

EMDR THERAPY - AN OVERVIEW

1

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Welcome

2

So nice to be in a room full of people who care.

You may be:

- ▶ Therapists
- ▶ Pastoral Counselors or Pastors
- ▶ Counseling Students
- ▶ Lay Counselors

We ALL have one thing in common: we minister to people who have experienced trauma!



We want to tell you of EMDR

3

We work in many different ways to help people recover from trauma. But sometimes, we are not sure what to do and how to help

EMDR is:

- ▶ Evidenced based
- ▶ Neurobiologically studied
- ▶ Gives you a tool kit - so you will know what to do!!!



Role-play

4

Setting

- ▶ Liz is client - coming for therapy because she regularly struggles when she hears loud angry voices.

Watch Kathleen (the therapist)

- ▶ What does she do?
- ▶ What kind of questions does she ask?

Kathleen's goal

5

Watch how she asks for and finds an unconscious loop, which is making Liz's "past" her "present" and possibly her future.

- ▶ Listen for the repetitive loop
- ▶ Avoid the details
- ▶ Stay with the bigger picture of a trauma loop

How is the trauma encoded?

6

Kathleen starts to ask her “client”:

- ▶ What is the memory?
- ▶ What is the worst part of the memory?
- ▶ What are her Negative Self-Beliefs?
- ▶ What are her emotions?
- ▶ What does she feel in her body?

Put it together

7

Listen for the repetitive loop, and explain it:

When this happens,

You think this.....

And you feel this in your body and in your emotions.

And then you do this.....

Does that sound right?

I think EMDR may be very useful. Kathleen does her Elevator Speech

Brief Explanation to “Client” (Elevator Speech)

8

Adaptive Information Processing (the AIP)

TRAUMA

BIG T, little t

HOW EMDR HELPS.

PLEASE REFER TO EMDRIA FOR MORE INFORMATION

<https://www.emdria.org/about-emdr-therapy/>



Adaptive Information Processing Model - The AIP Model

9

We are born with a brain that moves toward health.

It is neurologically balanced.

As we experience the good...*and* the bad:

Our brain takes this information in, and integrates and adapts.

This occurs even when bad or traumatic things happen!!

But...

10

Sometimes when “the bad” (traumatic), happens, the brain is overwhelmed.

When this happens, the brain’s ability to adaptively resolve the trauma is blocked.

These traumatic incidents become Memories.

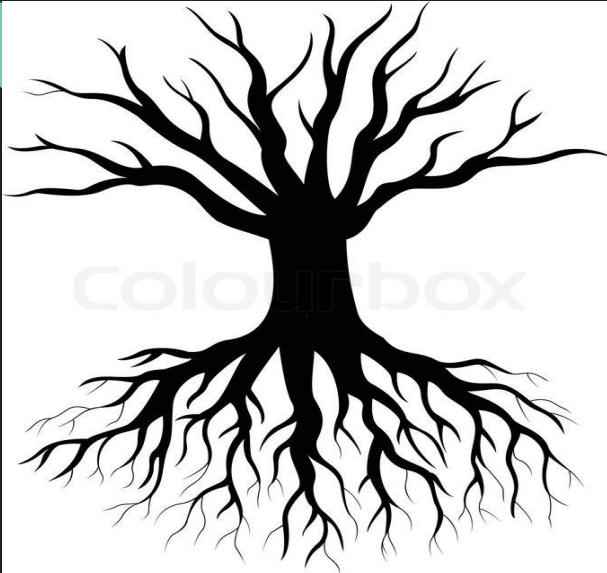
These Memories get rigidly set in the way they were initially experienced, along with the original:

- ▶ IMAGES
- ▶ COGNITIONS
- ▶ EMOTIONS
- ▶ SENSATIONS

And....

12

These Memories *lose access* to the
Adaptive abilities of the brain



DYSFUNCTIONAL NETWORKS



ADAPTIVE NETWORKS

Adaptive Information Processing Model and Pathology

14

Most pathologies derived from earlier life experiences or traumatic events

These experiences, *when triggered*, set in motion a *continuous* pattern of negative or maladaptive

- ▶ emotions and sensations
- ▶ behaviors
- ▶ cognitions
- ▶ consequent identity structures

AIP Model Defines Trauma As:

15

“Big T” and “little t” TRAUMA

Big T” - Serious physical life threatening events

- ▶ Car accidents, incidents of violence, natural disasters
- ▶ Beginning and end

“Little t” - Non life threatening yet self-esteem and confidence limiting events

- ▶ Neglect, bullying, chronic insults
- ▶ Ongoing

The Pathological Structure


16

IS INHERENT WITHIN:

- ▶ THE TRAUMATIC MEMORY
- ▶ CONTAINS INSUFFICIENTLY PROCESSED INFORMATION

WHICH IS STORED

- ▶ AT THE TIME OF THE ORIGINAL DISTURBING EVENT(S)



A PRESENT-DAY STIMULUS (TRIGGER) SOLICITS THE STORED:

- ▶ IMAGES
- ▶ COGNITIONS
- ▶ EMOTIONS
- ▶ SENSATIONS

A PRESENT-DAY STIMULUS (TRIGGER) ALSO SOLICITS:

- ▶ The behavior(s) consistent with the earlier events

Response

19

Maladaptive Patterns of Responses Develop

Early life negative experiences or specific traumatic events and may start pattern of responses that are:

- ▶ Self limiting
- ▶ Self denigrating

Present day triggers - elicit negative thoughts, emotions, somatics, stored in memory. Client:

- ▶ experiences stored information
- ▶ feels old emotions and behaviors
- ▶ behaves in old self-limiting ways

In Summary:

20

“The Past is Present”

Similar experiences link into unprocessed memory networks:

- ▶ Triggers
- ▶ Images
- ▶ Cognitions
- ▶ Emotions
- ▶ Sensations,

“TICES”

AIP THEORIZES HOW EMDR THERAPY RESOLVES PATHOLOGY

- ▶ EMDR is a memory based intervention.
- ▶ We go into maladaptively stored memories.
- ▶ We understand how memory is encoded

We want to know the exact memories, and the thoughts, sensations and emotions tied to them and experienced as you think of them, NOW.

Once in the memory

22

Rigid memory patterns unlock and resolution happens

EMDR's By-Products:

- ▶ Desensitization
- ▶ Spontaneous insights
- ▶ Spontaneous Cognitive restructuring
- ▶ Positive effects

EMDR Processing of Unprocessed Information

23

Facilitates linkage to the adaptive memory networks

Transforms all aspects of memory

Mechanisms of Action

24

Currently hypothesized that

Bilateral Stimulation and the Associated Dual Attention Task:

- ▶ Tax Working Memory
- ▶ Stimulates an adaptive Orienting Reflex
- ▶ Stimulates the associated Parasympathetic Response

The Concept of Dual Attention

25

It is the pairing of...

- ▶ The target memory (inner attention)with.....
- ▶ The BLS (external attention)

And it triggers.....

- ▶ An Orienting Response and Breaks the Unconscious Working Memory Loop, allowing Changes

Bilateral Stimulation (BLS) and the Orienting Response

26

- ▶ Access of the trauma memory involves an automatic physiological state fused in a state-specific configuration
- ▶ The BLS may a change in physiological states
- ▶ A link back to older trauma memories - allowing connections to be made between the past and the present

This Causes:

27

Original Phys. configuration → New Phys. Configuration
(stored trauma memory) (sets of BLS)



Disruption of the complex, habitual physiological response



ALLOWS PROCESSING TO OCCUR

As Processing Occurs...

28

- ▶ Previously: the orienting response to the trauma memory caused increase in sympathetic tone (danger response)
- ▶ Client felt fear - and experienced trauma response
- ▶ With BLS: Shift in physiological states, orient to present is followed by relaxation (absence of danger)



FACILITATES THE ACCESS AND DESENSITIZATION OF THE
TRAUMATIC MEMORIES WITHOUT AVOIDANCE

Working Memory

29

- ▶ Limited memory resource capacity
- ▶ Simultaneous demands on the attentional capacity
- ▶ Performance on the primary task (trauma memory) deteriorates
- ▶ Impairs vividness and emotionality
- ▶ Creates a psychological distance from the trauma memory

EMDR Resourcing

30

Before any trauma is reprocessed, you develop the GOOD.

- ▶ SAFE CALM PLACE
- ▶ BUILDING A “CONTAINER “
- ▶ ORIENTING
- ▶ ENHANCEMENT OF THE POSITIVE

EMDR REPROCESSING

31

8 PHASES

- ▶ GOAL TO FORM A STRONGLY ATTUNED RELATIONSHIP WITH CLIENT
- ▶ MAKE SURE CLIENT CAN SHIFT STATES
- ▶ MAKE SURE THERE IS TRUST BETWEEN YOU
- ▶ GO INTO MEMORIES, AND REPROCESS

During EMDR Processing

32

EMDR activates the target memory/node and stimulates
Adaptive Information Processing

- ▶ Allows for spontaneous associations throughout the memory networks
- ▶ Negative disturbing memories are processed
- ▶ Integrated into adaptive memory networks

What's next?

33

AACC SPONSORED EMDR BASIC TRAINING

- ▶ Live Virtual Class
- ▶ 40 hours over two 3-day weekends
 - ▶ 20 Hours Didactic
 - ▶ 20 hours Small Group Practicum under supervision
- ▶ 10 Hours of Supervised Consultation
- ▶ Upon Completion, EMDRIA Certificate of Completion in EMDR Basic Training

Eligibility Requirements:

- ▶ FULLY - LICENSED MENTAL HEALTH PROFESSIONALS
- ▶ PRE-LICENSED OR GRADUATE INTERNS UNDER SUPERVISION

Next Class:

- ▶ February 9, 10 11 2024 Part 1
- ▶ March 15, 16, 17 2024 Part 2
- ▶ Learn more: <https://www.aacc.net/virtual-emdr-training/>



EMDR International Association

34

- ▶ 501-C NON-PROFIT PROFESSIONAL ORGANIZATION WITH OVER 12,000 MEMBERS WORLD-WIDE
- ▶ PROVIDES HIGHEST STANDARDS FOR THE TRAINING AND USE OF EMDR
- ▶ FOR MORE INFORMATION ON EMDRIA-SPONSORED BASIC TRAINING: <https://www.emdria.org/emdr-training/>

