



NEW JERSEY
PSYCHOLOGICAL ASSOCIATION

Traumatized by terrorism? EMDR can help.

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For many Americans 9/11 shattered our basic irrational assumption about life. "I am safe today, nothing bad will happen to me (or anyone I love)." We keep this assumption alive because the opposite "Life is full of random events and something bad may happen today" would keep us in bed or, at the very least, at home all day. Police, fire, and first responders practice how to respond in disasters because, without the practice, their first impulse would be self-survival. They run toward the danger/disaster, while the rest of us run away. Some of us, who have exceeded our ability to cope, freeze.

Successfully moving beyond events like 9/11 provides an opportunity for us to grow. Who we are at the moment a trauma occurs influences how the event will affect us. Our age, family history, social situation, and physical and emotional challenges all play a part. If we move through it successfully we can increase our resilience and be better prepared for life's next curve ball.

How do we do that? Can therapy help? When? What kind? There are two evidence based treatments for PTSD: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR). This article describes how EMDR works. EMDR is an eight phase, three prong protocol that looks at:

- 1.) Why are you seeking help? What has life been like related to "x?" How long has this been?
- 2.) What have you done in the past that has been helpful dealing with (dis)stress? Shall we look at other options you can use going forward?
- 3.) Let's look at the image, negative thought, emotions, level of distress and body reaction to "x." How would you like to feel about this once this no longer creates distress?
- 4.) The EMDR therapist then introduces bi-lateral stimulation. The client is encouraged to use eye movements - looking left to right - mimicking what the brain naturally does during REM sleep. Sometimes other forms of bi-lateral are used such as headphones that deliver a tone/beep on one side then the other, and/or tactile vibrations - again one side then the other, while the brain works on the issue. Clients are encouraged to "just notice" what the brain brings up. Sometimes a picture, an emotion, a kinesthetic feeling, remembering a sound or smell, or a belief about the self. Anything at all. The belief is that the mind/brain will let whatever is essential to

address come into focus.

5.) How exactly the brain is able to "update" the memory network - seeing the past with an anchor firmly in the present - is not known. We do know we stress "working memory" by this process and allow the brain to modify the dysfunctional memory network, helping the mind "own" a more adaptive response. It is often not a linear process and the therapist uses statements such as "What would you say to a friend who told you ..." or "I'm confused. Can a child control an adult's reaction? ..." to help the client look more objectively at their situation.

6.) Making sure the body agrees that the distress is resolved by scanning the body and noticing any distress.

7.) Creating a strong closure for each session. The therapist may help the client develop the idea of a container. A place where all of the things that are still disturbing can be placed until the client is ready to work on them. Very literally we ask the client to imagine a container of any dimension they may need: a treasure chest, bank vault, cave in the side of a mountain etc. We vivify all the attributes of such a container: size, color, texture of outside and inside, how it is secured, where it is kept. The purpose is to use the container to set aside the work yet to be addressed. If they have distressing thoughts/feelings/memories in between sessions, they are encouraged to place them in the container.

8.) Re-evaluating. These steps are followed for the present issue, past sources of the problem, and potential situations in the future where the problem might present itself again.

Within the EMDR framework there are several protocols designed specifically for Recent Trauma. The eight phases are changed a bit. In the US, the Recent Traumatic Episode Protocol (R-TEP) has been used in Alabama following the tornados, Arizona after the wildfires, Boston after the marathon bombings, after Sandy Hook, and Hurricane Sandy to name a few instances. In addition to working with an individual client, a Group Trauma Episode Protocol (GTEP) has been developed and used in several countries e.g., with the Syrian refugees in Turkey and the survivors of the earthquake in Italy. Here in the US it is being used in Orlando, following the nightclub shooting, as well as with a family who was present in Nice for the mass killing.

And, it's not just about the event itself. When we look back on a trauma once we are safe, we often focus on how we could/should have avoided the event; the "would-a, should-a, could-a." In addition, the event often has fallout changing our routine afterward. So, the before and after become part of the "traumatic episode." In R-TEP (Recent Traumatic Episode Protocol) the client defines the beginning of the episode. This is often hours before or even the day before the actual event occurred. For example, a woman who discovered that her boyfriend hung himself felt guilty that the night before this occurred, she was dismissive and self-centered. She felt that if she had paid more attention he would not have killed himself. This was important to address in therapy.

Basic EMDR, R-TEP, and GTEP all work to identify the issue, and break it into pieces that can be assimilated safely. People are taught ways of dealing with their physical reactions such as intense anxiety, rapid heartbeat, and shortness of breath. As the therapy progresses they can eventually talk about what occurred calmly, ending intrusive thoughts, nightmares, etc. It

doesn't take away memories that are important to keep. The person can then move forward in their life without being negatively influenced by what happened.

How would you know if you need to see a therapist? Sometimes you can experience an objectively bad event and bounce back, but then something smaller, but disruptive, occurs and you become "not yourself" e.g., irritable, short tempered, hyper vigilant, anxious, or depressed. Why? Well some would say that trauma can weaken our ability to cope or "sensitize" us so that the next event becomes "the straw that broke the camel's back." So if you notice some significantly negative feelings or reactions occurring close in time after a "trauma" you may want to just check in with a psychologist. Ask for a consultation appointment where you both can evaluate what is happening. Perhaps a few sessions will help put things back in place. Therapy can thus be used pro-actively to prevent PTSD from developing.

In all therapy at the end it is important to identify the answer to questions like: What have I learned from this experience? What do I want to take away? Building better coping skills is an important part of resilience.