

# INTRODUCTION TO EMDR (EYE MOVEMENT DESENTIZATION AND REPROCESSING) IN PRIMARY CARE

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# OBJECTIVES

- 1) LEARN BASIC SKILL SET INVOLVED WITH USE OF EMDR AND DETERMINE IF FURTHER TRAINING IS INDICATED.
- 2) BE ABLE TO IDENTIFY WHEN TO USE EMDR WITH PATIENTS/WHO RE REFER FOR EMDR.
- 3) IDENTIFY THE TWO MEASUREMENT TOOLS ASSOCIATED WITH THE EMDR PROTOCOL.

# EMDR FOR PTSD

- RELIES ON GOLD STANDARD OF CARE FOR PTSD....EXPOSURE!
- EYE MOVEMENTS (BI-LATERAL STIMULATION)
- RELIES ON EQUANIMITY/NON JUDGEMENTAL LISTENING STANCE OF THERAPIST
- ONGOING MEASUREMENT
  - SUDS (Subjective units of disturbance scale)
  - VoC (Validity of cognition scale)

# LEVEL I BASIC WORKSHOP MANUAL

- DEVELOPED BY FRANCINE SHAPIRO,  
PHD
- THIS PRESENTATION DRAWS FROM A  
COMBINATION OF THE  
MANUAL/WORKSHEETS/AND PERSONAL  
EXPERIENCE UTILIZING THE TECHNIQUES

# TREATMENT (classic exposure)

- The memory/cognition is therapeutically treated by requiring that the client maintain in awareness one or more of the following:
  - A pictorial image of the memory
  - The negative self-statement associated with the memory.
  - The sensory response

# TREATMENT (3- PRONGED APPROACH)

- 1) Address the original incident...
- 2) Elicit the present internal and environmental triggers that stimulate behavior.
- 3) Install a desirable cognitive/behavioral response.

# MEASUREMENT

- The therapeutic process includes the measurement of the disturbing emotion and the patient's cognitive assessment.
- SUDS 0 no disturbance.....10 highest
- VoV 1.....7  
completely false.....completely true

# SUDS

- “THE LEVEL OF DISTURBANCE RELATED TO THE MEMORY IS ASSESSED BY MEANS OF A SUBJECTIVE UNITS OF DISTURBANCE SCALE (SUDS 0 = NO DISTURBANCE, 10 = HIGHEST DISTURBANCE POSSIBLE) DEVELOPED BY JOSEPH WOLPE, M.D.”

# VoC

“A measure of shifts in the client’s belief re: the desired self-assessment/positive cognition is referred to as the (Validity of Cognition Scale). Entail a 7-point scale with 1 = completely false and 7 = completely true. Patients are asked “What words about your self or the incident best go (describe) the picture?” They are then asked how they would rather feel and to supply a new belief statement....”

# THEORY

- We don't know for sure why this works. According to one hypothesis trauma upsets the bio-chemical balance of the information processing system. This prevents optimal processing of an event so that perceptions, beliefs, emotions are "locked" into the fight or flight mechanisms of the nervous system.

# EMDR PROTOCOL

- EXPLANTION OF EMDR
- SPECIFIC INSTRUCTIONS
- PRESENTING ISSUE OR MEMORY
- PICTURE
- PRESENT NEGATIVE COGNITION/NEGATIVE BELIEF STATEMENT ABOUT SELF
- DESIRED POSTIVE COGNITION
- VoC
- Emotions/Feelings
- SUD's
- Location of Body Sensations
- Desentisize
- Installation of positive cognition
- Body Scan
- Closure

# CASE EXAMPLE

- MEDICAL PROFESSIONAL
- EARLY EVENT (13 YO)
- THINKS ABOUT IT
- INTRUSIVE MEMORIES
- CORE BELIEFS ABOUT SELF
- INTENSE EMOTIONS AND FEAR
- RE-ENACTED IN RELATIONSHIPS
- EMDR
- RELIEF AND “WOW”