

EMDR Fact Sheet

"The greatest revolution in our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives." - William James

EMDR stands for "Eye Movement Desensitization and Reprocessing." It was initially discovered by Frances Shapiro in 1989. Hundreds of therapists around the nation have been trained in the EMDR techniques by Ms. Shapiro and through the work of the EMDR Network in Pacific Grove, California.

EMDR is an intervention to help individuals who are survivors of any kind of traumatic event, including - but not limited to - abuse (physical, sexual, verbal, emotional), natural disasters, accidents, personal crisis or tragedy, or war. The procedure includes facilitation of eye movement while the person is guided through an account of the trauma. It is not necessary for the client to detail the negative experiences out loud during EMDR. The procedure can help individuals resolve these negative experiences and to maintain a more positive self-concept, both in relation to the trauma, and overall.

The treatment of traumatic events with the EMDR method is based upon the belief that there is a physiological component to every experience. It is believed that when an incident occurs that is "traumatic," that the brain processes necessary for information processing are disturbed. This seems to "freeze" the information in its original anxiety-producing form, complete with the original image, negative self-assessment, and other related symptoms. Because the information has not been sufficiently processed, it continues to surface in the form of post-traumatic stress disorder (PTSD), which may be characterized by intrusive thoughts, flashbacks, and nightmares.

These symptoms may be resolved through use of EMDR, as the special eye movements allow the "frozen" information to be processed and integrated as part of the normal information-gathering process that we all experience after an event has occurred. The complete EMDR process includes a three-part approach. First, the therapist must address the original incident that established the "crisis." Second, the therapist must elicit from the client the current internal and environmental "triggers" that cause flashbacks or negative experiences. Third, a new pattern must be established by the client through EMDR to replace the previous (negative) memory patterns.

What is an EMDR session like?

"During EMDR treatment, the client is asked to hold in mind an image of the trauma, a negative self-cognition, negative emotions, and related physical sensations about the trauma. While doing so, the client is instructed to move her or his eyes quickly and laterally back and forth for about 15 to 20 seconds, following the therapist's fingers.

Other forms of left-right alternative stimulation are sometimes used. The client then reports the images, cognitions, emotions, and physical sensations that emerged. This procedure continues until desensitization of troubling material is complete and positive self-cognitions have replaced the previous negative self-cognition." (Wilson and Becker, *Journal of Consulting and Clinical Psychology*, 1995, Vol. 63, No. 6, 928-937).

Additional steps might include the client keeping a running log of any anxiety-provoking incidents or memories that surface, with the goal of resolving those memories in future sessions.