



Providers of EMDR Based Trauma Services

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WHAT IS EMDR?

EMDR is an acronym for Eye Movement Desensitization and Reprocessing, an "Adaptive Information Processing" (AIP) model of psychotherapy first developed by Francine Shapiro, PhD. in 1989. EMDR has since become one of the most extensively researched methods and has been shown to be effective for the treatment of trauma, specifically for Posttraumatic Stress Disorder (PTSD).

AIP presumes that the brain and nervous system, just like the body, has an innate capacity to heal itself after being traumatized and that EMDR appears to be an effective intervention for activating that natural healing process. One of the most difficult aspects of PTSD is that present day experiences which have nothing to do with the originally traumatizing event, have the power to 'activate' the networks in the brain that hold the disturbing aftereffects in a type of frozen state. Thus, the person ends up being 'triggered' by such ordinary daily events as smells, sounds and sights reminiscent of the original event, leaving them in a state of discomfort similar to that experienced during the trauma. This makes everyday life a minefield of potential triggers, never knowing when one will be set off. An example would be the *smell* of the cologne worn by a child's abuser, once the child was grown. Can you imagine the potential horror of this? This is typical of the type of 'somatic clearing' that can be expected with EMDR. Once treated successfully, the smell would no longer have the power to 'trigger' the same visceral response and other associations with the trauma. In the past, PTSD has been considered a chronic stress disorder that's difficult to treat and that to some extent, people simply learn to live with. With the appearance of EMDR, many sufferers of PTSD have found relief with a rapid and thorough treatment experience. The first set of research was actually done with combat veterans diagnosed with PTSD, traditionally one of the most difficult populations to treat. **The only diagnosis at least as common with this population is substance abuse.** They are found similarly joined in the civilian and criminal justice world as well. Hence the current focus on the treatment of this co-occurring disorder with EMDR. The belief is that many people use substances to medicate the psychological pain often left as a result of old, untreated trauma. Therefore, the concept is: **"treat the underlying trauma, diminish the person's urge to use substances to numb it"**. In addition, the use of substances increases the chances of being involved in ongoing traumatizing life circumstances, thus perpetuating the cycle.

HOW DOES IT WORK?

At the present time, no one is certain how EMDR works, just that it clearly does. There is still much to be learned from neuroscience about how the human brain works, but in the last 10 years more has been researched and written about trauma and PTSD than in the last 50 years! Some of the most well-known brain researchers such as Daniel Siegel, Bessel Van der Kolk and Allan Schore (among others), have been keenly focused on trying to understand what happens in the brain, body and emotional system during and after a traumatic experience.

It is thought that when a person becomes extremely upset, the brain is unable to process information in the way it usually does, thereby leaving the experience "frozen in time" and quite literally in the nervous system. This is what is believed to cause the kinds of symptoms seen in PTSD. EMDR appears to activate the brain's natural processing abilities with great efficiency, thereby helping to process the disturbing material through the nervous system, allowing the person to heal more completely. Following is a more detailed description of how the phases of the EMDR protocol are set up for treatment.

EMDR uses rhythmic, bilateral (side to side) eye movements, sounds or tactile stimulation along with a very specific 8-phase treatment protocol, designed to target the disturbing material and help to process it until it is no longer physically or emotionally disturbing to the person. .

When EMDR is used to treat an identified trauma (e.g. sexual abuse), the "target" is the entire bio-psychological package. This includes the following elements: 1. the worst part of the image of the event; 2. the negative cognition one currently holds about oneself (e.g. "It's my fault"); 3. the emotions evoked by the event (e.g. terror, guilt, shame); and 4. the disturbing somatic sensations experienced when focusing on the targeted event (e.g. stomach churning, chest tightening, palms sweating, increased heart beating). By targeting the event in this manner, the brain stem (visceral) and neural memory networks seem to get activated and begin moving more freely, allowing previously "frozen" material to move toward a more adaptive state. The ability of our brain/body/mind to accomplish this type of resolution is referred to as "Adaptive Information Processing" or AIP.

Since its development, EMDR has continued to be extensively researched and is now used to treat many other forms of emotional distress such as anxiety, panic, substance abuse, phobias and the aftereffects of childhood abuse (sexual, emotional and physical). Research continues to be focused on these extended protocols for the treatment of other trauma-based disorders. ONLY psychotherapists and medical doctors specifically trained in EMDR should provide this treatment.

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