What is EMDR?

Eye Movement Desensitization and Reprocessing, is a late-stage, trauma resolution method. Developed in the late 1980's, EMDR currently has more scientific research as a treatment for trauma than any other non-pharmaceutical intervention. Based on empirical evidence as well as thousands of client and clinician testimonials, EMDR has proven an efficacious and rapid method of reprocessing traumatic material.

EMDR appears to assist in processing of traumatic information, resulting in enhanced integration - and a more adaptive perspective of the traumatic material. The utilization of EMDR has been shown to eliminate the need for some of the more difficult abreactive work (i.e. reliving the trauma), often associated with the psychoanalytic treatment of a variety of conditions, including generalized and specific anxieties, panic, PTSD symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, mood disorders and other traumatic experiences. So, theoretically, EMDR is about integration- bilateral hemispheric (right/left brain) integration; triune brain (brain stem, limbic system and cerebral cortex) integration; and at least some type of mind/body integration, but practically, it's about convincing the mind and body that the traumatic event is, indeed over.

EMDR helps to put the past in the past, where it belongs, instead of staying stuck in it (feeling like it is happened all over again in the present-with the same thoughts, emotions and body sensations- that accompanied the event in the past).

Is EMDR Dangerous? You should know that this modality (EMDR for single-incident trauma) is a pretty simple protocol - easy to master, however, when administered by someone lacking requisite knowledge of trauma's sequelae, this simple protocol may prove challenging, fear-inducing and-oftentimes re-traumatizing for clients.

So there's no misinterpretation of the last sentence, the EMDR protocol-original or modified- is not dangerous, but any type of trauma work that deliberately activates a traumatic memory network without first insisting that both client and clinician are adequately prepared to tolerate the effects of that activation is dangerous and irresponsible.

HOW IS EMDR DONE?

EMDR is accomplished in four steps

1. Establishment of Safety-Safety within the therapeutic relationship and safety within each individual EMDR session. During each EMDR session, your therapist will begin by activating your own internal resources. (S)he will guide you in an imaginal, multisensory imagery exercise designed to activate images, emotions and body sensations of safety, protection, nurture and comfort. Once these images have been activated, the actual trauma reprocessing will begin.

2. Activating the Traumatic Memory Network-The therapist will ask a series of questions regarding the traumatic memory. The purpose of these questions (or script) is to activate the entire traumatic memory network.

3. Adding Alternating Bilateral Stimulation-Once the entire traumatic memory is activated, the therapist will add alternating bilateral stimulation via any or all of the following:

a) begin the buzzing in your hands by turning on the Theratapper

b) play alternating auditory tones via headphones or ear buds

c) begin moving his/her hands back and forth, so you may visually track the movement across the midline of your body

4. Reestablishment of Safety-regardless of whether the traumatic material was completely processed or not, the session will end at a pre-set time. Before you leave, you will be stable, embodied, oriented and calm. Depending on you and your therapist's preferences, this may be accomplished in a variety of ways including, but not limited to re-activating your own internal resources, breathing exercises, prolonged muscle relaxation, etc.

What Should I Expect from My Therapist?

As a client, you should expect that your clinician will-and does- continuously and vigilantly attend and re-attend to your safety and stabilization needs. To that end, please be aware that you are entitled to, and should expect the following:

• A solid therapeutic relationship, i.e. a good rapport and adequate trust in your therapist

• An explicit crisis plan-co-written by you

• Psychoeducation regarding trauma-its effects, aftereffects and current treatment options-including the modalities utilized by your therapist.

• Instruction in-and acquisition of- skills for self, affect and emotion regulation, arousal reduction and distress tolerance prior to trauma work, i.e., before any reprocessing of trauma, you should:

- Feel stable - Have access to an external support system - Have a decent sense of self and identity - In a relatively healthy manner, be able to handle the - intensity of your own emotions

Be sure to ask your clinician specifically what all of this means and how (s)he will prepare you for reprocessing traumatic material.

Traumatic Stress Inventory

On a scale of 1-5, write the number that corresponds to how often you been "bothered by" the items below in the past month.

2 ☐ Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

☐ Repeated, disturbing dreams of a stressful experience from the past?

☐ Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

☐ Feeling very upset when something reminded you of a stressful experience from the past?

☐ Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?

☐ Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?

☐ Avoid activities or situations because they remind you of a stressful experience from the past?

☐ Trouble remembering important parts of a stressful experience from the past?

☐ Loss of interest in things that you used to enjoy?

☐ Feeling distant or cut off from other people?

☐ Feeling emotionally numb or being unable to have loving feelings for those close to you?

☐ Feeling as if your future will somehow be cut short?

☐ Trouble falling or staying asleep?

☐ Feeling irritable or having angry outbursts?

☐ Having difficulty concentrating?

☐ Being "super alert" or watchful on guard?

☐ Feeling jumpy or easily startled?

☐ Total Score

Description The PCL is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD. Respondents rate how much they were "bothered by that problem in the past month". Items are rated on a 5-point scale ranging from 1 ("not at all") to 5 ("extremely"). There are several versions of the PCL. The original PCL is the PCL-M (military). The PCL-M asks about problems in response to "stressful military experiences." The PCL-S (specific) asks about problems in relation to an identified "stressful experience." The PCL-C (civilian) is for civilians and is not focused on any one traumatic event. Instead, it asks more generally about problems in relation to stressful experiences.

Scoring The PCL can be scored in several different ways. A total score (range 17-85) can be obtained by summing the scores from each of the 17 items. Cutoff scores for a probable PTSD diagnosis have been validated for some populations, but may not generalize to other populations. A second way to score the PCL is to follow the DSM-IV criteria. It has been suggested that a combination of these two approaches (i.e., the requisite number of symptoms are endorsed within each cluster AND the total score is above the specified cut point for a specific population) may be best (for a detailed review, see Norris & Hamblen and Orsillo). Separate scores can also be obtained for Criteria B, C, and D. Behavioral Science Division, 1991.

EMDR Readiness: Client Checklist

1. ☐ I have rapport, i.e. a trusting relationship with an empathic bond with your therapist
2. ☐ I am committed/dedicated to both my safety and treatment?
3. ☐ I have skills to handle high levels of emotion?
4. ☐ I was able to do the resourcing development and installation. I have imaginal resources that I can use to calm and comfort myself?
5. ☐ I have an adequate support system that includes, but is not limited to, my therapist.
6. ☐ I have been medically cleared by my primary care physician and/or psychiatrist to begin processing trauma via EMDR.
7. ☐ Either my medication is effective or I am stable without medication.
8. ☐ I am not in active addiction? My health and safety are not in jeopardy from substance use/abuse.
9. ☐ Self-harming behaviors are not my primary method of coping with affect/emotions/relationship troubles? And/or I have adequately addressed this in therapy.
10. ☐ I do not feel mentally unstable or suicidal
11. ☐ I have not been diagnosed with a dissociative disorder
12. ☐ I have been given the screening, Dissociative Experience Scale II for dissociative disorder and have discussed the results with my therapist.
    a. ☐ I am not involved in an active legal case?
    b. ☐ I am involved in a legal case. I have been informed that by reprocessing the material in question, my legal testimony may be impaired
14. ☐ I have read and signed an Informed Consent for EMDR

Informed Consent: EMDR

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During a reprocessing session, it is not uncommon for suppressed, repressed and/or previously forgotten material to surface, as that associated material may be linked to the target memory. As discussed, traumatic memories- including all associated memory networks- may or may not be historically accurate. To restate, memory is imperfect and subject to various forms of contamination. Some clients will experience traumatic information vividly, and therefore assume that it must be factual, however, without outside corroboration, one can never positively differentiate between memories that are accurate or distorted.

Regarding the trauma modality, EMDR, I have been advised of that:

- Those with limiting or medical conditions should consult their medical professionals before participating in this therapeutic modality.
- Due to the stress related to the activation traumatic material, pregnant women should postpone reprocessing.
- If testimony is required in a legal case, be sure to discuss all aspects and possible ramifications of EMDR with your therapist.
- It is possible for distressing, unresolved memories to surface during or after the EMDR procedure.
- High level of emotions and/or body sensations may occur. I am confident that my therapist and I can handle whatever may surface.
- After the reprocessing session, I may continue to process the information. I may have dreams, memories, flashbacks, feelings, etc.
- I have an explicit crisis plan in place and will refer to it if the need should arise.
- Before I leave my EMDR session, I will have a predetermined date and time for a follow-up session with my therapist.

Before initiating EMDR treatment, I have thoroughly considered the above information, as well as any other professional opinions/advice that I deemed necessary for my participation.

With my signature below, I hereby consent to receiving EMDR treatment.

Client Signature: _____ Date: / /