

Client EMDR Handbook



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What is EMDR?

EMDR is an 8 phase approach to psychotherapy that is internationally recognized as an empirically supported treatment when provided by a clinician who has completed an EDMRIA Approved Basic Training in EMDR. www.emdria.org

Scientific research has shown that EMDR is effective for trauma; in addition, clients and clinicians are reporting that EMDR is successful in treating other issues:

- Addictive Behaviors
- Anger
- Anxiety
- Creativity-“Flow” Development
- Depression and other mood disorders
- Emotional eating
- Experiences/Memories that are painful to recall
- Loss and Grief
- Pain reduction – more information can be found at Dr. Mark Grant’s website: <http://www.overcomingpain.com/>
- Performance enhancement: athletic/academic/musical/professional/general
- Procrastination/avoidance behaviors/indecision
- Relationship enrichment/healing
- Self-esteem improvement
- Stress management
- Trauma: violence/abuse, car accidents, natural disasters

Credibility

Does this stuff really work?

EMDR is a research-based therapy with over 20 years of scientific validation. There are more controlled studies validating EMDR for the treatment of PTSD (post-traumatic stress disorder) than any other treatment method.

<http://consults.blogs.nytimes.com/2012/03/02/the-evidence-on-e-m-d-r/>

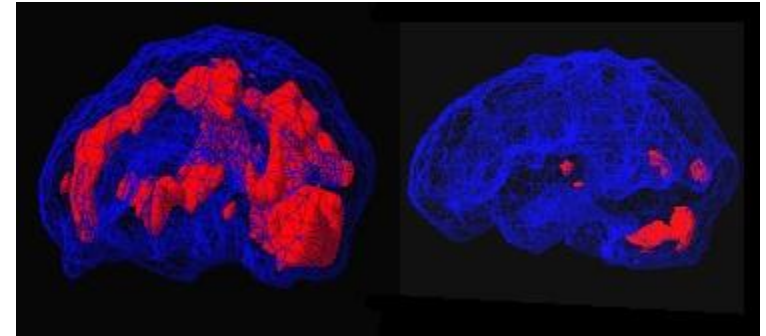
<http://consults.blogs.nytimes.com/2012/03/16/expert-answers-on-e-m-d-r/>

“Changing the memories that form the way we see ourselves also changes the way we view others. Therefore, our relationships, job performance, what we are willing to do or are able to resist, all move in a positive direction.” – Francine Shapiro, EMDR Creator

The practice guidelines of the American Psychiatric Association (2004), American Psychological Association, & the Department of Veterans Affairs and Defense (2004) have placed EMDR in the highest category of effectiveness. You can read more specific research citations and information at: www.emdr.com, www.emdria.org, and traumacenter.org, and <http://www.sonomapti.com/aboutemdr.html>

EMDR is currently a top rated treatment for trauma, both single incident (car accident, natural disasters) and complex (chronic childhood deprivation and abuse). Brain research has shown that trauma significantly alters not only brain chemistry, but also brain structure; PET brain scans have shown that EMDR facilitates neurobiological repair.

Before and after EMDR brain scans. Left photo shows a woman with Post Traumatic Stress Disorder. Right photo shows same patient after four 90-minute EMDR sessions. The red areas indicate over activity in the brain. Photo by Dr. Daniel Amen used with permission www.amenclinics.com (3.21.11)



EMDR INFORMATION: If you would like to read more about EMDR, including case studies, I recommend:

EMDR: The Breakthrough “Eye Movement” Therapy for Overcoming Anxiety, Stress, and Trauma by Francine Shapiro & Margot Silk Forrest

Getting Past Your Past: Take Control of Your Life With Self-Help Techniques From EMDR Therapy by Dr. Francine Shapiro

EMDR Essentials: A Guide for Clients and Therapists by Barb Mailberger

EMDR video links can be found at:

www.emdrinaction.com

<http://www.youtube.com/watch?v=-L5OhVbEjTI&feature=related>

http://www.youtube.com/watch?v=LM_nw5N3n-I War Veteran

<http://www.youtube.com/watch?v=ygFxD5yswo0> Lecture

<http://www.youtube.com/watch?v=qIOngSjg9k&feature=related>

Defining Trauma

When danger is perceived (from the environment or the worries in our minds) the body is wired to respond automatically in these ways:

The sympathetic nervous system goes into full alert sending stress hormones to the respiratory system, cardiovascular system, and muscles preparing us to either fight or flee.

The neo-cortex (thinking part of the brain) shuts down, including Broca's area for speech. This is because instinct is faster than thought and in a dangerous situation creating words and taking time to contemplate our choices is a luxury we cannot afford! This is also why often when we feel threatened, it is hard to communicate both hearing information accurately as well as finding the right words to use.

If we cannot fight or flee, all mammals, including humans prepare to die; this is called the freeze response. Endorphins are released to manage pain and the mind dissociates from the body and from experience. This means that the trauma has overwhelmed our resources to cope. The trauma does not have to be from physical violence or natural disaster; it can be anything that causes the mind/body/spirit to be overwhelmed and shut down.

When this happens, the traumatic experience is encoded in implicit memory; this means that instead of in words and story, the memory is laid down in the brain in fragments – pieces of images, thoughts, sounds, smells, physical sensations, and with highly charged emotions.

Implicit memory has no sense of time; this means that every time something reminds us of a traumatic incident, it is not just remembered, but is re-experienced. Stress hormones are released again. The sympathetic nervous system goes into “alarm mode” causing the heart to race, muscles to tense, and the neo-cortex to go “offline.” Instead of remembering the past, it feels like it is happening in the present. This is what defines a traumatic memory.

Traumatic memory is the result of a traumatic experience being blocked from moving out of implicit into explicit memory; this is especially likely if the freeze response occurred. The mind continues to attempt to heal by “knocking on the door” of the conscious verbal brain; however when that part of the brain “looks out the window” it sees a bunch of neural memory networks filled with upsetting information and so it barricades the door and hides instead of inviting them in! (Lecture by Dr. J. Eric Gentry, <http://www.compassionunlimited.com/>)

Intrusion symptoms include:

- Trauma flashbacks
- Uncomfortable feelings with no apparent sources
- Emotional over-reactions
- Physical sensations that don't make rational sense
- Anxiety about performance when you know you are prepared
- Negative self-talk
- Slips of speech
- Self-sabotaging behaviors

These are often implicit memory “knocking”; avoidance symptoms like dissociation, self-destructive behaviors, isolating, and denial are the neo-cortex trying to ignore the “unwelcome visitors”!

When the threat has ended, all mammals, including humans, need to discharge the energy physically by shaking, pacing, running, or crying. Humans have added task of moving the experience from implicit memory into explicit memory by adding words and creating a meaningful narrative/story that describes not only the experience, but also how we see ourselves – what we believe about life and ourselves after the event.

It takes an enormous amount of psychological and physical energy to keep this door shut and guarded. EMDR works by helping implicit and explicit memory talk to one another while keeping the body relaxed. The traumatic incident(s) become narrative history instead of wordless terror without end.

Research shows writing/journaling also helps people heal; however, for many trauma survivors, this is often too painful to do. Trauma and grief both are most effectively resolved when the story is shared with at least one other person; we seem to be wired to need a supportive other to bear witness. Sadly, trauma often renders survivors unable to talk about their experience adding isolation and loneliness to their pain. After EMDR, people report feeling both at peace with themselves and more connected to others.



EMDR 8 Stage Protocol:

- | | | |
|--------------------------|------------------------|-------------------------|
| 1. History Taking | 4. Responding | 7. Closure |
| 2. Preparation | 5. Installation | 8. Re-evaluation |
| 3. Assessment | 6. Body Scan | |

<http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=120>

1. History Taking: Together, we will discuss your current challenges and symptoms, when they are most noticeable and problematic, what life was like for you as a child as well as currently, and what your hopes and goals are for the future.

2. Preparation: Education – Resource Installation – Trauma Targeting

- **Education:** we will discuss EMDR and make sure that I have adequately responded to your questions. I encourage you to learn about EMDR so that you can make an informed choice about this treatment option and consider ways to maximize its use for your healing and well-being.
- **Resource Installation:** I will guide you to visualize positive places, people, memories, past successes, and inner strengths while using bilateral stimulation (eye movements/gentle buzzers you hold in your hands/auditory tones). These exercises will enhance your ability to comfort yourself when distressed, elevate your mood, increase your control of your emotional responses, and to bring your body/mind/spirit into a more relaxed state.
- **Trauma Targeting:** Together we will create a list of EMDR “targets.” These are things that cause you upset in your present life including: traumatic memories, negative thoughts, fear/anxiety, symptoms and other distressing feelings, uncomfortable or painful body sensations, disturbing dreams, and past as well as current difficult life experiences.

EMDR for performance enhancement, the “target” can be:

- Past experiences where you did not perform as you’d hoped to
- Life experiences that lessened your confidence
- Past negative messages
- Current symptoms and feelings that prevent you from focusing
- Any other barriers that keep you from working/performing/living up to your potential.

3. Assessment: At this phase we will choose the “target” you would like to work on/get relief from. I will ask you about what the worst part of that target memory is, what thoughts and feelings go with it, what it makes you believe about yourself now, and then have you rate the distress it causes on a scale from 0-10. I will also ask you what you would like to believe about yourself instead and have you rate how true that currently feels on a scale from 1-7. This will help us measure where we are in the process and make certain your goals are achieved.

4. Reprocessing/Desensitization: I will ask you to bring up the target you have chosen, along with the disturbing image that represents it, the negative belief you have about yourself as a result of it, and the distressing feelings it still evokes for you. This activates the neural networks in your brain where the trauma is stored so that it can be “unlocked” and processed. I will then add the bilateral stimulation (eye movements, gentle buzzing in your hands, auditory tones).

After reprocessing, the goal is that you will be able to recall the upsetting memory with a distress rating of 0 and your positive belief at a rating of 7. This does NOT mean that the distress you felt at the time of the event changed; that cannot ever be changed. It means that your body and mind have transformed it into a memory that happened in the past and it no longer feels like an experience happening now. Desensitization then continues by targeting current triggers (things in the present that are upsetting) as well as anticipated future triggers and rehearsing handling them effectively.

WHAT DOES EMDR REPROCESSING/DESENSITIZATION FEEL LIKE?

People have different experiences of EMDR. Some say it is like rapid daydreaming; some describe it as watching scenery go by from the window of a train; others liken it to watching a DVD or snapshots in a slide show; some compare it to prayer, active daydreaming, or meditation. Most people have commented that it is like going into a painful memory and bringing along the sensation of comfort, like being rocked and soothed when distressed. Sometimes people cry releasing strong emotions and sometimes people experience physical sensations as their body releases its sensory experiences. You always remain in control and able to stop, ask questions, or obtain my help in figuring out and getting what you need.

Unlike exposure therapy, the experience of EMDR is NOT a moment-by-moment reliving of a painful life event; instead the traumatic memory links up with positive, useful information and resources that are also stored in your brain. EMDR creates “dual awareness” which means that instead of getting fully pulled into a memory, the gentle buzzing in your hands, eye movements, and auditory tones anchor the mind and body to stay oriented to the present time and place while simultaneously remembering the distressing experience. As with all trauma work, EMDR can be emotionally intense. At 7 all times I will be there to help you know you are safe in my office and to gently coach you through any difficult parts of the process.

EMDR does not make people forget their painful experiences or stop being sad sometimes about them; however the memories will become just that: memories. They will become less upsetting because they will be filed in the brain as something that happened in the past instead of being relived over and over in the present; you will be able to recall them but without the painful emotional charge.

Because the part of the brain that communicates in images works faster than the part of the brain that communicates in words I will encourage you to talk less than traditional therapy. After each set of bilateral stimulation I will ask you what you are noticing and then tell you to “go with that”. If at any time you feel overwhelmed or “stuck” please let me know; there are many things I can do to help.

EMDR works by enhancing your body’s own natural healing processes. It is your brain’s neural networks and channels of associations that control the EMDR desensitization process. The bilateral stimulation simply helps you move your own eyes and awareness back and forth across the midline of your body so that the hemispheres of your brain talk to each other more efficiently. *YOU CANNOT DO EMDR WRONG; everyone’s process is wonderfully unique.*

5. Installation: When the target memory has been desensitized (the distress level is 0-1 on a scale of 0-10 and the positive belief is 7 on a scale of 1-7) we will link the positive belief to the target memory using the bilateral stimulation.

6. Body Scan: I will ask you to hold the target in your mind along with the positive belief and to mentally scan your body from head to toe. If you notice any tension or tightness or discomfort we will add additional bilateral stimulation until the discomfort is gone. When you notice positive sensations we will add bilateral stimulation to strengthen and enhance them.

7. Closure: After every session it is my job to make sure you leave feeling safe, stable, and grounded. If we are in the middle of reprocessing a negative memory but the session time is about to end I will lead you in a relaxation exercise and help connect you to your positive resources.

8. Re-evaluation: The next time we meet we will discuss what you have experienced since your last session. I will ask you to bring up the original target and make sure the positive changes have remained. Once the target has been fully processed we will use bilateral stimulation for future performance improvement and strengths enhancement.

AFTER AN EMDR SESSION

EMDR facilitates deep and lasting changes. During an EMDR session your mind will move quickly from one memory/scene to the next to the next; this process will continue between sessions as your mind-body-spirit continue to move toward healing.

It is NORMAL for people to discover new information, make unexpected connections, and to experience strong positive as well as strong negative emotions between sessions. It is also normal for the changes to be more subtle and gradual.

Usually unexpected positive resources also spontaneously come to mind or in dreams. I encourage you to spend time between sessions practicing and strengthening the neural connections of the positive resources you have developed. Most people find this a very pleasurable, empowering, and comforting part of EMDR.

It can be helpful to write down what happens for you between sessions.

For those who have studied psychology: If you omit the bilateral stimulation the 8-stage EMDR protocol is quite similar to the structure of other well-established therapeutic modalities including:

Cognitive Behavioral, DBT, Developmental (Attachment Theory), Eriksonian, Existential, Gestalt, Humanistic/Client-centered/Rogerian, Jungian, Mind-Body/Holistic, Mindfulness, Neuropsychology, Positive Psychology (Solution focused), Psychodynamic (Self Psychology, Object Relations, Imago)

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