Case Application of EMDR in Trauma Work

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This article presents a case application applying Eye Movement Desensitization and Reprocessing (EMDR) in trauma work. An overview of the theoretical model will be presented, and examples from a hypothetical case will illustrate how this approach can be effective in minimizing the maladaptive and negative reactions from recent trauma experiences such as the World Trade Center mass murders of September 11, 2001. [*Brief Treatment and Crisis Intervention* 2:49–53 (2002)]

KEY WORDS: trauma, grief work, Eye Movement Desensitization and Reprocessing, rapid eye movement.

Ralph is a 21-year-old college senior whose uncle is missing and presumed dead, as a result of the World Trade Center tragedy. Ralph was very close to his uncle and his family, and had spent a lot of time visiting with them since he came to New York to attend college. The rest of Ralph's family live in another state, and Ralph has limited contact with them except by phone. During the immediate weeks after the tragedy, Ralph was very supportive and stayed with his aunt and 9-year-old cousin, helping with their immediate, crisis needs. Since returning to school, Ralph has been experiencing difficulties in returning to his normal schedule. He has missed 3 weeks of classes, can't sleep at night, and is anxious about his grades and graduation. Having watched the media coverage constantly since the terrorist attacks, Ralph has had intrusive thoughts and nightmares from the images on the television of the collapse of the towers and the aftermath of the rescue and recovery efforts. He has been overwhelmed emotionally by his exposure to the visual realities of the tragedy, and has shut down physically by withdrawing and isolating himself. Ralph has come to the college counseling center on referral from his academic counselor; however, he is unable to verbalize much due to his depressed mood and trauma reactions.

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Crisis Reactions

Crisis theory postulates that most crisis situations are limited to a period of 4 to 6 weeks (Golan, 1978; Hepworth, Rooney, & Larsen, 1997;

Knox & Roberts, 2001; Roberts, 2000). In the aftermath of the crisis event, trauma victims and family survivors often have to cope with physical pain or symptoms, acute stress, and psychological trauma. Trauma and crisis situations affect victims and survivors physically, emotionally, and spiritually. In this case, Ralph has focused most of his time and energy during the last 6 weeks on being a strong support for his aunt and cousin, which has allowed him to repress his own reactions and emotional trauma.

His flat affect and depressed mood are characteristic of post-traumatic stress disorder (PTSD) reactions, as are his other identified symptoms of sleeplessness, isolation, and difficulty returning to a precrisis state of functioning. Ralph has been reluctant to seek help because he feels overwhelmed by his emotions and grief. His lack of sleep, tiredness, and lack of energy have contributed to his physical reactions. He is also having crisis reactions in questioning his life choices, and having anxiety about accomplishing his goal of graduation.

Ralph has agreed to an initial session because of his academic concerns about failing the semester. He expresses reluctance to working on his grief and loss issues, trying to displace them with a focus on his physical and academic problems. He does not want to join a support group, but is willing to talk to a counselor individually. The counselor has training and experience with Eye Movement Desensitization and Reprocessing (EMDR), and believes this approach may be effective with Ralph in working on both the physical and emotional trauma impacts.

EMDR Model

Research results of EMDR's effectiveness with a variety of client populations experiencing PTSD have been reported (Jenson, 1994; McCann, 1992; Paulsen, 1995; Rubin, 2002; Sanderson & Carpenter, 1992; Wilson, Tinker, & Becker, 1995). The EMDR model (Shapiro, 1994) is based on the hypothesis that traumatization produces neural networking that processes those memories and experiences either incompletely, due to their raw affect-laden nature, or are dissociated from conscious awareness altogether. Additionally, the raw affect interferes with successful processing, because it inhibits accessing, verbalizing, and expressing emotions and reactions associated with the trauma, since they are too sensitive, anxiety provoking, and threatening to the client. This is illustrated by Ralph's inability to verbalize and express his feelings about his uncle's death. The rapid eye movement technique developed by Shapiro (1995) facilitates accessing, desensitizing, and reprocessing of trauma memories and feelings by accessing the full information processing system, which results in diffusing the traumatic imagery, restructuring negative or painful cognitions, and neutralizing negative effect.

The EMDR process begins with establishing rapport and conducting a client history and intake screening. Survivors of trauma may question their own safety and vulnerability, and trust may be difficult for them to establish at this time. Therefore, active listening and empathic communication skills are essential to establishing rapport and engagement of the client. Empathic communication skills include minimal encouragers, attending to nonverbal behaviors and communication, reflection, and being genuine.

The next step is to have the client select a target image that represents the trauma. In Ralph's case, he has intrusive images and nightmares of his uncle dying in the collapsing towers. The counselor than asks the client to measure the cognitions and affect associated with the target image through the Subjective Units of Disturbance (SUDS) and the Validity of Cognition (VOC) instruments. These rank the client's scores from 0 to 10 on a scale of severity, and are done pre- and posttest for each counseling session to eval-

uate changes in those thoughts and feelings. The use of pre- and postintervention testing gives immediate feedback to the client and the therapist to measure the effectiveness of treatment.

The desensitization phase involves using lateral eye movements to activate the neural network, which typically results in the client recalling the target image and experiencing a sequence of emotions. A nondirective approach is used with the counselor avoiding any interpretation or reframing of those images, thoughts, or feelings, thereby enabling the client to reprocess those reactions in his or her own way. Ralph will then be able to reprocess and replace those disturbing images with more positive and loving memories of his uncle and the experiences they shared.

The installation phase serves to close down this catalytic process and install more desired cognitive and affective responses. These positive, adaptive responses are elicited from the client, and would illustrate how the client would prefer to think or feel about the trauma event or memory. In Ralph's case, replacing the disturbing images of his uncle's death with more positive memories and images of his uncle should allow him to decrease the sleep disturbances and nightmares. However, the counselor may want to screen for clinical depression, if the client does not experience relief of these symptoms.

Typically, the EMDR process is completed within a brief time frame of four to six sessions. The immediate effects of the treatment should allow the client to move toward a higher level of pretrauma functioning. Trauma survivors may also gain a more positive future orientation as well, with an understanding that they can overcome current problems, and hope that change can occur (Roberts, 1996). When the client is able to process and ventilate his or her feelings and reactions to the trauma, the release is energizing and enables the client to work through the grief process.

EMDR and the Grief Process

Ralph is currently in the beginning stage of the grief process in trauma work, which includes denial, detachment, or intrusiveness (Knox & Roberts, 2001; Kübler-Ross, 1969; Schneider, 1984). There is denial when Ralph blocks the impacts of the trauma through emotional numbing, and cognitive distortion, or dissociation. Detachment occurs through his isolating, withdrawing, and not attending classes. Intrusiveness involves involuntary flooding of thoughts and emotions, including nightmares, automatic thoughts, flashbacks, and preoccupation with the trauma event, and is evidenced by Ralph's obsession with watching the crisis coverage on television and sleep disturbances. Successful resolution of this phase for Ralph would involve accessing, expressing, and reprocessing his thoughts and feelings about his uncle's death, thereby moving into the third stage of the healing process.

This stage of the recovery or healing process in trauma work involves acknowledging, expressing, and reprocessing maladaptive or negative cognitions and emotions, and replacing them with more adaptive, healthy coping skills. However, grief work is not typically a linear process, and clients may skip stages, get stuck in a stage, or move back and forth between stages. In the desensitization phase, EMDR can be effective in minimizing or eliminating the blockage experienced through the client's traumatized neural networking system. During the installation phase, the client replaces negative or disturbing thoughts and feelings with more positive, adaptive ones. Ralph can install positive, happy memories of his uncle and the times they spent together, replacing his disturbing, negative images and thoughts of his uncle's death.

The goal of returning to a pretrauma functioning level for Ralph would also include working on his academic concerns and goals. Ralph may benefit from a mentor or advisor in decid-

ing the best strategies for his academic success. His counselor or academic adviser could advocate with his professors to allow Ralph to make up his missed classes and course work. Hopefully, Ralph's positive experiences with EMDR will motivate him to continue in other support services and counseling programs if needed.

The final stage of grief is resolution, which may take months or years to achieve, while many may never complete the process. This stage includes integration of the trauma event, reorganization of one's life, and adaptation and resolution of the trauma in positive meanings of growth, change, or service to others (Knox & Roberts, 2001). After the EMDR intervention process is completed, the client may want to follow up on referrals for other services and programs, such as support groups, advocacy groups, relief organizations, or charitable and volunteer programs. Many trauma victims and family survivors reach out to support and assist others who experience crisis and trauma. Ralph may find that a grief support group would provide social support and reduce his isolation by sharing with others who have lost loved ones and relatives. This can be especially helpful during trigger events or situations, such as holidays, anniversaries, and other special places or reminders of the loved one, when additional support is needed to deal with the emotions and thoughts that are brought back to the surface.

Conclusion

This case application illustrates how EMDR can be used in brief psychotherapy and grief work with recent trauma victims and survivors. The author encourages the reader to explore further education and training in this innovative, time-limited treatment model for crisis intervention and trauma work. Further information can be accessed through the EMDR Institute's Web site at www.emdr.org or by phone at 813-372-3900. The Web site provides an overview of the model, description of its development and the major theorist, explanations of the different levels of training and its use with special populations, and schedules of training conferences.

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