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EMDR Therapy for Trauma -Focused Care: A Therapist's Guide



General Objectives

- ▶ To define trauma through the lens of the adaptive information processing (AIP) model, the theoretical underpinning of EMDR Therapy
- ▶ To discuss the origins, history, and development of EMDR Therapy
- ▶ To identify which clients on one's caseload can most optimally benefit from EMDR Therapy
- ▶ To determine/decide if further training in EMDR Therapy can enhance one's clinical repertoire

ABOUT Your Presenter

- ▶ Licensed Supervising Professional Clinical Counselor, Registered Expressive Arts Therapist (IEATA) & Registered Yoga Teacher
- ▶ EMDRIA Certified Therapist/Approved Consultant & Training Provider
- ▶ 23 years of experience working in social services and counseling; includes three years in civilian humanitarian (Bosnia-Herzegovina)
- ▶ Author of *EMDR Made Simple*, *Trauma and the 12 Steps*, *Trauma Made Simple*, *Process Not Perfection: Expressive Arts Solutions in Trauma Recovery*; *Transforming Trauma with Jiu-Jitsu*; co-author of *EMDR Therapy & Mindfulness for Trauma-Focused Care* and *Healing Addiction with EMDR Therapy*
- ▶ Creator of the *Dancing Mindfulness* practice and author of *Dancing Mindfulness: A Creative Path to Healing and Transformation*
- ▶ Author of *Dissociation Made Simple: A Stigma-Free Guide to Embracing Your Dissociative Mind and Navigating Life* (2023)

Trauma



Trauma Fundamentals

▶ PTSD: DSM-IV-TR (APA, 2000) in a Nutshell

- Actual or perceived threat of injury or death- response of hopelessness or horror (Criterion A)
- Re-experiencing of the trauma (Criterion B)
- Avoidance of stimuli associated with the trauma (Criterion C)
- Heightened arousal symptoms (Criterion D)
- Duration of symptoms longer than 1 month • Functional impairment due to disturbances

Trauma Fundamentals

- ▶ **PTSD: DSM-5® (APA, 2013) in a Nutshell**
- Exposure to actual or threatened a) death, b) serious injury, or c) sexual violation: direct experiencing, witnessing (Criterion A)
- Intrusion symptoms (Criterion B)
- Avoidance of stimuli associated with the trauma (Criterion C)
- Cognitions and Mood: negative alterations (Criterion D)
- Arousal and reactivity symptoms (Criterion E)
- Duration of symptoms longer than 1 month
- Functional impairment due to disturbances

Trauma Fundamentals

DSM-5®: Trauma & Stressor Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Acute Stress Disorder
- Posttraumatic Stress Disorder
- Adjustment Disorders
- Other Specified Trauma and Stressor-Related Disorder
- Unclassified Trauma and Stressor-Related Disorder

What are some other adverse life experiences that can definitely be framed as traumatic, yet may not automatically suggest PTSD?

Dr. Francine Shapiro, the founder of EMDR Therapy, originally used the terms Big-T and small-t trauma to make distinctions between PTSD-qualifying trauma and everything else.

Such a distinction was very important at the time that EMDR Therapy debuted in the late 1980s, when the PTSD diagnosis itself was very new. Around 2014 Shapiro made the shift away from Big-T and small-t and into the terminology of adverse life experiences.



The EMDR Origin Story: Indigenous Roots

- We can acknowledge the hard work that Dr. Francine Shapiro, the founder of EMDR Therapy, did in developing and researching EMDR Therapy. This work was very important for more mainstream acceptance of what we teach and practice today.
- However, it's equally important to acknowledge that the healing power of bilateral stimulation is nothing new. Indeed, Indigenous medicine and healing practices throughout the world have harnessed the power of both dancing and drumming since the dawn of time.
- Mindfulness, posited as one of the mechanisms of action at play in EMDR Therapy and the basis of Shapiro's own training in mind-body medicine, traces its origins to the healing practices of India.

The EMDR Origin Story: Shapiro's Discovery and Development

- During her now famous “walk in the park” in 1987, she noticed that some distressing thoughts began to disappear, the types of thoughts that you would normally have to bring up and consciously engage. Shapiro, in the spirit of mindfulness, kept paying attention, and when a disturbing thought came up, she noticed that her eyes started moving back and forth.
- After her series of spontaneous eye movements, she recalled the thought and noticed that it didn't have the same charge as before. This ushered in a process of experimenting on herself, her colleagues, and willing volunteers; what emerged were the initial procedures of eye movement desensitization, or EMD.
- *The Journal of Traumatic Stress Studies published her first formal research in 1989, a randomized controlled study, as eye movement desensitization (EMD).*

The EMDR Origin Story: Shapiro's Discovery and Development

- Shortly after that publication she added the “R” to create EMDR. As she continued to develop her work, she noticed that the procedures elicited powerful free associations that allowed people to process memories or other remnants of painful experiences that were not processed at the time of the memory. Hence the use of the term *reprocessing* instead of just *processing*.
- In 1990, an individual with vision loss presented for treatment and could not easily track eye movements. Thus began the experimentation with audio and tactile forms of stimulation as alternatives to the original eye movements.
- In many versions of her writing, Shapiro maintains she kept the name EMDR for historical reasons, similar to the name Coca-Cola® remaining as a brand even though the cocaine was removed in 1903. In a 1999 documentary (Donovan & Nalepinski, 1999) she disclosed if she could do it over again, she may have renamed it *Reprocessing Therapy*.

The EMDR Origin Story: Shapiro's Discovery and Development

Shapiro has been referring to EMDR as an approach to psychotherapy, not just an adjunctive technique, for many years. In 2014, she published a statement for EMDR therapists encouraging use of the term *EMDR Therapy* instead of just EMDR. The definition of EMDR therapy is ever-evolving, informed by the organic growth of research, practice, and innovation (Lalotitis, Luber, Oren, et. al, 2021).

For the Adaptive Information Processing (AIP) Model, the theory-based model that Shapiro developed to guide EMDR as an approach to psychotherapy, please see your supplemental handout.

World Health Organization Definition of EMDR Therapy (2013)

“[EMDR] Therapy is based on the idea that negative thoughts, feelings and behaviors are the result of unprocessed memories. The treatment involves standardized procedures that include focusing simultaneously on (a) spontaneous associations of traumatic images, thoughts, emotions and bodily sensations and (b) bilateral stimulation that is most commonly in the form of repeated eye movements. Like CBT with a trauma focus, EMDR aims to reduce subjective distress and strengthen adaptive beliefs related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework (p. 1).”

Psychodynamic Therapy

- Foundation of pathology: intrapsychic conflicts
- Treatment: Transference/Verbal “working through”

Cognitive Behavioral Therapy

- Foundation of pathology: Dysfunctional beliefs and behaviors
- Treatment: Direct procedural manipulations of beliefs and behaviors

EMDR Therapy

- Foundation of pathology: Unprocessed physiologically linked memories
- Treatment: Accessing and processing of memories, triggers, and future templates

Family Therapy

- Foundation of Pathology: Problems and solutions are interactional
- Exploration and evaluation of family dynamics
- Treatment: Change through education and role realignment

Question and Needs Assessment





Training Options

[https:// www.emdria.org /emdr-
training/](https://www.emdria.org/emdr-training/)

EMDR Research Database

<https://emdrfoundation.org/emdr-info/research-lists/>





EMDR Therapy Demonstrations

<https://www.instituteforcreativemindfulness.com/video-resources/>

VIDEO RESOURCES

www.traumamadesimple.com

www.redefinetherapy.com



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