

Eye Movement Desensitization & Reprocessing (EMDR): A Psychotherapeutic Approach to the Treatment of Trauma-Based Disorders

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Learning Objectives

- Distinguish appropriate use of EMDR in the treatment of trauma-based disorders.
- Describe the core components of EMDR
- Appraise the efficacy of EMDR for the treatment of trauma-based disorders.



Overview

- Description of EMDR
- Mechanisms of Action
- Evidence of EMDR Efficacy
- Case Examples
- Questions and Discussion



Why Look at Trauma Treatment in Addictions Nursing?

- Comorbidity between Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders is well established
- Untreated PTSD is considered a risk factor for relapse
- Untreated trauma sequelae contributes to well known relapse risk factors, including:
 - Poor self-efficacy
 - Poor coping skills
 - Heightened negative affect



Marich, J. Eye movement desensitization and reprocessing in addiction continuing care: A phenomenological study of women in recovery. *Psychology of Addictive Behaviors*, 2010, 4(3): 498-507.

What is EMDR?

- Adaptive Information Processing therapy developed in 1987 by Dr. Francine Shapiro
- Information Processing System assimilates new experiences into existing memory networks
 - Useful information is learned, stored in memory networks with appropriate emotions
 - Allows us to make sense of our experiences, available to guide us in future



Information Processing & EMDR?

- **Distressing** incident may become stored in state-specific form, unable to connect with memory networks holding adaptive information
 - Original perceptions easily triggered by internal & external stimuli



- EMDR believed to promote adaptive information processing
 - Found to be effective in the treatment of a wide range of pathologies and self-esteem issues

Process: 8 Stage Approach

- Take comprehensive history & develop treatment plan
- Prepare for EMDR
- Assess trauma
- Desensitize
- Install positive cognition
- Conduct body scan
- Conduct closure
- Reevaluate



Appropriate clients for EMDR

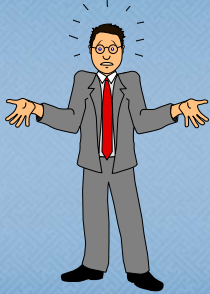
- Patients must be assessed for readiness for EMDR
 - able to tolerate intense affect and/or physical sensations that may arise in and between sessions
 - able to maintain sense of personal and environmental stability
 - able to utilize emotional support system
 - able to follow therapist instruction and perform therapeutic tasks



Therapist Credentials

- Certification in EMDR
 - Licensed mental health professional
 - Completion of EMDR basic training by a training program approved by The Eye Movement Desensitization and Reprocessing International Association (www.emdria.org)
 - 2 years post licensure clinical experience
 - At least 50 EMDR sessions with at least 25 different clients
 - 20 hours of consultation by an EMDRIA-approved consultant

How does it work?



Mechanisms of Action of EMDR

- EMDR is a biologically informed therapy
 - Addresses physiological effects of trauma as well as cognitive distortions and maladaptive behaviors
- EMDR is believed to facilitate adaptive information processing by
 - stimulating the brain's information processing system
 - associating different elements of the trauma so it is experienced as integrated whole properly placed in time and space



Information Processing System

- While Awake
 - Memory is recorded in detail in the hippocampus
 - Any negative emotion is simultaneously recorded in the amygdala
- In Slow Wave Sleep (SWS)
 - Combined memory from the hippocampus & amygdala are merged, edited and transferred to the neocortex
- In REM Sleep
 - Memory is strengthened & more permanent memory traces are formed



EMDR Depotentiatio Model

- Fear memory studies in animals
 - Low frequency electrical stimulation administered to targeted areas of amygdala
 - Results in depotentiatio of AMPA glutamate receptors on synapses mediating fear memories in amygdala
 - Extinguishes fear memory circuits
- EMDR established same conditions with low frequency stimulation of the brain

Harper ML et al. *Traumatology*. 2009;15:81-95.

Evidence of Effectiveness

- 25 randomized clinical trials support the efficacy of EMDR¹
- In comparison studies
 - EMDR found to be more effective than waitlist controls, biofeedback, active listening, and assisted relaxation²
 - EMDR relatively equivalent in treatment outcome to CBT and exposure therapies³



¹www.emdr.com

²Van Etten ML et al. *Clinical Psychology and Psychotherapy*. 1998; 5:126-144;

³Bradley R et al. *Amer J of Psychiatry*. 2005;162: 214-227.

Evidence of Effectiveness

- EMDR more successful than fluoxetine in achieving sustained reductions in symptoms of PTSD and depression in survivors of adult-onset trauma

– 75% of survivors in the EMDR group asymptomatic at 6 month follow-up versus 0% in fluoxetine group



Van der Kolk B et al. *J of Clin Psychiatry*. 2007;68:37-46.

Evidence of Effectiveness

- Other controlled studies showing efficacy with civilian PTSD¹
 - Victims of rape, sexual abuse, physical violence, accidents, natural disasters, etc.
- Efficacy studies of children with PTSD related to various events²
 - Including disaster-related; sexual abuse, anxiety & depression
- Efficacy with distressful experiences not meeting PTSD criteria³



¹Marcus S et al. *Inter J of Stress Management*. 2004; 11:195-208;
²Rodenburg R et al. *Clin Psych Review*. 2009;29: 599-606;
³Cvetek R. *J of EMDR Practice and Research*. 2008;2:2-14.

Evidence of Effectiveness

- Six randomized controlled studies with combat veterans¹
 - Intervention in 3 studies limited to 1-2 sessions, two studies involved 7 or less sessions
 - Equivocal findings
 - One study with 12 sessions reported decrease in PTSD diagnosis of 78% with results maintained at 9 month follow-up²
 - Limited evidence supporting effectiveness



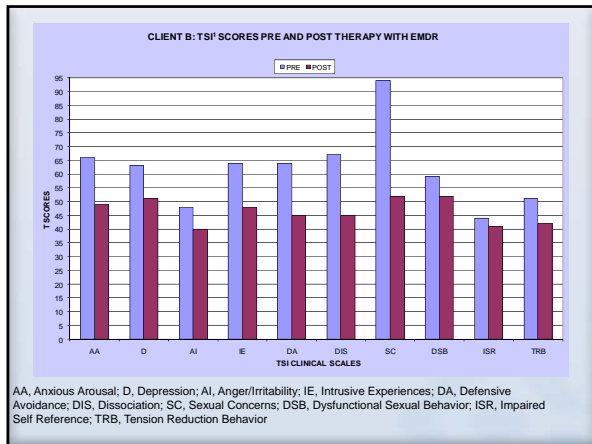
¹Albright DL et al. *Behav Interventions*. 2010; 25:1-19;
²Carlson JG et al. *J of Traumatic Stress*. 1998;11:3-24.

Evidence of Effectiveness with Comorbid Substance Abuse

- Numerous anecdotal and case study reports
- Significantly higher drug court program graduation rate (90%) for clients with PTSD who participated in a trauma treatment program including EMDR compared to those who completed trauma treatment program without EMDR (31%)¹

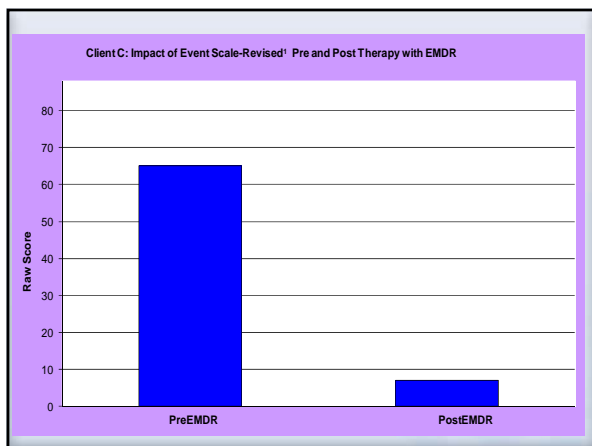


¹Brown, S. and Gilman, S. *Lifeforce Trauma Solutions*, 2007



Client C

- 40-year-old married African-American female diagnosed with PTSD after being kidnapped and raped
 - Avoidance of driving in a car, fear and guilt, exaggerated startle response, nightmares and flashbacks, substance abuse
- 5 sessions, 3 involving EMDR
- Absence of PTSD symptomatology and increased motivation to address substance abuse issues





Thank You for
Attending!
