



How Does EMDR Work?

In 1987, psychologist Francine Shapiro, Ph.D. made the chance observation that, under certain conditions, eye movements can reduce the intensity of negative, disturbing thoughts. Since her initial discovery, there have been more controlled research studies investigating EMDR than any other trauma therapy. Reviewers around the world agree that EMDR is effective in the treatment of traumatic events.

This revolutionary therapy has been adapted and modified for children and has been used worldwide to help children through a variety of different problems and circumstances. There are hundreds of case reports and ongoing research on the positive effects of using EMDR with children. EMDR has also been used to treat children after large-scale traumatic events, such as the Oklahoma City bombing, Hurricane Andrew, the shootings in Jonesboro, Arkansas, and the tragedy of September 11th, with positive results.

While it is not clear how eye movements or other forms of Dual Attention Stimulation (DAS) in EMDR work (e.g., hand taps or tones), ongoing investigations continue. We do know that the DAS component is not hypnosis; it may be that eye movements work similarly to what occurs naturally during dreaming or REM (rapid eye movement) sleep, where certain information is processed. Additionally, it is possible that DAS produces a relaxation response or a distraction that helps children relax rather than avoid facing disturbing events. Others think that the DAS may help bring all parts of the brain/mind together, and therefore, allow for access to the body's natural healing mechanisms.

Where Can I Learn More?

Adler-Tapia, R. & Settle, C. (2008). EMDR & the Art of Psychotherapy with Children: Treatment Manual and Text. NY:Springer Publishing.

This book and accompanying treatment manual offer a step-by-step guide for therapists to implement EMDR with children.

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Greenwald, R. (1999). Eye movement Desensitization and Reprocessing in Child and Adolescent Psychotherapy. Northvale, NJ: Jason Aronson.

This introductory book on EMDR is written for anyone interested in child/adolescent therapy. It features many case examples for different ages and types of problems, as well as a trauma-informed comprehensive treatment approach.

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Lovett, J. (1999). Small wonders: Healing Childhood Trauma with EMDR. New York: The Free Press.

This book is a collection of stories about children who have benefited from EMDR Treatment. Parents, as well as professionals, will enjoy it.

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Shapiro, F. (2001). Eye Movement Desensitization and Reprocessing. 2nd Ed. New York: Guilford Press.

This book is by the founder of EMDR. It gives the reader a thorough understanding of the model, research, and varied applications for using EMDR.

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Tinker, R. & Wilson, S. (1999). Through the Eyes of a Child: EMDR with Children. New York: WW Norton & Company.

This book provides an in-depth review of a myriad of child cases with various traumas and problems -- all while maintaining fidelity to the original EMDR Model. It is written especially for the experienced therapist who wants to learn more about using EMDR with children.

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EMDR & CHILDREN



A Guide for Parents,
Professionals & Those Who
Care about Children

What is EMDR?

Eye Movement Desensitization and Reprocessing is a psychotherapy treatment that is effective for resolving emotional difficulties caused by disturbing, difficult, or frightening life experiences. When children are traumatized, have upsetting experiences or repeated failures, they lose a sense of control over their lives. This can result in symptoms of anxiety, depression, irritability, anger, guilt, and/or behavioral problems. Events such as accidents, abuse, violence, death, and natural disasters are traumatic, but we do not always recognize the ways they effect and influence a child's everyday life. Even common upsetting childhood events, such as divorce, school problems, peer difficulties, failures, and family problems, can deeply affect a child's sense of security, self-esteem, and development.

When an upsetting, scary or painful experience happens, sometimes the memory of the experience stays "stuck" or "frozen" in the mind and body. The experience may return in a distressing and intrusive way and the child may cope by avoiding everything associated with the upsetting experience. For example, a child who has experienced a bad bicycle accident may have repeated nightmares, be fearful of trying new things, and avoid things that are associated with a bicycle.

Most experts agree that the best way to get "unstuck" and become free from the symptoms is through exposure to the traumatic experience. This means the person will work through facing the memories or troubling events until they are no longer disturbing.

Dual Attention Stimulation (DAS) refers to the use of alternating, right-left tracking that may take the form of eye movements, tones or music delivered to each ear, or tactile stimulation, such as alternating hand taps. Creative alternatives have been developed for children that incorporate Dual Attention Stimulation, through the use of puppets, stories, dance, art, and even swimming.

EMDR helps resolve the troubling thoughts and feelings related to the distressing memories so that children can return to their normal developmental tasks and prior levels of coping. In addition, EMDR can help to strengthen feelings of confidence, calmness and mastery.



What is An EMDR session Like?

EMDR is part of an integrated treatment approach and is often used together with other therapeutic treatments such as play therapy, talk therapy, behavior therapy and family therapy. Prior to the use of EMDR therapy, it will be explained and used when agreed upon by the family and child.

A typical EMDR treatment session begins in a positive way by having children use their imagination to strengthen their sense of confidence and well-being. For example, children may be asked to imagine a safe or protected place where they feel relaxed or to remember a time when they felt strong and confident. These positive images, thoughts and feelings are then combined with eye movements or other forms of Dual Attention Stimulation. These beginning experiences with EMDR typically give children increased positive feelings and help children know what to expect during a session.

Next, the child is asked to bring up an upsetting memory or event that is related to the presenting problem. DAS is used again while the child focuses on the disturbing experience. When an upsetting memory is "desensitized" the child can face the past events without feeling disturbed, frightened, or avoidant. "Reprocessing" simply means that new understandings, sensations, and feelings can be paired up with the old disturbing thoughts, feelings and images. After EMDR treatment, the troubling memories can be more comfortably recalled as "just something that happened," and children can more easily believe, "It's over." "I'm safe now." "I did the best I could, it's not my fault." and "I have other choices now."

Can EMDR Help My Child?

EMDR can be used with children and adolescents of all ages. Case reports indicate that EMDR has been used successfully with preverbal children, as well as with teens who do not want to talk out loud about the upsetting issues. As with any intervention, the younger the child or the more avoidant the child, the more challenging it is to find ways to engage them and focus their attention on the problem at hand. It is helpful for parents and professionals to explain that EMDR is a way to get over troubling thoughts, feelings, and behaviors. EMDR has been used to help children deal with traumatic events, depression, anxiety, phobias, and a variety of other behavioral problems.

The EMDR process is different for each child, because the healing process is guided from within. Some children report that EMDR is relaxing and have an immediate positive response. Other children may feel tired at the end of a session, and the benefit from the treatment comes in the days to follow. For example, after EMDR treatment, a ten-year-old who wore a body cast for a year and was preoccupied with injury, illness, and death due to a traumatic accident, began crying tears of joy and stated, "I'm so happy, it really is over and I am strong!" A five-year-old who had behavioral problems and had worked with his therapist using other kinds of therapy, tried EMDR and stated, "Why didn't you do this with me before?" An eight-year-old who suffered from repeated nightmares stated, "They just popped out of my head, the monsters are gone." Other children say little at all, but their behavior changes and parents state: "Things are back on track."