

**UNDERSTANDING
EMDR**



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A GUIDE TO UNDERSTANDING EYE MOVEMENT DESENSITIZATION REPROCESSING

Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy that was developed by Francine Shapiro to resolve the development of trauma-related disorders caused by exposure to distressing events such as rape or military combat. According to Shapiro's theory, when a traumatic or distressing experience occurs, it may overwhelm usual cognitive and neurological coping mechanisms.

The memory and associated stimuli of the event are inadequately processed, and are dysfunctionally stored in an isolated memory network. The goal of EMDR therapy is to process these distressing memories, reducing their lingering influence and allowing clients to develop more adaptive coping mechanisms.

Approach

EMDR integrates elements of effective psychodynamic, imaginal exposure, cognitive therapy, interpersonal, experiential, physiological, and somatic therapies. Distinguishing EMDR from other therapies, however, is the unique element of bilateral stimulation (e.g. eye movements, tones, or tapping) during each session.

EMDR uses a structured eight-phase approach (outlined in greater detail below) to address the past, present, and future aspects of a traumatic or distressing memory that has been dysfunctionally stored. During the processing phases of EMDR, the client focuses on disturbing memory in multiple brief sets of about 15–30 seconds. Simultaneously, the client focuses on the dual attention stimulus (e.g., therapist-directed lateral eye movement, alternate hand-tapping, or bilateral auditory tones).

Following each set of such dual attention, the client is asked what associative information was elicited during the procedure. This new material usually becomes the focus of the next set. This process of alternating dual attention and personal association is repeated many times during the session.

When traumatic memory networks are activated, the client may re-experience aspects of the original event, often resulting in inappropriate overreactions. This explains why people who have experienced or witnessed a traumatic incident may have recurring sensory flashbacks, thoughts, beliefs, or dreams. An unprocessed memory of a traumatic event can retain high levels of sensory and emotional intensity, even though many years may have passed.

The theory is that EMDR works directly with memory networks and enhances information processing by forging associations between the distressing memory and more adaptive information contained in other semantic networks. It is thought that the distressing memory is transformed when new connections are forged with more positive and realistic information.

This results in a transformation of the emotional, sensory, and cognitive components of the memory; when the memory is accessed, the individual is no longer distressed. Instead he/ she recalls the incident with a new perspective, new insight, resolution of the cognitive distortions, elimination of emotional distress, and relief of related physiological arousal.

When the distressing or traumatic event is an isolated, single incident (e.g., a traffic accident), approximately three sessions are necessary for comprehensive treatment. When multiple traumatic events contribute to a health problem - such as physical, sexual, or emotional abuse, parental neglect, severe illness, accident, injury, or health-related trauma that result in chronic impairment to health and well-being, or combat trauma, the time to heal may be longer, and complex, multiple trauma may require many more sessions for the treatment to be complete and robust.

Although EMDR is established as an evidence-based treatment for PTSD, there are two main perspectives on EMDR therapy. First, Shapiro proposed that although a number of different processes underlie EMDR, the eye movements add to the therapy's effectiveness by evoking neurological and physiological changes that may aid in the processing of the trauma memories being treated. The other perspective is that the eye movements are an unnecessary epiphenomenon, and that EMDR is simply a form of desensitization.

Empirical Evidence & Comparison

A recent review rated EMDR as an effective method for the treatment of PTSD, and the International Society of Stress Studies practice guidelines categorized EMDR as an evidence-based level A treatment for PTSD in adults. A number of international guidelines include EMDR as a recommended treatment for trauma.

Research on the application of EMDR therapy continues, and several meta-analyses have been performed to further evaluate its efficacy in the treatment of PTSD. In one meta-analysis of PTSD, EMDR was reported to be as effective as exposure therapy and SSRIs. Two separate meta-analyses suggested that traditional exposure therapy and EMDR have equivalent effects both immediately after treatment and at follow-up. A 2007 meta-analysis of 38 randomized controlled trials for PTSD treatment suggested that the first-line psychological treatment for PTSD should be Trauma-Focused CBT (Cognitive Behavioural Therapy) or EMDR.

Other Applications

Although controlled research has concentrated on the application of EMDR to PTSD, a number of studies have investigated EMDR's efficacy with other anxiety disorders as well as numerous reports of diverse clinical applications.

Depression

EMDR can work on a multitude of problems that are less complex than PTSD. One of these is uncomplicated depression. The EMDR Casebook by Philip Manfield documents case studies in which EMDR was used. In the case about uncomplicated depression, Manfield was able to help his client, George, resolve several childhood issues that have plagued his adult life. Moreover, EMDR can work for postpartum depression. By having the client target a distinctive memory and work through it with a series of eye movements, the client is then able to achieve a positive cognition.

In Children

EMDR has been used in the treatment of children who have experienced trauma and complex trauma. EMDR is often cited as a component in the treatment of complex post-traumatic stress disorder, emotional dysregulation, and in the treatment of children exposed to chronic early maltreatment that is related to attachment disorder.

For Personal Improvement

EMDR has also been used in performance and creativity enhancement with athletes and stage performers.

How Does EMDR Therapy Work?

At the time of a traumatic event, strong emotions interfere with our ability to completely process the experience and one moment becomes “frozen in time.” Recalling the traumatic event may feel as though the person is reliving the event all over again because the images, smells, sounds, and feelings are still there and can be triggered in the present. When activated, these memories cause a negative impact on our daily functioning and interfere with the way we see ourselves and our world, and how we relate to others.

Important Note:

This information is not intended to be a substitute for professional advice, but it may help you understand EMDR and work with a professional to make an informed decision about whether EMDR therapy is right for you.

EMDR therapy appears to directly affect the brain, “unfreezing” the traumatic memories, allowing you to resolve them. Over time the disturbing memory and associated beliefs, feelings, sensations become “digested” or worked through until you are able to think about the event without reliving it. The memory is still there, but it is less upsetting.

The exact mechanism for the effectiveness of EMDR is yet unknown. It appears that using rapid eye movements relieves the anxiety associated with the trauma so that the original event can be examined from a more detached perspective, somewhat like watching a movie of what happened.

This enables you to access positive ways of reframing the original trauma (reprocessing), and to release the body's stored negative emotional charges around it (desensitization). Some experts have noted that the eye movements involved in EMDR might be similar to what occurs naturally during dreaming or REM (rapid eye movement) sleep. It may be thought of as a physiologically-based therapy that allows a person to see material in a new and less distressing way.

Others believe it reactivates parts of the brain that were "shut down" as a coping mechanism. In this way cognitive reorganizing takes place, allowing the negative, painful emotions to give way to more resolved, empowered feelings.

8 Phases of EMDR Therapy

EMDR often helps people feel better very quickly, but it is important to work through the entire 8-phase process with a qualified EMDR therapist to ensure the most beneficial, lasting results.

EMDR Phase 1: History & Treatment Planning

If you choose to try EMDR therapy, your first session will likely involve the therapist taking an initial client history. The therapist will probably ask you about the problems, behaviours, and fears that have brought you into therapy. However, one difference between EMDR and many other therapies is that you won't be asked to discuss the traumatic event in detail. The emotions and physical sensations surrounding the event are what's important, not the details about the event itself. Once the therapist has developed a treatment plan for you based on this initial assessment, the process of EMDR can begin.

EMDR Phase 2: Preparation

The preparation stage involves the therapist teaching you some self-care techniques, so that you can handle strong emotions that may arise during or between sessions. EMDR places a strong emphasis on self-care. This stage is also important for developing a sense of trust with the therapist. He or she will explain the theory of EMDR in more detail, and talk about what you can expect in the following sessions.

Trapped by Memories: How a Single Trauma Can Impact Our Lives

Francine Shapiro, the creator of EMDR, uses the example of a rape survivor to illustrate how people can get "trapped" by memories of trauma. While a woman who has been raped might intellectually know that she's not to blame, but she still may feel emotions of guilt and shame surrounding the attack. Her memory of the rape is then forever affected by these emotions, which she hasn't fully explored or dealt with. Shapiro believes that as time goes by, "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."

EMDR Phase 3: Assessment

Phase 3 lays the groundwork for your actual EMDR therapy sessions. In the assessment phase, the therapist will ask you to identify three things:

- A specific scene or picture that best represents the target event. You probably will have already discussed your target event in your first session, but at this point you will clarify the visual image of to the trauma you experienced, including associated emotions and bodily sensations.
- A negative belief about yourself associated with the traumatic event (e.g. "I am helpless," "I am worthless", "I'm a bad person.").
- A positive belief you would rather believe about yourself. This positive belief should reflect what is appropriate in the present. For example, perhaps you survived an assault, with the subsequent negative belief: "I'm in danger." You might replace it with the positive belief: "I'm safe now."

Once the visual image and negative and positive beliefs have been identified, you'll be asked to rate how strongly you feel the positive thought to be true, on the Validity of Cognition (VOC) scale of 1-7 (with 1 being "completely false" and 7 being "completely true"). You'll also be asked to describe the disturbing emotions you feel when you focus on the visual image and rate their intensity on the 11-point Subjective Units of Disturbance (SUD) scale (with 0 meaning the emotion isn't distressing at all and 10 meaning it's the worst feeling you've ever had). You'll also be asked to identify the locations in the body where you feel physical sensations when you think about the trauma.

EMDR Phase 4: Desensitization

During the desensitization phase, you'll pay attention to all the negative beliefs and disturbing emotions and bodily sensations that come up as you focus on your target image while following your therapist's finger back and forth with your eyes. You'll be asked to take note of all your reactions to the processing - good, bad, or neutral - including any new insights, associations, or emotions you experience. After each set of rapid eye movements, the therapist will check in with you and assess your level of disturbance regarding the target image.

Processing the Trauma: EMDR Phases 4-6

Once you've completed the first three phases of EMDR therapy, the work of processing the trauma begins. In phases 4-6, your therapist will help you recall your target image while leading you through a series of rapid eye movements (or alternating bilateral audio or tactile stimulation and or a combination thereof).

With your attention split between the internal image you're concentrating on and the external stimuli of your therapist's moving finger, you're able to experience the distressing memory while remaining grounded in the present, enabling you to process and reframe the trauma.

Your EMDR therapist will also monitor the intensity of your symptoms between sessions to ensure that progress is being made and maintained. According to the EMDR Network, reprocessing a single trauma is generally accomplished within 3 sessions. If treatment takes longer, you should still see some improvement within that amount of time. The desensitization phase continues until your distress level, as measured by the SUD scale, is reduced to 0 or 1.

EMDR Phase 5: Installation

In the installation phase, you'll be asked to focus on the positive belief you've identified to replace your old negative belief about the trauma. As in phase 4, you'll concentrate on this mental image while simultaneously tracking your therapist's finger with your eyes. The goal is to strengthen the positive belief or self-statement until you accept it as fully true.

After each set of rapid eye movements, the therapist will ask you to rate the positive belief on the 7-point VOC Scale, which gives the therapist concrete measures of how you are progressing. The installation phase is complete once you are able to accept the positive belief at a level of 7 ("completely true").

What is unique about EMDR is how rapidly new beliefs about the self and interpretations of the trauma replace old beliefs. New possibilities emerge that were never before considered. These new insights are used as the starting points for the next set of eye movements, continually helping you to process the trauma in healthier, more manageable ways.

EMDR Phase 6: Body Scan

After replacing negative beliefs surrounding the trauma with healthier, positive beliefs, the next phase is to focus on any lingering physical sensations. Your therapist will ask you to think about your original target while scanning your body from head to toe, looking for residual tension. Any bodily tension or uncomfortable physical sensations are then targeted with bilateral stimulation until they are resolved.

According to the EMDR Network, "positive self-beliefs are important, but they have to be believed on more than just an intellectual level." Phase 6 is considered successful when you are able to think or talk about the original target without feeling any body tension.

EMDR Phase 7: Closure

One of the goals of an EMDR session is for you to leave feeling better than you did when you got there. If you haven't been able to finish working through the target trauma in a particular session, your therapist will lead you through a variety of relaxation techniques (drawing from what you were taught in Phase 2) designed to bring you back into emotional equilibrium.

Your therapist will also prepare you for what you may experience between sessions. For example, disturbing images, thoughts, and emotions may arise during the week as you continue to process the trauma. You will be instructed to keep a journal of these negative memories and thoughts, which will help you distance yourself from the disturbance and give you new targets for future therapy sessions.

Your therapist will also review the visualization techniques and relaxation exercises you can use to maintain emotional balance between sessions.

EMDR Phase 8: Reevaluation

Each new session begins with a reevaluation of your progress. First, you will be asked to focus on any targets you've already reprocessed. Your therapist will review your responses, checking to see if you've maintained the positive results. Your therapist may also ask you how you feel about the previously-treated targets and review any disturbances that came up between sessions. Based on this reevaluation, your therapist will decide whether to move on to new targets or to revisit old targets for additional reprocessing and integration.

This booklet on EMDR is also available electronically on my website. To download this booklet as well as a collection of other booklets and CD's, please visit my website – **www.susankriegler.com** - or scan the QR Code below. If you would like to schedule an appointment, please contact my reception.

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