



Eye Movement Desensitisation and Reprocessing (EMDR) and Flash Technique

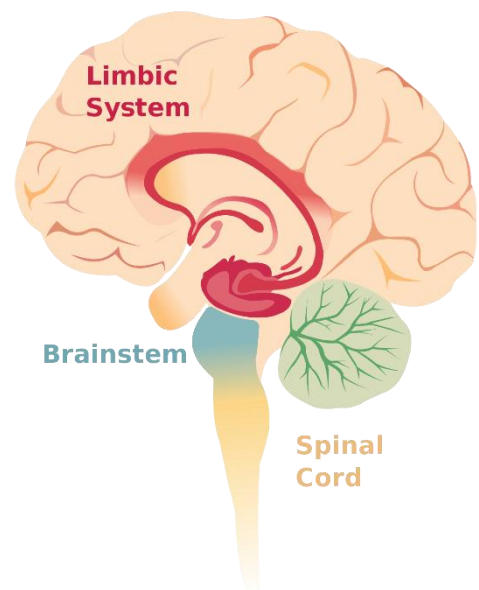
EMDR – Information Sheet

What is EMDR?

The mind can often heal itself naturally, in the same way as the body does. Much of this natural coping mechanism occurs during sleep, particularly during rapid eye movement (REM) sleep. Francine Shapiro developed Eye Movement Desensitisation and Reprocessing (EMDR) in 1987, utilising this natural process to successfully treat Post-traumatic Stress Disorder (PTSD). Since then, EMDR has been used to effectively treat a wide range of mental health problems.

Trauma and the body

Most of the time the body routinely manages new information and experiences without you being aware of it. However, when something out of the ordinary occurs and you are traumatised by an overwhelming event (e.g. a car accident) or by being repeatedly subjected to distress (e.g. childhood neglect), your natural coping mechanism can become overloaded. This overloading can result in disturbing experiences remaining frozen in your brain or being "unprocessed". Such unprocessed memories and feelings are stored in the limbic system of your brain in a "raw" and emotional form, rather than in a verbal "story" mode. This limbic system maintains traumatic memories in an isolated memory network that is associated with emotions and physical sensations, and which are disconnected from the brain's cortex where we use language to store memories.



The limbic system's traumatic memories can be continually triggered when you experience events like the difficult experiences you have been through. Often the memory itself is long forgotten, but the painful feelings such as anxiety, panic, anger or despair are continually triggered in the present. Your ability to live in the present and learn from new experiences can therefore become inhibited. EMDR helps create the connections between your brain's memory networks, enabling your brain to process the traumatic memory in a very natural way.

How EMDR works in session

EMDR utilises the natural healing ability of your body. After a thorough assessment, you will be asked specific questions about a particular disturbing memory. Eye movements, like those during REM sleep, will be recreated simply by asking you to watch the therapist's finger moving backwards and forwards across your visual field, or by using tapping, or bilateral pulsers. The eye movements/bilateral stimulation will last for a short



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while and then stop. You will then be asked to report back on the experiences you have had during each of these sets of eye movements. Experiences during a session may include changes in thoughts, images, and feelings. Your experience will be unique to you. Everyone processes differently and exactly how they need to.

With repeated sets of eye movements, the memory tends to change in such a way that it loses its painful intensity and simply becomes a neutral memory of an event in the past. Other associated memories may also heal at the same time. This linking of related memories can lead to a dramatic and rapid improvement in many aspects of your life.

What can EMDR be used for?

In addition to its use for the treatment of Post-traumatic Stress Disorder, EMDR has been successfully used to treat:

- attachment and complex trauma
- anxiety and panic attacks
- depression
- stress
- phobias
- sleep problems
- complicated grief
- addictions
- pain relief, phantom limb pain
- self-esteem and performance anxiety

Who can benefit from EMDR?

EMDR can accelerate therapy by resolving the impact of past traumas and allow the client to live more fully in the present. The process is rapid, and any disturbing experiences, if they occur at all, last for a comparatively short period of time. It's important, however, for the client to be aware that strong feelings and disturbing thoughts might occur during session, and the client will need to be willing to experience this. Because of this, not everyone will find this treatment appropriate. Some people, however, may prefer this treatment to prescription medications, which can have unexpected side effects, others may find that EMDR therapy strengthens the effectiveness of their medications.

How long does treatment take?

EMDR is an individual therapy typically delivered one to two times per week, lasting between 1 hour to 1.5 hours per session, for an average of 6 – 12 sessions, although some people need fewer and some more sessions. In general, the more isolated the traumatic memory being treated the shorter the treatment tends to be. People with multiple, deep rooted traumas and/or complex histories, e.g., childhood abuse or neglect, may require more extensive therapy. In these cases, it can take up to 20 sessions,

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including substantial preparatory work, in addition to a full assessment, which is carried out to highlight targets and inform a focused therapeutic plan.

Will I remain in control and empowered?

During EMDR treatment, you will remain in control, fully alert and wide-awake. This is not a form of hypnosis and you can stop the process at any time. Throughout the session, the therapist will support and facilitate your own self-healing and intervene as little as possible. Reprocessing is usually experienced as something that happens spontaneously, and new connections and insights are felt to arise quite naturally from within. As a result, most people experience EMDR as being a natural and very empowering therapy.

What evidence is there that EMDR is a successful treatment?

EMDR is an innovative clinical treatment which has successfully helped millions of individuals for nearly 40 years. The validity and reliability of EMDR has been established by rigorous research. According to the EMDR Institute, there are now more than 30 controlled outcome studies into EMDR, making it the most thoroughly researched method used in the treatment of trauma, all of which showed that it has positive effects. In some of these studies, as many as 90% of trauma survivors appeared to have no PTSD symptoms after a few sessions. See details on www.emdr-europe.org and www.emdr.org. EMDR is recommended by the National Institute for Health and Clinical Excellence (NICE) as an effective treatment for PTSD.



EMDR - Flash Technique Information Sheet

The Flash Technique (FT) is a recently developed therapeutic intervention for reducing the disturbance associated with traumatic or other distressing memories. Unlike many conventional trauma therapy interventions, FT is a minimally intrusive option that does not require the client to consciously engage with the traumatic memory. This allows the client to process traumatic memories without feeling distress.

About the Flash Technique

Originally developed as an addition to the preparation phase of EMDR (Eye Movement Desensitization and Reprocessing), FT has been demonstrated to be effective in reducing the disturbance level associated with severely painful memories, sometimes in as little as ten to fifteen minutes. Like EMDR, FT utilises eye movements or alternating tapping and is designed to resolve unprocessed traumatic memories in the brain.

FT may be used as an adjunctive intervention to make a variety of trauma-informed psychotherapies quicker and better tolerated. In Internal Family Systems, it can aid in “unburdening”. In various exposure therapies, it can reduce exposure-related disturbance.

In Cognitive Behavioural Therapy, it can increase client receptiveness to reparative adult perspectives.

Who can benefit from the Flash Technique?

FT can help children and adults of all ages. It is useful in a wide variety of presenting complaints including anxiety, obsessive-compulsive disorder, mild and severe dissociation, depression and more.

Experiencing the Flash Technique

A Flash Technique-trained therapist will begin by asking the client to identify a trauma memory. A principle underlying the Flash Technique is that unresolved traumatic memories are responsible for most non-organic symptoms. If the client presents with a symptom not associated with a specific memory, the therapist will help the client to find the memory that seems to be generating the symptom. After this “target” memory has been identified, the therapist will ask the client to turn his or her attention to a positive and engaging memory, image, activity, piece of music or visualization. While continuing to focus on this positive distraction, the client periodically is asked to momentarily interrupt that focus. Processing of the target memory is accomplished without the client consciously attending to the original disturbing memory.

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