**Evidence Based Psychotherapy - EMDR**

Dr. Adeyanju: Welcome to Byte-Sized Brain. I am Dr. Adeyanju, one of the child fellows at the university, and I have my good friend Maria from the community joining us.

Maria: Hi!

Dr. Adeyanju: As part of a series discussing the evidence behind different therapies, we will talk about EMDR. We just want to have a better understanding of the evidence behind it. Maria, have you heard of EMDR or know what it is?

Maria: No, I have actually never heard of it.

Dr. Adeyanju: EMDR is a fancy acronym or short way of saying the therapy’s name using its initials. The actual name is pretty long and a bit of a mouth full. It stands for Eye Movement Desensitization and Reprocessing. In the therapy, eye movement is used to reduce sensitivity to a traumatic memory and to allow for the person to reprocess the memory. It is used to treat trauma related disorders. Some have used EMDR for other mental health issues, but current research has only supported its use in disorders such as Post Traumatic Stress Disorder (PTSD). There is some evidence that it may help in anxiety-based disorders.

Maria: Honestly, I am not familiar with a lot of these therapy treatments. I’m a nurse but I work in a different area of medicine and do not have a lot of exposure to psychotherapy. I would like to know more about the process. How does it work? How long is treatment usually? Can you tell me more?

Dr. Adeyanju: Those are all good questions. Just for a little background. Francine Shapiro developed EMDR in 1989. During a walk, she had a moment of high anxiety that she noticed became less when she had rapid movements of her eyes. She developed the techniques for EMDR in her private therapy practice. From there, she went on to train others and it spread across the world. This happened quickly before any controlled trials were done to compare it to the standard treatments of the time.

While we do not want to delay care if there is a good treatment. We want to know that the treatment we use does what it is supposed to do. For people struggling with trauma, they may re-experience the trauma event during the day with flashbacks or at night with nightmares. It may be hard for them to feel positive emotions or feel that they have a future. Little things around them may set them off and trigger a bad memory so they start to avoid things as a result. If these sorts of symptoms make it hard for them live their lives, then they need treatment. Research later showed that EMDR is a treatment that does work to lessen symptoms of PTSD.

EMDR involves keeping the traumatic event in mind with as much detail as possible including physical sensations while a therapist trained in EMDR provides different types of stimulation that engages both sides of the body including finger movements that go across the visual field. During all of this, the client is giving a verbal report of their experience and the emotions and thoughts involved. This can be really challenging. The belief was that through EMDR people could almost make themselves immune to the trauma memories with the eye movements and competing attention the mind is going through during the therapy. It is like the memory is stored wrong like papers in a filing cabinet that were just jammed into the cabinet. Because the memories are stored badly, they cause all these unwanted reactions and associations for the memory system. EMDR would be a way to bring back up the files with something that competes with attention like eye movement or tapping, then you can store the memories so they fit better and do not cause a mess in the filing cabinet that is the brain.

Maria: Ok, so does it teach you to build up a healthier defense mechanism against trauma? If I’m getting this right, you are using this type of therapy to organize your thoughts better to bring the trauma out and cope with it better.

Dr. Adeyanju: Yes. It does help to cope with the trauma event they process through. Dr. Christensen talks a little bit about exposure therapy and that is a part of EMDR. The down side is that it may not prevent having a bad response to a new trauma.

Maria: I think I understand a bit more. You mentioned hand movements and eye movements. What would a patient do exactly?

Dr. Adeyanju: EMDR requires formal training that I do not have, so I would not be able to give all the details. After Francine Shapiro invented EMDR, a bunch of workshops and training centers popped up in the 1990s to train therapists in EMDR. This all came before they really tested whether it works and compared it to standard treatments such as prolonged exposure, relaxation training, or trauma focused cognitive behavioral therapy. EMDR did show benefit in lowering core symptoms of PTSD but later research that broke down the parts of EMDR found that the eye movements were not needed and do not add to treatment. EMDR was still found to be helpful for trauma disorders with benefit after 8-12 sessions. It is still supported as a first line treatment by the Department of Veterans Affairs for PTSD.

Maria: Is it as effective as some of the other trauma therapies?

Dr. Adeyanju: Another good question. There was a bunch of scientific studies that were done over the years, then with all of that information they were able to do studies of those studies. They generally found that EMDR has benefit similar to exposure therapy or trauma focused CBT. There may be differences in how quickly people respond or how long the benefit of the treatment lasts. EMDR does work. Its just that we usually want to be clear about what is the part of that therapy that’s really helpful. Again, the name is Eye Movement Desensitization and Reprocessing. One would think the eye movement would be essential but it is not.

It raises the question of how do we make sure what we think is working is working. We were able to bring science back into the picture to answer those questions. I do not believe as of yet research has changed how EMDR is currently practiced. If that was the case, then likely the name would have changed. I don’t know. Do you think the name should change?

Maria: The actual name? I like the name. Like you said earlier, it seems self-explanatory. The name tells you what it involves. But when you said that it doesn’t need eye movement to make it work— I don’t know. I still want to see it in practice to see how the eye movement relates. But it sounds like its more helpful to talk about the traumatic event. Does it work better with other therapies?

Dr. Adeyanju: I think that is a key question to ask. It sounds like you are asking if there were more studies done that look at if there is benefit to combining EMDR with other therapies. I think those are important questions to ask and they did not ask that at the beginning. They did not ask that when it was made available as a treatment. Now we can say that we are closer to knowing what is helpful. I do not know if they have looked at the benefit of combination of different therapy treatments, but they have looked at combination of therapy and medications. There can be benefit of both therapy and medication but it also depends on the person and situation. It is good to have an understanding of what these therapies involve. I am glad you have been open to talking with me about EMDR and that we can share our chat with others.

Maria: All of the information you provided was really eye-opening for me. It was pretty interesting so thank you for giving me some information about it.