

What the heck is EMDR?

“Eye Movement Desensitization and Reprocessing” is an “evidence-based psychotherapy for Post Traumatic Stress Disorder with successful outcomes reported for other psychiatric disorders, mental health problems and somatic symptoms (EMDRRIA, 2018).

To understand EMDR, one must first understand how trauma affects the brain. Francine Shapiro, who created EMDR refers to the “Adaptive Information Processing Model” of Trauma. This basically refers to how the brain processes and stores traumatic, upsetting or adverse experiences. The brain, essentially, can hold onto traumatic experiences leaving an individual with issues with re-experiencing the trauma, or having emotional or physical upset after the trauma. The AIP model refers to the mechanisms whereby bilateral stimulation (using both sides of) the brain can help with this processing and integration. The ‘Eye Movement’ refers to the back and forth movement of the eyes which mimics REM sleep, however there are other ways to do this, both using tactile stimulation, tapping, or listening to beeps. The idea is that as both sides of the brain are stimulated it allows for the processing and integration of the upsetting material. Our brains, in essence, ‘make sense of’ the bad thing that happened. A way of conceptualizing this is to think of times that something has been troubling and you have gone for a brisk walk. At some point, you gain insight, tap into inner wisdom or have a new idea. This is bilateral stimulation at work! This is also how Francine Shapiro became curious about this concept.

EMDR is 8 phase, 11 step process. It is a therapy framed by the safety of the therapeutic alliance, more specifically the relationship with the therapist. A history is explored with the client taking into consideration any prior trauma, attachment issues or major losses, there are steps to prepare someone to do the work including resource development, affect tolerance and evaluation of readiness.

Psychoeducation may be provided about trauma. There is a collaboration between the therapist and the client to examine how trauma has affected them and to formulate a trauma recovery plan. The beginning step is to ‘take the upset’ of the event away using bilateral stimulation. The client notices where they feel the upset in their body, and then bilateral stimulation is used until this goes away. Then the meaning of the event is explored with the introduction of cognitive reframing. At the end of the session it is determined if there is any leftover upset or tension in the body which is reduced with more bilateral stimulation. During the 11 step protocol, change in happening on physical, emotional and cognitive levels. Generally speaking, clients leave the session reporting that they feel better.

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