

AMHERST BULLETIN

Innovative therapy helps people move beyond the disturbing effects of trauma

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When Army Major Kyle Head returned from duty in Iraq in 2004, he watched a debriefing slide show on post-traumatic stress disorder and thought, as each symptom was described, "That's not me ... not me ... not me."

"At that time you're just ecstatic to be back," Head said recently, en route to his next duty in Colombia, South America. But two months down the road, it was a different story.

"I was really edgy and impatient with people," said Head, a Mississippi native who now calls Salem N.H. home. "I was totally sleepless; I'd wake up after three or four hours sleep with my mind going 100 miles an hour.

"I was really uncomfortable in a crowd," he added, "had to find some way to get my back against a wall. Loud noises were bad. Your head is on a swivel - hyper-vigilant."

According to the National Institute of Mental Health, about 30 percent of men and women who have spent time in war zones experience PTSD. Finally, when Head was afraid he'd lose his daughter and girlfriend if he didn't get some help, he found his way to Northampton psychotherapist Alexis Truslow. As a provider for Tricare, the Department of Defense health insurance, she has worked with many active-duty service members in the area, using a relatively new and, by all accounts, remarkably effective treatment for PTSD with the bulky name Eye Movement Desensitization and Reprocessing, EMDR for short.

"It's a real revolution in the way we approach psychotherapy," said George Abbott, a clinical and counseling psychologist at the Holyoke Medical Center, with a private practice in Northampton. "It takes a lot of pieces of other therapies and mixes them in a new way."

Recently the U.S. Department of Defense and Department of Veteran Affairs have issued guidelines placing EMDR into the category of therapies with the highest level of evidence, and recommending it for PTSD. In 2002, both the Israeli National Council of Mental Health and Northern Ireland's Department of Health designated EMDR as one of two preferred treatments for victims of terrorism.

"It works a whole lot faster than most of the traditional therapies," said Abbott. "My experience of doing my work has changed dramatically. You see more breakthroughs daily and people really seem to like it. There are a lot of therapies for trauma, but some make people go through disturbing events longer, so there's a high dropout rate. With EMDR, you see results pretty quickly."

Based on brain processes

EMDR, discovered and developed by California psychologist Francine Shapiro in 1987, is a method of psychotherapy that takes into account the way the brain processes information.

"EMDR is based in a particular understanding of the physical brain and how it collects and stores memories and events, and how, when those memories and events have been traumatic, they can

be resolved," said Farnsworth Lobenstine, an Amherst clinical social worker who has been using EMDR in his practice for eight years.

In a journal article on the use of EMDR, clinical social worker Rick MacMahon cites brain-imaging research that sheds light on the way the brain responds to trauma.

"Using SPECT scans to view the brain under different conditions has allowed us to learn more about the neurobiology of trauma," MacMahon writes. Single Photon Emission Computed Tomography is a type of nuclear imaging test that shows how blood flows to tissues and organs.

"When a flashback is induced in a Vietnam veteran, for instance," MacMahon writes, "we observe that the brain's right hemisphere, where images, vision and emotions originate, is extremely active. At the same time, the left side of the brain, where speech and logic reside, is completely shut down, especially the part of the brain which allows the victim to talk about his/her experiences."

Stated most simply, the theory is that while in the normal course of affairs, both sides of the brain collaborate on receiving, responding to and storing information, traumatic events can overwhelm the brain's emotional center and get stuck there, undigested.

Abbott said that brain-imaging studies on EMDR, such as the one cited by MacMahon, indicate that EMDR effectively moves information from the mid-brain on the right, the limbic system, sometimes called the emotional brain, to the left frontal lobe, where it is available to understanding, judgement and narrative.

"[EMDR] reaches below the level of discourse," he said. "It reaches into and stimulates parts of the brain that are beneath the verbal level."

In the case of the studies MacMahon cites, after noting the pre-intervention brain-scan reading of a veteran suffering PTSD, researchers have then given veterans three to six 90-minute sessions of EMDR, until it seems to the therapist that the subject is no longer having symptoms while remembering the traumatic event. Back in the scanner, the veteran's traumatic "script" is read again and researchers observe a relative quieting of activity in the limbic system and a relative increase in the activity in the left frontal cortex.

Bilateral stimulation

The facet of EMDR crucial to resolving the blockage in the "emotional brain" and moving information to the cortex is bilateral stimulation, that is, applying stimulation to both sides of the brain.

"EMDR uses bilateral stimulation to facilitate communication between the left and right hemispheres of the brain, and it appears to get all aspects of the brain working together," said Lobenstine, who is approved by the EMDR International Association to provide advanced training to clinicians using the method.

The "bilateral stimulation" Lobenstine refers to seems almost too simple to be so powerful. A therapist pairs a client's visualization of a traumatic incident with one of four techniques for stimulating both sides of the brain. In the traditional method, from which the approach derives its name, clients are asked to follow with their eyes the rapid side-to-side movement of a clinician's finger or wand, while visualizing a traumatic event. Other clinicians have the client hold small vibrating devices in each hand, which are activated in turn. In some cases sound is used, alternating in the left and right ears, or tactile stimulation, on the left and right wrists.

"Initially I was skeptical," said Northampton clinical psychologist Denise Gelinis, "but then the outcome studies started emerging. Now I cannot imagine doing the work that I do without EMDR. It helps people resolve and move on from very disturbing experiences and does it in a way that is much faster and gentler for the client."

"I had to take a leap of faith, because at first it seemed kind of goofy," said a client of Lobenstine's who, for reasons of privacy, prefers to be identified only as Paula, a 53-year-old Amherst mother

of two.

"I have had a lot of loss in my life, early on, but I functioned pretty well," she said. "Then I lost a child and that just took me to another level. I thought I would be healing and then I had setbacks, where I wouldn't even want to get out of bed."

She said that rhythm went on for years. "I would talk with therapists and it would be a bit better, but it wouldn't resolve anything," she said. "Finally I got to a point where I just didn't think I could [get better]. I felt like I was caught in the past and couldn't get out."

That's when a friend suggested EMDR. "The biggest thing was that when I walked away from the first session I really felt hopeful," Paula said. "Just that gave me so much more energy. In the few months that we have worked together I've come to feel so much better, having more energy, being interested in my life. I've had [several] other therapists and nothing has touched me the way this has."

In addition to processing the traumatic event itself, EMDR works with negative self-beliefs associated with the trauma.

"People who function well in the world and enjoy life, rely on positive experiences, which build positive self-concepts," said Amherst bioenergetic analyst and trauma therapist John Barbaro. "But when a traumatic event occurs, it cannot access the network of positive experiences. The normal processing gets short-circuited in cases of overwhelming trauma so the only meaning a person can make of it is a negative self-concept."

So, for example, a person subjected to traumatic abuse may hold the belief, "I am bad" or "I am weak," or "I deserve to be miserable."

The EMDR protocol is designed to identify the negative beliefs and replace them with their positive counterparts.

Who can be helped?

Although PTSD has been making news recently with regard to members of the armed services and veterans, The National Institute of Mental Health estimates that 5.2 million Americans have post-traumatic stress disorder at any given time.

"EMDR is mostly for experience-based illness, not biologically based," Abbott said, "although there are some gray areas."

For example, he said, EMDR will not help with Attention Deficit Disorder, but can help with the negative experiences a person may have as a result of the disorder.

"Another gray area, which is surprising," he said, "is that EMDR is extremely successful in eliminating phantom-limb pain," a mysterious experience of pain in a limb that is no longer there. "The reason is that the pain was the result of information storage associated with removal of the limb," Abbott said.

Amy, a 25-year-old graduate of the University of Massachusetts, suffered for years with anxiety. "Since I was a child, I have been anxious," she said. "Then when I was around 16, I started having panic attacks. I couldn't handle life. It makes you feel like you're either dying or going crazy. You feel trapped in your own body."

Now, after two years of EMDR therapy, she says, "EMDR has transformed my life. I felt relief about four to six months into it. How fast I've healed is amazing. Finally I'm living, and I'm not scared to live."

After years of suffering numerous phobias, including the fear of travel, Amy said, "In the past six months I've traveled so many places. I'm like a whole new woman."

"I've done so many different methods in order to heal and I want to say to people, Never give up,

because there are alternatives out there.' I'm not PTSD; I haven't had one big thing. It can be tons of little things that add up to a big thing." EMDR therapists call that cumulative trauma "small-t" trauma.

Mark Nickerson, an Amherst clinical social worker whose areas of specialty includes domestic violence, has used EMDR to help clients who struggle with anger management get in touch with and process disturbing childhood experiences that trigger violent behavior in the present.

Speaking of one client's experience with EMDR, he said, "He was able to go back and re-experience the thoughts, emotions and bodily reactions, and process those through, so they didn't have the same effect [of triggering violent behavior in the present].

"Clients have been able to face things they thought would overwhelm them, such as phobias, and make their way through those thoughts and feelings and get free of the impact of those traumas," Nickerson said. "EMDR provides quicker relief than any other approach I'm aware of."

Army Capt. Jaime Perez, a clinical social worker at The Vet Centers in Springfield and Worcester, used EMDR in the field in Iraq. He returned from his second tour of duty in October. "It was amazing," he said. "I know that if there were more providers properly trained to use it, it would be very effective."

What about children?

Lobenstine said that EMDR works particularly rapidly with children, because their problems are more recent and less deeply ingrained. "EMDR is effective with children who are anxious, children who have experienced trauma such as a hospitalization, a car accident, a challenging divorce," he said. "It can also be very helpful with children who experience the chronic small-t' traumas of a learning disability, a physical disability or a parent who is emotionally or physically unavailable for any reason."

Several of the many books on EMDR have been written by local psychologist Ricky Greenwald, who is the founder and executive director of the Greenfield-based Child Trauma Institute. Since 2002 the organization has provided training, consultation and resources for mental health professionals who work with trauma-exposed children, adolescents and adults. Prior to founding the institute, Greenwald was assistant clinical professor and director of training for the child trauma program at Mount Sinai School of Medicine in Manhattan.

His books on the use of EMDR with children include the 1993 "Using EMDR With Children," the 1999 "EMDR in Child and Adolescent Psychotherapy" and the 2005 "Child Trauma Handbook."

"EMDR is one particular tool in a therapy approach," he said. "One of the things I like to be able to say to my clients is that [EMDR] is the best proven method available, which it is."

When Major Head began his EMDR therapy with Alexis Truslow two years ago, he said, "We made a list of all the imagery and memories that bothered me and we worked on them one at a time."

Completing his therapy last month, he said, "I didn't remember, but at the first session, I filled out a sheet," which listed 17 complaints that active-duty service members or veterans sometimes have in response to stressful situations.

The list included items such as: repeated disturbing memories, thoughts or images of a stressful military experience from the past; feeling distant or cut off from other people; having trouble falling or staying asleep.

Head was asked to rate how much he had been bothered in the last month by each of the complaints, on a scale of one to five, with five being "extremely." His scores were high.

"At my last session, she gave me the same sheet," he said, "and almost everything on the second sheet was 'rarely ever.' I can't imagine a better way to deal with PTSD than the way I did."

More information on EMDR can be obtained from the EMDR Institute, founded by Francine Shapiro. A senior research fellow at the Mental Research Institute in Palo Alto, Calif., Shapiro also founded the EMDR Humanitarian Assistance Programs, a nonprofit organization that coordinates disaster response and low-fee trainings worldwide.

At the institute's Web site, www.emdr.com, there is a comprehensive list of research, books and articles on EMDR as well as information on trainings.

Another good source of information is www.emdria.org, the Web site of the EMDR International Association, which has a Western Massachusetts chapter.

"Western Massachusetts is an extremely rich area in EMDR therapists," said Northampton clinical psychologist George Abbott, "not only per capita, but as a group, they are very well-trained and have supported training."

The local chapter hosts an annual regional conference in the spring. This year's gathering, held at Smith College in March, drew 100 EMDR therapists for the daylong event. The chapter has produced the only local directory of EMDR-trained clinicians in the country. The seventh edition is available now at the www.wmassemdria.com Web site.