

## PTSD Bytes – Transcript

Episode #:	8
Title:	#8: Treatments for PTSD 5: EMDR
Guest(s):	Marianne Silva, LCSW

Pearl:

Welcome and thank you for tuning in to PTSD Bytes, the podcast where we invite experts to talk about PTSD and mental health and how technology like mental health apps can help. We'll cover a new topic every other week in bite-sized episodes. I'm your host, Pearl McGee-Vincent, and I'm a clinical psychologist at the Veteran's Affairs National Center for PTSD.

Pearl:

In this episode of our series on PTSD treatments, we will be discussing Eye Movement Desensitization and Reprocessing or EMDR. Joining us today is Marianne Silva, a licensed clinical social worker at VA Connecticut, and a National Center for PTSD consultant. She is also a certified EMDR therapist and consultant-in-training for the EMDR International Association. Welcome Marianne.

Marianne:

Thank you so much for having me today. I'm happy to be here.

Pearl:

So tell us about Eye Movement Desensitization and Reprocessing therapy. Who is it for and why was it developed?

Marianne:

Absolutely. EMDR, as you said, stands for Eye Movement Desensitization and Reprocessing. What that means is it's a form of psychotherapy that's focused on helping clients process and heal from upsetting memories, thoughts and feelings related to trauma. So it wasn't initially designed to treat PTSD. But what they ended up finding out was that because it was so focused on upsetting memories and at the root of PTSD is a trauma, they started specifically looking at how EMDR could be used as a treatment for PTSD. So over the years, it's led to many research studies showing that EMDR is actually a very effective and now considered a first-line treatment for PTSD.

Pearl:

So walk us through what an EMDR session looks like. And how is it different from other PTSD therapies?

Marianne:

Absolutely. So during EMDR, a client is directed to focus internally, so what they're experiencing inside, when they think about a traumatic memory. And then at the same time, they're engaging in what's called "bilateral stimulation," often referred to as BLS. And what that means is the client is simply paying attention to something that's moving back and forth. So that might be my hand, it might be a light, or they might be holding pulsers, so 2 objects in their hands that vibrate back and forth. And some other forms of bilateral simulation might be having headphones on and listening to an audio tone that's going back and forth on each side. And even tapping. But there's many other things that are happening within the treatment, right? So if it were as easy as just looking at something back and forth, we could watch our windshield wipers and feel better. But we know that's certainly not the case. So I'm also asking clients to focus on the image of that memory, the negative beliefs, the emotions, the body sensations, all of those elements of the trauma. And as they focus on those things, we do about 30 to 60 seconds or so of the BLS. And we ask the client simply what they're noticing. The client might notice a change to the image, a shift in the emotions they're feeling or a shift in the beliefs that they're thinking. So the therapist's role is to pay attention to what's changing, or what's not changing and help the client be not so overwhelmed with distress, but to be able to tolerate the emotions enough that new learning can happen. and to provide the space for the brain to reprocess through what didn't originally happen at the time that the trauma occurred.

Pearl:

Great. So let me, let me make sure I'm understanding. You mentioned 30 to 60 seconds and you said an acronym and I want to make sure I got it right. Was that the BLS?

Marianne:

BLS, bilateral stimulation.

Pearl:

So BLS, bilateral stimulation. Can you tell us more about why or how that works?

Marianne:

So we aren't 100% sure why the BLS...why they work. But there is research going on to better understand their function. And some of those thoughts are that it, it lowers how distressed or like tense and keyed up our bodies are. The BLS can also help decrease the vividness and negative charge associated with the memory. And then as a result, someone who's doing EMDR, they might be able to think more flexibly, they can build new associations that really aid in helping them heal from their trauma

Pearl:

Thank you. That's really helpful. And is the client being asked to talk about their trauma out loud or just to be in the experience of the memory internally?

Marianne:

Yeah, so EMDR doesn't actually require talking about the trauma in detail. So while they're not talking about the trauma necessarily in detail, they are still very much engaged with those memories and all of the elements attached to it.

Pearl:

And what is the therapist doing during the session? Or kinds of things are they saying to the client?

Marianne:

Early in treatment, we'll spend some time really actively working together in getting some history. We'll be identifying what it is that we're going to be working on. We start the treatment developing some skills to help the client manage the distress that they might feel in and out of session. Once we begin the phase of EMDR where we're doing the trauma reprocessing, the therapist is actually pretty out of the way, right? We want to be able to set it up for the client to be able to focus on the memory and then let their brains do what it needs to do to work through that trauma.

Pearl:

What do people who have been through EMDR tend to say about it? What's the experience like, what have you heard?

Marianne:

So sometimes I'll hear people, and they're saying when they think back to that memory, or they think back to that trauma, it no longer carries that same charge. They're able to think more positively about themselves, other people, about their futures. And the distress or the anxiety that they might have been feeling when they came into treatment tends to be resolved.

Pearl:

That's wonderful. And is it every week and how long are the sessions?

Marianne:

So the length of session is typically anywhere between 60 to 90 minutes. And the duration of treatment is going to look different for each person, depending on what they're working on. So while some people may be able to process through a trauma pretty quickly, others might have more complex histories or other things that are going on that might require them to be in treatment a little bit longer. A lot of the research that supports the use of EMDR specifically for PTSD have seen people really getting better from treatment within an average of three months of weekly treatment.

Pearl:

That's great. I like how you describe it as being kind of individualized in terms of the length of treatment. I feel like we're so lucky to be living in an era where there's multiple effective treatments for PTSD available. You know, it wasn't that long ago that that people were living with PTSD for decades without any real hope of recovery. And when a client asks you, 'hey, what are the pros and cons of EMDR?,' can you describe what you tell them?

Marianne:

Yeah. So I'll say, some of the risks are that you might feel uncomfortable during treatment. We're asking you to focus on memory and beliefs and experiences that cause distress that you don't want to be thinking about. And you might access feelings that you've been avoiding for a long time because, understandably, they're upsetting. But those feelings are brief, people feel better, they feel a sense of safety, or a sense of control over the process.

Pearl:

That's great. And if somebody listening to this is going, 'Hey, I want to give EMDR a try. Where should they go? How can they find help?'

Marianne:

One of the resources that folks can use is called, EMDRIA. And that stands for the Eye Movement Desensitization and Reprocessing International Association. EMDRIA.org. So E-M-D-R-I-A.org. And on that website, there's a directory of EMDR-trained providers, not only just in the United States, but all over the world. And if they're within the VA system, there are so many EMDR-trained clinicians throughout the entire VA. So I would recommend talking with their primary mental health providers and getting connected to possible resources that are out there.

Pearl:

Great, thank you. And of course, this is the PTSD Bytes podcast, so we always like to hear about different technology or tech-related resources that can potentially help folks with PTSD or other mental health issues. Are there any that you recommend?

Marianne:

While there isn't specifically a treatment companion app for EMDR, there is some really cool features within PTSD Coach that I think can be integrated into the therapy really well. So a big part of EMDR is teaching skills to cope with distressing feelings, so whether that's during sessions or between sessions, when people have to be present in their day-to-day life. In the mobile app PTSD Coach, one of the tools that they can use is they have grounding, there's breathing, there's guided imagery, there's so many different tools that can be used within session with the therapist and then practiced between. Another feature is that the ability to add your own tool in PTSD Coach. So a client can add in their EMDR-specific resources, and also include things such as a video, a photo or a text that can be really adapted to their specific tool that they're working on using.

Pearl:

That's great. I appreciate you reminding us of those customizable tools in PTSD Coach. That's a really great feature. Thank you, Marianne, for joining us today and teaching us about EMDR.

Marianne:

Absolutely. It was my pleasure to be here. Thanks for having me.

Pearl:

Marianne mentioned a number of useful resources. Whether you are a Veteran or a non-Veteran, you can visit the EMDR International Association at [E-M-D-R-I-A.org](http://E-M-D-R-I-A.org), that's [EMDRIA.org](http://EMDRIA.org). And there you can find a listing of EMDR providers. Marianne also mentioned the PTSD Coach app, which has copings skills that can help with managing symptoms. Also, if you're a Veteran, ask your local primary care or mental health providers about availability of EMDR.

Pearl:

This has been an episode of PTSD Bytes. The podcast that delivers bite-sized expertise on issues related to PTSD, mental health and technology. Catch new episodes every other week by following or subscribing to PTSD Bytes on your preferred podcast app. Thank you for joining us.