**EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)**

LORIN BURGESS, LMSW

---

**Posttraumatic Stress Disorder (PTSD)**

- Occurs when an experience is so disturbing that it interrupts the information processing system of the brain
- Most of the time, the brain functionally processes the experience
- PTSD = information processing FAIL

---

**Adaptive Information Processing Model**

- The cornerstone of the EMDR approach
- Memory networks are the basis of clinical symptoms and of mental health
- Foundation of all EMDR phases, procedures and protocols
Components of the Adaptive Information Processing Model

- Information processing system, like other body systems, is geared toward health
- Disruptions to the information processing system result in disturbing memories that are dysfunctionally stored as they were experienced and perceived at the time of the event

Components of the Adaptive Information Processing Model (cont.)

“The past is present”

As the perceptions of the present (present triggers) link to the memory networks, various components of the previously unprocessed memories are experienced

Components of the Adaptive Information Processing Model (cont.)

- Processing: the forging of adaptive associations between networks of information stored in the brain
- EMDR facilitates a process that allows the relevant connections to be made
- What is useful is stored, available to inform future experiences; what is no longer adaptive is discarded (e.g. physical sensations, irrational beliefs)
Bilateral Stimulation (BLS)

- Eye Movements
- Tones
- Taps
- Vibrating Paddles

EMDR-REM connection

- Helps client conceptualize treatment method
- Transfer of episodic memory into semantic memory networks
- Negative associations discarded and meaning extracted

Other advantages to eye movements

- Make memory less vivid & emotional due to dual awareness
- Induce relaxation
- Enhance retrieval of episodic information
- Increase recognition of true information
Alternatives to eye movements

- Tones
- Taps
- Vibrating Paddles

Why do they work?
- Rebalancing left & right hemispheres of the brain

Three pronged treatment approach:
- Past
- Present
- Future

Eight phases of EMDR treatment
1. History Taking
2. Preparation
3. Assessment
4. Desensitization
5. Reprocessing
6. Body Scan
7. Closure
8. Reevaluation
Phase One: History Taking

- Client selection and identification of risk factors specific to EMDR reprocessing
- Identify the presenting issue(s), symptoms, related past experiences, present triggers and future desired goals
- Develop a targeting sequence plan of disturbing experiences for memory reprocessing that is organized around a pervasive symptom or theme

NEGATIVE AND POSITIVE COGNITIONS

<table>
<thead>
<tr>
<th>Negative Cognitions</th>
<th>Positive Cognitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility: Defective</td>
<td></td>
</tr>
<tr>
<td>I don’t deserve love</td>
<td>I deserve love; I can have love</td>
</tr>
<tr>
<td>I am a bad person</td>
<td>I am a good person</td>
</tr>
<tr>
<td>I am worthless (inadequate)</td>
<td>I am worthy; I am worthwhile</td>
</tr>
<tr>
<td>I am not good enough</td>
<td>I am fine as I am</td>
</tr>
<tr>
<td>I deserve to be miserable</td>
<td>I deserve to be happy</td>
</tr>
<tr>
<td>Responsibility: Action</td>
<td></td>
</tr>
<tr>
<td>I should have done something</td>
<td>I did the best I could</td>
</tr>
<tr>
<td>I did something wrong</td>
<td>I learned (can learn) from it</td>
</tr>
<tr>
<td>I should have known better</td>
<td>I do the best I can</td>
</tr>
</tbody>
</table>

Safety/Vulnerability

- I cannot trust anyone
- I cannot protect myself
- I am in danger
- I am not safe
- It’s not safe to show my emotions

- I can choose whom to trust
- I can take care of myself
- It’s over; I am safe now
- I am safe now
- I can safely show my emotions

Control/Choices

- I am not in control
- I am powerless
- I am weak
- I cannot get what I want
- I cannot trust my judgment
- I have to be perfect
- I cannot stand it

- I am now in control
- I now have choices
- I am strong
- I can get what I want
- I can trust my judgment
- I can be myself
- I can handle it
Phase Two: Preparation
Education on EMDR psychotherapy; evaluate the client's self-regulation skills
• Relationship – rapport, establish emotional safety
• Education of EMDR mechanics and procedures
• Develop and enhance affect management skills to ensure client's stability throughout treatment

Phase Three: Assessment
Structured accessing and baseline measures of target memory that is to be reprocessed.
• Access the agreed upon incident (target) identifying all the current components of the experience
• Take SUDS and VOC rating of target memory
SUDS=Subjective Units of Distress Scale
VOC=Validity of Cognition

Reprocessing the target memory network.
• Reprocessing: activating related channels of association
• Use interactive procedures (BLS) to reprocess the selected incident (target) associated with the presenting issue until successfully resolved (SUDS=0)
“I’d like you to bring up that picture, those negative words ‘I am powerless’ (negative cognition), notice where you are feeling it in your body, and follow the lights.”

Approximately 30 seconds of BLS (1 set)

“Take a breath, let it go. What do you notice now? Go with that.”

More BLS

BLS continues as long as there is change or new information.

Annie - Witnessed father abusing mother, had gun

Negative Cognition: “I am powerless”

Desired Positive Cognition: “I can handle it”

SUDS=9

VOC=2

Session 1

1. I’m angry
2. I’m helpless
3. I’m semi-hysterical, my mom is calling the police
4. I just want to feel safe
5. I’m tired of seeing it and listening to it
6. My body feels tired, my chest is heavy
7. I want a family where parents get along, I want peace
8. I’m sad. I see my mom covered in blood, holding a bloody towel
9. I’m angry at my dad. Why does he have to be like his father?
10. I’m really sad about everything
11. My body feels clenched. I’m frustrated that the police won’t do anything.
12. I’m confused why my dad can’t be like other dads
13. My dad is saying it’s all the kids’ fault

Annie - Session 1 continued

15. Still anger and confusion with my dad.
17. My mom is as bad as him
18. Still angry at my mom. How could she stay there?
19. Feeling a little less pissed off.
20. I guess I’m fairly normal compared to my family. I’m more stable.
21. I’m assured that, no matter what, I have family that’s there for me.
22. I am loved. I guess I’m not alone
23. I’m not alone.

End of session

SUDS=5
Annie—Witnessed dad abusing mom. Dad had gun.

Negative Cognition “I am powerless”

Desired Positive Cognition “I can handle it”

SUDS=5

Session 2

1. Anger at father
2. Feel betrayed
3. Disappointment, parents are supposed to do better
4. Empty
5. Lonely in my heart
6. Angry, I’m tired of them fighting. I want them to stop
7. I’m yelling at them in my head, don’t put your kids through that
8. Frustrated, I don’t want to know my dad is cheating
9. I hate the excuses my dad makes
10. I’m mentally and emotionally tired
11. Sadness about their divorce, still crying during school
12. It’s the best thing, but they’re still my parents
13. Still feel like a little kid

Annie—Session 2 continued

14. Remembering the good things, like standing on my dad’s feet while dancing
15. He said he wanted to change. Decided he was a crummy person.
16. Feel weight on my chest
17. I don’t want to be angry
18. Less anger, I don’t want to hang on to it
19. I have some good memories of my dad
20. I’m proud that he tried to improve himself, he was a better person by the time he died
21. I love both of them. No one is perfect. I need to remember that.

SUDS=1

VOC (I can handle it) =6

Phase Five: Installation

Strengthening and enhancing linkages to positive memory networks.

• Reevaluate the suitability of selected Positive Cognition
• Link the Positive Cognition with target and strengthen until VOC=7

(VOC=Validity of Cognition)
Installation (cont.)

“Do the words ‘I can handle it’ (desired positive cognition) still fit, or is there another positive statement you feel would be more suitable?”

“Think about the incident and those words (repeat positive cognition). From 1 (completely false) to 7 (completely true), how true do they feel?”

“Hold them together”. BLS

BLS continues as long as material becomes more adaptive.

Phase Six: Body Scan

Reprocessing any residual physical/somatic manifestations of memory.

- Access the memory, the positive cognition (belief), scan the body, reprocess any sensations
- Clear any disturbing body sensations
- Enhance positive sensations

Reorient focus of attention to bring closure to the reprocessing

- Stabilize the client, close down the session, reorient to present
- Plan for in-between sessions (log/self-control techniques)
- Arrange plan (as appropriate) for contact with clinician
Phase Eight: Reevaluation

Re-access memories previously targeted and review subsequent targets to determine the next appropriate memory for processing. Reevaluate overall level of functioning as well as:

• Check for treatment effects and continue with the targeting sequence plan
• Check for other associations that could require targeting
• Client report/progress notes/log
• Evaluate how treatment plan is progressing

Future Templates

• Significant people
• Significant situations
• Incorporating a positive template