactile stimulation, and auditory tones are also used. These are usually presented in an alternating bilateral fashion – e.g., first to one ear, then the other, then the first ear, etc.
It is thought that the dual attention component of EMDR facilitates information processing but, as with all forms of psychotherapy, the underlying neurobiological reason for these effects are unknown although a variety of neurobiologists have proposed mechanisms of action.3,4,5 Currently there is research support for working memory theories and the orienting response. A number of studies have indicated that the eye movement reduce emotional distress and memory vividness or enhance recall.6,
THE STUDIES INDICATE…


* EMDR was determined to be an effective treatment of trauma.


* EMDR was placed in the "A" category as “strongly recommended” for the treatment of trauma.

► 18 randomized controlled (and 12 nonrandomized) studies have been conducted on EMDR in the treatment of trauma.
• Research has shown that three 90 minute sessions of EMDR treatment eliminates PTSD in 80-100% of civilians
• EMDR with combat veterans shows after 12 sessions that 78% no longer had PTSD

(studies included World War II vets, Korean war vets and Desert storm Vets)
COMPARISON

• See data page for research in handout…overall EMDR has a higher percentage rate of effectiveness, reduction of symptoms and maintaining remission after a period of time.
WHAT IT DOES NOT DO....

- It does not hypnotize you
- It does not make you lose control
- It will not take you to a traumatic place and leave you there
- It will not bring up false memories
- It will not process if client is lying
- Even if a client doesn’t complete treatment they are better off for the amount they did do so no risk if they drop out
- It does no harm
• While it sounds great, the client has to be willing to do the work!!!
• It will not send you to a place you cannot return
WHAT EMDR WILL DO...

- Give reduction of symptoms quickly even sometimes after a session
- Clients report starting to feel better quickly and just notice a difference in their overall well being
- Bring relief that some have not received with years of talk therapy
- Bring new quality of life and hope
- Personal example
EMDR is a transformational therapy meant for the powerful and conclusive healing of your brain and body.
• And of course... IT WILL NOT MAKE YOU CROSS EYED!

HAVE A BLESSED DAY!!