

**EMDR Demystified**

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Editorial Board Member  
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Presented by Boeing




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**Brief Description of EMDR  
(Eye Movement Desensitization and Reprocessing)**

- A method of psychotherapy emphasizing that psychological problems are related to troubling events that influence life afterward
- Uses a physical activity (usually back-and-forth eye movements) to transform the way events are held in memory so as to have these events stop inappropriately affecting the way we respond to current situations



(Please note: the information provided in this program does not constitute training in the clinical use of EMDR with clients)

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**Brief Description of EMDR  
(Eye Movement Desensitization and Reprocessing)**



When EMDR is clinically indicated, the therapist:

- Has the client bring to awareness the various aspects of the memory
- Has the client engage in the eye movement or a substitute activity for brief periods
- Monitors how the client progresses

One frequent outcome is that the client remembers the event as part of the past without the feeling that it is still occurring and can accept useful meaning that can be attached to it

(Please note: the information provided in this program does not constitute training in the clinical use of EMDR with clients)

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### Brief Demonstration

Problem: Client is disturbed by fear about going off to college and is remembering how he was frightened by a teacher at a new school when he was twelve years old

- Negative cognition: I'm a dummy
- Preferred cognition: I am smart enough
- Validity of cognition: 4/7
- Emotion: Fear
- Preferred Emotion: Satisfaction
- Body locations: Stomach
- SUD: 7/10



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### Scientific/Professional Organizations that Recommend EMDR as a Method of Psychotherapy

- American Psychiatric Association, 2004
- Israeli National Council of Mental Health, 2002
- CREST Clinical Resource Team of Northern Ireland, 2003
- VA/DoD Practice Guidelines, 2017
- Dutch National Guidelines, 2003
- INSERM French National Institute, 2004
- ISTSS Guidelines, 2018
- SAMHSA National Registry of Evidence-based Programs and Practices, 2011
- NIMH sponsored Therapy Advisor, 2004-2011
- WHO, 2013

Organizations offering other levels of consideration:  
American Psychological Association, 2017  
Institute of Medicine, 2007 (inadequate evidence)

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### The Four Activity Model of Psychotherapy (FAM): A Way to Compare Methods of Psychotherapy

1. Accessing information
  - Type of information to be accessed
  - Manner in which it is accessed
2. Introducing new information
3. Facilitation processing
4. Inhibition of accessing (often anxiety)



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## What is Accessed in EMDR?

- Visual
- Imagery
- Cognitions
- Emotions
- Body Sensations

Accessing of rating scales, preferred cognition (and emotion), as well as non-specifics such as comfort



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## History of EMDR

Began with an accidental observation

Shapiro integrated the eye movement with standard methods of psychotherapy

EMDR was introduced with a controlled research study and an unusual endorsement from Joseph Wolpe



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## Controversy – Initial Complaints



Theoretic objections: Multiple studies supporting role of eye movements

Research objections: Acceptance by evaluating organizations

Financial objections: Fees were consistent with standard training uniquely included supervised practice

Objections to restriction of training: Lifted when Shapiro published her 1995 book

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## Theoretical Base in Memory Two Memory Systems

Short-term	Long-term	(Horowitz, 1976)
Declarative	Non-declarative	(Squire, 1987)
Reliving	Intellectual/historical	(clinically useful)



10

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## The Adaptive Information Processing (AIP) Model

Cited by Shapiro as the theoretical understanding that guides EMDR development

Began as the Accelerated Information Processing (AIP) Model



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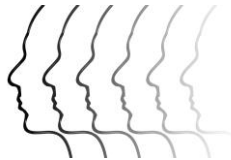
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## Technical Aspects of EMDR

Is officially defined as an eight-phase approach to psychotherapy

1. History
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body scan
7. Closure
8. Reevaluation



Applies a three-pronged protocol, which means that past, present and future aspects of the effects of a troubling event should be processed



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## Technical Aspects of EMDR



Clients must be assessed for psychological readiness for trauma processing

The therapist does not have to know the details of the event troubling the client

The eye movement component is often referred to as "bilateral stimulation" or "dual attention" activity

EMDR is now formally called "EMDR Therapy" by The EMDR International Association (EMDRIA)

13

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## Clinical Considerations in Working with Grief

- EMDR is a client-centered transdiagnostic approach in which diagnosis is not central
- The client defines whether the level, or kind, of grief is a problem to be addressed in therapy
- The client supplies the unwanted (e.g., "I can never get over this") and the belief they would prefer to maintain (e.g., "I can carry my father inside to give me strength")
- In clinical practice it appears that survivor guilt is a way to avoid grief, both over the loss of a person and loss of identity as a protector

14

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## Destructive Feelings of Guilt and EMDR



Like with other methods, destructive guilt presents the greatest challenges in processing trauma

Alternative understandings of events and emotions are developed, but without disputation

Feelings of guilt are often covering grief

For both guilt and grief, spiritual beliefs can be included in the healing process, regardless of a match between therapist and client beliefs

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## Most Interesting Study of Mechanism of Action for Eye Movement

Baek (et al., 2019; also see Holmes) studied the effect of EMDR, like eye movement on learned fear in mice

- Found they eliminated the fear response to a conditional stimulus; beyond that is usually found in extinction (exposure)
- Able to trace physiological path of effect
- While amusing, it is perfectly consistent with the way the understanding of human learning was developed out of research with animals



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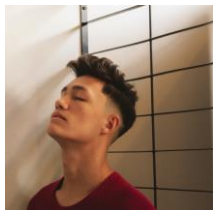
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## Some Challenges Facing EMDR as a Comprehensive Approach to Treatment

- The language of EMDR can be confusing
- EMDR training does not formally consider aspects of psychotherapy, such as the need to teach some behavioral skills and in vivo or imaginary exposure
- Though well-accepted internationally, EMDR is still not well-accepted in academic departments of psychology in the US



17

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## The EMDR International Association (EMDRIA)

The EMDR International Association (EMDRIA) is a US professional/scientific organization that offers:

- Training standards
- A formal definitions of EMDR
- Levels of certification
- A scientific journal
- Conferences and training events

18

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## EMDRIA Training Standards



License for professional practice of psychotherapy or student in a post-graduate program on licensing track under the supervision of a faculty member

Requires 40 hours of training including supervised practicum and 10 hours of clinical consultation to be able to practice independently

This is comparable to "certification" for other methods

There are other criteria to be "certified" by EMDRIA or to have further advance status to teach EMDR

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## Research

Bibliography at EMDRIA.org and EMDR.com

Forbes, D., Bisson, J.I., Monson, C.N. & Berliner, L. (2020) *Effective Treatments for PTSD (3rd edition)*. New York: Guilford.

An overview of EMDR, updated from Figley, C.R. (Ed.) (2012). *Encyclopedia of Trauma*. Los Angeles, CA: Sage can be found at <https://howardlipke.com/an-overview-of-emdr-updated-4-25-19/>

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Horowitz, M. (1976). *Stress Response Syndromes*. New York: Jason Aronson.

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Shapiro, F. (2018). *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures (3rd ed.)* New York, NY: Guilford.

Squire, L. (1987) *Memory and Brain*. New York, NY: Oxford.

Also see HowardLipke.com for information on the use of EMDR and general information for veterans and family, and for therapists. A brochure for vets and family is at: [https://howardlipke.com/wp-content/uploads/2016/04/For-War-Vets\\_and\\_Family-3rd-ed.pdf](https://howardlipke.com/wp-content/uploads/2016/04/For-War-Vets_and_Family-3rd-ed.pdf)



22

## Upcoming TAPS Institute Programs

- July 20** **Coping with Sibling Loss**  
*Live Webinar, Noon-1:00 p.m. ET*  
**Heidi Horstley**, PsyD, LMSW, MS, Open to Hope Foundation
- July 27** **Grieving While You Work, Working While You are Grieving**  
*Live Webinar, Noon-1:00 p.m. ET*  
**L. Mark Hensley**, MTS, DMin, PT-Csp, Bereavement Services Manager, VITAS Healthcare
- August 17** **Asking for Help When You are Grieving**  
*Live Webinar, Noon-1:00 p.m. ET*  
**Kenneth J. Doka, PhD, MDiv, Sr. Vice President, Grief Programs,** Hospice Foundation of America and TAPS Advisory Board Member

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23

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*You must pass at 80% or above and may retake the exam as many times as needed*
- Choose your board category and board
- Complete the program evaluation
- Print your certificate



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CE Code expires June 28, 2022



24



**About the TAPS Institute for Hope and Healing®**

Launched in March 2018 through an alliance with HFA, the TAPS Institute for Hope and Healing® serves as a resource and training center, providing programs for both professionals working in the field of grief and loss and the public.



25

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*Please note: The information provided on this program is intended for educational purposes only.*

*If you or a loved one needs professional support, please contact TAPS 24/7 at 800-959-TAPS (8277).*



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