

# Why I Love EMDR

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# Intro

- It's fast. It works. It's fun.
- Clients don't flee from it. Brief exposure with built-in relief.
- It's versatile and mixes well with other modalities.
- Practitioners become trauma-informed.
- There are tons of books, articles, trainings, consultants, and new uses every day.

# Institutional History

- Francine: EMDR Institute Late '80's
- EMDRIA: mid-90's
- Trauma Recovery/HAP: 1995 OKC bombing TRN's
- Independent Trainers: Network of EMDR Trainers: [www.NOET.net](http://www.NOET.net)
- Rogue trainers (PESI)
- EMDR Research Foundation

# AIP 1

## Adaptive/Accelerated Information Processing:

- *Traumatic events and/or disturbing adverse life experiences can be encoded maladaptively in memory resulting in inadequate or impaired linkage with memory networks containing more adaptive information.*

# AIP 2

- *Pathology is thought to result when adaptive information processing is impaired by these experiences which are inadequately processed. Information is maladaptively encoded and linked dysfunctionally within emotional, cognitive, somatosensory, and temporal systems.*

# AIP 3

- *Memories thereby become susceptible to dysfunctional recall with respect to time, place, and context and may be experienced in fragmented form. Accordingly, new information, positive experiences and affects are unable to functionally connect with the disturbing memory.*

# AIP 4

- *This impairment in linkage and the resultant inadequate integration contribute to a continuation of symptoms. (EMDRIA website)*
- EMDR works by bringing different brain systems together to swap information, resulting in present orientation and discontinuation of old, maladaptive patterns of thought, affect, and sensation. (RS)

# Efficacy:2014 Meta Study

- : Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and/or more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and/or vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Francine S. Perlmutter Journal

# How It Works

- Dan Siegel: Pulling different parts of brain together in the set-up, then add bilateral stimulation with/
- Dual Attention Stimulus
- Affect of Interest
- Exposure, then relief
- Relationship

# Dr. Simone Ravicz

EMDR works through a number of brain-based events. The trauma is an unprocessed memory and remains largely stored in the Right hemisphere as indicated by SPECT scans) which show where the activity is occurring in the brain. As people discuss the trauma or think of it, the right hemisphere "lights up". After EMDR, the scans indicate that both the right and left hemispheres "light up" and are active.

The information is now available to the processes of the left hemisphere, such as the ability to verbalize, view more rationally and logically, and the like. Individuals can say, "It's over now. I'm safe. I did the best I could. I wasn't my fault". The experience is of having the memory but not having all of the PTSD symptomatology manifest.

# What EMDR Is Not

- Simply Exposure
- Just the eye movements
- Hypnosis
- Woo-Woo BS
- Discuss controversy: Spa, DofD, true believers on both sides.
- *Trauma Treatments: Protocols-----*

# The Standard Protocol

1. Client History:  
Developmental/Trauma/Strength
2. Preparation: Resourcing (A lot for complex trauma/dissociation.)
3. *Assessment: Image/Event, Cognition, VOC, Emotion, SUD, Body Sensation,*
4. *Desensitization (EM's, sensory, tones)*
5. *Installation*
6. *Body Scan*
7. Closure
8. Follow-up

# 3 Prongs

- Past Trauma (Float Back)
- Present: Here and now
- Future: What it effects
  
- (Favorite Phone Call—Sexually abused client)
- Anxiety Dx/Bipolar/Performance: Using tools.

# Preparation Phase

- Resource Installation (Demo of Best Time), Safe Place, Circle of Love,
- Attachment
- Affect Tolerance
- Two-Hand Technique
- Ego State Work (Forgash, Paulsen, Steele, Knipe, me, and many more)
- Front-loading (me)

# Cognitions

- Self-referential: I'm bad, It's my fault, In danger
- Danger: It's over. I'm safe.
- Fault: I'm bad. I made him do that. I'm good. I'm innocent.
- Future choices: I can handle it. I'm ready. I want to.

# Personal Experience

- Family of Origin
- Bad Boyfriends
- AIDS Epidemic
- Grief
- Car accident
- Self-use

# Performance Enhancement

- Clear past fears
- Resource being in the “zone.”
- Imagine challenges and moving through them.
- Ego state work: Bring competent adult forward, “I’ll handle this.”
- Imagine moving through the whole thing.

# Depression 1

- [van der Kolk, B. A., Spinazzola, J., Blaustein, M. E., Hopper, J. W., Hopper, E. K., Korn, D. L., et al.](#) (2007, January). A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: Treatment effects and long-term maintenance. *Journal of Clinical Psychiatry*, 68(1), 37–46

# Depression 2: van der Kolk

- 88 subjects; 8 weeks of treatment, blind raters
- Subjects scored for trauma & depression
- EMDR, Prozac, or pill placebo
- At 6 month follow-up:
  - EMDR: 75% of adult-onset vs. 33% of child-onset trauma subjects: asymptomatic end-state function
  - Prozac and Placebo: still as symptomatic as they started.
  - EMDR subjects got progressively better post-tx.

# Depression 3: Attachment

## Healing the Hunkered Down

- Clearing early targets
- Enhancing internal and external resources
- Here and now relationships:  
assertiveness
- Depression clears

# Recent Events

- Roger Solomon, Roy Kiessling, Elan Shapiro
- EMD
  - Start with narrative of recent event
  - Focus on targets as they arise
  - Short sets
  - Go back to the target
    - “When you think about mud slide hitting the house, what do you notice now?”

# Relational Targets 1

- Often shame-based
- Grief
- Okay to be angry
- Ambivalent Object: 2-Hand Interweave: He loved me. vs. He abused me.
- Kitchur attachment targets:
  - Mom holding baby
  - Making big mess in kitchen

# Relational Targets 2

- April Steele: Imaginal Nurturing
  - Baby
  - Adventuring Spirit
- Jim Knipe
  - Sit on couch with kid
  - Watch video of back then
  - Adult explains to kid what was really going on.
  - Regular EMDR processing

# Phantom Limb Pain Protocol

Tinker & Wilson (Solutions: Pathways) Columbia

- Take pain and distress measurements
- Day of amputation/accident/surgery
- What's been lost
- Now
- What happens to brain: signals are like PTSD
- (Head injury client)

# Couple Issues

- Float back to other relationships, parents, exes
- Betrayals and triggers in this relationship
- 2-Hand: Who I want vs. Who I got
- Attachment issues
- New behaviors/Differentiation/Being self
- Affairs: image of the betraying act
  - Anger, grief,
  - Cognition: I can trust myself

# More Targets: see next slide

- Addiction, Compulsion (Popky, Miller)
- Narcissism and other defenses (Phil Manfield, Jim Knipe)
- Bad boyfriend protocol (Knipe)

# Level of Urge (Popky)

- Trigger to use
- How good would it feel? S.U. Feeling Great
- Where do you feel it?
- Eye movements
- 2-Hand if necessary
- Miller: Feeling State Protocol: When's the first time you did it and it felt great.

# Level of Urge to Avoid

- (Popky/Knife)----Sex addict story
- Avoided behavior
- Favorite procrastination ploy
- How good does it feel? Where?
- Imagine the trigger.
- Bilateral stimulation
- What do you notice, now?
- Two-Hand Interweave, if not moving

# Self-Use

- Not for Dissociative Dx.
- Great for Anxiety Dx
- Performance
- Calming
- Flashbacks
- Any bad affect
- Resourcing

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