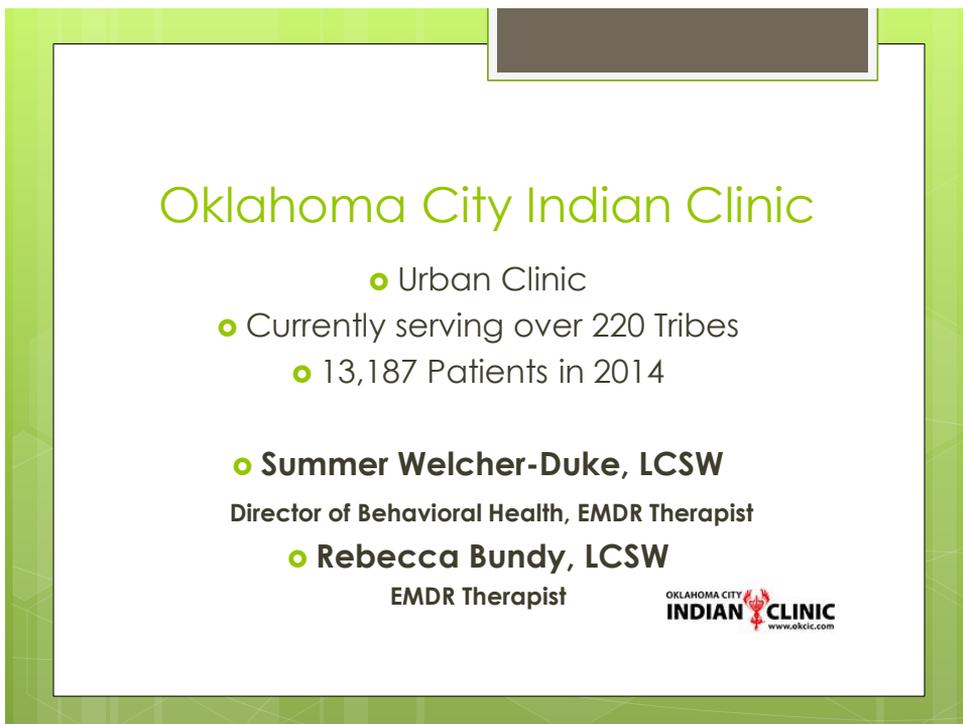


The slide features a green background with a pattern of overlapping hexagons. A white rectangular box is positioned on the right side, containing the title and subtitle. Above the white box is a dark grey rectangular area.

Eye Movement Desensitization & Reprocessing (EMDR)

An Overview



The slide features a green background with a pattern of overlapping hexagons. A white rectangular box is positioned in the center, containing the clinic name, bullet points, and logos. Above the white box is a dark grey rectangular area.

Oklahoma City Indian Clinic

- Urban Clinic
- Currently serving over 220 Tribes
 - 13,187 Patients in 2014
- **Summer Welcher-Duke, LCSW**
Director of Behavioral Health, EMDR Therapist
- **Rebecca Bundy, LCSW**
EMDR Therapist

OKLAHOMA CITY
INDIAN CLINIC
www.okcic.com

Our Goals for Today

- Trauma-Informed Care
- What is EMDR & What Does it Look Like?
 - Case Examples
 - Why Clinicians Like This Approach
 - Why Clients Like This Approach
- EMDR Training Steps and Opportunities

“Once you've been bitten by a snake, you are very cautious even of a coiled rope”

-THE DALAI LAMA

Trauma Informed Care

- Trauma-informed care: A strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

-SAMHSA

- **Encourages providers to think in terms of “What has happened to you?” instead of “What is wrong with you?”**

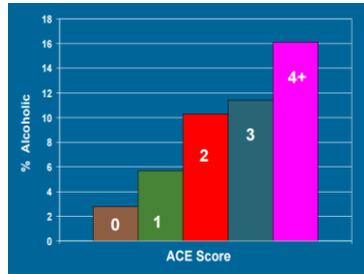
ACE (Adverse Childhood Experiences) Study

- 17,000 predominantly white, college educated patients completed surveys
- Surveys asked about 10 categories of childhood abuse, neglect and family dysfunction
- Cross-sectional study: compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease

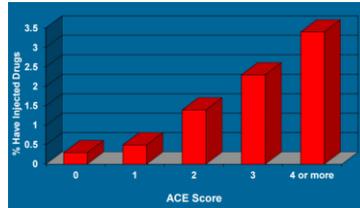
Fellitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58.

ACE Score vs. Substance Abuse

Adult Alcoholism

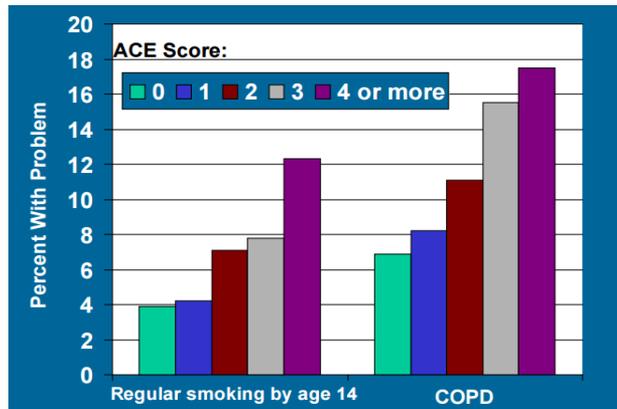


IV Drug Use



Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58. 10

ACE Score vs. Smoking & COPD



Anda RF, Brown DW, Dube SR, Bremner JD, Felitti VJ, Giles WH. Adverse childhood experiences and chronic obstructive pulmonary disease in adults. American journal of preventive medicine. 2008 May;34(5):396-403. 3-2

Other Significant Findings

- People with 4 or more ACEs were 13 times more likely to have suicidal ideation.
- People with 4 or more ACEs were over 2 times more likely to have serious job problems.
- People with 6 or more ACEs live 20 years less than those without.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58. 10

Trauma & Health

Associated with PTSD:

- Cardiovascular disease
- Gastrointestinal disorders
- Musculoskeletal disease
- High-risk sexual activities
- Chronic pain
- Suicide attempts
- Risk of perpetration of violence
- Inadequate social support
- Depression
- Substance abuse
- Homelessness

CDC Division of Violence Prevention.
<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html> National Center for PTSD.
 Department of Veteran's Affairs. <http://www.ptsd.va.gov/>

What is EMDR?

- A psychotherapeutic technique that facilitates healing from symptoms resulting from disturbing experiences.
- Based on **Adaptive Information Processing (AIP) Model** - The brain's information processing system naturally moves toward mental health, unless the system is "blocked". EMDR helps remove the blocks.
- Uses eye movement, or other types of bilateral stimulation (BLS)

How Was it Discovered?

- "A Chance Discovery" by Francine Shapiro, PhD in 1987 – Walking in Park
- "Practiced" on 70 volunteers
- Published in *Journal of Traumatic Stress* in 1989
- Journal's advisory board member contacted the editor with disbelief.
- Today, more than 70,000 clinicians throughout the world use EMDR

Who Can Benefit From EMDR?

- Combat veterans, or others with **PTSD**
- Persons with **phobias, panic disorder, OCD** and **Generalized Anxiety Disorder**
- Victims of crime, **natural disaster** & first responders
- People suffering from **grief**
- Sexual assault victims
- All stages of **chemical dependency**
- Adults and adolescents suffering from **depression**

Is This an Evidence-Based Treatment?

- Recognized by:
 - The American Psychiatric Association
 - The VA and Department of Defense
 - Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal Government
 - World Health Organization
- 20+ Controlled Studies – All have shown EMDR to be effective and often with faster results than other types of therapy (EMDR Institute)
- Study funded by Kaiser HMO – "100% of the single-trauma victims and 77% of multiple trauma victims **no longer were diagnosed with PTSD after only six 50-minute sessions**"

Treatment Description

- 3-pronged approach – **Past, Present, Future**
- **(Standard Protocol) 8 Phases:**
 - 1) History-Taking (treatment planning, targets)
 - 2) Preparation (Informed consent, calming resources)
 - 3) Assessment (7 questions, Progress measurements)
 - 4) Desensitization (Cognitive interweaves, Clinical Judgments)
 - 5) Installation
 - 6) Body Scan
 - 7) Closure
 - 8) Reevaluation

Assessment Phase

- Target (memory chosen for reprocessing)
- Image
- Negative Cognition
- Positive Cognition
- Validity of Cognition (VOC)
- Emotions
- SUD
- Location of Body Sensations

Visual Demonstration

Case Examples

- "Timothy"
- 62 year old male who presented with PTSD secondary to childhood emotional and physical abuse while in a boarding school
- Reoccurring nightmare – stopped after 2 reprocessing sessions with EMDR
- Reported not feeling "the hate in my heart anymore"
- Total of 6 months of EMDR

Case Examples

- "Amanda"
- 45 year old female, suffering from grief after her son was violently murdered
- One session – changed brutality of image
- Second session – let go of anger and fear

Case Examples

- "Rebecca"
- 28 year old female who presented with anxiety secondary to rape
- Attended no more than 4 sessions
- Reprocessed the event in one session
- SUD reduced to 0

“Altering the procedures could also offer the opportunity for insights and automatic changes in all kinds of emotions, body reactions and behaviors” – Francine Shapiro

Other Protocols

- Addiction Protocols
- RTEP
- Dysfunctional Positive Affect Protocols
 - i.e. The Pain of Unrequited Love
 - LoPA – Level of Positive Affect
- Resource Enhancement

Challenges

- Our most common factor for NOT using EMDR, is client resistance.
- Ways to overcome client resistance
- “Getting Stuck” – Cognitive Interweaves
- Even when not doing reprocessing, we are still using the history-taking component and other pieces of EMDR

Clinician Appeal

- EMDR Clinicians LOVE EMDR!
- Typically see results in less time
- Organized from start to finish
- Documentation is easier, with specific language
- Various protocols
- Incredibly rewarding to watch the positive change happen

Client Appeal

- Typically see results in less time
- Don't have to talk as much
- Sets them free to live in the present

Frequently Asked Questions

- Is EMDR the same as hypnosis?
- What if the patient has eye problems?
- What are the side effects?
- What if you haven't had any major trauma?
- Are treatment effects maintained over time?

EMDR Training

- Typically 2 weekends (Part I & Part 2)
- 10 hours of consultation
- EMDR Institute www.emdr.com
 - *Training Information – Basic Training Schedule*
- Certification is optional
- Training Brochures

EMDR Training

Weekend 1 May 1-3, 2015 Register W1	Hilton San Diego Airport Harbor 1960 Harbor Island Drive San Diego, CA 92101 619-291-6700	Nancy Williamson, LMFT 760-479-1749	Curt Rouanzoin, PhD Curt Rouanzoin, PhD
Weekend 2 Sep 18-20, 2015 Register W2			
Weekend 1 May 15-17, 2015 Register W1	Radisson Hotel Providence Airport 2081 Post Rd Warwick (Providence), RI 02886 401-739-3000	Elizabeth Tegan, RN, MS 401-732-3637 Donna D'Aloia, LCSW 401-755-5575	Deany Laliotis, LICSW Deany Laliotis, LICSW
Weekend 2 Sep 25-27, 2015 Register W2			
Weekend 1 May 29-31, 2015 Register W1	DoubleTree Salt Lake City Airport 5151 West Wiley Post Dr Salt Lake City, UT 83116 801-539-1515	Leslie Brown, LPC 801-785-1169	Curt Rouanzoin, PhD Nancy Errebo, PsyD
Weekend 2 Sep 18-20, 2015 Register W2			
Weekend 1 Jun 5-7, 2015 Register W1	Embassy Suites Norman Hotel 2501 Conference Dr Norman (Oklahoma City), OK 73069 405-364-8040	Summer Duke, LCSW 405-948-4900x612	Gerald Puk, PhD Gerald Puk, PhD
Weekend 2 Oct 2-4, 2015			

QUESTIONS?

- Feel free to check out websites or other material on EMDR:
- <http://www.emdr.com/>
- <http://www.emdria.org/>
- <http://www.emdrhap.org/>
- Book: "Getting Past Your Past" by Francine Shapiro, PhD



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