

Eye Movement Desensitisation and Reprocessing (EMDR)

What is EMDR?

EMDR stands for **Eye Movement Desensitisation and Reprocessing**. It is an evidenced based (this means it is supported by a large amount of scientific research), effective form of therapy for people who have been through difficult, frightening or traumatic experiences. It can also help with other problems such as phobias (reacting with extreme fear about a situation, living creature, place or object) particularly when a memory of something from the past is causing difficulties now.

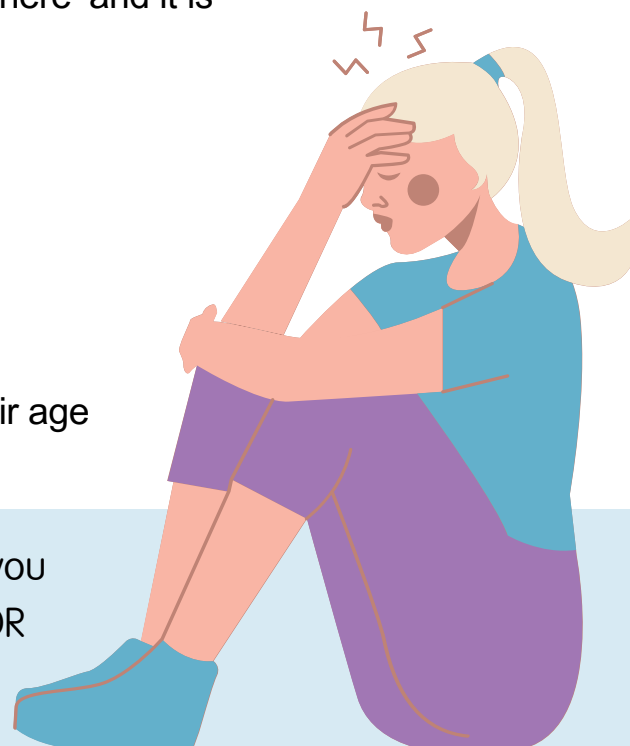
What is trauma?

When we experience something very frightening, sometimes our brains do not process what happens in the same way as a normal experience. Usually, memories are sorted and “filed away” in our minds but during a traumatic experience the brain is in “survival mode” and this does not happen. Instead, the memory might stay as broken parts in our minds and the emotions stay feeling very raw and current.

Our brains might try to sort and process the memories by showing them back to us at random times which can be very upsetting. It is common to experience some or all of the following difficulties following a traumatic event:

- Flashbacks, where you feel as though you are ‘back there’ and it is happening again
- Nightmares and difficulty sleeping
- Feeling ‘cut off’ or disconnected from feelings
- Feeling ‘on edge’ and jumpy
- Feeling tearful or easily upset
- Struggling to concentrate
- Wanting to avoid things that remind you of the event
- Children may become ‘clingy’ or act younger than their age

Often these difficulties get better with time. However, if you are still struggling several months after the event, EMDR therapy may be helpful.



How does EMDR work?

During EMDR, your therapist will encourage you to think about the traumatic memory. Whilst you do this, the therapist will direct you through side-to-side eye movements, sounds or tapping.

The side-to side stimulation helps your brain to work in a different way which ‘unlocks’ the difficult memories and helps your brain to sort and process them.

EMDR does not take the memory itself away but it helps to separate the emotion from it. Doing this will help feel like something has happened in the past rather than something that is still happening. EMDR is not physically painful but can be emotionally upsetting at times.

What happens at a EMDR appointment?

At the beginning of your appointment before you start EMDR, your therapist will work with you to develop some ways of coping and feeling safe. These will be used during and in between sessions to help you manage the emotions that might come up during EMDR. You will also agree a “stop signal” to help you feel in control of the processing.

When you start the processing, your therapist will ask some questions to help you bring up the memory. You will then start the side-to-side stimulation. Every 10-15 seconds the therapist will stop you and ask what you noticed. You might notice changes in the memory, images, thoughts, feelings or body sensations. There is no right or wrong and the most important thing you can do is to just notice whatever comes up for you.

It is important to remember EMDR can be upsetting at times to relive the difficult memory.

We often think about it in terms of driving through a dark tunnel – if we keep our foot on the accelerator, we can get through it faster but if we stop we will still be in the darkness. Your therapist will help you to prepare for the feelings that may come up and support you to keep going through the tunnel to the other side.

How do I get EMDR?

If you are struggling with a traumatic memory that is affecting your day-to-day life you may be offered EMDR by CAMHS. EMDR can also be useful for experiences of chronic pain.

Do you go into a trance when you have EMDR?

No. EMDR is not the same as hypnosis and you will remain fully awake and in control at all times.

Can young children have EMDR?

With some adaptations, EMDR can be successful for younger children as well as teenagers. Parents may be asked to be involved in sessions for younger children. The therapist may work with parents to develop a “story” of the traumatic experience which can be read to the child while a parent taps the child on each shoulder or knee. They may also be asked to draw their memories or feelings.



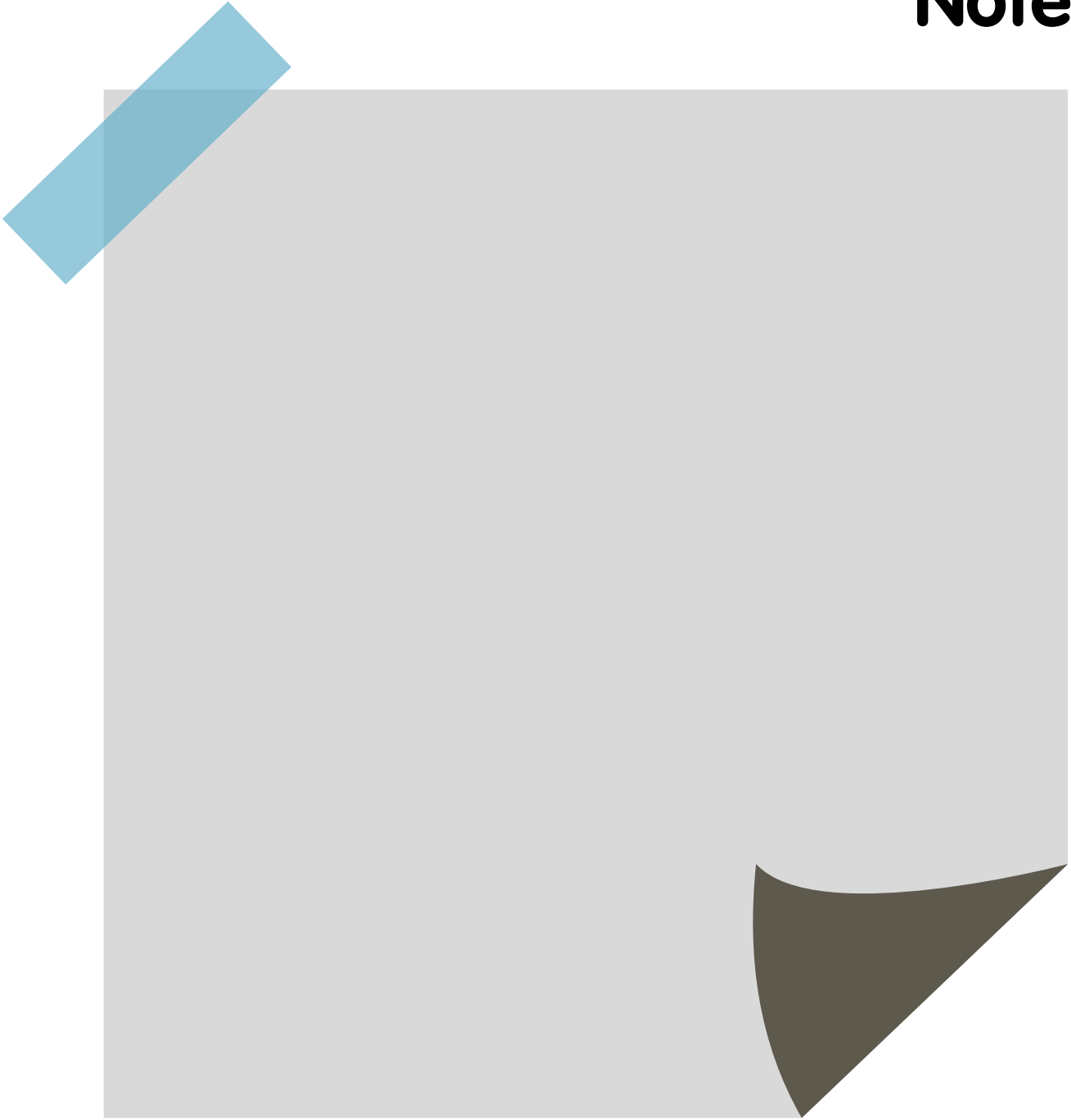
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Notes



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