Eye Movement Desensitization and Reprocessing (EMDR) is an evidence based trauma therapy. When a disturbing event occurs, it can get locked in the brain with the images, sounds, thoughts, feelings and body sensations associated with that event. Because of this containment, the client can often times feel as though they relieve the experience, experience emotional and physical distress, and has a negative view or belief system in regards to that experience. EMDR is a process that uses dual awareness so that the contained information can be processed and for new information to be integrated into that contained information.

EMDR therapy is a three prong model, meaning that there is a past, present, and future template. A client who starts EMDR therapy will share what is their present/current motivation for coming to therapy, and with a counselor identify root or “touchstone memories or experiences.” A counselor and client will identify past experiences, often times in early childhood where a client experienced distressed and made a negative thought association. Starting with the “first or the worst” experiences, allows for the neural pathway to be rerouted.

When a clinician and client identify touchstone memories and other target memories for reprocessing, they identify the image, negative belief, emotions, body sensations, and levels of disturbance associated with that experience. Additionally, the client is asked “what would they prefer to belief about themselves instead.” Bilateral Stimulation (moving your eyes left to right) activates for the left and right hemisphere of the brain to be in communication. This is very similar to REM, and accelerates memory processing. Through a series of set BLS the client is able to move through the old stored information and begins to apply new and current information to desensitize and reprocess the experience. This continues until the client reports that the target experience is no longer disturbing or is neutral to them.

Once the negative belief has been neutralized, the counselor leads the client into integrating the new positive belief they would like to have about themselves. Again, using BLS, this process is repeated until the client believes 100 percent the new positive cognition. Finally, the client does a body scan to make sure the body is quiet, since trauma and negative experiences are stored in the body.

This process is repeated for all negative events identified in the past. Next clients and clinicians target present triggers that activate the client’s fight, flight, freeze, and feign response. And the last prong of the model is to facilitate future templates: how would the client like to respond to events and stimuli in the future.

A simply analogy of EMDR is by picturing a river, and throughout the lifespan “debris” or negative life experience occurs and creates blocks or dams in the river. The goal of EMDR is to remove the debris at the start of the channel to allow for self-energy to flow through. EMDR is based on a premise that the body and brain is always moving towards healing.

A few FAQ’s of EMDR

1. Is EMDR hypnosis or some kind of brain manipulation?

EMDR is not hypnosis. At no time does the clinician suggest what a client should or should not think. The client is always in control of the prompts and sessions. And has autonomy to pause or stop the session at any time.

1. How long will it take for me to feel better in EMDR?

EMDR sessions are just like any other counseling session, and are timed at 60 minutes. The number of sessions will vary from client to client, given that each person has a unique life history filled with positive, negative, and neutral life experiences. The benefit of EMDR is that it is considered an “accelerated therapy” as neural pathways are being enhanced each session to promote more flexible thinking.

1. What if I am not ready to reprocess my trauma, how can EMDR help me?

A really important feature of EMDR is the amount of ground work required before reprocessing begins. A healthy rapport needs to be established, as well as effective grounding and coping skills. Part of the EMDR protocol is resource building that are effective in the EMDR protocol.

1. How can EMDR benefit me?

EMDR can be used in the treatment of addiction, depression, anxiety, recent traumatic experiences, Complex PTSD, and PTSD. You don’t need a diagnosis to seek EMDR therapy. And chances are, if you have tension, tightness, negative beliefs about yourself, intrusive thoughts, images, or dreams, EMDR can be a modality to help move through that debris.

1. What if I have a visual impairment, can I still do EMDR?
   1. A clinician can help facilitate BLS through hand eye movement, thera-tappers (hand held object that create a gentle vibration), or the client can do the butterfly hug create BLS themselves. There are options for those who have a visual impairment to still do EMDR.
2. Do I have to do EMDR in person?

While it is recommended that EMDR is done in person, a clinician who is trained and is comfortable facilitating EMDR with a client can do so via telehealth. Again this is a case by case decision made between a client and counselor.

1. Why would reliving past experiences help me in my healing?
   1. In EMDR, a client is truly not “reliving the experience” with dual awareness, they will always be able to hear the clinician’s voice and maintain a level of presence. A counselor’s role is to ensure that the client doesn’t lose contact in the present moment and provides support during and in-between BLS sets of reprocessing.
2. What are the benefits of EMDR again?
   1. EMDR is a fully integrated modality, looking at thoughts, images, and body sensations. Through the facilitation of EMDR for target memories, a client can obtain objectivity or a new perspective of the past events. EMDR also has the benefit of reducing body aches and pains that are associated with those experiences.
3. If I reprocess the events, does that mean I will forget what happened?
   1. EMDR does not erase past experiences, but client’s and research supports that it can help to fade, properly store, and desensitize the experience.
4. How can a clinician get trained in EMDR?
   1. I went through EMDR training through the EMDR Humanitarian Assistance Programing. At this time, they are offering Weekend 1 and Weekend 2 trainings. A clinician to be trained in EMDR needs to complete both training weekends, complete 10 hours of consultation, and pass a test. EMDR-IA Certification, is additional consultation over a year long period, involving case presentation and mastery over the EMDR protocol.