EMDR THER

DESPITE CONTROVERSY, THIS INTEGRATIVE APPROACH IS A VALUABLE TOOL IN A COUNSELLOR'S THERAPEUTIC TOOL BOX

BY ROCHELLE SHARPE LOHRASBE, RCC

Francine Shapiro tells a story describing how she "discovered" EMDR — eye movement desensitization and reprocessing — in the 1980s by noticing that moving her eyes while thinking about a troubling circumstance decreased the degree of angst she felt. She published her first write up on the EMD "technique," as it was referred to initially, in 1987. The first clinical studies were published in 1989.

Along with CBT, EMDR therapy is one of the most investigated approaches in psychotherapy. Despite this fact, the integrative approach has been plagued by controversy and criticism from researchers and clinicians over the past 30 years.

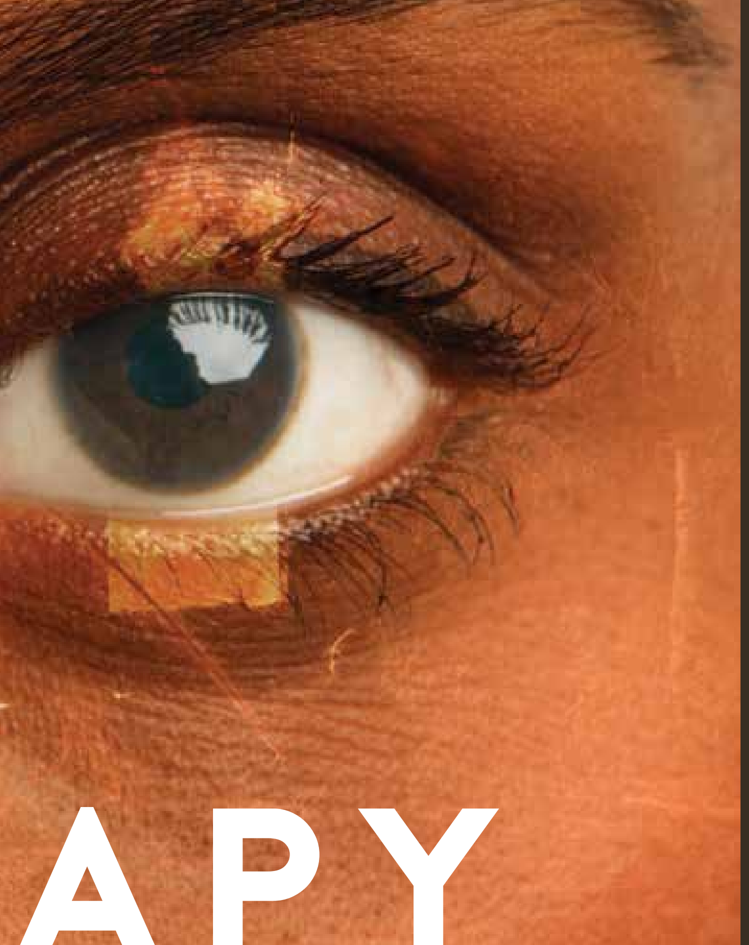
Also, despite the research, EMDR has yet to identify the mechanism of its effectiveness. Nevertheless, it has proven to be a flexible, valuable approach lauded by counsellors around the world.

ADAPTIVE INFORMATION PROCESSING (AIP)

In 1995, Shapiro advanced the notion that given the right information, people tend towards healing following traumatic incidents. Her work with veterans revealed that when bilateral eye movements were paired with the provision of new information or alternate information (to what the person got stuck on at the time of the event), the veterans could change beliefs and arrive at new meanings from past experience.

Shapiro describes the AIP as "a neurological balance in a distinct physiological system which enables the information to be processed in the perspective of an adaptive processing. (…) Useful information is learned and stored with the appropriate affect and is available for future use."[1]

The AIP differs from extinction-based exposure techniques, because it relies on the intrinsic capacity of



CONTROVERSY EARLY ON

The late 1990s marked the advent of the "evidence-based treatment era." An efficacy turf war pitted exposure therapies, CBT, and EMDR against one another to determine which was the best. The anti-EMDR front began with the war cry, "Where's your research?" among other critiques. Several critics of EMDR emerged. In 1999, Richard McNally likened EMDR to mesmerism, suggesting there were many and striking similarities between the two and proposing any treatment effect could be reduced to suggestibility.[4] Lohr, Devilly, and others expressed concerns with methodological deficiencies in EMDR research.[5]

Today, EMDR therapy has a body of research spanning a few decades, and it has the seal of approval of several governing agencies and joint commissions in the U.S. and abroad. Recently, and based on a single Institute of Medicine report published in 2012,[6] the APA guidelines for PTSD treatment downgraded EMDR from strong to conditional.[7] Since then, a thoughtful and comprehensive response has been published by the University of Western Australia that disputes the APA position on EMDR.[8]

So, while the politics of efficacy persist, despite and in response to critiques, EMDR continues to grow with thousands of counsellors providing real-life help for clients.

EMDR therapy uses an eight-phase approach that includes having the client recall distressing images while receiving sensory input, such as side-to-side eye movements.

the mind to favour health. During an overwhelming event, our minds cannot retain a broad view of the experience, because we narrow our perceptions to critical aspects necessary for survival.[2] For example, if we are faced with a weapon-wielding attacker, we often become fixated on the weapon in the moment and are unable to include in our awareness other details of the experience. Thus, treatment approaches that focus on exposure might have us reduce our reactions to weapons while we are in the comfort of a safe office environment. The AIP model suggests that if we revisit the memory, we can attend to other details while safe, and that will influence memory reconsolidation. On subsequent recollection, the memory is not as distressing.

To attempt to deepen the understanding of EMDR and the AIP model, it has been suggested that three types of memory reconsolidation are in play: associative chain (a memory is linked to other memories); change of scene/change of perspective (the traumatic scene is visualized through different angles and different colours); and archiving (verbalization evokes storage metaphors, emotional vividness weakens).[3]

THE DETAILS: EIGHT PHASES OF EMDR THERAPY

EMDR therapy uses an eight-phase, top-down approach: thoughts, beliefs, emotions, and body.

PHASE 1 History Taking and Case Conceptualization

Typically, taking an EMDR history centres around significant events relating to limiting beliefs. Often, events such as parental separation, the first day of kindergarten, being bullied at school, not being picked for the team, all the way through to witnessing domestic violence, being molested, surviving a terrorist event, or becoming a refugee have a profound effect on our beliefs about

WHAT IS EMDR GOOD FOR?

PTSD
EMDR is helpful for revisiting the physiological dysregulation that contributed to belief sets acquired during life-threatening circumstances related to survival, choices, and responsibilities. "I'm going to die > I should have done X > It was my fault." Events might include natural disasters, vehicle accidents, falls, traumatic death of a loved one, or witnessing violence. The event is not as important as the neurological residual stored as fragments in the person's memory.

CHILDREN
In addition to safety threats, many experiences children have that relate to power and control are amenable to EMDR therapy: abuse, neglect, bullying, acrimonious divorce, selective mutism, attachment difficulties, anxiety situations, and others have been addressed from EMDR's conceptual framework.

ADDICTIONS
Several protocols exist for targeting the urge to use, routing out associated experiences, and developing management strategies.

ANXIETY
There is published data of EMDR therapy's efficacy in cases of GAD, OCD, and other related anxiety conditions.

self, others, and the world in general. Such events become potential targets for EMDR processing.

It is more interesting to the counsellor who uses EMDR to gain an understanding of the meaning the client attached to an event or the belief they adopted, than to hear all the details of the event (although details become more important in later phases). Some clients may report one or two significant events in their lives, while others will have many and complex events to convey.

PHASE 2 Preparation

The degree of complexity, age of occurrence, and robustness of resources (internal, external to keep this simple, when really it isn't) help the therapeutic dyad determine the client's readiness for subsequent stages. Some clients already have what they need to revisit distressing memories, while others will spend significantly more time in this phase laying the groundwork for processing. Within the EMDR therapy approach, there are several protocols and suggestions for the development of resources for stabilizing and preparing clients to move forward.

PHASE 3 Assessment

The use of assessment within the eight-phase approach speaks to the usual way in which targets are identified and brought to present-moment recall. EMDR therapy is a top-down approach, so it begins with beliefs or thoughts and includes emotional and also physical aspects of the target in order to "light up" the memory network and associated networks, such as adaptive networks, prior to moving towards taking the sting out of the memory. Essentially, this brings the client to a state of having one foot in the past and one foot in the present, so the event can be reviewed with all the advantages of what is known now (in safety and perhaps with the benefit of maturity). A subjective rating is obtained and periodically checked to determine progress during the next phase and to indicate the completion of Phase 4.

PHASE 4 Desensitization

This phase often resembles exposure techniques in that the client is allowed to run through all their reactions to the event while in the presence of a safe, caring observer. Eye movements are used during this phase and clients are encouraged to notice what happens as they recall their experience. Metaphors such as watching a movie or riding a train and watching the scenes roll by are often used to keep the progression moving forward. Eye movements, or their variations — like taps or auditory clicks — are delivered in sets, and pauses are taken to check in with the client's experience.

Often, new insights emerge ("Oh, I didn't realize there was a way out" or "I had to do that to stay safe"), vehement emotions (rage, terror, panic) move through, and the body becomes clear of tensions and distress and returns to a more relaxed stance.

Checking in with the distress and the subjective rating periodically guides the counsellor and client through Phase 4.

PHASE 5 Installation

This phase approaches the event from a positive perspective. We began by identifying a negative belief, and now we move towards a more positive counterpart by answering the question, "What would you have rather believed about yourself?" In theory, the client shifts from "I'm going to die" to "I survived" or "I'm a failure" to "I did the best I could and that's good enough." Switching over to the positive perspective

If you want to start exploring EMDR, begin with the Internet: www.emdrcanada.org and www.emdria.org.

The best book to start with is Francine Shapiro's *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures* (2nd ed., The Guilford Press, 2001) and, for clients, Shapiro's *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (Rodale Books, 2013).

might elicit a few more memory fragments that need processing.

PHASE 6 Body Scan

EMDR therapy relies heavily on the client's capacity for self-awareness, reflection, and articulation. It mostly accesses explicit or autobiographical memory available upon request in the client's memory banks. In order to aim for a more complete resolution, the body scan addresses implicit memory systems where information is held as tensions, heart rate, breathing rate and quality, among other physiological data.

PHASE 7 Closure

Memory banks may hold much more information than can be processed during a session. Phase 7 brings processing to a close and ensures clients do not leave the office in some altered state. Frequently, clients are informed that their AIP networks may continue to process the information released during the session. Safety plans, follow-up, and a reminder of resources are frequently discussed to bring the session to close.

PHASE 8 Re-evaluation

Since processing may continue between sessions, it is important to check in on events of the previous session. Images may have changed, emotions may have shifted, and beliefs may have undergone revision. Re-evaluation allows us to ask, "What is still upsetting about this memory or issue we have been working on?" The client's response takes the session back up into Phase 3, and we repeat.

Treatment is not complete until EMDR therapy has focused on the past memories that are contributing to the problem, the present situations that are disturbing, and what skills the client may need for the future.

THE EMDR COMMUNITY

It is important to distinguish EMDR therapy from pure talk therapy. EMDR has a kind of a script that many who are beginning to learn it fear will detract from the relationship and from the client's sense of being heard. However, this does not seem to bear out once clients experience a significant reduction of distress and are able to make life changes.

Finally, a note on community and resources: EMDR therapy organizations, local educators, and peer study groups all offer opportunities to collectively review cases and approaches, which says something about the dedication of counsellors trained in EMDR therapy.

Formal avenues of receiving support via EMDRIA-approved consultants are available, as well as informal special-interest groups, online forums, and listservs where counsellors can ask questions and receive a breadth of responses to inform sessions with clients.

If you are interested in incorporating EMDR therapy into your practice, reaching out to the EMDR community is encouraged. ■

Dr. Rochelle Sharpe Lohrasbe, RCC, is a clinical counsellor in Victoria, seeing "children of all ages" with adverse experiences and developmental wounds. She offers clinical consultations and teaches Sensorimotor Psychotherapy internationally.

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