EXPLORING EMDR:

An Introduction to Its Use in Treating Trauma

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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

Identifies target memories

Uses bilateral stimulation (BLS)

Facilitates memory reprocessing

Shifts negative beliefs to adaptive ones

Thoughts/Behaviors/
Emotions show up differently

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

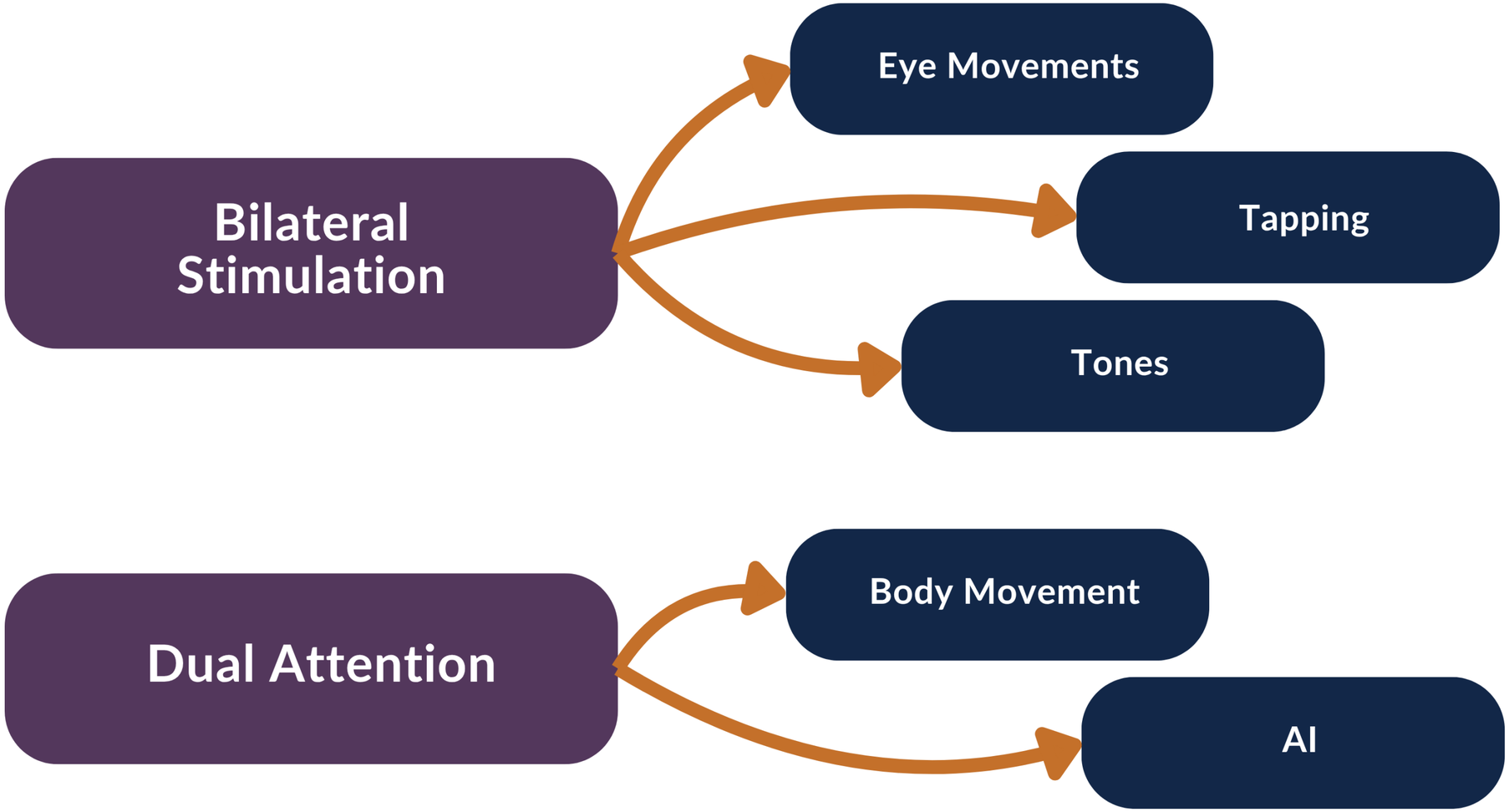
5.Assessment
6.Desensitization
7.Installation
8.Body Scan
9.Closure

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 Reguation

Assess dissociation and other needs of human

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

When to use Caution

- Dissociation or disembodiment
- 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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