

EMDR: The Breakthrough Therapy

In 2005 the National Institute for Health and Clinical Excellence (NICE) published new guidelines on Post-Traumatic Stress Disorder (PTSD), recommending either trauma-focused CBT or Eye Movement Desensitisation and Reprocessing (EMDR) as treatment. EMDR was created in the 1980s by the American clinical psychologist Dr Francine Shapiro. From her research with Vietnam veterans she developed a specific protocol. Now worldwide over a million people have been treated and EMDR is the most thoroughly researched method of trauma treatment.

When a client experiences a traumatic event it is stored in the brain in a 'raw' form where it can continually re-evolve when the person experiences events which are similar to the original experience. One client had an orienting response to white vans which reminded him of the armed robbery. A man was hit by a car going too fast which had mounted the pavement. His immediate thought was '*I'm going to die*' and he felt guilty for leaving his family just before Christmas. He came to treatment feeling depressed and anxious, and still having intrusive images of the car bonnet a couple of years since the accident. After the first EMDR session he reported that the intrusive image had disappeared and his moods had lifted. Typically, in processing a client may report the image breaking up, having a sudden insight, the emotion becoming less strong or changing, or some other form of natural processing.

This summary describes the basic protocol: the client identifies the image that represents the worst part of the event and the negative beliefs linked with it, goes on to establish what they would rather believe about themselves. For some clients the worst part of the memory may have a strong auditory or kinaesthetic component. One man reported feeling the cold steel of a machete held to his ear by an armed robber. The client assesses the strength of the positive belief (typically very low before EMDR treatment) and then the therapist establishes what emotion(s) the client experiences and their bodily location, when they focus on the image and negative words. Finally, the Subjective Unit of Distress (SUD) measures how disturbing the event feels *now* for the client. In processing the therapist makes sets of movements, checking in between with the client who is instructed to simply report what is happening. Processing continues until the event has little or no emotional charge (SUD at 0 or 1) when the same eye movements are used to install the positive belief. While typically the client's saccadic eye movements are triggered by the therapist moving their fingers horizontally a short distance from the client's face, other forms of bilateral stimulation can be used: auditory, or tapping on alternate hands. The therapist can also use a 'light bar' instrument.

One theoretical model to explain EMDR is that the dual attention – the client attending to both the therapist's moving her fingers across as well as the target image and the negative belief – sets up an orienting response. This is a natural response to something new.

Two or three EMDR sessions are often sufficient for those experiencing PTSD following a single traumatic event, though longer treatment will be required for more complex or multiple trauma. EMDR is very powerful, so it is important that the client has adequate resources before treatment starts: early sessions may include teaching breathing and relaxation methods, or hypnosis. A key component is the installation of the 'Safe Place' – if processing becomes too distressing, the client can take refuge here. Usually, it will be a 'real' place the client remembers and often somewhere in nature. For one client the local park where he walked with his fiancée was a source

of positive and happy experiences. Other clients, severely traumatised in childhood, may have difficulty recalling anywhere that was safe and prefer to create an imaginary place. One woman retreated to a soft, circular cloud surrounded by small birds singing.

EMDR is a powerful therapeutic technique, so it is important that those using it are properly trained. Since 1994 between around 3,000 mental health professionals in the UK and Ireland have been trained to advanced level. The original paperback by Shapiro *EMDR the Breakthrough 'Eye Movement' therapy* (ISBN 0-465-04301-1) provides a good basic overview of clinical applications, while the website of the EMDR UK & Ireland Association (www.emdrassociation.org.uk) lists accredited trainings. For me it is deeply rewarding to see how rapidly mind and body can be healed and a privilege to assist clients in this process.

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