Beyond Trauma: EMDR as a Broad Based Psychotherapy

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Agenda

• What is Trauma?
• What is EMDR?
• EMDR’s Three-Pronged Protocol
• How EMDR Works
• Eight-Phase EMDR Treatment Model
• Case Example with Videotapes

About Trauma

• Trauma is any experience that has had a lasting effect on self or psyche
• Sense of self
• Sense of others
• Sense of safety in the world
• Sense of belonging
• Sense of control over oneself
About Trauma

• Big “T” trauma vs. small “t” trauma
  – Mol, Metsemakers, Dinant, Viters-Van Montfort, 2005
• PTSD vs. Developmental Trauma
• Most clients who come for psychotherapy have difficulties in self-esteem, relationships, mood disorders, personality disorders
• Not typically understood or identified as “trauma” in the generalist’s practice

About Trauma

• Developmental Trauma presents in a continuum of symptoms with difficulties in four general areas:
  • Affect dysregulation
  • Core sense of defectiveness
  • Difficulties in relationships
  • Dissociative processes

About Trauma

• Traumatic memory is any experience that is stored in its original form to include negative affects, distorted conclusions about self and other; is not integrated with other, more adaptively stored experiences
• These experiences are considered inadequately processed and maladaptively stored in fragmented memory networks because they were overwhelming to the person at the time they were experienced
About Trauma

• When disturbing situations in the present resemble similar experiences in the past, we get “triggered.”

• Triggers are when our brain gets emotionally hijacked into responding to the current situation as if it were the same [conditions] of the past

• We “can’t help” but respond that way because of the negative affects stored in that memory network of associations

• Triggers have a range of reactivity

• Any experience that is out of proportion to the current context

What is EMDR?

• Eye Movement Desensitization and Reprocessing
• A comprehensive psychotherapy approach
• A clinically integrative therapy
• Involves eye movements or other forms of bilateral stimulation
• Information processing psychology
• Supported by research
EMDR’s Three-Pronged Approach

• Past
  – Memories of past experiences associated with present difficulties
• Present
  – Targeting current disturbances
  – Triggers that come up in the present
• Future
  – Anticipated future scenarios
  – Creating templates for future actions

How EMDR Works

• Model evolved from desensitization to reprocessing

• Adaptive Information Processing Model (AIP) is used to explain how the brain processes perceptual information
  – Cognitive
  – Affective
  – Somatic

How EMDR Works

• “Traumatic” memory is stored in its original form without integrating it with other, more adaptive experiences

• EMDR appears to catalyze this AIP system, and other associations arise

• As the level of arousal is reduced during the EMDR process, more adaptive information becomes available to be integrated with original experience
Client History

• Assessment of mental, emotional and physical stability and current life situation

• Evaluation of the full clinical picture to include identifying core themes, blocking beliefs, dysfunctional behaviors and symptoms

• Map out with the client nodal experiences that represent these issues as potential targets for EMDR processing

EMDR Float Back Technique

• Purpose: To identify the earliest event accessible that laid the groundwork for the current difficulties

• Current issue:

• Current trigger, symptom(s):

• When is the most recent time that you remember experiencing/thinking/reacting this way?

EMDR Float Back Technique

• Image - What picture represents the worst part of this recent experience?

• What words go best with that picture/incident that express your negative belief about yourself now?

• Emotions – When you bring up that picture/incident and those words (negative cognition above) what emotion(s) do you feel now?
EMDR Float Back Technique

- Sensations - Where do you feel it in your body?
- “Think of the image, the negative belief ______, notice where you’re feeling it in your body, and let your mind float back to an earlier time in your life when you felt this way before and just notice what comes to mind…”

Memory Networks

- Memories are “catalogued” in the brain along similar themes
- Everyone’s brain catalogs memory differently
- Determined by the conclusions or “learnings” that come out of the experience
- Float back activates the memory network and brings channels of association into consciousness

Client Preparation

- Establishing a therapeutic alliance
- Developing arousal management strategies and safety measures
- Identifying internal resources as necessary
- Briefing client on the theory, process of EMDR
- Determining type of bilateral stimulation that optimizes client’s ability to process
Assessment

- Issue > Representative Memory
- Image
- Negative Cognition
- Positive Cognition
- VOC - Validity of Cognition
- Emotions
- SUD - Subjective Units of Disturbance
- Body Sensations
Beliefs About Self

• Verbalizations of stored affects
• Conclusions about self based on the information (or lack thereof) available at the time
• Meta-perception of the self that is implicit in the experience
• Misattribution of the cause of bad experiences to deficiencies or defectiveness in self

Beliefs About Self

• I am a bad person
• I am worthless
• I am inadequate
• I’m not good enough
• I’m not safe
• I can’t protect myself
• I’m powerless
• I’m helpless
• I’m not in control

• I am a good person
• I am worthwhile
• I am adequate
• I am good enough
• I am safe
• I can protect myself
• I have choices
• I did the best I could
• I am in control now

Desensitization

• Client focuses on all the components of the targeted memory with a receptive posture
• Sets of bilateral stimulation with breaks
• Tracking the associations
• Process might become stuck
• Sets of bilateral stimulation (BLS) applied repeatedly until distress is decreased or neutralized
Installation

- Checking congruency between the desired positive cognition (PC) and the targeted memory
- Check validity of new positive cognition (VOC) as it relates to targeted memory
- Linking the positive cognition (PC) to original memory using sets of BLS
- Multiple sets of BLS to strengthen the new positive cognition (PC) until the VOC is 7 (highest) or as high as it will go

Body Scan

- Checking the congruency between the memory work and the body
- Client scans their body while holding the memory and the PC looking for any residual tension or distress
- If residual activation remains, successive sets of BLS are applied until distress is diminished.

Closure

- Clinician insures that the client is returned to a state of equilibrium
- Debrief client re: process addressing any questions or concerns
- Inform them on the likelihood of continued processing between sessions
- Client can keep a journal; phone contact if needed
Re-Evaluation

• Client accesses previously targeted memory in the next session to determine how treatment effects have been maintained

• Other aspects of the memory or other associations may have been revealed which may need to be reprocessed

• Client log or journal reports are reviewed

EMDR and Psychotherapy

• Clinicians can successfully integrate EMDR as a comprehensive psychotherapy regardless of clinical orientation

• EMDR can address any life experience that has had a lasting impact

EMDR and Psychotherapy

• Clinician needs to be able to work experientially moment-to-moment in order to facilitate the client’s ability to successfully reprocess the experience

• Clinician has to carefully evaluate the client’s readiness for change as well as the client’s ability to tolerate the modality
EMDR and Psychotherapy

• Clinician can successfully apply EMDR to their area of clinical expertise; it is recommended that additional training in integrating EMDR and specialty area is highly recommended

About Deany Laliotis

• Train clinicians in the use of EMDR across the country

• Offer advanced trainings and clinical consultation specializing in C-PTSD and attachment issues worldwide for clinicians trained in EMDR

• Phone: 202-364-EMDR (3637) x 3
• www.deanylaliotis.com
• Free MP3 download on EMDR
• EMDR of Greater Washington www.emdrgreaterwashington.com

• Article-Published-in-Clinical-Social-Work-Journal - EMDR and the Adaptive Information Processing Model: Integrative Treatment and Case Conceptualization, co-authored by Francine Shapiro, PhD and Deany Laliotis, LICSW. The article is published in the October 12, 2010 on line edition of The Journal of Clinical Social Work. To download this article, please follow this link: http://www.springerlink.com/content/b2j4125623j1k680
References


References


Further Information on EMDR

EMDR Institute, Inc.
[www.emdr.com](http://www.emdr.com)

EMDR International Association
[www.emdria.org](http://www.emdria.org)

EMDR Humanitarian Assistance Organization
[www.emdrihap.org](http://www.emdrihap.org)
“And the day came when the risk it took to remain tight in the bud was more painful than the risk it took to blossom.”

Anais Nin