

Client EMDR Handbook:

What is EMDR?

EMDR is an 8 phase approach to psychotherapy that is internationally recognized as an empirically supported treatment when provided by a clinician who has completed an EMDRIA Approved Basic Training in EMDR. www.emdria.org

Scientific research has shown that EMDR is effective for trauma; in addition, clients and clinicians are reporting that EMDR is successful in treating other issues:

- ❖ Addictive Behaviors
- ❖ Anger
- ❖ Anxiety
- ❖ Creativity-“Flow” Development
- ❖ Depression and other mood disorders
- ❖ Emotional eating
- ❖ Experiences/Memories that are painful to recall
- ❖ Loss and Grief
- ❖ Pain reduction--more information can be found at Dr. Mark Grant’s website:
<http://www.overcomingpain.com/>
- ❖ Performance enhancement: Athletic/academic/musical/professional/general
- ❖ Procrastination/avoidance behaviors/indecision
- ❖ Relationship enrichment/healing
- ❖ Self-esteem improvement
- ❖ Stress management
- ❖ Trauma: violence/abuse, car accidents, natural disasters

Credibility (does this stuff really work?)

EMDR is a research-based therapy with over 20 years of scientific validation. **There are more controlled studies validating EMDR for the treatment of PTSD (post-traumatic stress disorder) than any other treatment method.**

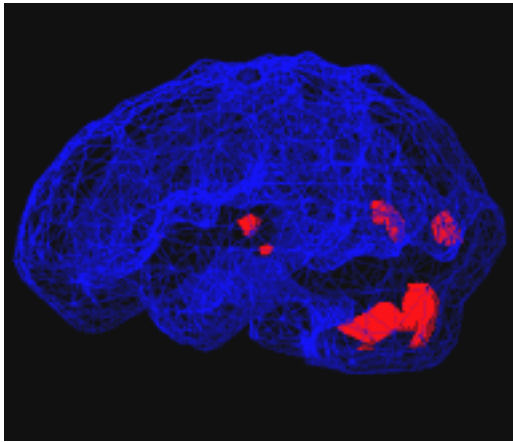
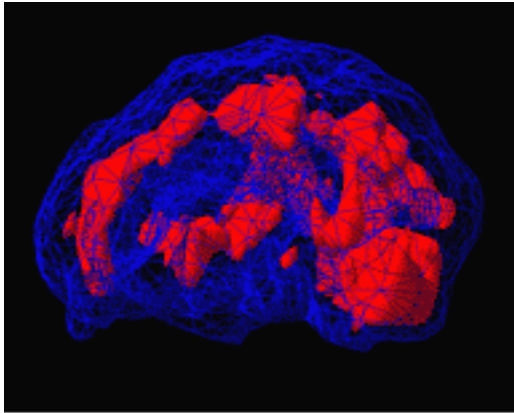
<http://consults.blogs.nytimes.com/2012/03/02/the-evidence-on-e-m-d-r/>

<http://consults.blogs.nytimes.com/2012/03/16/expert-answers-on-e-m-d-r/>

The practice guidelines of the American Psychiatric Association (2004), American Psychological Association, and the Department of Veterans Affairs and Defense (2004) have placed EMDR in the highest category of effectiveness. You can read more specific research citations and information at: www.emdr.com, www.emdria.org, and www.traumacenter.org, and <http://www.sonomapti.com/aboutemdr.html>.

EMDR is currently a top rated treatment for trauma, both single incident (car accident, natural disasters) and complex (chronic childhood deprivation and abuse). Brain research

has shown that trauma significantly alters not only brain chemistry but also brain structure; PET brain scans have shown that EMDR facilitates neurobiological repair.



Before and after EMDR brain scans. Top photo shows a woman with Post Traumatic Stress Disorder. Bottom photo shows same patient after four ninety-minute EMDR sessions. The red areas indicate over activity in the brain. Photo by Dr. Daniel Amen-used with permission www.amenclinics.com (3.21.11)

EMDR INFORMATION: IF you would like to read more about EMDR, including case studies I recommend:

EMDR: The Breakthrough “Eye Movement” Therapy for Overcoming Anxiety, Stress, and Trauma by Francine Shapiro (who discovered and developed EMDR) and Margot Silk Forrest

Getting Past your Past: Take Control of Your Life With Self Help Techniques From EMDR Therapy by Dr. Francine Shapiro

EMDR Essentials: A Guide for Clients and Therapists by Barb Mailberger

EMDR video links can be found at:

www.emdrinaction.com

<http://www.youtube.com/watch?v=-L5OhVbEJTI&feature=related>

http://www.youtube.com/watch?v=LM_nw5N3n-l war veteran

<http://www.youtube.com/watch?v=yqFxD5yswo0> lecture

<http://www.youtube.com/watch?v=qlOnqgSjg9k&feature=related>

Defining Trauma:

When danger is perceived (from the environment or the worries in our minds) the body is wired to respond automatically in these ways:

The sympathetic nervous system goes into full alert sending stress hormones to the respiratory system, cardiovascular system, and muscles preparing us to either fight or flee.

The neo-cortex (thinking part of the brain) shuts down, including Broca's area for speech. This is because instinct is faster than thought and in a dangerous situation creating words and taking time to contemplate our choices is a luxury we cannot afford! This is also why often when we feel threatened it is hard to communicate both hearing information accurately as well as finding the right words to use.

If we cannot fight or flee, all mammals, including humans prepare to die; this is called the freeze response. Endorphins are released to manage pain and the mind dissociates from the body and from the experience. This means that the trauma has overwhelmed our resources to cope. The trauma does not have to be from physical violence or natural disaster; it can be anything that causes the mind/body/spirit to be overwhelmed and shut down.

When this happens the traumatic experience is encoded in implicit memory; this means that instead of in words and story the memory is laid down in the brain in fragments-pieces of images, thoughts, sounds, smells, physical sensations, and with highly charged emotions.

When the threat has ended all mammals, including humans, need to discharge the energy physically by shaking, pacing, running, or crying. Humans have the added task of moving the experience from implicit memory into explicit memory by adding words and creating a meaningful narrative/story that describes not only the experience but also how we see ourselves-what we believe about life and ourselves after the event.

Implicit memory has no sense of time; this means that every time something reminds us of a traumatic incident it is not just remembered but is re-experienced. Stress hormones are released again. The sympathetic nervous system goes into “alarm mode” causing the heart to race, muscles to tense, and the neo-cortex to go “offline”. Instead of remembering the past, it feels like it is happening in the present. This is what defines a traumatic memory.

Traumatic memory is the result of a traumatic experience being blocked from moving out of implicit into explicit memory; this is especially likely if the freeze response occurred. The mind continues to attempt to heal by “knocking on the door” of the conscious verbal brain; however when that part of the brain “looks out the window” it sees a bunch of neural memory networks filled with upsetting information and so it barricades the door and hides instead of inviting them in! (Lecture by Dr. J. Eric Gentry <http://www.compassionunlimited.com/>)

Intrusion symptoms include:

- ❖ Trauma flashbacks
- ❖ Uncomfortable feelings with no apparent source
- ❖ Emotional over-reactions
- ❖ Physical sensations that don't make rational sense
- ❖ Anxiety about performance when you know you are prepared
- ❖ Negative self talk
- ❖ Slips of speech
- ❖ Self-sabotaging behaviors

These are often implicit memory “knocking”; avoidance symptoms like dissociation, self-destructive behaviors, isolating, and denial are the neo-cortex trying to ignore the “unwelcome visitors”!

It takes an enormous amount of psychological and physical energy to keep this door shut and guarded. EMDR works by helping implicit and explicit memory talk to one another while keeping the body relaxed. The traumatic incident(s) become narrative history instead of wordless terror without end.

Research shows writing/journaling also helps people heal; however for many trauma survivors this is often too painful to do. Trauma and grief both are most effectively resolved when the story is shared with at least one other person; we seem to be wired to need a supportive other to bear witness. Sadly, trauma often renders survivors unable to talk about their experience adding isolation and loneliness to their pain. After EMDR, people report feeling both at peace with themselves and more connected to others.

EMDR 8 Stage Protocol:

- | | | |
|-------------------|-----------------|------------------|
| 1. History Taking | 4. Reprocessing | 7. Closure |
| 2. Preparation | 5. Installation | 8. Re-evaluation |
| 3. Assessment | 6. Body Scan | |

<http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=120>

1. History Taking. Together we will discuss your current challenges and symptoms, when they are most noticeable and problematic, what life was like for you as a child as well as currently, and what your hopes and goals are for your future.

2. Preparation

(Education---Resource Installation---Trauma Targeting)

---Education:

We will discuss EMDR and make sure that I have adequately responded to your questions. I encourage you to learn about EMDR so that you can make an informed choice about this treatment option and consider ways to maximize its use for your healing and well-being.

---Resource Installation (see pp. 10-11)

I will guide you to visualize positive places, people, memories, past successes and inner strengths while using bilateral stimulation (eye movements/gentle buzzers you hold in your hands/auditory tones). These exercises will enhance your ability to comfort yourself when distressed, elevate your mood, increase your control of your emotional responses, and to bring your body/mind/spirit into a more relaxed state.

---Trauma Targeting (see page 12):

Together we will create a list of EMDR “targets”. These are the things that cause you upset in your present life including: traumatic memories, negative thoughts, fear/anxiety symptoms and other distressing feelings, uncomfortable or painful body sensations, disturbing dreams, and past as well as current difficult life experiences.

EMDR for performance enhancement, the “target” can be:

- ❖ Past experiences where you did not perform as you’d hoped to
- ❖ Life experiences that lessened your confidence
- ❖ Past negative messages
- ❖ Current symptoms and feelings that prevent you from focusing
- ❖ Any other barriers that keep you from working/performing/living up to your potential.

3. ASSESSMENT

At this phase we will choose the “target” you would like to work on/get relief from. I will ask you about what the worst part of that target memory is, what thoughts and feelings go with it, what it makes you believe about yourself now, and then have you rate the distress it causes on a scale from 0-10. I will also ask you what you would like to believe about yourself instead and have you rate how true that currently feels on a scale from 1-7. This will help us measure where we are in the process and make certain your goals are achieved.

4. REPROCESSING/DESENSITIZATION

I will ask you to bring up the target you have chosen, along with the disturbing image that represents it, the negative belief you have about yourself as a result of it, and the distressing feelings it still evokes for you. This activates the neural networks in your brain where the trauma is stored so that it can be “unlocked” and processed. I will then add the bilateral stimulation (eye movements, gentle buzzing in your hands, auditory tones).

After reprocessing, the goal is that you will be able to recall the upsetting memory with a distress rating of 0 and your positive belief at a rating of 7. This does NOT mean that the distress you felt at the time of the event changed; that cannot ever be changed. *It means that your body and mind have transformed it into a memory that happened in the past and it no longer feels like an experience happening now.* Desensitization then continues by targeting *current triggers* (things in the present that are upsetting) as well as anticipated *future triggers* and rehearsing handling them effectively.

WHAT DOES EMDR REPROCESSING/DESENSITIZATION FEEL LIKE?

People have different experiences of EMDR. Some say it is like rapid daydreaming; some describe it as watching scenery go by from the window of a train; others liken it to watching a DVD or snapshots in a slide show; some compare it to prayer, active daydreaming, or meditation. Most people have commented that it is like going into a painful memory and bringing along the sensation of comfort, like being rocked and soothed when distressed. Sometimes people cry releasing strong emotions and sometimes people experience physical sensations as their body releases its sensory experiences. *You always remain in control and able to stop, ask questions, or obtain my help in figuring out and getting what you need.*

Unlike exposure therapy, the experience of EMDR is NOT a moment-by-moment re-living of a painful life event; instead the traumatic memory links up with positive, useful information and resources that are also stored in your brain. EMDR creates “dual awareness” which means that instead of getting fully pulled into a memory, the gentle buzzing in your hands, eye movements, and auditory tones anchor the mind and body to stay oriented to the present time and place while simultaneously remembering the distressing experience. *As with all trauma work, EMDR can be emotionally intense.* At

all times I will be there to help you know you are safe in my office and to gently coach you through any difficult parts of the process.

EMDR does not make people forget their painful experiences or stop being sad sometimes about them; however the memories will become just that: memories. *They will become less upsetting because they will be filed in the brain as something that happened in the past instead of being relived over and over in the present; you will be able to recall them but without the painful emotional charge.*

Because the part of the brain that communicates in images works faster than the part of the brain that communicates in words I will encourage you to talk less than traditional therapy. After each set of bilateral stimulation I will ask you what you are noticing and then tell you to “go with that”. If at any time you feel overwhelmed or “stuck” please let me know; there are many things I can do to help.

EMDR works by enhancing your body’s own natural healing processes. It is your brain’s neural networks and channels of associations that control the EMDR desensitization process. The bilateral stimulation simply helps you move your own eyes and awareness back and forth across the midline of your body so that the hemispheres of your brain talk to each other more efficiently. *YOU CANNOT DO EMDR WRONG; everyone’s process is wonderfully unique.*

5. INSTALLATION

When the target memory has been desensitized (the distress level is 0-1 on a scale of 0-10 and the positive belief is 7 on a scale of 1-7) we will link the positive belief to the target memory using the bilateral stimulation.

6. BODY SCAN

I will ask you to hold the target in your mind along with the positive belief and to mentally scan your body from head to toe. If you notice any tension or tightness or discomfort we will add additional bilateral stimulation until the discomfort is gone. When you notice positive sensations we will add bilateral stimulation to strengthen and enhance them.

7. CLOSURE

After every session it is my job to make sure you leave feeling safe, stable, and grounded. If we are in the middle of reprocessing a negative memory but the session time is about to end I will lead you in a relaxation exercise and help connect you to your positive resources.

8. REEVALUATION

The next time we meet we will discuss what you have experienced since your last session. I will ask you to bring up the original target and make sure the positive changes have remained. Once the target has been fully processed we will use bilateral stimulation for future performance improvement and strengths enhancement.

AFTER AN EMDR SESSION

EMDR facilitates deep and lasting changes. During an EMDR session your mind will move quickly from one memory/scene to the next to the next; this process will continue between sessions as your mind-body-spirit continue to move toward healing.

It is NORMAL for people to discover new information, make unexpected connections, and to experience strong positive as well as strong negative emotions between sessions. It is also normal for the changes to be more subtle and gradual.

Usually unexpected positive resources also spontaneously come to mind or in dreams. I encourage you to spend time between sessions practicing and strengthening the neural connections of the positive resources you have developed. Most people find this a very pleasurable, empowering, and comforting part of EMDR.

It can be helpful to write down what happens for you between sessions. ***I recommend either stapling a copy of the next page (page 9) on the inside front of an inexpensive notebook or you can print out several copies to use.***

For those who have studied psychology: If you omit the bilateral stimulation the 8-stage EMDR protocol is quite similar to the structure of other well-established therapeutic modalities including:

- | | |
|---------------------------------------|--|
| ❖ Cognitive Behavioral | ❖ Jungian |
| ❖ DBT | ❖ Mind-Body/Holistic |
| ❖ Developmental (Attachment Theory) | ❖ Mindfulness |
| ❖ Eriksonian | ❖ Neuropsychology |
| ❖ Existential | ❖ Positive Psychology (Solution-focused) |
| ❖ Gestalt | ❖ Psychodynamic (Self Psychology, Object Relations, Imago) |
| ❖ Humanistic/Client-centered/Rogerian | |

“TICES” = Triggers/Images/Cognitions/Emotions/Sensations
(Shapiro 2001)

TRIGGERS (what/who/when/where “started the ball rolling” causing you to experience an image-cognition-emotion-sensation?)

IMAGES (What pictures/visual scenes are appearing in your mind’s eye?):

COGNITIONS (what thoughts and beliefs are coming to mind?):

EMOTIONS (what feelings, positive and negative, are you aware of?):

SENSATIONS (what are you experiencing through your senses-physical sensations, smells, sounds, and tastes):

Positive Resources/Images/Symbols that show up:

Resource Installation Questions:

Think of 2 positive experiences from your childhood:

1.

2.

Think of 2 positive experiences from your adult life:

1.

2.

Think of 2 nurturing figures (when you think of them you feel cared about, comforted, helped). These can either be real people or mythical, religious, or symbolic. They can be from TV, movies, books or your own imagination-but they are benevolent, loving, and positive toward you:

1.

2.

Think of 2 protective figures-if you were in trouble you would want them on your side!
(Again, they can be real people or from other sources)

1.

2.

Think of 2 times in your life when you felt successful:

1.

2.

Think of 2 times in your life when you felt most peaceful:

1.

2.

Think of 2 times in your life when you experienced comfort:

1.

2.

Name 2 people (real or from books/movies/TV etc) who possess the qualities/abilities that you need to handle the issue or problem you are dealing with.

1.

2.

Name some places that feel soothing, peaceful, and safe.

You can even cut out pictures from magazines, the Internet, copies of actual photos and make a collage of images.

Find a photograph of yourself as a child. Write a letter or simply imagine that you can communicate to that child and offer reassurance, encouragement, answers and information that your adult self has that you didn't have access to as a child. Allow the child to respond. (You can put a pen/pencil/marker in your non-dominant hand and scribble while you listen for the child's imagined response.)

1 -2 years from now, imagine looking back on now, having successfully handled this situation confronting you. What do you notice? What positive feelings go with this? What positive statement(s) will you be saying to yourself about yourself?

Trauma Targeting Questions:

List 2 distressing/negative memories from your childhood:
(Caution: If thinking about or writing down responses to these questions causes significant distress, stop. Wait until we can talk about them together)

1.

2.

List 2 things that are currently distressing or bothering you:

1.

2.

List 2 examples of times when your current issues, problems, or symptoms occur:

1.

2.

Name 2 examples of times when you were able to overcome these issues, problems, or symptoms-or at least were able to stop them from worsening:

1.

2.

If you had a friend or a young person who asked your advice, who had the same issue, problem, or symptom, what encouragement, suggestions, or help would you offer?

RESOURCES FOR FEELING BETTER:

The primary goal of counseling is to increase positive feelings and decrease distress. In addition to the suggestions below you can make your own list of what comforts you and improves your mood.

The trend in psychology used to be “talk about it and you’ll feel better”. Research has shown that just talking about how bad we feel often keeps us feeling lousy! To feel better we have to DO (action) something besides talking about the pain we are in. In addition to changing our brains by taking positive action, we can intentionally recall positive moments to trigger the mind to release chemicals that compose positive emotions.

- ❖ Keep a Gratitude Journal: brain research shows that daily writing down 5 things we are grateful for improves brain functioning and elevates mood
- ❖ Go for a walk/MOVE YOUR BODY even if just for a minute! Moving physically moves us emotionally- this is why it is called emotion!
- ❖ Jump rope
- ❖ Run in place for 1 minute
- ❖ Do Tai Chi or Yoga positions (great book: Overcoming Trauma Through Yoga by Emerson and Hopper)
- ❖ Relaxation exercises or meditation CD
- ❖ Breathe in to the count of 4, hold 4, exhale 4, pause 4; repeat 4 times.
- ❖ Or breathe in slowly to the count of 5, breathe out slowly to the count of 5.
- ❖ Guided imagery like Safe place, Nurturing Figures, and Container
- ❖ Websites/you tube videos that are positive/uplifting (bookmark them so they are easily accessible)
- ❖ Find a reason to laugh (movies/TV shows/cartoon books)
- ❖ Read a book (that creates positive feelings for you)
- ❖ Read a self help book (Mind Over Mood, The Anxiety and Phobia Workbook, Feeling Good Workbook, 10 Days to Self Esteem)
- ❖ Garden (in the winter plant an amaryllis or a bean seed and watch it grow)
- ❖ Cook/Bake/Hand crank pasta/knead bread
- ❖ Listen to calming music-even a lullaby CD. Make a CD of songs to listen to when you are distressed.
- ❖ Make music-play an instrument or sing.
- ❖ Dance! To a song or with a video!
- ❖ Volunteer for something you value
- ❖ Send cards to friends or anyone who might need one
- ❖ Hold an object that represents a loved one
- ❖ Make something-find a hobby that you enjoy
- ❖ Vacuum 1 room or clean 1 sink or fold 5 clean clothes
- ❖ Make a list of things you’ve always wanted to learn more about and then go to the library or do online research.
- ❖ Nurture your sense of smell-find 5 things that smell good and sniff them

- ❖ Nurture your sense of touch-rub your fingers over the fur of your pet, a soft blanket, a smooth rock, textured fabric-soak your feet in warm water, put lotion on your hands.
- ❖ Drum. If you don't have a drum use sticks or wooden spoons and plastic containers.
- ❖ Collect the names-photos of people who inspire you-put them in a binder
- ❖ Trace a finger labyrinth or find a local one you can walk
- ❖ Read a beautiful or fun children's book
- ❖ Keep a collection of prayers, poems, quotes, to reread
- ❖ Go to the library and look through coffee table books
- ❖ Go to a museum-consider getting a membership
- ❖ Call a friend and ask how they are doing
- ❖ Plan a vacation-either one that is possible or one that is unlikely-Borrow a travel video from the library
- ❖ Watch a free online video that shows how to say something simple in sign language
- ❖ List 10 things you want to do/accomplish in the next 10 years
- ❖ List 10 things you've accomplished/enjoyed in the past 10 years
- ❖ Give yourself \$3 to buy something pleasant-a flower, a cup of tea or coffee, a bar of organic soap, a piece of fruit-or find something at the dollar store ☺
- ❖ Grab a digital camera and take pictures of things in your environment that are beautiful or interesting.
- ❖ Pretend for just a moment that you are here in the present without the experiences of your past. You are a blank slate only taking in the sensory information that is in front of you. Name 3 things that you see; name 3 things that you hear; notice what you smell; reach out and touch 3 different textures. Are you safe right now, this moment? Not 2 minutes from now, but in this moment. Just notice what your senses are taking in. Continue to name what you see, what you hear, what you smell, what you touch, what the temperature is like on your skin, where the light falls in the room. Imagine this moment is a bubble with no past and no future, just now. Thoughts are just thoughts, feelings are just feelings. In this moment, right now, you are safe. Breathe deeply. (Adapted from lecture by Dr. J. Eric Gentry <http://www.compassionunlimited.com/>)
- ❖ Place the palm of your hand against your forehead (like people do when they have a headache). Begin counting backwards from 100 by 7's or begin listing what your senses notice in your environment: the colors, the shapes, the sounds, the textures. This exercise can stop the fight, flight, or freeze response from increasing and pull the thinking part of the brain back online.
- ❖ Splash cold water on your face or fill a bowl with ice water and dunk your head in it for a few seconds (especially helpful if you struggle with self harm)
- ❖ Look in the mirror and say your name and your age out loud.
- ❖ Add and _____ cares about/loves/believes in me.
- ❖ Take a cold shower (especially if you struggle with self harm)
- ❖ Take a warm shower or bath (especially calming before going to sleep)
- ❖ Write or draw on your body with washable markers (instead of cutting).

- ❖ Press your hand against your knee and gently push your knee against it; do the same with the other hand and other knee. Push against your elbows in the same way.
- ❖ Throw ice cubes at a something like a tree, concrete, or gravel.
- ❖ If you had a child with you who was upset, what would you do to comfort the child? Do this, even if it seems childish or silly.
- ❖ Use online resources-I recommend these:

<http://www.ahha.org/articles.asp?id=100>_ANT (Automatic Negative Thoughts)
Dr. Amen

<http://psychcentral.com/lib/2009/15-common-cognitive-distortions/> A list of cognitive distortions –lies we tell ourselves that make us feel lousy

<http://www.drbeckham.com/CopingHandouts.htm> these are excellent articles

<http://www.meditation-ptsd.com/>

<http://richardeward.com/162/dr-daniel-amen-recommends-kirtan-kriya-the-the-sa-ta-na-ma-meditation/>

http://www.dbtselfhelp.com/html/crisis_survival_video_text.html

<http://www.truerecovery.org/learning-center/dbt-dialectical-behavior-therapy/126-guided-mindfulness-meditation-exercises>

<http://www.befriendingourselves.com/Lovingkindness.html>

<http://ptsd.about.com/od/selfhelp/a/flashcoping.htm>

Self Injury

www.selfinjury.com

www.selfinjury.org

Books all human beings can benefit from:

Feeling Good: The New Mood Therapy Handbook by Burns

The Anxiety and Phobia Workbook by Bourne

Mind Over Mood by Padesky