EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

WHO/WHEN

Developed by Francine Shapiro in 1987.

WHAT

EMDR is an eight-phased, scientifically validated, integrative psychotherapy approach based on the theory that much of psychopathology is due to traumatic experiences or disturbing life events. These result in the impairment of the client’s innate ability to process and to integrate the experience or experiences within the central nervous system. The core of EMDR treatment involves activating components of the traumatic memory or disturbing life event and pairing those components with alternating bilateral or dual attention stimulation. This process appears to facilitate the resumption of normal information processing and integration. This treatment approach can result in the alleviation of presenting symptoms, diminution of distress from the memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers.

WHY

In the broadest sense, EMDR is intended to alleviate human suffering and assist individuals and society to fulfill their potential for development while minimizing risks of harm in its application. For the client, the aim of EMDR treatment is to achieve the most profound and comprehensive treatment effects in the shortest period of time, while maintaining client stability within a balanced family and social system. The purpose of EMDR is to help free the client from the past into a healthy and productive present.

HOW IT WORKS

EMDR uses specific psychotherapeutic procedures to:
1) Access existing information
2) Introduce new information
3) Facilitate information processing
4) Inhibit accessing of inappropriate information

Unique to EMDR is the view that incomplete processing and incomplete integration of memories of trauma and/or disturbing life experiences are a primary basis of psychopathology (abnormal mental functioning). Specific procedural steps are used to access and process information and incorporate alternating bilateral sensory stimulation (eye movements, tapping, light bars, etc.). These treatment procedures and protocols are intended to create states of dual attention to facilitate information processing.
EMDR utilizes an 8-phase approach to treatment that ensures sufficient client stabilization before, during, and after the processing of distressing and traumatic memories and associated stimuli (“triggers”). The intent is to facilitate the client’s innate ability to heal. Therefore, therapist intervention is kept to the minimum necessary to the continuity of information processing.

THE EIGHT PHASES OF EMDR

Phase 1: Client History Phase
- Clinician identifies and records a complete clinical picture prior to treating the client.
- Targets from positive and negative events in the client’s life are explored for future processing and a treatment plan prepared, with attention to past, present, and future treatment issues (this can be done through a Timeline of Life Events worksheet).
- Determination is made regarding the suitability of EMDR therapy for the presenting problem and for the client, as well as appropriate timing. With more complex trauma histories, detailed trauma history may need to be postponed.
- Any secondary gain issues that might prevent treatment effects should be addressed.

Phase 2: Preparation Phase
- Clinician explains the therapeutic framework of EMDR and obtains informed consent.
- Establish sufficient rapport to give the client a sense of safety and foster the ability to tell the therapist what is being experienced throughout the processing.
- Client develops mastery of self-soothing and affect regulation skills to facilitate stability during the processing phases. Some clients will require a lengthy preparation phase for adequate stabilization prior to dealing directly with the memories of trauma (self-soothing exercises can include Safe Place, 5 Senses, Deep Breathing, and Body Relaxation techniques).

Phase 3: Assessment Phase
- Clinician identifies components of the target/issue and establishes a baseline response (using a Subjective Units of Disturbance or SUDS Scale).
- Client selects a sensory image that best represents the memory/issue identified.
- Client chooses a negative cognition related to the issue/event that expresses the client’s current negative belief about self.
- Client selects a positive cognition that will tentatively be used to replace the negative cognition during the Installation Phase (Phase 5).
- The validity of the positive cognition is assessed (using a VOC Scale).
- Identify emotions attached to this target/issue and assess the level of disturbance using a SUDS Scale.
- Client identifies the location in the body of physical sensations that are stimulated when concentrating on the event or issue.

Phase 4: Desensitization Phase
- Client is asked to notice, while experiencing alternating bilateral stimulation, their reactions to the processing. This phase of treatment encompasses all responses, including new insights and associations, regardless of whether the client distress level is increasing, decreasing or stationary. This process continues until the SUDS level is reduced to 0 or 1.
THE EIGHT PHASES OF EMDR (CONTINUED)

Phase 5: Installation Phase
• Client is asked to hold the most appropriate positive cognition in mind, along with the target memory. Bilateral stimulation is continued until the client's rating of the positive cognition reaches the level of 7 on the VOC Scale.

Phase 6: Body Scan Phase
• Client is asked to hold in mind both the target event and the positive cognition and scan the body mentally from top to bottom.
• Client is asked to identify any residual tension or discomfort in the form of bodily sensations. When present, these bodily sensations are targeted with bilateral stimulation until the discomfort is resolved.

Phase 7: Closure Phase
• Therapist and client may use a variety of techniques to facilitate client stability at the completion of the EMDR session and between sessions. The client should be made aware that processing may continue after the session.

Phase 8: Reevaluation Phase
• Clinician assesses the effects of previous processing of targets, looking for residual disturbance, new material which may have emerged, current triggers, systemic issues, etc.
• To achieve comprehensive treatment effects a three-pronged basic treatment protocol is generally used. Past events are first processed. After adaptive resolution of past events, current stimuli still capable of evoking distress are processed. Finally future situations are processed to prepare for possible or likely circumstances. There may be situations where the order may be altered or prongs may be omitted, based on the clinical picture.

*In Phases 3 – 6, standardized steps should be followed to achieve fidelity to the method, as fidelity to these steps has been demonstrated by research to improve outcome. Phases 1, 2, 7 and 8 may be conceptualized and achieved in more than one way, but the broad goals of each phase should be achieved.

ADDITIONAL RESOURCES
EMDR Institute Inc. [www.emdr.com](http://www.emdr.com)
EMDR International Association (EMDRIA) [www.emdria.org](http://www.emdria.org)
EMDR-HAP (EMDR Humanitarian Assistance Programs) [www.emdrhap.org](http://www.emdrhap.org)
Francine Shapiro’s Library [http://library.nku.edu](http://library.nku.edu)
The content of this fact sheet was primarily taken from EMDRIA’s web page and published documents.

Stephanie Delmore, M.A., LPC
The Ommani Center for Integrative Medicine
1166 Quail Court, Suite 210
Pewaukee, WI  53072
(262) 695-5311
[www.StephanieDelmore.com](http://www.StephanieDelmore.com)