

“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.”

How Does EMDR Work?

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

This revolutionary therapy has been adapted and modified for children. Over the last decade, EMDR has been used world wide to help children with a variety of different problems and circumstances. There are hundreds of case reports on the positive effects of EMDR with children. Positive outcomes in the Oklahoma City bombing, Hurricane Andrew, the shootings in Jonesboro, Arkansas, and the tragedy of 9/11 are just a few case examples of EMDR being successfully used with children.

While it is not clear how eye movements or other forms of dual attention stimulation in EMDR work (e.g., hand taps or tones), ongoing investigations continue. We do know that the dual attention stimulation 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. It is also possible that dual attention stimulation produces a relaxation response or a distraction that helps children relax rather than avoid facing disturbing events. Others think that the dual attention stimulation may help bring all parts of the brain/mind online together, and therefore, allow for accessing the body’s natural healing mechanisms.

Where Can I Learn More?

Greenwald, R. (1999). Eye movement desensitization and reprocessing in child and adolescent psychotherapy. Northvale, NJ: Jason Aronson.

This introduction to 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 including systemic and behavioral components, and integrating EMDR.

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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 benefited from EMDR. 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 inventor 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 a thorough description of a myriad of cases of children with their varied problems and resources—all the while maintaining a clear fidelity to the original EMDR model as it was designed & researched. It is written especially for the experienced therapist who wants to know more about EMDR with children.

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EMDR International Association
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785
Tel: (512) 451-5200 Fax: (512) 451-5256
www.emdria.org info@emdria.org

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EMDR & CHILDREN



A Guide for Parents,
Professionals, and Others
Who Care About Children

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What Is EMDR?

Eye Movement Desensitization and Reprocessing is a psychotherapy treatment method 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. We know that events such as accidents, abuse, violence, death, and natural disasters are traumatic but we do not always recognize the ways they effect and influence children's everyday lives. 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. The child may cope by avoiding everything associated with the upsetting experience. For example, when a child has experienced a bad bicycle accident, there may be repeated nightmares, fears of trying new things, and avoidance of things associated with a bike.

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

EMDR uses dual attention stimulation (DAS) which 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 Does an EMDR Session Look Like?

EMDR is part of an integrated treatment approach and is often used together with other therapy practices such as play therapy, talk therapy, behavior therapy and family therapy. EMDR 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.

Next the child is asked to bring up an upsetting memory or event that is related to the presenting problem. Dual attention stimulation is used again while the child focuses on the disturbing experience. When

an upsetting memory is "desensitized" the child can face past events and no longer feels 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. 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." "I have other choices now."

Can EMDR Help My Child?

EMDR can be used with both young and older children and teens. 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 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. One ten-year-old wore a body cast for a year and was preoccupied with injury, illness, and death due to a traumatic accident. After EMDR, she began crying tears of joy and stated, "I'm so happy, it really is over and I am strong." Another five-year-old boy who had behavioral problems and worked with the therapist using other kinds of therapy, tried EMDR and stated, "Why didn't you do this with me before?" And then another eight-year-old boy who kept having nightmares stated,