Using Elements of EMDR in a School Setting to Help Children Deal with the Impact of Trauma and Negative Experiences

Paula Reis, MSW, RSW &
Safe Schools Department, TCDSB
EMDR –Trained in level I & II
Proceeding towards Certification

Alice Tu, MSW, RSW
Clinical Therapist
EMDR –Trained in level I & II
Proceeding towards Certification

OASW School Social Work 25th Annual Symposium
November 26, 2012

Effectiveness

"The speed at which change occurs during EMDR contradicts the traditional notion of time as essential for psychological healing. Shapiro has integrated elements from many different schools of psychotherapy into her protocols, making EMDR applicable to a variety of clinical populations and accessible to clinicians from different orientations."

(Bessel van der Kolk, 2004- quoted by the EMDR Institute)

What's in a Name?

- EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy in which bilateral sensory stimulation (BLS) is combined within specific protocols to desensitize and reprocess traumatic memories.

What's in a Name?

- Francine Shapiro discovered EMDR by chance while walking through a park in 1987.

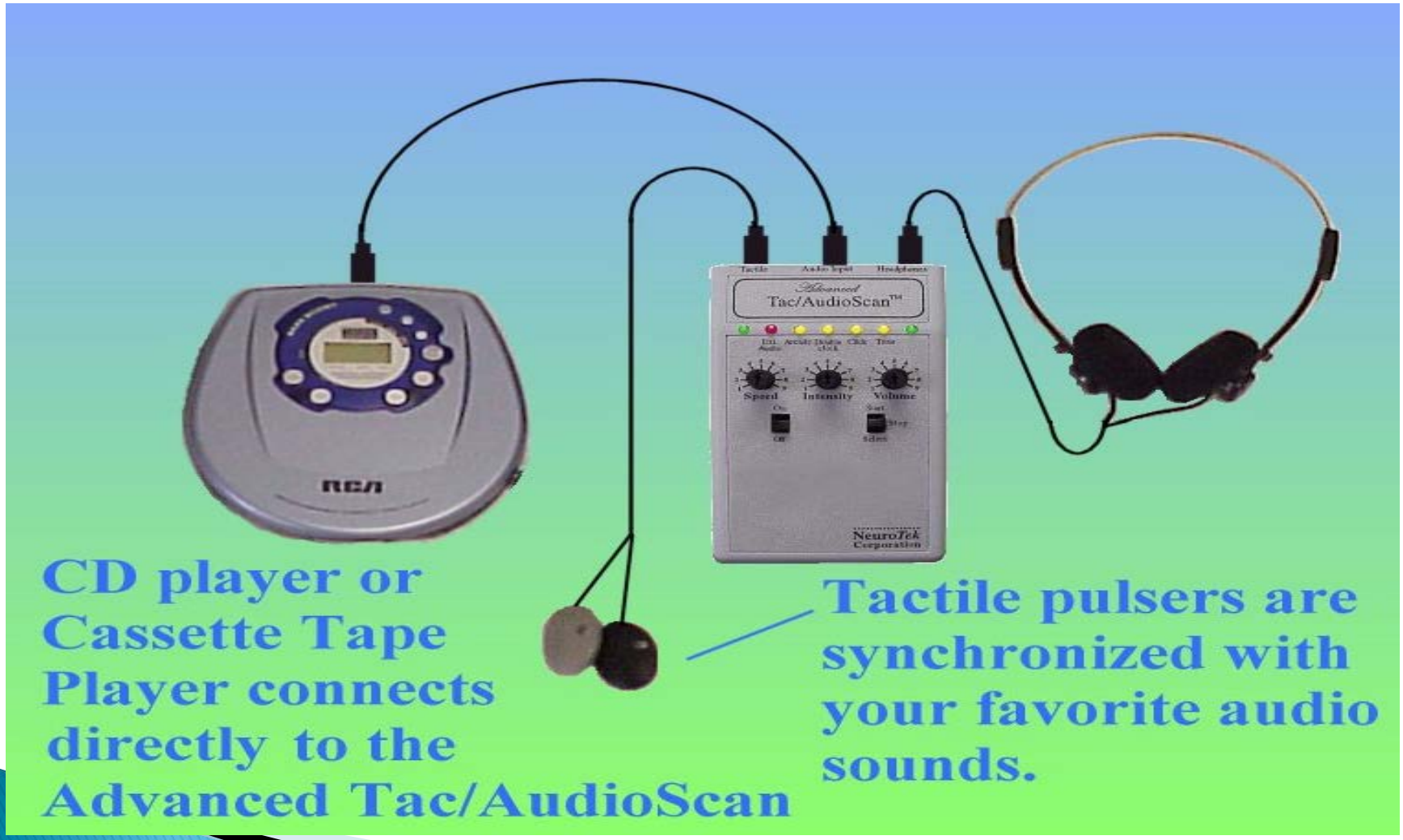
- Francine Shapiro now says that if she had to do it again, she'd simply call it "Reprocessing Therapy."

Bilateral Stimulation (BLS)

- Eye Movements
- Alternating Audio Tones
- Alternating Tapping (hands, knees, shoulders, feet).

- Movements are slow and short (5 seconds) for installing/reinforcing positive emotions, and faster and longer (30 seconds) for processing traumatic memories.

Tac/Audio Scan



The Eight Phases of EMDR

- Phase One – Trauma History: Themes – first, worst, most recent;
  Subjective Unit of Disturbance 0–10;
  Readiness Questionnaire;
  Query Dissociation – DES.
- **Phase Two— Client Preparation (Self-Control/ State –Changing Techniques).**
- Phase Three– Assessment
- Phase Four– Desensitization
- Phase Five– Installation
- Phase Six– Body Scan
- Phase Seven– Closure
- Phase Eight– Reevaluation

EMDR Techniques

- Self-control techniques are used in the preparation phase of EMDR therapy, increasing access to positive memory networks. This is essential for keeping client within the emotional window of tolerance during processing.

EMDR Techniques

- Also called state-changing techniques because if we can shift our focus of attention, we can shift our state of mind.
- Thoughts, feelings and reactions can be transformed, lowering distress and increasing confidence and comfort.

EMDR Techniques

The client preparation techniques from Phase Two of EMDR Therapy can be used in a school setting to help children deal with the impact of trauma and negative experiences. They can bring stabilization and relief.

They do not require the formalized training necessary to do the trauma desensitization and reprocessing.

Safe or Calm Place Technique

- Think of an image of a positive experience you've had in the past. Choose a scene that gives you a feeling of safety or calmness.
- Describe the image using your five senses.
- (Have children draw their image in detail).
- Notice how you feel emotionally.
- Notice any positive body sensations.
- Choose a cue word for these feelings.
- Merge the cue word with the feelings.
- Allow yourself to merge with the scene and the cue word. Practice daily.

Breathing Shift Technique

- Do the Safe/Calm Place exercise again.
- Bring up the image and the cue word.
- Notice the positive emotions and body sensations.
- Place your hand over the part of your chest or stomach where your breath begins.
- Practice this relaxed pattern of lower breathing.
- Use whenever stressed and noticing shorter, higher breathing.

Testing Your Safe or Calm Place

- Bring up the image of your safe or calm place and the cue word.
- Notice the positive emotions and body sensation.
- Bring up something that mildly upset you recently.
- Notice how your body changes.
- Bring up your safe or calm place image and the cue word. Notice your breathing shift.
- Notice the positive feelings return.

The Butterfly Hug Technique

- Developed in Mexico to help a group of children following a hurricane.
- Used to increase the positive feelings of a safe or calm place.
- Cross your arms in front of your chest. Right hand on left shoulder, left hand on right shoulder. Tap alternating hands 4 to 6 times.
- Bring up image of safe or calm place and the cue word. Tap alternating again 4 to 6 times.
- Repeat a few times. Practice daily.

The Adaptive Information Processing Model (AIP)

- EMDR is based on the Adaptive Information Processing Model developed by Francine Shapiro (1989).
- The model makes the assumption that the brain is oriented towards health and has the ability to achieve it. How we store memories leads us to health or pathology.

Adaptive Information Processing

- AIP defines trauma as negative experiences and unmet developmental needs that can block the information processing system from doing its usual work.

Adaptive Information Processing

- Post-traumatic symptoms are caused by the storage of disturbing information in the nervous system, in the same form in which it was originally experienced. The intensity of the affect "locks" the memory in its state -specific form. No new information is allowed in.

Adaptive Information Processing

- Thoughts, pictures, sounds, smells, tastes, emotions and body sensations are all part of stored memories. These determine how we see things, think about things and behave.

Adaptive Information Processing

- Unprocessed memories don't necessarily cause PTSD but according to Francine Shapiro (2012), most people have 10 to 20 unprocessed memories that are responsible for most of the pain and suffering in their lives.

Adaptive Information Processing

- While the image of a disturbing event may not intrude on us currently, as it often would if we had PTSD, the negative self-talk we may experience is directly related to the perspective we had at the time of an earlier negative experience.

Cartoon Character Technique

- Think of a cartoon character with a funny voice.
- Close your eyes and bring up your critical inner voice.
- Notice how your body changes.
- Notice the changes in your emotional state.
- Put the negative self-talk in the voice of a cartoon character.
- Notice how your body and emotional state change.

Adaptive Information Processing

- Unprocessed memories are the basis of negative responses, attitudes and behaviours.

- Processed memories are the basis of adaptive positive responses, attitudes and behaviours.

Negative Cognitions

- Unprocessed memories are accompanied by negative cognitions about oneself. Three categories:

- 1. Responsibility/Being Defective

I'm worthless; I'm stupid; I don't deserve, etc.

- 2. Lack of Safety/Vulnerability

I'm in danger, I'm not OK, I can't trust, etc.

- 3. Lack of Control/Power

I'm powerless, I can't succeed, I'm a failure, etc.

TICES Log Technique

- Use to monitor current reactions.

- T stands for Trigger.
- I stands for Image.
- C stands for Cognition (negative self-belief).
- E stands for Emotion.
- S for Sensation and Subjective Unit of Disturbance (0-10).

- Use Calm/Safe Place or Breathing Shift Technique to return to neutral.

Adaptive Information Processing

- Trauma treatment helps new information to be accessed and integrated with the memory. The "old stuff" can then be linked to new, current information allowing the person to say, "That was bad, but I'm OK now."

Adaptive Information Processing

- We store memories with similar themes together in chronological order. When similar experiences happen, these memories latch onto unprocessed associative channels with the accompanying negative feelings, beliefs and sensations.

Adaptive Information Processing

- When we process the first memory adaptively, we get relief from the original negative emotion and sensations.
- This adaptive information acts as a resource to subsequent memories. We link the more recent negative memories to the adaptive memory network and transform it to peace.
- All the negative emotions, attitudes, beliefs and physical sensations are let go.

Children and Trauma

- A traumatic event can have a profound effect on the development, physical and mental health of a child.
- Even seemingly minor events from an adult perspective can feel traumatic to a child.
- A traumatic event can significantly disrupt school routine and learning.

Children and Trauma

- Reponses vary according to age and developmental level, prior history of trauma and loss, prior or current mental health issues. General responses may include:
- Ongoing concern about own safety.
- Preoccupation with thoughts about their actions.
- Ongoing feelings of guilt or shame.
- Overwhelming feelings of sadness or fear.
- Attempted suppression of feelings. Loss of acquired developmental milestones (bedwetting, thumb sucking, simpler speech).

Children and Trauma

- Increased irritability, temper tantrums, aggression and anger.
- Withdrawn, subdued, even mute.
- Difficulty falling asleep, nightmares.
- Somatic complaints.
- Change in school performance.
- Difficulty with attention and concentration.
- Increase in absences.
- Fantasies of revenge and retribution.
- Self-destructive, reckless behaviours.
- Change in interpersonal relationships.

Adaptive Responses to Trauma

- Freeze
- Flight
- Fight
- Fright
- Faint
- Fidget

- Trauma can look like ADHD.
- Ask the child about thought, feelings and body sensations when fidgeting.

Research Findings with Children

Meta-analysis:

- -Rodenburg et al. (2009), evaluated 7 randomized controlled trials in a meta-analysis, which examined the efficacy of EMDR in children with PTSD
- -Results showed that EMDR is efficacious in treating children with PTSD symptoms
- -Researchers also found incremental efficacy of EMDR when compared to established CBT trauma treatment

Research Finding with Children
Randomized Clinical Trials:

- EMDR has been found to be effective in treating children with PTSD from various sources and suffering from a variety of co-morbid conditions (Ahmad, Larsson & Sundelin-Wahlsten, 2007).

Research Finding with Children
Randomized Clinical Trials:

- EMDR was shown to be effective in treating children with disaster-related PTSD, who had not responded to another intervention, and health visits to the school nurse were also significantly reduced following treatment (Chemtob, Nakashima & Carlson, 2002).

Research Finding with Children
Randomized Clinical Trials:

- Both EMDR and CBT produced significant reductions on all measures when treating children exposed to an explosion, the results maintained at follow-up, and treatment gains of EMDR were also reached in fewer sessions (de Roos et al., 2011).

Research Finding with Children

Self-esteem, Behavioural, and Conduct Problems :

Both EMDR and CBT were found to have significant positive effects on behavioural and self-esteem problems in children, with the EMDR group showing significantly larger changes in target behaviours (Wanders, Serra & de Jongh, 2008).

Research Finding with Children

Self-esteem, Behavioural, and Conduct Problems:

- The addition of 3 sessions of EMDR to standard care resulted in large and significant reductions of memory-related distress and problem behaviours in boys, by 2 month follow-up, supporting the hypothesis that effective trauma treatment can lead to reduced conduct problems in this population (Soberman, Greenwald & Rule, 2002).

Research Findings with Children Non-randomized trials:

- -Studies documenting the significant contribution of EMDR in successfully treating children with PTSD symptoms stemming from a variety of traumatic experiences:
  -Floods (Aduriz, Bluthgen & Knopfler, 2009), (Jarero, Artigas & Hartung, 2006)
  -Earthquake (Fernandez, 2007)
  -Witnessing an airplane crash (Fernandez, Gallinari & Lorenzetti, 2004)
  -Bereavement after a mine explosion (Jarero, Artigas & Lopez-Lena, 2008)
  -Road traffic accidents (Ribchester, Yule & Duncan, 2010)
  -Single incident trauma (Hensel, 2009)
  -Civilian PTSD (Wadaa, Zaharim & Alqashan, 2010)
  -Ongoing trauma and building resilience (Zaghrout-Hodali, Alissa & Dodgson, 2008)

Research Findings with Children

- Although further research is needed in evaluating the efficacy of EMDR with children, the results to date are promising, suggesting that EMDR appears to be an efficacious means of treating children who have been impacted by trauma.

Resource Development Technique

- Developed by Andrew Leeds.
- Similar to Ericksonian ego strengthening in that it looks within the client for the essential resources and assists the client in finding their own solutions.
- The client identifies memories and images associated with positive emotional states and adaptive coping behaviours.
- Short, slow sets of BLS are used to install and reinforce these connections.
- Discontinue if any negative association arises and have client chooses another image.
- Keep a record of the client's resources.

Resource Development Technique

- Think of a challenging situation.
- Notice self-critical thoughts and negative feelings.
- Identify a quality/resource that would help you cope better.
- Choose a visual image of that quality or resource (a person, a symbol, a character, etc.) Describe the image in as much detail as possible, using all five senses. Children can draw their image, make it out of Play-Doh or use a toy.
- Notice the positive emotions associated with this image. Install with a slow, short set of BLS.

Resource Development Technique

- Notice the positive body sensations associated with this image. (Slow, short set of BLS.)
- Name a cue word or a phrase associated with this image. (Slow, short set of BLS.)
- Think of _____ (image), _____(positive emotions), _____(pleasant body sensations) and _____(cue word/phrase). (Slow, short set of BLS.)
- Merge with the resource and think of _____ (image), _____(positive emotions), _____(pleasant body sensations) and _____(cue word/phrase). (Slow, short set of BLS.)

Evidence-Based Therapy

EMDR is efficacious with PTSD

- 25 randomized clinical trials
  - 7 comparing EMDR to exposure or cognitive + exposure therapy
  - "as effective as CBT and more effective than no-treatment" (Davidson & Parker 2001)
  - Effective in fewer sessions and medications appointments (Marcus, Marquis & Sakai 1997)
  - Lower drop-out rates in EMDR conditions than exposure treatments (Ironson, Freund, Strauss & Williams, 2002)
  - Follow-up data demonstrates treatment maintenance and/or increase (Wilson et al, 1995 & 1997; van der Kolk et al, 2007)

Evidence-Based Therapy

"EMDR has answered the clarion calls for accountability" (Norcross, 2007).

1998- an American Psychological Association Task Force found EMDR to be one of only three methods empirically supported for PTSD treatment.

2005- an APA Task Force reviewed 1400 studies and 30 meta-analyses to explore Evidence-Based Psychology Practices (Norcross, Buetler & Levant).

Evidence-Based Therapy

- 2004 & 2009- the American Psychiatric Association includes EMDR in its *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and PTSD,* giving it the same top-tier effectiveness rating as CBT.
- 2004- American Department of Defense/Veterans' Affairs.
- 2000 & 2008 - International Society for Traumatic Stress Studies.

Evidence-Based Therapy

- 6 Meta-analyses
  - Maxfield & Hyer's 2002 meta-analysis summarized the then-current research, evaluating the studies based on Foa's 7 gold standards of research, and adding 3 more criteria of excellence for EMDR research
  - This meta-analysis demonstrated the importance of protocol fidelity to treatment outcomes
- 13 non-randomized studies

Neuroscience

- Trauma, which is initially stored as episodic memory in the hippocampus and related limbic brain structures (with emotional content linked in by the amygdala) gets reprocessed into the prefrontal cortex, which holds the semantic memory networks. Any form of BLS forces the client to shift attention across the midline and it is this- the orienting response- that is the mechanism by which EMDR induces a REM-like neurological state.

Neuroscience

There is brain imaging evidence that eye movements (both REM and wakeful) activate the same part of the brain (cited by Stickgold 2002). Nicosia (1995) hypothesized that EMDR activated a REM-like system of memory reorganization and demonstrated, at an alpha-wave level, that EMDR and hypnosis involve different neurological activities.

Neuroscientists

Advocates of EMDR:

- Schore (’09)- infant: maternal interaction, client: therapist interaction, the neurobiology of trauma (conception to two)
- Scaer (’00)- trauma as a “stuck freeze response”
- Siegel (’02)- neurobiology of attachment, therapeutic attunement
- Servan-Schreiber (’00, ’04)- a neurobiological model for the orienting response, the neurobiology of healing
- van der Kolk (’98, ’02, ’07 etc etc)- *Traumatic Stress,* controlled research and chapters/articles on EMDR

EMDR in Ontario

- In 2011, the Ontario Ministry of Health provided funding for EMDR training for two programs:
- The Sexual Assault/Domestic Violence Treatment Centres in Ontario hospitals had 30 staff members trained.
- The Primary Health Care Services of Peterborough (a network of Family Health Teams) also commissioned a Ministry-funded EMDR training.

EMDR Humanitarian Assistance Programs (HAP)

- EMDR HAP is a non-profit organization and the mental health equivalent of Doctors Without Borders.
- It is made up of a global network of volunteer clinicians who travel anywhere there is a need to stop suffering and prevent the after-effects of trauma and violence.
- The primary focus is on training local therapists within crisis or underserved communities to treat trauma using EMDR.

HAP Germany & ASCLEPIA (2010). *EMDR FOR A CHILD: EMDR training on the River Kwai*. A Film Directed by Michel Meignant & Mario Viana. www.emdr-for-a-child.com

Contacts

- paula.reis@tcdsb.org
- alice_tu@hotmail.com

Acknowledgements

- A special thank you to:
- **Barbara Horne** of Niagara Stress and Trauma Clinic for her inspirational EMDR training and generous sharing of material; &
- **Helen Orton** for her gifted clinical EMDR supervision and guidance.

References

- Aduriz, M. E., Bluthgen, C., & Knopfler, C. (2009, May). Helping child flood victims using group EMDR intervention in Argentina: Treatment outcome and gender differences. *International Journal of Stress Management*, *16*(2), 138-153.
- Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: Results of a randomized controlled trial. *Nordic Journal of Psychiatry*, *61*(5), 349-354.
- American Psychiatric Association (2004). *Practice Guidelines for Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder.* Arlington, VA: American Psychiatric Association Practice Guidelines
- Barrowcliff, A.L., Gray, N.S., MacCulloch, S., Freeman, T.C.A., MacCulloch, M.J. (2003). Horizontal rhythmical eye-movements consistently diminish the arousal provoked by auditory stimuli. *British Journal of Clinical Psychology, 42*, 289-302.
- Boudewyns, P.A., & Hyer, L. (1996). Eye movement desensitization and reprocessing (EMDR) as treatment for post-traumatic stress disorder (PTSD). *Clinical Psychology and Psychotherapy, 3,* 185-195.
- Bergmann, U. (2010). EMDR's Neurobiological Mechanisms of Action: A Survey of 20 Years of Searching. *EMDR Journal of Practice & Research, 4 (1),*22-42.
- Carlson, J.G., Chemtob, C.M., Rusnak, K., Hedlund, N.L. & Muroaka, M.Y. (1998). Eye movement desensitization and reprocessing (EMDR) treatment of combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, 11 (1), 3-24.
- Chambless et al. (1998) Update on empirically validated therapies, II, *Clinical Psychologist, 51,* 3-16.

References

- Chemtob, C., Nakashima, J., & Carlson, J. (2002, January). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: A field study. *Journal of Clinical Psychology*, *58*(1), 99-112.
- Chemtob, C.M., Tolin, D.F., van der Kolk, B.A. & Pitman, R.K. (2000). Eye Movement Desensitization and Reprocessing. In E.B. Foa, T.M. Keane, & M.J. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (pp. 139-155, 333-335). New York: Guilford Press.
- CREST: (2003). *The management of post traumatic stress disorder in adults. A publication of the Clinical Resourse Efficiency Support Team of the Northern Ireland Department of Health, Social Services and Public Safety*, Belfast.
- Davidson, P.R., & Parker, K.C.H. (2001). Eye movement desensitization and reprocessing (EMDR): A meta-analysis. *Journal of Consulting and Clinical Psychology, 69,* 305-316.
- de Roos, C. et al. (2011). A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) in disaster exposed children. *European Journal of Psychotraumatology*, 2, 1-11. doi:10.3402/ejpt.v2i0.5694.
- .
- Department of Veterans Affaries & Department of Defense (2004). *VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress.* Washington, DC.
- Dutch National Steering committee Guidelines Mental Health Care. (2003). *Multidisciplinary Guidelines Anxiety Disorders.* Quality Institute Health Care CBO/Trimbos Institute. Utrecht, Netherlands.
- EMDR Canadian Association: www.emdrcanada.org
- EMDR International Association: www.emdria.org

References

- Fernandez, I. (2007). EMDR as treatment of post-traumatic reactions: A field study on child victims of an earthquake. *Educational and Child Psychology Special Issue: Therapy*, *24*(1), 65-72.
- Fernandez, I., Gallinari, E., & Lorenzetti, A. (2004, Spring-Summer). A school- based EMDR intervention for children who witnessed the Pirelli building airplane crash in Milan, Italy. *Journal of Brief Therapy*, *2*(2), 129-136.
- Foa, E.B., Keane, T.M, & Friedman, M.J. (2000). *Effective treatments for PTSD: Practice Guidelines of the International Society for Traumatic Stress Studies.* New York: Guilford Press. E
- HAP (MDR Humanitarian Assistance Programs): www.emdrhap.org
- HAP Germany & ASCLEPIA (2010). *EMDR FOR A CHILD: EMDR training on the River Kwai*. A Film Directed by Michel Meignant & Mario Viana. www.emdr-for-a-child.com
- Hensel, T. (2009). EMDR with children and adolescents after single-incident trauma: An intervention study. *Journal of EMDR Practice and Research*, *3*(1), 2-9.
- Horne, Barbara (2010). *EMDR & the Psychologist.* Presented at the Canadian Psychological Association Convention.
- Horne, Barbara *(2010). Fraser Training - EMDR Training Part I & II.* Niagara Stress and Trauma Clinic. www.stressandtraumarelief.com.

References

- INSERM. (2004). *Psychotherapy: An evaluation of three approaches.* French National Institute of Health and Medical Research. Paris, France.
- Ironson, G., Freund, B., Strauss, J.L. & Williams, J. (2002). A comparison of two treatments for traumatic stress: A pilot study of eye movement desensitization and reprocessing and prolonged exposure. *Journal of Clinical Psychology*, *58,* 113-128.
- Jarero, I., Artigas, L., & Hartung, J. (2006). EMDR integrative group treatment protocol: A post-disaster trauma intervention for children and adults. *Traumatology*, *12*(2), 121-129.
- Jarero, I., Artigas, L., & Lopez-Lena, M. (2008). The EMDR integrative group treatment protocol: Application with child victims of mass disaster. *Journal of EMDR Practice and Research*, *2*(2), 97-105.
- Korn, D. L. & Leeds, A. M. (2002). Preliminary evidence of efficacy for EMDR resource development and installation in the stabilization phase of treatment of complex posttraumatic stress disorder. *Journal of Clinical Psychology, 58,* 1465-1487.
- Lansing, K., Amen, D., Hanks, C. and Rudy, L. (2005). High-resolution brain SPECT imaging and eye movement desensitization and reprocessing in police officers with PTSD. *Journal of Neuropsychiatry and Clinical Neurosciences. 17 (4),* 526-532.
- Leeds, A.M. (2009). *A Guide to the Standard EMDR Protocols for Clnicians, Supervisors, and Consultants.* Springer Publishing Company, New York. www.andrewleeds.net
- Levin, P. Lazrove, S. & van der Kolk, B. (1999). What psychological testing and neuro-imaging tell us about the treatment of posttraumatic stress disorder by eye movement desensitization and reprocessing. *Journal of Anxiety Disorders, 13,* 159-172.

References

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

- Marcus, S., Marquis, P., & Sakai, C. (2004) Three-and-6-month follow-up of EMDR treatment of PTSD in an HMO setting. *International Journal of Stress Management, 11,* 195-208.

- Marcus, S., Marquis, P., & Sakai, C. (1997). Controlled study of the treatment of PTSD using EMDR in an HMO setting, *Psychotherapy,* 34, 307-315.

- Maxfield. L., & Hyer, L.A. (2002). The relationship between efficacy and methodology in studies investigating EMDR treatment of PTSD. *Journal of Clnical Psychology, 58,* 23-41.

- Maxfield, L (2008). Considering Mechanisms of Action in EMDR. *Journal of EMDR Practice & Research 2 (4)* 234-238.

- Nicosia, G. (1995). Eye Movement Desensitization andreprocessing is not hypnosis. *Dissociation, 9 (1),* 69.

- Norcross, J. C, Beutler. L.E. & Levant, R.F. (Eds). (2005). "*Evidence-Based Practices in Mental Health: Debate and Dialogue on the Fundamental Questions.* Washington DC: American Psychological Association.

- Ribchester, T., Yule, W., & Duncan, A. (2010). EMDR for childhood PTSD after road traffic accidents: Attentional, memory, and attributional processes. *Journal of EMDR Practice and Research*, *4*(4), 138-147.

- Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G. J. (2009, November). Efficacy of EMDR in children: A meta-analysis. *Clinical Psychology Review*, *29*(70), 599-606.

References

- Scaer, R., (2000). *The Body Bears the Burden: Trauma, dissociation and Disease.* Binghamton, N.Y.: The Haworth Press, Inc.
- Schore, A.N. (2009) Right Brain Affect Regulation: An Essential Mechanism of Development, Trauma, Dissociation and Psychotherapy. Plenary Address given to the EMDRIA Conference, Atlanta, Ga, 2009.
- Schore, A. N. (1994). *Affect Development and the Origin of the Self: The Neurobiology of Emotional Development.* Hillsdale, NJ.
- Siegel, D. J. (2002). *The Developing Mind: Toward a Neurobiology of Interpersonal Experience.* New York: Guilford Press.
- Siegel, D. J. (2002). The Developing Mind and the Resolution of Trauma: Some Ideas about Information Processing an Interpersonal Neurobiology of Psychotherapy, in Shapiro, F (ed). *EMDR as an Integrative Psychotherapy Approach: Experts of Diverse Orientations Explore the Paradigm Prism (*pp. 85-121). New York: APA.
- Servan-Schreiber, D. (2003, 2004). *Instinct to Heal: Natural Approaches to Curing Stress, Anxiety & Depression without Drugs and without Psychotherapy. .*Rodale Inc.
- Servan-Schreiber. D. (2000) Eye Movement desensitization and reprocessing: Is psychiatry missing the point? *Psychiatric Times, 17,* 36-40.
- Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures (Second Edition).* New York, NY: Guilford Press
- Shapiro, F. (2002). *EMDR as an Integrative Psychotherapy Approach.* New York, NY: Guilford Press

References

- Shapiro, F, (2012). *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy.* Rodale Books.
- Sjoblom, P.O et al. (2003). *Regional treatment recommendation for anxiety disorders.* Stockholm: Medical Program Committee/Stockholm City Council, Sweden.
- Soberman, G. B., Greenwald, R., & Rule, D. L. (2002). A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *Journal of Aggression, Maltreatment and Trauma*, *6*(1), 217-236.
- Stickgold, R. (2002). EMDR: A putative neurobiological mechanism of action. *Journal of Clinical Psychology, 58,* 61-75.
- United Kingdom Department of Health (2001). *Treatment choice in psychological therapies and counseling evidence based clinical practice guideline.* London, England.
- van der Kolk, B.A. (2002). Beyond the Talking Cure: Somatic Experience and Subcortical Imprints in the Treatment of Trauma, in Shapiro, F (ed). *EMDR as an Integrative Psychotherapy Approach: Experts of Diverse Orientations Explore the Paradigm Prism (*pp. 57-83). New York: APA.
- van der Kolk, B. A., Spinazzola, Blaustein,J., Hopper, J., Hopper, E., Korn, D., & Simpson W.B (2007). "A randomized clinical trial of EMDR, fluoxetine, and pill placebo in the treatment of PTSD: Treatment effects and long-term maintenance." *Journal of Clinical Psychiatry. 68,* 1-9.
- Wadaa, N. N., Zaharim, N. M., & Alqashan, H. F. (2010, April). The use of EMDR in treatment of traumatized Iraqi children. *Digest of Middle East Studies*, *19*(1), 26-36.

References

- Wanders, F., Serra, M., & de Jongh, A. (2008). EMDR versus CBT for children with self-esteem and behavioral problems: A randomized controlled trial. *Journal of EMDR Practice and Research*, *2*(3), 180-189.
- Wilson, S.A., Becker, L.A., & Tinker, R.H. (1995). Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. Journal of Consulting and Clinical Psychology, 63, 928-937.
- Wilson, S.A., Becker, L.A., & Tinker, R.H. (1997) Fifteen-month follow-up of eye movement desensitization and reprocessing (EMDR) fir PTSD and psychological trauma. *Journal of Consulting and Clinical Psychology*, 65, 1047-1056.
- Yordy, Jan. Using EMDR with Children. www.energyconnectiontherapies.com/learn.
- Zaghrout-Hodali, M. Alissa, F., & Dodgson, P. (2008). Building resilience and dismantling fear: EMDR group protocol with children in an area of ongoing trauma. *Journal of EMDR Practice and Research*, *2*(2), 106-113.