

WHAT IS EMDR?

EMDR - Eye Movement Desensitization and Reprocessing - is a psychological method for treating experientially based disorders and emotional difficulties that are caused by disturbing life experiences, ranging from traumatic events such as combat stress, assaults, and natural disaster, to upsetting childhood events. EMDR is a complex method that brings together elements from well-established clinical theoretical orientations including psychodynamic, cognitive, behavioral, and client-centered (Shapiro, 2001).

EMDR entails an eight-phase approach guided by an information processing model that views pathology as based upon perceptual information that has been maladaptively stored. Consequently, EMDR treatment focuses on the perceptual components of the memory (affective, cognitive, and somatic) in order to expedite the accessing and processing of disturbing events and facilitate an attendant learning process. More specifically, EMDR aims to (i) facilitate resolution of memories of earlier life experiences (e.g., elicitation of insight, cognitive reorganization, adaptive affects, and physiological responses), (ii) desensitize stimuli that trigger present distress as a result of second-order conditioning, and (iii) incorporate adaptive attitudes, skills, and desired behaviors for enhanced future functioning.

BACKGROUND

In 1987, psychologist Francine Shapiro made the initial observation that led to the development of EMDR. She discovered that her voluntary eye movements reduced the intensity of negative, disturbing thoughts. Dr. Shapiro initiated a research study (Shapiro, 1989) examining the efficacy of EMDR in treating traumatized Vietnam combat veterans and victims of sexual assault. She asked her clients to attend to emotionally disturbing material while simultaneously focusing on an external stimulus, in this case therapist-directed lateral eye movements (but other stimuli including hand tapping and audio stimulation are also often used). The results of this study showed that EMDR significantly reduced clients' trauma symptoms.

WHY DO CLIENTS SEEM TO RESPOND WELL?

EMDR is a client-centered approach. It produces symptom relief by using brief, high intensity exposures, by using incomplete exposures to the details of the target experience, and by using a nondirective approach that allows client behaviors previously thought to reduce treatment effectiveness. The structure of EMDR is unlike that of flooding, imaginal exposure or cognitive therapy (see Rogers & Silver, 2002).

It is hypothesized that the application of EMDR allows the clinician to facilitate the mobilization of a client's own inherent healing mechanism. According to Shapiro, EMDR stimulates the accessing of the traumatic memory network so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information.

WHAT IS THE RESEARCH THAT SUPPORTS EMDR?

EMDR is one of the most researched psychotherapeutic treatments for posttraumatic stress disorder or PTSD. Since 1989, approximately 20 controlled studies (e.g., Carlson et al, 1998; Edmond et al., 1999; Ironson et al., 2002; Lee et al., 2002; Marcus et al., 1997, 2004; Power et al., 2002; Rothbaum 1997; Scheck et al., 1998; Taylor et al., 2003; Wilson et al., 1995, 1997) have been conducted. Results from

meta-analyses indicate that EMDR is superior to no-treatment and nonspecific treatment controls and equivalent in outcome to exposure and other cognitive-behavioral treatment approaches (Davidson & Parker, 2001; Maxfield & Hyer, 2002; Bradley et al., 2005). Empirical evidence suggests that EMDR is one of the most efficient treatments for PTSD and that it is more efficient than other trauma treatments (Van Etten & Taylor, 1998; Power et al., 2002; Jaberghaderi et al., 2004; Rothbaum & Marsteller, 2005).

Studies indicate that EMDR may also be effective in treating various mental disorders, including specific phobias (De Jongh et al., 1999 & 2002), performance anxiety (Maxfield & Melnyk, 2000), panic disorder (Goldstein & Feske, 1994), body dysmorphic disorder (Brown, McGoldrick, & Buchanan, 1997), trauma symptoms in children (Chemtob et al., 2002), complicated mourning (Sprang, 2001), and chronic pain (Grant & Threlfo, 2002).

EMDR is now accepted by many organizations and agencies for the treatment of trauma. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder (2004) have given EMDR the same status as Cognitive Behavior Therapy as an effective treatment for ameliorating symptoms of both acute and chronic PTSD. The U.S. Department of Veterans Affairs and Department of Defense has placed EMDR in its highest category of therapies recommended for treatment of PTSD (Clinical Practice Guidelines, 2004). In addition, the International Society for Traumatic Stress Studies (ISTSS) designates EMDR as an effective treatment for post traumatic stress (Chemtob et al., 2000). A taskforce of the Clinical Division of the American Psychological Association found EMDR as one of only three methods empirically supported for the treatment of any post-traumatic stress disorder population (1998). EMDR has been determined to be effective for the treatment of trauma by several international health and governmental agencies including the United Kingdom Department of Health (2001), the Israeli National Council for Mental Health (2002), the Dutch National Steering Committee Guidelines Mental Health Care (2003), French National Institute of Health and Medical Research (2004), (UK) National Institute for Clinical Excellence (2005), and the Medical Program Committee/Stockholm City Council, Sweden (2003).

WHAT IS EMDR'S MECHANISM OF ACTION?

While it is not clear how EMDR works, there are ongoing investigations of the possible mechanism by which EMDR can facilitate a reprocessing of human experience. What is clear to researchers is that present-day occurrences can restimulate negative thoughts, emotions and physical sensations arising from earlier experiences that continue to be a source of upset for the client. It appears that EMDR can change the association of those incidents, greatly decreasing the current distress about both the past and present events.

Several hypotheses have been proposed to explain how EMDR works to mobilize the rapid processing of cognitive and emotional material, including (i) linking of memory components, (ii) mindfulness, (iii) free association, (iv) repeated access and dismissal of traumatic imagery, and (v) eye movements and other stimuli.

WHAT IS THE ROLE OF EYE MOVEMENTS IN EMDR?

A commonly proposed hypothesis for the mechanism of action is that it is the dual-attention stimulation that elicits an orienting response (e.g., MacCulloch & Feldman, 1996). It is possible that the orienting response induces neurobiological mechanisms that facilitate the activation of episodic memories and their integration into cortical semantic memory (Stickgold, 2002). A number of studies (e.g., Andrade et al., 1997; van den Hout et al., 2001) demonstrated that eye movements and other stimuli have an effect on perceptions of the targeted memory, decreasing image vividness and associated affect. However, several dismantling studies have failed to support an active role for the eye movements in EMDR. Since most of

these studies have relied on samples that were too small to allow for adequate between-group discriminations, with very brief treatment trials, and on non-clinical subjects, more research is needed to clarify the role of the eye movements in EMDR.

WHAT HAPPENS IN EMDR?

During EMDR, the clinician works with the client to identify the specific problem that will be the focus of treatment. Utilizing a structured protocol, the practitioner guides the client through the description of the disturbing event or issue, helping the client select important aspects that are upsetting. While the client is engaged in the eye movements, he or she is experiencing various parts of the initial memory or other memories. The practitioner pauses with the eye movements at regular intervals to insure that the client is processing adequately on his or her own. The practitioner facilitates the process, making clinical decisions about the direction of the intervention. The goal is the client's rapid processing of information about the negative experience, bringing it to an "adaptive resolution." In Shapiro's words, this means a reduction in symptoms, a shift from the negative belief to the client's new positive belief, and the prospect of functioning more optimally. EMDR treatment may last from 1- 4 sessions for a single trauma to 1 year or longer for more complex problems.

WHAT IS THE EMDR INTERNATIONAL ASSOCIATION?

The EMDR International Association (EMDRIA) is a membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR. To that end, the Association distributes brochures, publishes a quarterly newsletter, holds an annual conference, evaluates training programs, and maintains programs and listings of EMDRIA Certified Therapists and Approved Consultants, and Providers of Basic EMDR Training.

EMDRIA is the ongoing support system for EMDR trained practitioners and provides the mechanism for the continued development of EMDR in a professional manner. Through EMDRIA, practitioners have access to the latest clinical information and research data on EMDR.

FOR INFORMATION ON CERTIFIED EMDR CLINICIANS IN YOUR AREA, CONTACT:

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PLEASE NOTE: The EMDR International Association cannot and does not make referrals to specific EMDR therapists. The information provided to EMDRIA by those wishing to be Certified is listed without investigation or verification by EMDRIA. EMDRIA makes no claims or assurances regarding the

qualifications of the practitioners listed as Certified, or the suitability of the services to be rendered by the practitioner for the needs of the inquiring individual.

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