

EMDR



Learn about using Eye Movement Desensitization & Reprocessing to effectively treat clients of all ages.

INFORMATION FOR MENTAL
HEALTH PROFESSIONALS

“ I use EMDR to treat patients on a daily basis, and I have found it to be extremely effective and versatile. For many of my patients, EMDR has helped them accomplish what years of cognitive behavioral therapy couldn't and over a very short period of time. For these reasons, I feel that EMDR is an essential therapy for the modern mental health professional.”

- Sharon Rollins, MS, LPC

WHAT IS EMDR?

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic approach for treating experientially based disorders and emotional difficulties that are caused by disturbing life experiences, ranging from traumatic events such as combat stress, assaults, and natural disaster, to upsetting childhood events. EMDR is an integrative therapy that brings together elements from well-established clinical theoretical orientations including psychodynamic, cognitive, behavioral, and client-centered (Shapiro, 2001).

EMDR entails an eight-phase approach guided by an information processing model that views pathology as based upon perceptual information that has been maladaptively stored. Consequently, EMDR treatment focuses on the perceptual components of the memory (affective, cognitive, and somatic) in order to expedite the accessing and processing of disturbing events and facilitate an attendant learning process. More specifically, EMDR aims to (i) facilitate resolution of memories of earlier life experiences (e.g., elicitation of insight, cognitive reorganization, adaptive affects, and physiological responses), (ii) desensitize stimuli that trigger present distress as a result of second-order conditioning, and (iii) incorporate adaptive attitudes, skills, and desired behaviors for enhanced future functioning.

BACKGROUND

In 1987, psychologist Francine Shapiro made the initial observation that led to the development of EMDR. She discovered that her voluntary eye movements reduced the intensity of negative, disturbing thoughts. Dr. Shapiro initiated a research study (Shapiro, 1989) examining the efficacy of EMDR in treating traumatized Vietnam combat veterans and victims of sexual assault. She asked her clients to attend to emotionally disturbing material while simultaneously focusing on an external stimulus, in this case therapist-directed lateral eye movements (but other stimuli including hand tapping and audio stimulation are also often used). The results of this study showed that EMDR significantly reduced clients' trauma symptoms.

WHY DO CLIENTS SEEM TO RESPOND WELL?

EMDR is a client-centered approach. Symptom relief occurs as a result of processing the distressing memories of the target experience. The structure of EMDR is unlike that of exposure or cognitive therapy (see Rogers & Silver, 2002). It is hypothesized that the application of EMDR allows the clinician to facilitate the mobilization of a client's own inherent healing mechanism. According to Shapiro, EMDR stimulates the accessing of the traumatic memory network so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information.

WHAT IS THE RESEARCH THAT SUPPORTS EMDR?

EMDR is one of the most researched psychotherapeutic treatments for posttraumatic stress disorder or PTSD. Since 1989, approximately 20 controlled studies (e.g., Carlson et al., 1998; Edmond et al., 1999; Ironson et al., 2002; Lee et al., 2002; Marcus et al., 1997, 2004; Power et al., 2002; Rothbaum 1997; Scheck et al., 1998; Taylor et al., 2003; Wilson et al., 1995, 1997) have been conducted. Results from meta-analyses indicate that EMDR is superior to no-treatment and nonspecific treatment controls and equivalent in outcome to exposure and other cognitive-behavioral treatment approaches (Bisson et al., 2007; Bradley et al., 2005; Davidson & Parker, 2001; Maxfield & Hyer, 2002; Seidler et al., 2006). Empirical evidence suggests that EMDR is one of the most efficacious therapies for PTSD and some studies indicate that it may be more efficient than other trauma treatments (Jaberghaderi et al., 2004; Power et al., 2002; Van Etten & Taylor, 1998).

Studies have also investigated EMDR's efficacy in treating various mental disorders, including specific phobias (De Jongh et al., 1999, 2002), performance anxiety (Maxfield & Melnyk, 2000), panic disorder (Goldstein & Feske, 1994), body dysmorphic disorder (Brown, McGoldrick, & Buchanan, 1997), trauma symptoms in children (Chemtob et al., 2002), complicated mourning (Sprang, 2001), and chronic pain (Mazolla et al., 2008). Although results are promising, more research is needed.

EMDR is now accepted by many organizations and agencies for the treatment of trauma. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder (PTSD) (2004) has given EMDR the same status as Cognitive Behavior Therapy as an effective treatment for ameliorating symptoms of PTSD. The U.S. Department of Veterans Affairs and Department of Defense has placed EMDR in its highest category of therapies recommended for treatment of PTSD (Clinical Practice Guidelines, 2004). In addition, the International Society for Traumatic Stress Studies (ISTSS) designates EMDR as an evidence-based treatment for post traumatic stress in adults (Foa et al., 2009). EMDR has been determined to be efficacious in the treatment of trauma by several international health and governmental agencies, including the United Kingdom Department of Health (2001), the Israeli National Council for Mental Health (2002), the Dutch National Steering Committee Guidelines Mental Health Care (2003), French National Institute of Health and Medical Research (2004), (UK) National Institute for Clinical Excellence (2005), and the Medical Program Committee/Stockholm City Council, Sweden (2003).

WHAT IS EMDR'S MECHANISM OF ACTION?

While it is not clear how EMDR works, there are ongoing investigations of the possible mechanism by which EMDR can facilitate a reprocessing of human experience. What is clear to researchers is that present-day occurrences can restimulate negative thoughts, emotions and physical sensations arising from earlier experiences that continue to be a source of upset for the client. It appears that EMDR can change the association of those incidents, greatly decreasing the current distress about both the past and present events.

Several hypotheses have been proposed to explain how EMDR works to mobilize the rapid processing of cognitive and emotional material, including (i) linking of memory components, (ii) mindfulness, (iii) free association, (iv) repeated access and dismissal of traumatic imagery, and (v) eye movements and other stimuli.

WHAT IS THE ROLE OF EYE MOVEMENTS IN EMDR?

All of the studies concerning the efficacy of EMDR in treating PTSD have been done using eye movements (EM). A meta-analysis comparing EMDR-with-EM and EMDR-without-EM found that including EM resulted in a marginally significant improvement in studies which examined effects in clinical populations (Davidson & Parker, 2001). Several laboratory studies have found that EM had positive effects on memory (see Proper & Christman, 2008, for a summary). Research is needed to evaluate whether EM will produce these same effects with clients in clinical settings, and to evaluate the relationship between the physiological changes produced during EM and reduction in presenting symptoms (Sack et al., 2007, 2008). Research also is needed to determine whether auditory and bilateral stimuli have the same effects as EM in EMDR sessions.

WHAT HAPPENS DURING THE STANDARD EMDR PROTOCOL?

During the Standard EMDR protocol, the first two phases of therapy collect history and ensure preparation for treatment. In phase 3, the client identifies the most distressing moment of the targeted event and identifies the representative image, and related cognitive, affective, and somatic components. Next, in phase 4, the client focuses on the memory for about 20-30 seconds, while simultaneously engaging in bilateral stimulation (BLS; eye movements, auditory or tactile stimulation), after which associative information is elicited. This material typically becomes the target of the next set of BLS. This alternating pattern of focusing on the memory followed by associative links is repeated until all disturbance is eliminated. Then, in phase 5, a related positive self-referencing belief is integrated with the traumatic memory. Processing is completed when a body scan evidences no related somatic distress (phase 6). Appropriate steps are used to end each session (phase 7) and to re-evaluate treatment progress at the beginning of the next session (phase 8). To ensure that all disturbance related to the traumatic memory is eliminated, the Standard Protocol also involves addressing all current triggers and concerns about related future events. EMDR treatment may last from 1 to 4 sessions for a single trauma to 1 year or longer for more complex problems.

WHAT IS THE EMDR INTERNATIONAL ASSOCIATION?

The EMDR International Association (EMDRIA) is a membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR. To that end, the Association distributes brochures, publishes newsletters, publishes a peer-reviewed Journal (Journal of EMDR Practice and Research), holds an annual conference, sets basic EMDR training standards, evaluates continuing education programs, and maintains programs and listings of EMDRIA Certified Therapists, Approved Consultants, and Providers of Basic EMDR Training.

EMDRIA is the ongoing support system for EMDR trained practitioners and provides opportunities for the continued development of EMDR in a professional manner. Through EMDRIA, practitioners have access to the latest clinical information and research data on EMDR.

FOR MORE INFORMATION, CONTACT:

EMDR International Association
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785

Telephone: (512) 451-5200
Fax: (512) 451-5256
Email: info@emdria.org
Website: www.emdria.org

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For more information on EMDR, and to find trainings in your area, visit www.emdria.org.



“ I have been practicing psychiatry for 35 years, and using EMDR for 14 years. EMDR is by far the most potent treatment modality I have come across. ”

- Amy Konkle, M.D.