

Southeast/TN AIDS Education and Training Center (SE AETC / TN AETC)

Evidenced Based Trauma Care: Eye Movement, Desensitization and Reprocessing (EMDR)

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Objectives

1. Define the history of EMDR
2. Discuss the concept behind EMDR
3. Review the protocol for therapy
4. Explore outcomes of therapy utilizing a case study

Women, HIV and history of trauma

- 30% of HIV positive women - PTSD
 - 5 X > national sample of women
- 55% of HIV positive women
 - experienced intimate partner violence – 2 X national rate
- Women account for 27% of all new HIV/AIDS dx
- African American & Hispanic women represent 77%

Child hood sexual abuse (CSA)

- Risk factor for negative mental and physical health outcomes in adults
 - Linked to depression, substance use and PTSD
- Among men-having-sex-with-men (MSM)
 - CSA as high as 35.5%
 - Compared to general pop.
 - Estimates of 13.5% of women
 - 2.5% of men

Consider

- Tools such as Adverse Childhood Event scale
 - Highlight degrees of exposure to trauma as child
 - Not all negative experiences meet criteria for PTSD but leave a mark on the individual's psyche

Adverse Childhood experiences (ACE)

- The ACE module is an 11-item survey where respondents are asked if they experienced a variety of adverse events during their childhood (prior to age 18 years).

Questions include:

1. Lived with anyone who was depressed, mentally ill or suicidal
2. Lived with anyone who was a problem drinker or alcoholic
3. Lived with anyone who used illegal drugs or abused prescription drugs
4. Lived with anyone who served time in a correctional facility
5. Experienced parental separation or divorce
6. Witnessed parents or adults in the home slap, hit, kick, punch, or beat each other
7. Being slapped, hit, kicked, punched, or beat by parents or adults in the home
8. Being sworn at, insulted, or put down by parents or adults in the home
9. Being touched sexually by adult or anyone 5 years older than respondent
10. Being made to touch sexually an adult or anyone 5 years older than respondent
11. Being forced to have sex with an adult or anyone 5 years older than respondent

PTSD risk factors

- Experiencing intense or long lasting trauma
- Experiencing other trauma earlier in life
 - Abused or neglected as child
 - Adverse childhood event (ACE)
- Having other MH problems including anxiety or depression
- Lacking good support system of family or friends
- Being female
- Having a first degree relative with MH problems

What is Post Traumatic Stress Disorder?

Primary symptoms

1. Re-experiencing trauma
2. Avoidance
3. Hyper-arousal

Avoidance is a cardinal symptom

May feel detachment or estrangement in an attempt to avoid pain

Negative alterations in mood and cognition can be persistent

Exaggeration of negative beliefs

EBP Therapies

- CPT cognitive processing therapy
- Exposure therapy
- Eye Movement Desensitization and Reprocessing (EMDR)

EBP Therapy

- **Cognitive Processing therapy (CPT)**
- Targets maladaptive ways of thinking about the trauma, that contributes to the maintenance of PTSD symptoms
- Manualized
- 12 one hour sessions with homework
- Challenges faulty assumptions
- Modifies maladaptive thoughts
- Less than 10% receive entire course of treatment

Eye Movement, Desensitization and Reprocessing (EMDR)

- Founder- Francine Shapiro
- An Adaptive Information Processing Framework
 - For treating “Big” T (trauma) and “Small T”

1990’s “Accidentally” discovered by noticing changes in the degree of distress when thinking about a distressing issue and rapidly moving her eyes

Evidence for effectiveness

- Solid evidence base with over 27 randomized clinical trials to dates
- Included the practice guidelines of the APA for treatment of trauma (2017)
- Guidelines strongly recommend the use of such trauma-focused psychological interventions as cognitive behavioral therapy, cognitive processing therapy, cognitive therapy and prolonged exposure therapy. It further suggests or conditionally recommends the use of brief eclectic psychotherapy, eye movement desensitization and reprocessing therapy, and narrative exposure therapy.

(APA , 2017)

Adaptive Information Processing (AIP)

- Information processing model
 - The cornerstone of the EMDR approach to psychotherapy and guides clinical practice.
 - Unprocessed fragments of memories of adverse life events and traumas
 - Impacts the neurophysiology of the brain which are targets of psychotherapy

Eye Movement Desensitization and Reprocessing (EMDR)

- Treatment with EMDR encourages distancing effects which are considered effective memory processing rather than cognitive avoidance.
 - The EMDR therapist accesses only brief details of the traumatic memory

Trauma

- Trauma involves right brain processing and most psychotherapy is left brain activity
- Processing EMDR seems to rapidly connect the left brain ways of processing information with the emotional right brain information

- Treatment goal is integration of the neuro-network
- EMDR is an integrative 8 phase psychotherapy
 - Comprehensive three pronged approach
 - Early life experiences
 - Present day stressors (triggers)
 - Actions for the future

Choosing the right person

- Selection of the client is important
 - Willingness to and motivated to change
 - Get a AIP informed history
 - Get history of memories without undue activation of the memory networks
 - Therapy begins with the conversation about past experiences before reprocessing takes place

Assess for Dissociation

- Dissociative Experiences Scale (DES)
 - Inquires about frequency of dissociative experience in daily life
 - Not a diagnostic tool
 - Assists in the detection of ways the patient processes information

Preparation: Ability to change emotions

- “State change” temporary shift in emotions by changing focus of attention
 - Using a safe place to shift from distress to calm

Negative beliefs - Often have theme

- Responsibility/defectiveness
 - I am not good enough/I am stupid
- Responsibility
 - I should have done something/I should have know better
- Safety/vulnerability
 - I can not trust anyone/I can not protect myself
- Power/control
 - I am powerless/ I can not be trusted

Positive Cognition (PC)

- Positive belief is a more adaptive belief about self
- That is selected in conjunction with the negative belief which is associated with the maladaptive stored negative memory/experience.

Process

- Therapist guides the patient in processing affective, cognitive and somatic material
 - procedures and protocols
 - Bilateral stimulation during a session

Bilateral Stimulation (BLS)

- Eye movement, tapping or auditory alternating stimulus used as dual attention stimuli (**external focus**)
 - as client simultaneously focuses on some aspects of the **internal experience**

Process

- Recall an image representing the traumatic event
 - any associated negative cognition and bodily sensations
- Patients are asked to follow:
 - Alternating eye movements- which have been shown to lower the emotional arousal and tax the working memory so that the trauma can be worked to resolution
 - Tapping may be used if the patient can not follow the eye movements.

Eight phases of EMDR Treatment

- 1. Client history and treatment planning
- 2. Preparation
- 3. Assessment
- 4. Desensitization
- 5. Installation
- 6. Body scan
- 7. Closure
- 8. Re-evaluation

- EMDR significantly reduced symptoms of PTSD such as anxiety, depression, and subjective distress
- EMDR is effective in decreasing the severity of arousal and intrusive thoughts
 - Single traumas may be resolved in 2-3 sessions
 - Complex traumas may require exploring each event looking at the worst one first
 - May take months of weekly visits of 60-90 min sessions

After EMDR

- Both limbic and prefrontal changes found in brain scans after EMDR therapy
- Prefrontal cortex –increased activation
- Amygdala – increased inhibition
- Pt is less hyperarousal
- Fewer symptoms of flashback/hallucination

- https://www.youtube.com/results?search_query=francine+shapiro+emdr+

Additional resources

- EMDR International Association
- Emdria.org
- Initial training -2 three day weekend sessions
 - (over 50 hours of lecture and guided practice)
 - Certification requires additional training, supervision and experience working with this modality

Resources

- Van der Kolk, B. (2015). The body keeps the score: Brain, mind and body in the healing of trauma.
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