



Understanding EMDR
Eye Movement Desensitization & Reprocessing Therapy
emdria.org

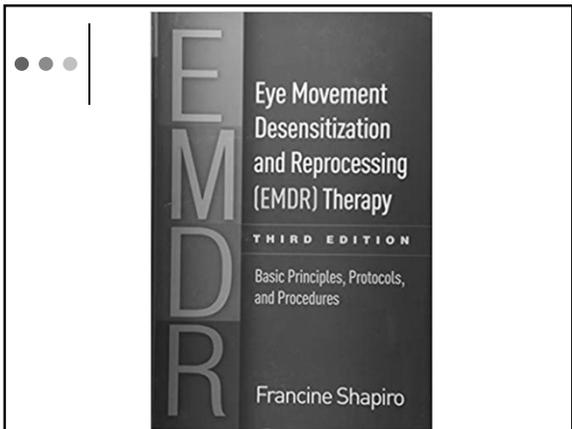
**41st Annual Cross Cultural Conference-
Forging Solutions out of Challenges**

Myrtle Beach, SC
February 22, 2019

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What is EMDR?

- Eye Movement Desensitization and Reprocessing (EMDR) is an **integrative psychotherapy approach** that has been **extensively researched and proven effective** for the treatment of trauma.
- EMDR is a set of **standardized protocols** that incorporates elements from many different treatment approaches with the use of bilateral stimulation using eye movements, tones and/or tapping.
- To date, EMDR therapy has helped millions of people of all ages relieve many types of psychological stress.

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Definition of EMDR

- The model on which EMDR is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences.
- This impairs the client's ability to integrate these experiences in an adaptive manner.

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EMDR Applications

- **EMDR is not a cure all or magic bullet. Studies report positive therapeutic results for a wide range of populations and issues:**
 - Depression and Other Mood Disorders
 - Generalized Anxiety Disorders, Panic Attacks, Phobias
 - PTSD, Grief, Traumatic Bereavement
 - Abuse and Neglect – Emotional, Physical, Sexual
 - Accidents, Medical Treatments, Natural Disasters
 - Addictions, Dissociative Disorders
 - Somatic Problems – chronic pain, phantom limb pain, gastrointestinal, migraines, eating disorders, body image
 - Vicarious Trauma
 - Performance Enhancement (work, art, sports)
 - Children, Couples, Veterans, Police Officers, Firefighters

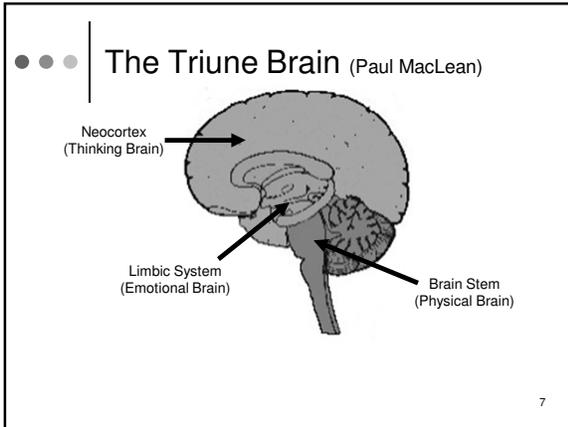
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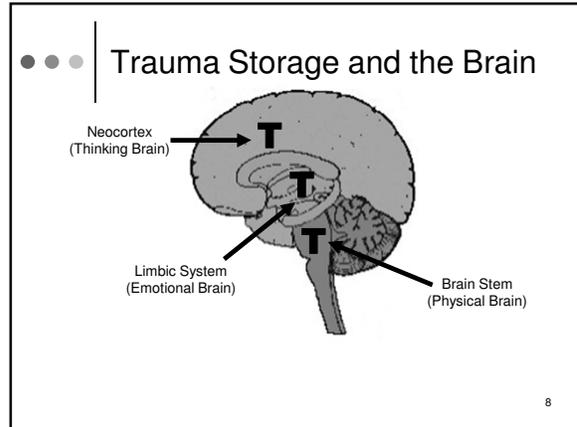
Research on Effectiveness

- 20 controlled studies have consistently found EMDR effectively decreases / eliminates symptoms of PTSD for the majority of clients in studies.
- EMDR designated effective for PTSD by:
 - American Psychiatric Association
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - International Society for Traumatic Stress Studies
 - U.S. Department of Veteran Affairs, U.S. Department of Defense
 - World Health Organization
 - Many international health and government agencies
- Other studies on many other symptoms, disorders
- For research summaries, visit www.emdria.org and www.emdr.com

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● ● ● EMDR is NOT a Technique

- EMDR is a psychotherapy approach that is guided by the Adaptive Information Processing Model and composed of integrative protocols and procedures which include the use of bilateral stimulation (BLS).
- Eight Phases of Treatment
- Three Pronged Protocol (Past, Present, Future)
- Forms of BLS – Eye Movement, Tones, Taps
- Incorporates elements of other theoretical orientations:
 - Psychodynamic, Cognitive, Behavioral, Client centered, Mindfulness

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● ● ● Origin of EMDR

- In 1987, psychologist Dr. Francine Shapiro made the chance observation that eye movements can reduce the intensity of disturbing thoughts, under certain conditions.
- Dr. Shapiro studied this effect scientifically and, in 1989, she reported success using EMDR to treat victims of trauma in the *Journal of Traumatic Stress*.
- Since then, EMDR has developed and evolved through the contributions of therapists and researchers all over the world. Today, EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches.

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● ● ● Foundation and Principals

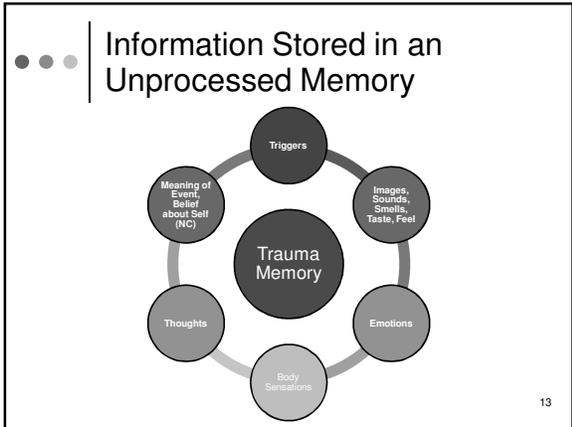
- Shapiro's (2001) Adaptive Information Processing model, guides clinical practice, explains EMDR's effects, and provides a common platform for theoretical discussion. The AIP model provides the framework through which the eight phases and three prongs (past, present, and future) of EMDR are understood and implemented. The evolution and elucidation of both mechanisms and models are ongoing through research and theory development.

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● ● ● Psychotherapy Conceptualization

- Psychodynamic Therapy
 - Foundation of problem: Intrapsychic conflicts
- Cognitive Behavioral Therapy
 - Foundation of problem: Dysfunctional beliefs, behaviors
- EMDR Therapy
 - Foundation of problem: Unprocessed memories of disturbing events that are dysfunctionally stored in neural networks.

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EMDR: An Adaptive Information Processing Model

- When a traumatic or disturbing event happened, the natural system for processing a memory was interrupted because of high arousal and/or encoded as survival information.
 - Information that occurred at the time of the upsetting event is stuck or frozen in the memory.
- Present day triggers or experiences can activate the feelings and responses in the stored memory.
 - Persistent, intrusive thoughts
 - Negative emotions
 - Negative perceptions of self
 - Physical sensations

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EMDR: An Adaptive Information Processing Model

- "The AIP Model distinguishes EMDR from other forms of psychotherapy by viewing the present situation producing distress simply as a trigger for a past, unprocessed incident."
- "EMDR's procedures have been developed to access the dysfunctionally stored experience and stimulate the innate processing system."

(Shapiro, *Journal of EMDR Practice and Research*, Vol 1, No. 2, 2007, p.71)

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Innate Information Processing

- Generally speaking, for individuals who are psychologically healthy and have a more secure sense of self, new experiences are taken in, sorted through in terms of what is useful is learned, linked to the appropriate emotions and is accessible for the person to utilize in the future.
- For individuals who may not be as psychologically healthy, new experiences are taken in and sorted through with a more elevated limbic or emotional response not allowing adequate processing to complete to an adaptive resolution.

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Innate Information Processing

- Traumatization has been described as the disruption of the inherent processing system that normally leads to integration and adaptive resolution following upsetting experiences. (van der Kolk, Fislser, 1995)
- Under normal circumstances, this 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 the trauma remains "frozen", manifesting in persistent intrusive thoughts, negative emotions and self-referenced beliefs, and unpleasant body sensations.

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Example

- A child who is learning to swim may have the experience of an adult holding them above water and then let them go resulting in the child going under the water.
- The adult then takes hold of them and brings them to the surface and the child begins to cry, but the adult gives comfort and reassurance and the child learns they are Ok and the fear passes.

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● ● ● | Example

- However, for another child the distress of the event does not resolve. The continual anxiety suggests that the information processing system has stored this experience without a resolution.
- In other words, the child cannot recall how much fun they were having in the water and that the adult really was there to support and keep them safe in the water.

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● ● ● | Describing EMDR to a Client

- When a disturbing event occurs, it can get locked or frozen in the brain with the original pictures, sounds, thoughts, feelings and body sensations. Present day experiences can activate those original feelings, thoughts, images, sensations.
- EMDR seems to stimulate that frozen information and allows the brain to process the experience by connecting that stuck memory with other information in your brain.
- Similar to what may be happening in REM (rapid eye movement) sleep when we dream. The eye movements or other forms of bilateral stimulation (tones, taps) may help to process the unconscious material.

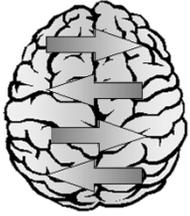


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● ● ● | Information Processing

"Bilateral stimulation" or "Dual Attention Stimulus" is suspected of jumpstarting these limbic and physiological information processing systems.

Various forms of stimulation (visual, audio, and tactile) are being explored and researched.



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● ● ● | Describing EMDR to a Client

- EMDR does not take away the memory. You will still remember it, but it will be more distant, vague and not as distressing.
- EMDR will not take away any information that is valid or that you need to hold on to for your well-being.
- It is your own brain doing the healing and you are the one in control during the processing of the memory.

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● ● ● | Describing EMDR to a Client

- **Access** the dysfunctionally stored information.
- **Stimulate** the information processing system and maintain it in a dynamic form.
- **Move** the information by monitoring the free association process and initiate procedures to facilitate adaptive (appropriate, positive, functional) resolution.
- **Desensitize:** Reduce the Subjective Unit of Distress (SUD) to 0.
- **Reprocess:** Learning takes place so client adapts their understanding of the event and shifts negative cognitions to positive cognitions.

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● ● ● | During EMDR Processing

- Client internally generates "corrective information" about the event rather than that information being externally generated through discussion with therapist.
- Therapist does not reflect, interpret, reframe or intervene in other traditional ways
 - Client Centered - Follow the client's processing
 - Mindfulness – "Just notice", "Go with that"
 - Cognitive Interweaves – ask questions that link statements made by client and only when needed to move processing forward

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Childhood Trauma Example

Client | A 35-year-old woman sexually abused as a child by her alcoholic father.

Presenting Problems | Nightmares, flashbacks, avoidance of trauma-related trigger situations, hypervigilance, guilt, self-hatred, mistrust of others, sense of hopelessness and helplessness.

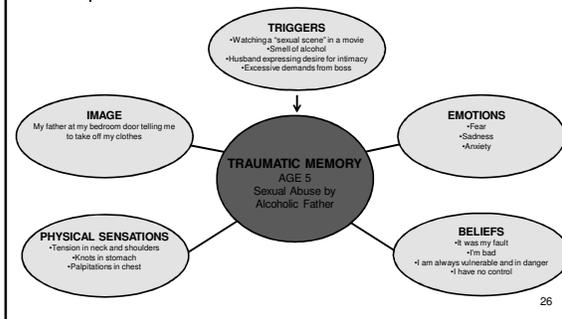
Negative Cognitions | It was my fault. I'm bad. I'm dirty. I'm always vulnerable and in danger. I have no control.

Positive Cognitions | I did the best I could. I'm a good person. I'm pure. It's over. I'm safe now. I have choices and a reasonable degree of control now.

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Childhood Trauma Case Example



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Work Related Example

Client: A 40-year old man who was laid off during the economic restructuring of his company.

Presenting Problems: Sleep-onset insomnia, loss of appetite, self-medicating with alcohol, irritable, worried about the future, "paralyzed" in efforts to seek other work, fighting with his children and sometimes his wife.

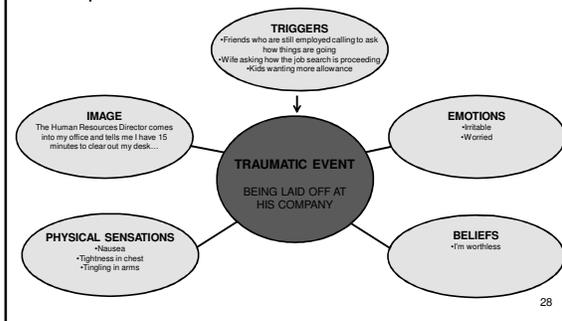
Negative Cognitions: I'm not good enough to retain at my company so they let me go. I'm worthless.

Positive Cognitions: I have value to offer and can find an organization that recognizes this about me and is a 'good fit' with my skills and who I am.

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Work Related Case Example



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Why and How Does EMDR Work? Hypothesized Mechanisms

- Neurophysiology
- REM Sleep
- Orienting Response
- Working Memory
- Parasympathetic Response

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EMDR Resources

EMDR International Association | www.emdria.org

EMDR Institute | www.emdr.com

EMDR Research Foundation | www.emdrresearchfoundation.org

Francine Shapiro Library | <http://emdr.nku.edu>

EMDR Humanitarian Assistance Program | www.emdrhap.org

EMDRadvancedtrainings.org

markinickerson.com

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