

EXPLORING EMDR:

An Introduction to Its Use in Treating Trauma

PRESENTED BY CASSIDY DUHADWAY, LCSW

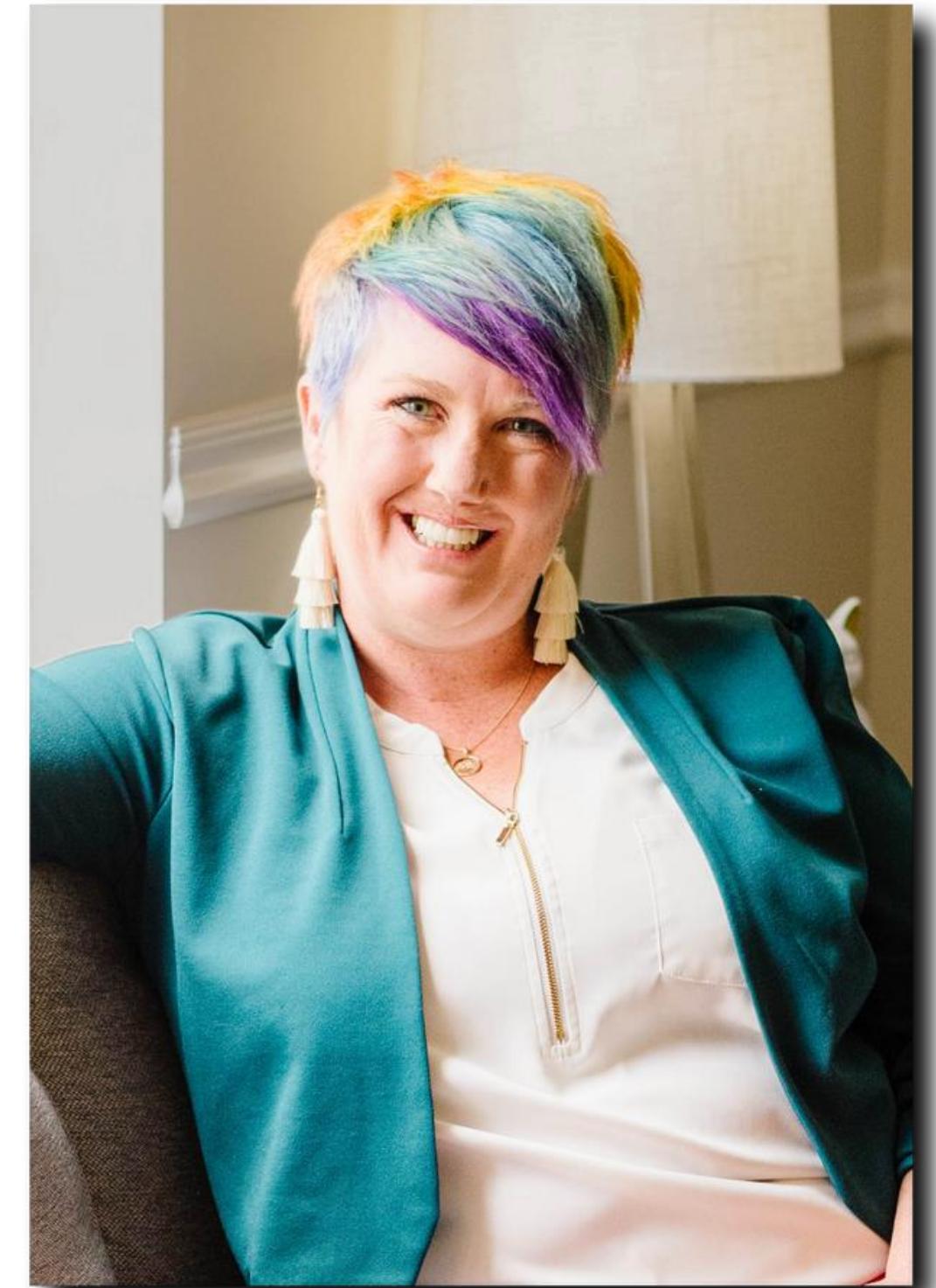
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Objectives:

- Understand EMDR's theoretical foundations
- Learn the 8 phases of the EMDR protocol
- Explore how EMDR is used in trauma therapy
- Understand EMDR's role in broader trauma treatment

What is EMDR?

Eye Movement Desensitization
and Reprocessing

Developed by Francine
Shapiro in the late 1980s

Uses bilateral stimulation to help
the brain reprocess trauma

Current Research

**Over 40
randomized
controlled trials
(RCTs) support
EMDR's
effectiveness**

**EMDR is
recommended by
the WHO, APA,
and Department of
Veterans Affairs**

**Research
expanding to
anxiety, chronic
pain, depression,
and grief**

**Neuroimaging
shows changes in
brain activity after
EMDR treatment**

Trauma

Trauma is what happens when something overwhelms your system and your body and brain don't have what they need to fully process it. It's not the event itself, it's the impact. It's what gets stuck.

Trauma shows up in the beliefs we carry, the tension in our bodies, the way we view ourselves and the world, and the protective strategies we keep using long after the threat has passed.



Trauma and the Nervous System

- Trauma lives in the body
- Unprocessed memories trigger current distress
- Healing involves re-regulating the nervous system



Adaptive Information Processing (AIP) Model

- Trauma is stored maladaptively
- EMDR helps the brain reprocess and integrate
- The brain is wired to heal when given the right conditions



HOW EMDR WORKS

Thoughts/Behaviors/
Emotions show up differently

Shifts negative beliefs to adaptive ones

Facilitates memory reprocessing

Uses bilateral stimulation (BLS)

Identifies target memories

Key Concepts

**Moves information
from stuck to
integrated**

**Clears emotional
charge**

**Reveals and
connects memory
networks**

**Promotes a sense
of internalized
truth and
resolution**

3 STAGES

Stage 1

Preparation

Stage 2

Processing

Stage 3

Integration

8 PHASES

Stage 1

Preperation

1. History Taking
2. Preparation

Stage 2

Processing

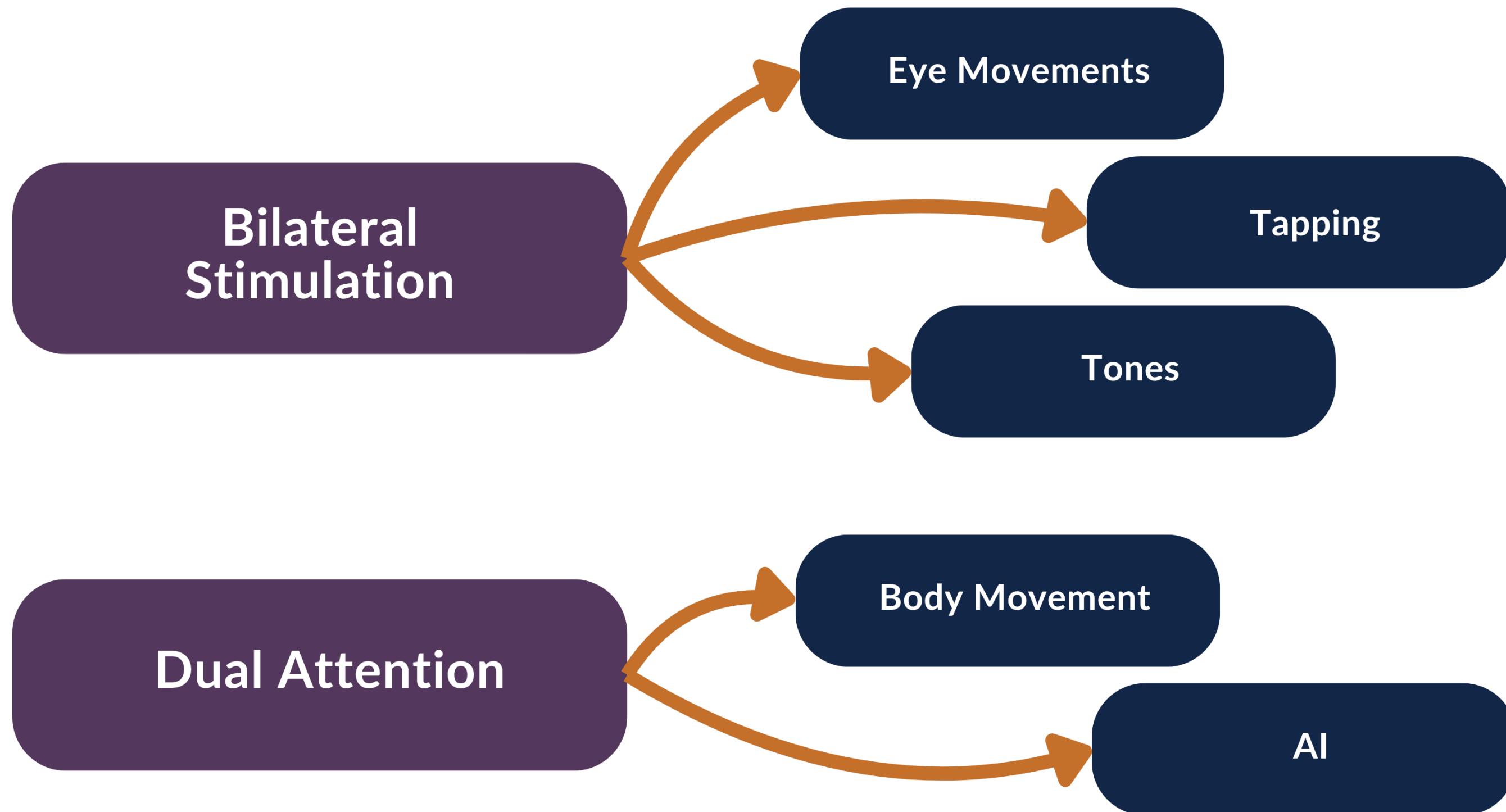
5. Assessment
6. Desensitization
7. Installation
8. Body Scan
9. Closure

Stage 3

Integration

10. Reevaluation and Integration

the Mechanics



History Taking

Biopsychosocial

Assessments

Target Planning and
Treatment Plan

Target Sequence Plan

Preparation

Build Emotional Safety and Regulation

Assess dissociation and other needs of human

Examples: Calm Place, Container, Protective Figure, Light Stream

When to use Caution

- Dissociation or disembodyment
- Complex trauma
- Suicidality or unstable safety
- Basic Needs
- "Too much, too soon"



Doesn't mean they can't do trauma work, they just need the right things in place in order to do the work they want to do

Processing

Assessment

Desensitization

Installation

Body Scan

Assessment

Desensitization

Installation

Body Scan

These happen during
EVERY processing session
and are repeated a lot

These happen way less,
only after the target is clear

Integration

Resourcing/Tools

How is it changing
daily life?

Add in more supports

Use other modalities

EMDR in Practice

Trauma
Eating Disorders
Phobias
Pain/Migraines
OCD
PTSD
Anxiety
Emotional Neglect
Core Beliefs
Phobias
Self Esteem
Crisis

CPTSD
Phobias
Chronic Issues
Addictions
Addictions
Generational Trauma
Dissociation
OSDD/DID
Group work
Depression
and more...

Training Path

EMDR Basic Training

- EMDRIA Approved
- 40 hour training -
 - 2 - 3-Day Weekend Trainings
 - 1 - 5 day weeklong training
- 10 Hours of Consultations

Trained Vs. Certified

- EMDR Basic Training
- 50 sessions over at least 25 clients
- 20 hours of consultation
- 12 hours CEUs

Final Thoughts

- EMDR supports the body and brain in healing
- It is not a magic fix, but it can feel transformative
- Curiosity, safety, and attunement are key



Thank you very much!

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