



EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) PSYCHOTHERAPY

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DISCLAIMER


This presentation is not a supplement to the EMDR basic training (The 2 weekends training or the intense 5 days).

1

This presentation is not adequate enough for therapists to learn all the standard protocols of EMDR without going through the basic training



OBJECTIVES

- HISTORY OF EMDR – HOW IT ALL STARTED
 - INTRODUCTION TO EMDR THERAPY AND THE RESEARCH BEHIND IT
 - ADAPTIVE INFORMATION PROCESSING MODEL
 - 3 PRONGS
 - 8 STAGES OF EMDR THERAPY
 - WHO BENEFITS FROM EMDR AND WHO DOESN'T
 - STEPS TO BECOME AN EMDR THERAPIST
- 



HOW IT ALL STARTED

- DR. FRANCINE SHAPIRO
- THE FAMOUS WALK TOOK PLACE IN 1987
- CONFERENCE - SHAPIRO'S VIDEO WITH A VIETNAM WAR VETERAN SHOCKED EVERYONE
- EMD CHANGED TO EMDR IN 1990 WHILE IT'S STILL BEING USED

WHY EYE MOVEMENT

- EYE MOVEMENT IS THE SAME ACTIVITY DURING REM CYCLE
- TAPPING, AND AUDIO ARE ALSO VERY EFFECTIVE, ESP WHEN ARE COMBINED WITH EYE MOVEMENT



CONTROLLED OUTCOME STUDIES

- 1) OVER 30 RANDOMIZED CONTROLLED TRIALS SUPPORT THE USE OF EMDR THERAPY WITH A WIDE RANGE OF TRAUMA PRESENTATIONS.
- 2) TYPICALLY, THE EQUIVALENT OF THREE 90-MINUTE SESSIONS PRODUCES 85-100% REMISSION OF PTSD WITH SINGLE TRAUMA (E.G. WILSON, BECKER, TINKER, 1995, 1997).
- 3) TWELVE (12) OR MORE SESSIONS NEEDED FOR MULTIPLE TRAUMA VICTIMS, SUCH AS COMBAT VETERANS (CARLSON ET AL., 1998).
- 4) EMDR COMPARED TO PROZAC DEMONSTRATED THAT EMDR THERAPY IS SUPERIOR; PATIENTS CONTINUED TO IMPROVE BEYOND TERMINATION OF TREATMENT WHILE MANY PROZAC PATIENTS BECAME SYMPTOMATIC AGAIN (VAN DER KOLK, ET AL., 2007)
- 5) WHILE 90-MINUTE SESSIONS ARE SUGGESTED, 60 MINUTES SESSIONS CAN ALSO BE USED (MARCUS ET AL., 1997, 2004).

INTRODUCTION TO EMDR

- **“THE GOAL OF EMDR** IS TO ACHIEVE THE MOST PROFOUND AND COMPREHENSIVE TREATMENT EFFECTS POSSIBLE IN THE SHORTEST PERIOD OF TIME, WHILE MAINTAINING STABILITY WITHING A BALANCED SYSTEM.” (SHAPIRO, 2001, P. 6)
- TRAUMAS: LITTLE T, BIG T: SHOCK TRAUMA, DEVELOPMENTAL TRAUMA
- MODEL, METHODOLOGY AND MECHANISM OF EMDR THERAPY
 - MODEL: AIP
 - METHODOLOGY: 8 PHASES
 - MECHANISM: WORKS ON A NEUROBIOLOGICAL LEVEL

ADAPTIVE INFORMATION PROCESSING (AIP) MODEL

What is AIP? “The past Drives the Present”

Why is it effective?

ACTIVATION COMPONENTS OF EMDR THERAPY

ACCESS

FROZEN DYSFUNCTIONAL MEMORY

STIMULATE

INFORMATION PROCESSING SYSTEM

MOVE

INFORMATION TO ADOPTIVE RESOLUTION

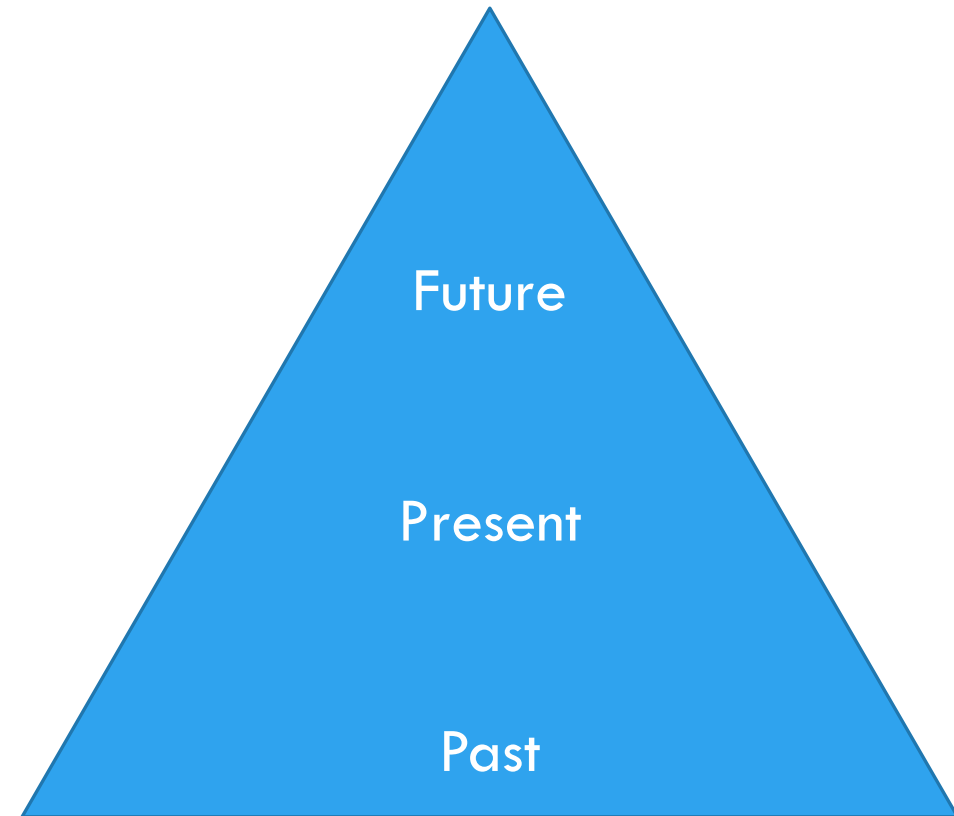
RESULTS

LESSENING OF DISTURBANCE

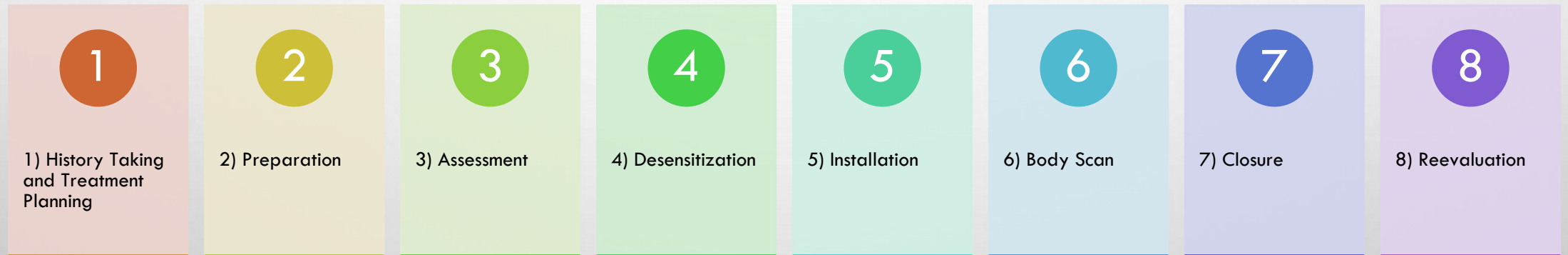
GAINED INFORMATION AND INSIGHTS

CHANGES IN EMOTIONAL AND PHYSICAL RESPONSES

3 PRONGS



8 STAGES



HISTORY TAKING

- INTAKE
- LIFE MAP
- DISSOCIATION ASSESSMENT
(DES OR MID)
- CLIENT'S READINESS AND
APPROPRIATENESS
- TREATMENT PLAN (BASED ON
SYMPTOMS, CHRONOLOGICAL,
AND BASED ON WHICH PRONG
SEEMS MORE APPROPRIATE)
- EMD, EMD ^, EMD (LITTLE R),
EMDR



PREPARATION

- TECHNICALITY OF EMDR
- THE SETTING
- WHICH TYPE OF BLS IS BEING USED
- RESOURCING (CONTAINER, SAFE PLACE)



ASSESSMENT

- WORST IMAGE
- NEGATIVE COGNITION (BELIEF)
- POSITIVE COGNITION
- VOC (1-7)
- EMOTION
- BODY SENSATION
- SUD (0-10)



JUMP INTO DESENSITIZATION

- BLS
- GO WITH THAT
- COGNITIVE INTERWEAVE (CLINICAL INTERVENTION)
- EMD, EMD ^, EMD (LITTLE R), EMDR
- SUD MOVES TO 0, VOC MOVES UP TO 7



INSTALLATION

Image and positive cognition/belief

Checking if they like to change it

Checking VOC

Go with that

BODY SCAN

- IMAGE
- POSITIVE COGNITION (BELIEF)
- NEED TO REPORT A CLEAR BODY SCAN, IF NOT USE BLS



CLOSURE

- REMINDING THEM ABOUT CONTINUOUS REPROCESSING
- WHAT INSIGHT THEY GAINED FROM THE INTERVENTION?
- ENCOURAGING RESOURCING
- WRITING DOWN THOUGHTS/DREAMS



REEVALUATION

- REEVALUATE CLIENT'S REACTION TO PREVIOUS SESSION
- CHECK SUD
- GO WITH THAT

WHO BENEFITS FROM EMDR

- ACUTE AND CHRONIC PTSD, COMPLEX PTSD
- DISSOCIATION - DISSOCIATIVE DISORDER – DID (SHAPIRO -2001, SHAPIRO – 2017)
- ADDICTIONS
- COUPLES
- EATING DISORDER
- OCD
- SOMATIC DISORDERS (SHAPIRO-2001, SHAPIRO – 2017)
- GRIEF AND MOURNING (SHAPIRO-2001, SHAPIRO – 2017)
- COMBAT VETERANS AND FIRST RESPONDERS (SHAPIRO-2001, SHAPIRO – 2017)
- CHILDREN & ADOLESCENTS
- PHOBIA



CONTRADICTIONS

- LACK OF ADEQUATE SAFETY AND STABILIZATION ESTABLISHED IN CLIENTS
- CLIENTS WHO ARE ACTIVELY USING DRUGS AND ALCOHOL
- MEDICAL CONDITIONS SUCH AS PREGNANCY, SEIZURES AND OTHER NEUROLOGICAL DISORDERS
- THOSE WHO WILL BE TESTIFYING IN COURT

STEPS TO BE AN EMDR THERAPIST

- BASIC TRAINING (2 WEEKENDS OR 5 DAYS) –
RECOMMENDATION IS THE 2, 3 DAYS WEEKEND
- CERTIFICATION
- CONSULTANT IN TRAINING (CIT)
- COACH/FACILITATOR
- CONSULTANT
- TRAINER
- SENIOR TRAINER



REFERENCES

- SHAPIRO, FRANCINE (2018) EYE MOVEMENT DESENSITIZATION AND REPROCESSING: BASIC PRINCIPLES AND PROTOCOLS, 3RD EDITION. GUILFORD PRESS. NEW YORK.
- HENSLEY, BARBARA J. (2016). AN EMDR THERAPY PRIMER. 2ND EDITION. SPRINGER PUBLISHING COMPANY. NEW YORK.
- KISSLIENG, ROY (2013). EMDR BASIC TRAINING. EMDR CONSULTING.
- HAP BASIC EMDR TRAINING (2018)



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