

## What is EMDR?

Eye Movement Desensitization and Reprocessing, is a late-stage, trauma resolution method. Developed in the late 1980's, EMDR currently has more scientific research as a treatment for trauma than any other non-pharmaceutical intervention. Based on empirical evidence as well as thousands of client and clinician testimonials, EMDR has proven an efficacious and rapid method of reprocessing traumatic material.

EMDR appears to assist in processing of traumatic information, resulting in enhanced integration - and a more adaptive perspective of the traumatic material. The utilization of EMDR has been shown to eliminate the need for some of the more difficult abreactive work (i.e. reliving the trauma), often associated with the psychoanalytic treatment of a variety of conditions, including generalized and specific anxieties, panic, PTSD symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, mood disorders and other traumatic experiences. So, theoretically, EMDR is about integration-bilateral hemispheric (right/left brain) integration; triune brain (brain stem, limbic system and cerebral cortex) integration; and at least some type of mind/body integration, but practically, it's about convincing the mind and body that the traumatic event is, indeed over.

EMDR helps to put the past in the past, where it belongs, instead of staying stuck in it (feeling like it is happened all over again in the present-with the same thoughts, emotions and body sensations- that accompanied the event in the past).



**INVENTIVE  
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## Is EMDR Dangerous?

You should know that this modality (EMDR for single-incident trauma) is a pretty simple protocol - easy to master, however, when administered by someone lacking requisite knowledge of trauma's sequelae, this simple protocol may prove challenging, fear-inducing and oftentimes re-traumatizing for clients.

**So there's no misinterpretation of the last sentence, the EMDR protocol-original or modified- is not dangerous, but any type of trauma work that deliberately activates a traumatic memory network without first insisting that both client and clinician are adequately prepared to tolerate the effects of that activation is dangerous and irresponsible.**

### HOW IS EMDR DONE?

#### EMDR is accomplished in four steps

1. Establishment of Safety-Safety within the therapeutic relationship and safety within each individual EMDR session. During each EMDR session, your therapist will begin by activating your own internal resources. (S)he will guide you in an imaginal, multisensory imagery exercise designed to activate images, emotions and body sensations of safety, protection, nurture and comfort. Once these images have been activated, the actual trauma reprocessing will begin.
2. Activating the Traumatic Memory Network-The therapist will ask a series of questions regarding the traumatic memory. The purpose of these questions (or script) is to activate the entire traumatic memory network.
3. Adding Alternating Bilateral Stimulation-Once the entire traumatic memory is activated, the therapist will add alternating bilateral stimulation via any or all of the following:
  - a) begin the buzzing in your hands by turning on the Theratapper
  - b) play alternating auditory tones via headphones or ear buds
  - c) begin moving his/her hands back and forth, so you may visually track the movement across the midline of your body
4. Reestablishment of Safety-regardless of whether the traumatic material was completely processed or not, the session will end at a pre-set time. Before you leave, you will be stable, embodied, oriented and calm. Depending on you and your therapist's preferences, this may be accomplished in a variety of ways including, but not limited to re-activating your own internal resources, breathing exercises, prolonged muscle relaxation, etc.

### What Should I Expect from My Therapist?

As a client, you should expect that your clinician will-and does- continuously and vigilantly attend and re-attend to your safety and stabilization needs. To that end, please be aware that you are entitled to, and should expect the following:

- A solid therapeutic relationship, i.e. a good rapport and adequate trust in your therapist
- An explicit crisis plan-co-written by you
- Psychoeducation regarding trauma-its effects, aftereffects and current treatment options-including the modalities utilized by your therapist.
- Instruction in-and acquisition of- skills for self, affect and emotion regulation, arousal reduction and distress tolerance prior to trauma work, i.e., before any reprocessing of trauma, you should:
  - Feel stable
  - Have access to an external support system
  - Have a decent sense of self and identity
  - In a relatively healthy manner, be able to handle the intensity of your own emotions

**Be sure to ask your clinician specifically what all of this means and how (s)he will prepare you for reprocessing traumatic material.**