

EMDR: AN EFFECTIVE TREATMENT FOR TRAUMA

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Several weeks ago, I wrote about the impact that psychological and emotional trauma can have for people. I said that, "An event may evoke a traumatic response when it overwhelms a person's ability to cope." Usually a traumatic event is unexpected and contains or implies the possibility of serious harm or death. A motor vehicle accident may create a traumatic response.

Some people can experience a traumatic event and seem to be unaffected. If you are able to place the event in a proper context, to understand your sense of responsibility, and to move on and be able to live your life in the present – you may be one of the lucky ones who do not require treatment.

It may be that your response is delayed and that you will feel differently in a day or a week after the traumatic event. Or, you may require treatment from a psychologist. Psychologists look for certain symptom patterns in assessing a response to trauma. The presence of the following symptoms may indicate a problem:

- **Re-experiencing the trauma** (Could be dreams or flashbacks)
- **Emotional numbing and avoidance** (Could include avoiding people, places, or activities associated with the event)
- **Increased arousal** (Could be hypervigilant or always feel "on guard.")

Once you have identified that a traumatic response has occurred, then what? It is important to obtain effective treatment that will help you to resolve your response to the trauma. There are a variety of approaches to treating trauma. Within our own practice, we use: EMDR, Exposure Therapy, Cognitive-Behavioural Therapy, and Biofeedback-based relaxation. In this article, I will focus on EMDR, or Eye Movement Desensitization and Reprocessing.

Eye Movement Desensitization and Reprocessing is a therapy method developed by Francine Shapiro, a psychologist, in 1987. It has considerable support from formal psychological research. It is recognized as an effective and efficacious treatment for traumatic stress by American Psychological Association and a variety of other professional organizations.

The theoretical foundation of the method is the idea that certain events can cause problems in information processing. Some information becomes more triggering than it should be. For example, someone who has been in a car accident may find themselves more reactive to the sound of a siren. Hearing a siren may bring them right back to the scene of their own accident. They may feel as if it was happening all over again. Similarly, if you hear someone speak and that person has similar vocal qualities to the person who mugged you previously, you may feel that the mugging was recurring. In actuality, both the siren and the voice are reminders of the past event but the event is not recurring. Even though people are aware of that, these flashbacks can be very disturbing.

In an EMDR session, the client would be asked a number of questions to develop the target for reprocessing. These questions would focus on:

- the picture memory,
- thoughts about the self that come up when looking at the picture memory,
- the emotions,
- disturbance level, and
- the location in one's body that the disturbance is felt.

Once the target is described, the reprocessing part of the treatment begins. This is an active part of the treatment method. The client is asked to focus on the target memory. At the same time, they are asked to focus on some form of bilateral stimulation (i.e., left to right or side to side movement). Typically, I use eye movements with clients. I find this to be the most powerful and effective method. I move my fingers from side to side in the client's field of vision and they follow my fingers. Another form of bilateral stimulation is to present tones that go from side to side in headphones. A third method is to tap alternately on the backs of the hands while the client rests their hands on their knees.

What happens during the reprocessing part of treatment depends on how the information about the trauma is stored in the client's brain. There is some degree of "free association" and the client is encouraged to report all of the sights and sounds that come up. Sometimes strange or unexpected things happen.

One client I treated with EMDR was a 12 year old boy. He had not slept properly for a month because of recurring nightmares. The nightmares were about an explosion at his mother's job. The explosion occurred when a giant cloud of natural gas ignited and turned into a giant fireball. This took place above the building where his mother worked. His mother was actually farther away from the explosion than he was when it occurred. After several sets of eye movements, the picture in his mind of a gas cloud turned into an armadillo. Neither the client nor I were ever able to determine why that happened. However, he no longer found the images disturbing and no longer had any problems sleeping. I followed up after six months and his nightmares had not recurred.

In a later article in this series, I will continue my description of EMDR and explain why I think it is effective. Other articles will describe different approaches to treating traumatic stress.