EMDR: Eye Movement Desensitization and Reprocessing

EMDR is a scientifically validated integrative psychotherapy for the treatment of PTSD and other trauma-related conditions. Developed by Francine Shapiro in 1989 (www.emdr.com), it is a phase—oriented approach using a protocol with a standardized set of procedural steps, grounded in a theoretical foundation known as the Adaptive Information Processing model (AIP). The model assumes that unprocessed experiences are the basis of much psychopathology and there is a natural ability of the brain, under appropriate conditions, to resolve disturbing emotional material that fuels current symptoms. Standardized procedures which include bilateral stimulation (eye movements, taps or tones) facilitate entry into an accelerated learning state in which traumatic experiences can be processed effectively.

EMDR can also be used as a means of accessing and accentuating positive affective states. The ultimate goal of EMDR treatment is to achieve the most profound and comprehensive treatment effects in the shortest period of time, while maintaining client stability within a balanced family and social system. EMDR is grounded in psychological, neurobiological and clinical research and practice. EMDR training is readily available but only provided to mental health professionals who are licensed, certified or registered for independent practice, or others who have received specific approval in order to work in underserved communities (see www.emdria.org for requirements).

The eight phases and specific protocols used to address the client's presenting complaints are described in detail in the book *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures* (Shapiro 2001) and training is available in many US locations throughout the year. The model includes a careful clinical history to identify client strengths and vulnerabilities and to identify the experiences to begin to process. The client is educated about the symptom picture and given tools for stabilization and preparation for the work. Processing the trauma includes a focus on the attendant negative beliefs, emotion and physical sensations and closely monitors the client's subjective level of discomfort throughout the procedures. In contrast to exposure therapies, the client is allowed to move at his/her own pace through the associative chain to work though the traumatic experiences. The closing parts of the session focus on returning the client to equilibrium, and verifying plans in the event of distress in between sessions. The EMDR protocols include the targeting of past events that contribute to the pathology, triggers that elicit disturbance (including triggers to substance use), and positive templates for self-image and behavior.

With respect to substance abuse, there is a specific EMDR protocol targeting urges and a comprehensive EMDR protocol that also includes procedures for increased stabilization and processing the underlying trauma that plays a key role in drug use. Some case reports have indicated that processing the underlying trauma with EMDR also results in increased stabilization. An innovative pilot study in the Thurston County Drug Court Program In Olympia, Washington utilized Seeking Safety as a structured preparation

phase for safety and stabilization prior to individual treatment with EMDR. Outcomes showed significant improvement on all four post-treatment assessments for those who completed the ITTP, including reduction and/or elimination of trauma symptoms, decreased dissociation, decreased depression and increased self-esteem. One of the most important findings for future investigation was that participants who completed the entire ITTP graduated 75% of the time, while those that declined to volunteer for individual EMDR treatment (which was voluntary), though completing *Seeking Safety*, had significantly lower Drug Court Program completion and graduation rates (25%). Program completion and graduation is the variable most consistently associated with low post-program recidivism (Drug Courts: The Second Decade; 2006). The ITTP is intended to be a replicable, structured, phased trauma treatment intervention for trauma and substance abuse.

STATUS OF EMDR RESEARCH

EMDR is listed as an empirically validated and effective treatment in numerous practice guidelines including those of the American Psychiatric Association (2004), and the Department of Veterans Affairs/Department of Defense (2003). There are at least 18 randomized clinical trials that have been conducted on EMDR with a wide range of trauma populations and comparison conditions. EMDR has been demonstrated to be superior to a wide range of therapies, and equivalently effective to trauma focused CBT, without the need for sustained arousal, detailed description of the event, prolonged focus on the trauma, or the 40-100 hours of homework needed in CBT treatments. EMDR has also been found superior to antidepressants. For a full list of studies and outcomes see www.emdrhap.org.

Contact Information:

The EMDR Institute (www.emdr.com) trains and supervises clinicians internationally as one of the many programs certified by the EMDR International Association (www.emdria.org). Low cost trainings are provided for mental health agencies throughout the United States by the non-profit EMDR Humanitarian Assistance Programs (www.emdrhap.org). Agencies interested in such trainings can contact the organization through the website. Go to "Training Services" and then "To Sponsor a Training Event." Individual clinicians working in agencies may also be qualified to enter an existing event. The *EMDR Chemical Dependency Treatment Manual* is also available through this organization's website.