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Treating Trauma with EMDR Therapy

Dr. Turck:

Best known for its use in treating post-traumatic stress disorder, or PTSD for short, eye movement desensitization and reprocessing therapy, or EMDR, is an interactive psychotherapy used to relieve stress and reduce symptoms of trauma. So, what do we need to know about EMDR therapy?

Welcome to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck. And joining me to give us key insights on EMDR therapy is Dr. Deborah Korn, who is a clinical psychologist in private practice in Cambridge, Massachusetts, and on the faculty of the Trauma Research Foundation in the EMDR Institute. She's also the co-author of the book, titled *Every Memory Deserves Respect: EMDR, the Proven Trauma Therapy with the Power to Heal*.

Dr. Korn, welcome to the program.

Dr. Korn:

Thank you so much for having me. I'm delighted to be here with you.

Dr. Turck:

Well let's dive right in, Dr. Korn. How does EMDR therapy work to treat patients with PTSD?

Dr. Korn:

Well, let me begin with the name. Eye movement desensitization and reprocessing, it's a mouthful. Let me break it down a little bit. Desensitization refers to the reduction of distress, fear, and anxiety. Reprocessing refers to the reevaluation, or restructuring of thoughts and beliefs, and the transformation of one's sense of self relative to past traumatic experiences. Eye movement, Francine Shapiro, the developer of EMDR, accidentally discovered that purposely moving your eyes horizontally back and forth while focusing on a traumatic memory leads to a reduction in the vividness and the emotional intensity of the memory. So, Dr. Shapiro developed an effective protocol for treating PTSD and trauma-related problems using this bilateral stimulation, or back-and-forth eye movements, and published the first research study in this approach in 1989 working with rape survivors and combat veterans, hence the name eye movement desensitization and reprocessing.

Now, EMDR has evolved over the decades. Today, it's a comprehensive, memory-focused psychotherapy that helps people heal and deal with the impact and legacy of trauma and adverse experiences in their lives. It's based on the idea that psychological problems are related to a failure to inadequately process traumatic experiences or memories, so those unprocessed traumatic memories frozen or locked in our nervous system continue to affect how we perceive things, decisions we make, reactions we have, the beliefs we hold about ourselves, and present-day triggers activate these unprocessed traumatic memories leading to PTSD symptoms that cause ongoing distress.

In EMDR therapy, we help clients access and activate their unprocessed traumatic memories with a set of focused questions, and then we jumpstart the brain's information processing system using the bilateral stimulation. And with EMDR processing, a client's distress eventually decreases and relevant information and helpful present-day perspectives get integrated. The past gets moved into the past, and people move into a place where they can genuinely say, "It's over. I'm safe now. I was only a kid doing the best that I could. I'm

good enough. It actually wasn't my fault. I'm in control now." So there are shifts in thoughts and feelings and behaviors and physical sensations, and healing involves spontaneous movement toward more positive thinking, more manageable feelings, and a significant reduction in the level of disturbance experienced in one's body.

It's an approach that helps patients to resolve past traumas, deactivate present triggers, and prepare for future challenges. There's really that three-pronged approach in EMDR therapy.

Dr. Turck:

And what about patients with depression or other stress-related disorders? Is EMDR therapy effective in those patients? And if so, how?

Dr. Korn:

Right. So according to the research, exposure to adverse events during childhood and adolescence, especially emotional abuse and neglect, is clearly a risk factor for developing a depressive disorder. This exposure has been found to be one of the main factors in recurrence, persistence, and resistance to the treatment of depression. A recent review of 11 studies and seven RCTs examining treatment of depression with EMDR therapy suggests that EMDR can be considered an effective trauma-focused treatment for reducing symptoms of depression, both as a standalone treatment, and also as an add-on to other treatments. And interestingly, in a direct comparison with CBT, cognitive behavioral therapy, EMDR was found to be comparable or slightly superior to CBT, which is considered by many to be the gold standard for the treatment of depression. Moreover, follow-up results suggest that EMDR improvements remain more stable over time. There's also evidence that suggest it's useful in reducing suicidal ideation.

In terms of other stress-related psychological disorders and medical problems, EMDR is being used to treat adjustment disorders, acute stress reactions, panic, and anxiety. It's also being used to treat headaches and migraines, IBS and gastrointestinal problems, sleep disorders, chronic pain conditions, including fibromyalgia, asthma, and other medically unexplained physical or somatic symptoms.

And basically, the work remained the same across all of these disorders. We look for an original trauma related to the onset of these difficulties. What was going on in the life of the person at the time of the onset of these difficulties? We look at the beliefs that the individual holds about themselves, their beliefs about their body, and their beliefs about having a certain medical or psychological disorder, and we target symptoms in the body. So if somebody is experiencing pain, we might target the pain itself, and then bring in the protocol, bring in the bilateral stimulation, and we're able to see a reduction in symptoms, including things like pain.

Dr. Turck:

For those just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Deborah Korn about how EMDR therapy may work for patients with stress-related disorders.

Dr. Turck:

So if a patient is a good candidate for EMDR therapy, how do you work with them throughout the process as it unfolds?

Dr. Korn:

Well, early sessions involve taking a thorough history and coming up with a treatment plan and establishing safety and trust within the therapeutic relationship. This is still a psychotherapy. The relationship is very important. And we also focus early on resourcing and skill-building, if needed, to make sure that a client is ready to approach challenging and emotional material. We often begin with the client's current distress, and we float back, looking for the root of the distress, looking for when the distress began, and looking for when the distress gets triggered. We search for relevant memories to target, in light of a client's presenting issues, and once a target memory is identified, we activate the memory through a series of questions, and then we introduce 30- to 60-second sets of eye movements or bilateral back-and-forth stimulation to jumpstart and support the brain's stalled information processing system.

Now over the years, we've discovered that other forms of what we call, bilateral stimulation, are also effective in reducing distress. We might have clients track our fingers with their eyes as their fingers move back and forth or track a light that moves back and forth, or we might have them listen to alternating tones, or we might tap back and forth on their hands as they rest them in their lap. And by the way, during the pandemic, we've discovered that virtual EMDR is indeed possible, safe, and effective.

Now with every set of bilateral stimulation, the client is asked to simply notice; notice what changes, what emerges, and to report images, thoughts, feelings, sensations, impulses, and insights, always staying connected to the present moment, just witnessing from a distance. We remind our clients over and over it's old stuff, and we stress the importance of keeping one foot in the present at all times while accessing the past. And after every set of bilateral stimulation, we ask, "What do you get?" "What do you get now?" "What do you notice?" "What's changing?" And no two people process in the same way. Clients remember and process fear, grief, anger, guilt, and shame. We work to keep the processing body focused. "Where do you feel that?" "Just notice." "It's just a memory." And in the course of processing, a client might imagine saying or doing what they never got to previously say or do, expressing their rage, running away, and fighting back with superhuman strength. A client might also spontaneously see their younger self and offer compassion or care, sometimes out loud. There are shifts in thoughts, feelings, behaviors, and physical sensations. And basically, healing involves spontaneous movement toward more positive thinking, more manageable feelings, and a significant reduction in the level of disturbance experienced in one's body.

Dr. Turck:

And before we close, Dr. Korn, are there any final thoughts you'd like to share with our audience today?

Dr. Korn:

My co-author Michael Baldwin, who is a trauma survivor and an EMDR client, always says to other people, "Don't wait." I would say to the doctors, the physicians, the professionals listening to this podcast, if you are struggling, or if you have patients, friends, or family members who are struggling, seek treatment now. Michael was in his 60s before he found an EMDR therapist and found relief from a lifetime of suffering. So don't wait. And I would say, come as you are. There is no shame. Seeking help is an act of courage. You don't have to figure anything out before you reach out. Just come.

Dr. Turck:

Well, this has been a truly informative look at the use of EMDR therapy for our patients with stress-related disorders, and I want to thank my guest, Dr. Deborah Korn, for sharing her insights. Dr. Korn, it was a pleasure speaking with you today.

Dr. Korn:

Thank you so much for having me on your program.

Dr. Turck:

For ReachMD, I'm Dr. Charles Turck. To access this and other episodes in our series, visit ReachMD.com/NeuroFrontiers where you can Be Part of the Knowledge. Thanks for listening.