



An Overview of EMDR Therapy for Trauma-Focused Care

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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*

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Purpose Statement

To give learners an overview of EMDR therapy so that they can decide if specialized training is right for them and to be aware about EMDR therapy as an option for treating trauma as they make referrals for clients.

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While this course is not intended to replace full-scale EMDR therapy training, which requires 50 hours of specialized learning at minimum, learners will get valuable insight into EMDR therapy's model for conceptualizing trauma and the adaptive information processing (AIP) model, which they can use alongside any other therapeutic modality in helping them to better understand their clients.



What is your working understanding of *trauma* coming into this course?

Trauma comes from the Greek word meaning

_____.

Trauma Fundamentals

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 one 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 one 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

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

Dr. Francine Shapiro

- 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 EMDR Origin Story: Shapiro's Discovery and Development

- 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.

The EMDR Origin Story: Shapiro's Discovery and Development

- 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 et al., 2021; Hammond et al., 2023).

Video Demonstration and Case Example

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

How can EMDR therapy inform *all* therapists in their work with trauma, even if they don't specifically get trained in the techniques of EMDR Therapy?

Trauma comes from the Greek word meaning _____.

- A. Terror**
- B. Dream**
- C. Wound**
- D. Psyche**

The Adaptive Information Processing Model (Shapiro, 2001/2018)

MODIFIED PRESENTATION

- The brain is hardwired to process information to adaptive resolutions.
- We learn things as the result of all experiences: Adaptive (pleasant), maladaptive (unpleasant or problematic), or neutral (e.g., "I can do hard things," "The world is an unsafe place," "I cannot trust myself," "I am okay.").
- Traumatic experiences that remain unprocessed are biologically linked in the brain in a way that does not allow them to connect with adaptive material.

The Adaptive Information Processing Model (Shapiro, 2001/2018)

MODIFIED PRESENTATION

- Similar experiences are filtered through the brain's information processing systems and can produce similar responses or reactions (e.g., "Once you've been bitten by a snake, you're afraid even of a piece of rope.") until linked information remains processed.

Trauma comes from the Greek word meaning _____.

- A. Terror**
- B. Dream**
- C. Wound**
- D. Psyche**

Trauma comes from the Greek word meaning _____.

C. Wound

Trauma comes from the word meaning wound, as part of the best possible working definition of trauma.



What does it mean to process something?

The Adaptive Information Processing Model (Shapiro, 2001/2018)

MODIFIED PRESENTATION

- Direct processing of the unprocessed information facilitates linkage to the adaptive memory networks and a transformation of all aspects of the memory.
- As processing occurs, there is a posited shift from implicit/non-declarative memory to explicit/declarative memory and from episodic to semantic memory systems.
- Processing of the memory causes an adaptive shift in all components of the memory, including sense of time and age, symptoms, reactive behaviors, and sense of self.

EMDRIA-Approved Training Options

- <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/>



Other Video Resources

- www.traumamadesimple.com
- www.redefinetherapy.com



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You have completed the course: An Overview of EMDR Therapy for Trauma- Focused Care

Thank you!