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Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR)¹⁾ is an evidence-based psychotherapy treatment modality used to effectively treat a wide range of psychological issues, including post-traumatic stress disorder (PTSD). Its efficacy has been extensively studied and documented.

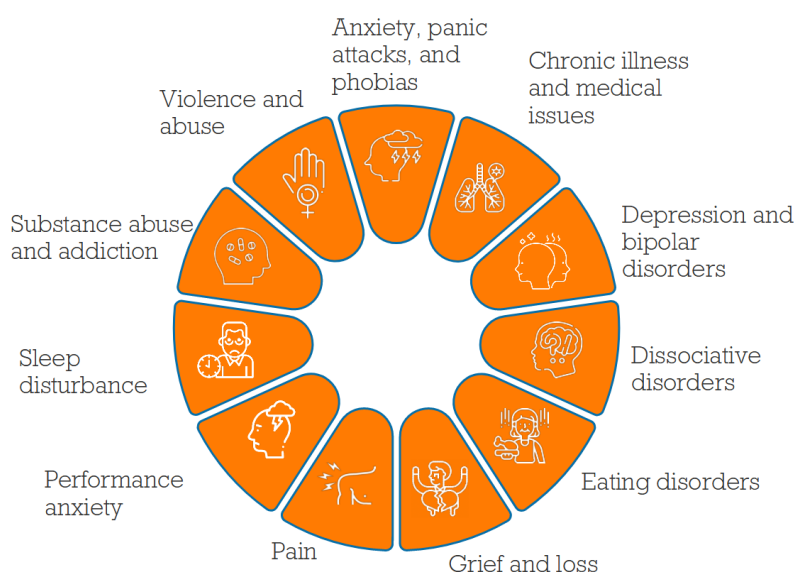
This therapy works by activating different networks in the brain that store and process traumatic material while simultaneously using a process of Bilateral stimulation (BLT)²⁾ using: eye movements, tones, and/or tactile taps to stimulate the processing of memories related to the trauma.

In EMDR therapy, the therapist helps the client to identify connected thoughts, memories, images, and sensations related to the traumatic experience, then guides them through a series of alternating bilateral stimulation exercises.

Additionally, EMDR can also be used in combination with other treatments such as cognitive behavioral therapy for individuals on waiting lists for more intensive mental health services.

Eye Movement Desensitization and Reprocessing (EMDR)

Mental health conditions



EMDR has established its effectiveness in treating trauma and PTSD in children and adults, alongside other mental health conditions such as:

- Anxiety, panic attacks, and phobias
- Chronic illness and medical issues
- Depression and bipolar disorders
- Dissociative disorders
- Eating disorders
- Grief and loss
- Pain

- Performance anxiety
- Sleep disturbance
- Substance abuse and addiction
- Violence and abuse

Although some may prefer traditional treatments like medications and talk therapy, others may find that EMDR can accelerate the process of healing. EMDR therapy is considered a safe form of treatment and aims to leave you with the emotions, understanding, and perspectives that promote healthy, positive change.

What does the process look like?

EMDR is widely recommended by many of the leading mental health organizations around the world. The treatment process consists of multiple phases, including:

Phase 1: History and Treatment Planning. The first phase of EMDR is a history-taking session, where you and your therapist will identify possible targets for therapy. With a greater understanding of you and your needs, your therapist will then develop a treatment plan that targets:

- the event(s) that occurred
- the current
- the present circumstances that cause distress
- the necessary abilities or behaviours needed to learn in the long term

Phase 2: Preparation. During the second phase of EMDR, your therapist will guide you in learning different coping and relaxation strategies to handle emotional distress. These stress reduction techniques are meant for you to use during and between sessions. Since EMDR tends to produce rapid change, the goal is to maintain balance and equilibrium in your day-to-day life.

Phases 3-6: Assessment. During the third phase, you and your therapist will identify particular memories and the components associated with them, including:

- A detailed mental picture of a target event (from phase 1)
- A negative belief about yourself associated with the event
- Relevant emotions and physical sensations

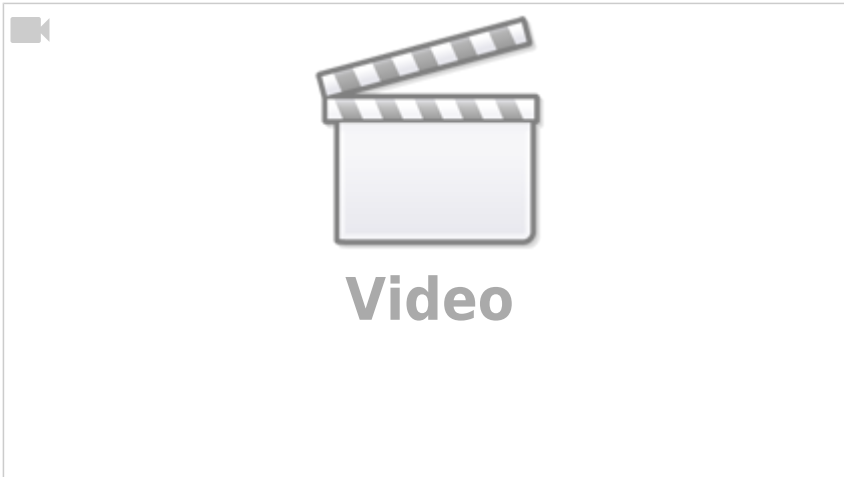
Phases 4-7: Treatment. These phases focus on using EMDR therapy techniques to treat the targeted memories. While focusing on the mental image, emotion, or belief, your therapist will ask you to follow specific eye movements. These movements are also known as bilateral stimulation and can include other repetitive activities such as tapping.

Afterwards, your therapist will ask you to clear your mind and pay attention to the thoughts and feelings that arise spontaneously. Once they're identified, your therapist may direct your attention back to the traumatic memory and move forward with another.

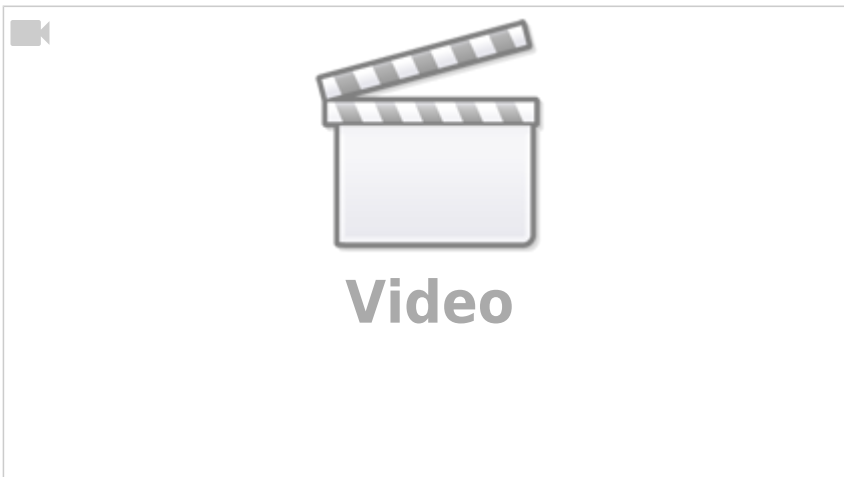
In case you get distressed, your therapist will guide you in returning to the present moment. This process is repeated until the distress over specific thoughts, images, or memories starts to fade.

Phase 8: Evaluation. In the final phase of treatment, you'll examine your progress.

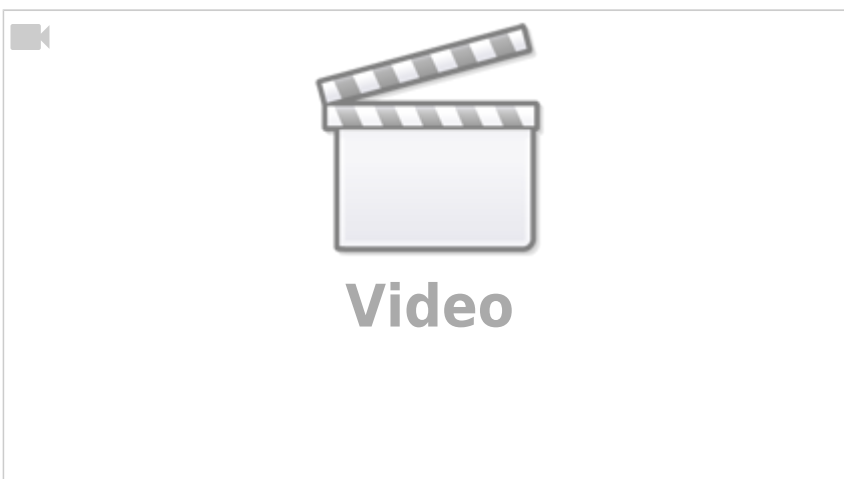
EMDR example sessions:



[Dr. Stephen Dansiger - EMDR Therapy: Phase 1 through 7 \(Completed Target\)](#)



[EMDR Therapy: Demonstration & Step-by-Step Walkthrough](#)



[EMDR Therapy Demonstration: Phases 1-8](#)



Video

[EMDR Therapy Demonstration: Phases 3-7](#)



Video

[EMDR Therapy Demonstration: Full Protocol to Address Present Prong Complaint](#)



Video

[EMDR Therapy Phases 3-7 Demonstration \(Coping with Political Stressors Presenting Issue\)](#)

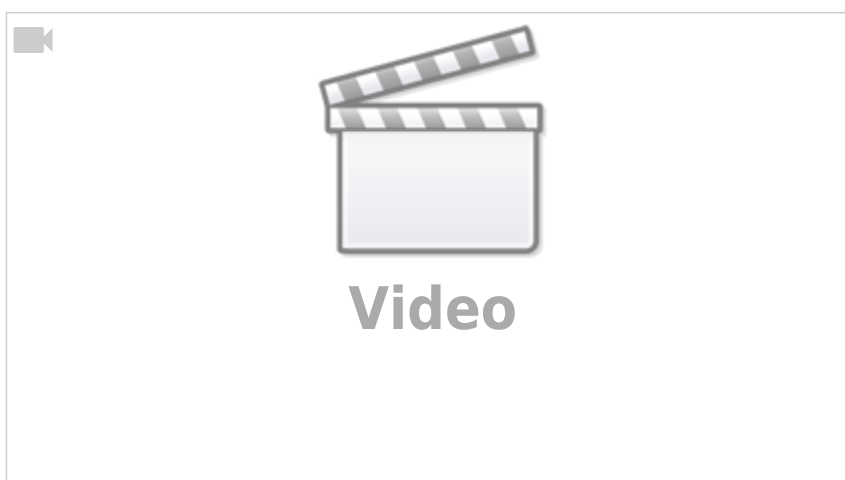
Francine Shapiro

Francine Shapiro, Ph.D.³⁾, is a clinical psychologist, research scientist and innovator who is the credited with the development of Eye Movement Desensitization and Reprocessing (EMDR) therapy (debated/controversial “Revisiting the Origins of EMDR”⁴⁾).

As the founder of the EMDR label, Dr. Shapiro has conducted research demonstrating its efficacy for treating conditions such as post-traumatic stress disorder (PTSD), anxiety disorders, specific phobias and other psychological traumas. She has also developed an approach to understanding how memories become distorted over time and how they can be reframed ever more effective ways with EMDR therapy.

In addition to her research into EMDR, Dr. Shapiro is the author of several books on mental health topics related to trauma resolution, including *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (2012) (Shapiro, F., 2012). Through her work in promoting EMDR therapy around the world, Dr. Shapiro has had a profound impact on helping individuals address even long-standing traumas quickly, effectively and without much need for medications or psychotherapy substitutes.

Bessel van der Kolk



EMDR gained medical mainstream acceptance with the neuroimaging studies of PTSD and of Dissociative Identity Disorder by Bessel van der Kolk. He received the first grants from the National Institutes of Health to do large studies about EMDR and Yoga.⁵⁾⁶⁾

An important implication of these findings is that successful treatment of PTSD does not reduce arousal at the limbic level, but instead, enhances the ability to differentiate real from imagined threat. Bessel van der Kolk⁷⁾

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