

What is EMDR?

In 1987, Dr. Francine Shapiro made a revolutionary discovery, leading to a new psychotherapy approach for healing from the negative impact of scary or traumatic events. Sometimes, the impact of past experiences that have not been effectively processed can become "stuck" or "frozen" in the brain, leading to people having recurring negative thoughts, feelings, behaviors or physical symptoms when the memory of the original event intrudes. The symptoms in children when these memories intrude can include strong anxiety, depression, irrational fears, nightmares, other sleep difficulties, physical complaints, school problems or behavior problems at home.

Dr. Shapiro discovered that she could help people resolve the ongoing negative effects of these past experiences. By guiding a person to move their eyes from side to side while leading them through a process of desensitization and reprocessing, she helped them to re-integrate the experience and memory in a healthy way. For children, the new integration of these memories lessens negative impact and allows the child to return to the tasks of normal development, without interference.

Because she first used movement of the eyes for the bi-lateral (side to side) stimulation of the brain, Dr. Shapiro named her therapy, EMDR, Eye Movement Desensitization and Reprocessing. We have since learned that other bi-lateral stimulation, such as hand tapping or alternating audio tones can be effective, as well. EMDR, however, is not just the use of bi-lateral stimulation. It is a comprehensive therapy approach that includes a protocol for reprocessing upsetting memories which leads to healing and integration.

Why does it work?

No one knows for certain why or how this approach or any other form of psychotherapy works. Neither do we know the mechanism by which psychotropic medications work. As we discover more about the human brain and how it processes, we hope to find answers to this and other questions. Trained Researchers, Clinicians and Neuroscientists are vigorously investigating mechanisms of the brain. EMDR is one of the most researched forms of psychotherapy, and for those who are interested I can supply references. Child therapists empirically report that EMDR works very successfully and quickly with children.

What if my child has another therapist?

As an EMDR therapist, I can work in conjunction with your child's primary therapist. The work I do with your child is focused and time limited. EMDR is meant to complement or facilitate the forward movement in your child's primary therapy. The primary therapist is involved in decisions about when and how the EMDR can be useful to your child. Many therapists are unfamiliar with EMDR therapy for children and how effective it can be when used alone or in conjunction with other treatment. Those who have collaborated with EMDR therapists have found it to be helpful. I am happy to respond to any questions your primary therapist may have. As always your child's best interest is my utmost concern.

How do I start therapy for my child?

First, I meet with involved parents or caretakers for 1 or 2 sessions. I get as much information as possible about your child's symptoms and the events that might have precipitated them. In addition, I take a careful developmental history. I want to see a complete picture of your child through your eyes, before I meet with her/him. If, together, we feel that your child will be appropriate for EMDR therapy, we will schedule sessions. I will teach you how to prepare your child for her/his first session. As part of his/her therapy, I will schedule a 15 minute phone session with you between each session. Later, I will discuss the importance of these 15 minute phone sessions.

What happens for my child in his/her session?

After our parent meetings, you will be able to prepare your child for what he or she will be working on with me the first day. When s/he comes to the first session, we begin the EMDR work almost at once. The first step is to help your child establish a sense of safety in the room and with me. This touchstone of safety will be reinforced many times throughout the sessions. While the child is processing the "target" problem, s/he is helped through the thoughts, feelings, and body sensations by reassurance from me and various sorts of bi-lateral (one side, then another, back and forth) movements, which could include tapping, clapping, finger snapping, drumming and eye movements. At the end of processing or at the end of a session, positive thoughts and feelings are reinforced by bi-lateral movements. The next session follows from the first until the problem is resolved. Children usually leave the session in a happy or contemplative mood. They may not be able to talk about the session.

Don't you need to build a relationship with my child before you can do EMDR?

Relationship is very important and we build this, while doing the EMDR work itself, by building a safe place within the office and staying attuned to your child.

Will the techniques scare or hurt my child?

Absolutely not. At all times, the safety of your child is my foremost concern. We start and end each session with an exercise that puts your child in touch with a happy and safe place. Most children really enjoy the process. Nothing in the technique hurts. Your child may go through upset feelings about the problem or concern s/he came in with, but when hurt feelings do emerge during EMDR, I try to help them through the upset and back to a positive side. A child may resist facing unpleasant past experiences, especially in coming back for the second session. This is normal for all of us. We will help him/her through the resistance. Of course, no child will be/can be forced to do this work.

How long is a Session?

Children process much more quickly than adults, so the sessions are shorter. 30 minutes is typical. The length of an in person parent meeting is 50 minutes. During the time between sessions, I have a 15 min phone contact with the family.

Am I present during the session?

This depends on the situation. Typically, parents wait in the waiting room while the child is working with me. However, we could decide, especially with younger children, that the parent should accompany the child into the session and sit in a special "parent" seat.

What should I expect if I come into my child's appointment?

My attention will be focused on your child throughout the session. Most of my interaction with parents is in the mid-week feedback by phone. Because EMDR requires a particular procedure, I request that you hold all comments or questions until the end of the session. Feel free to write down information that you think might be helpful to me in future sessions or questions you may have. If you are present during the session, it could look to you as if nothing is happening; children do not show many emotions during sessions. They process very quickly and in unique ways.

Don't worry! Where you will see the effects for your child are at home. At first the changes might be subtle or hard to recognize, but should become quite evident with time.

What do I need to do between the sessions?

I request that you relax and enjoy your parenting. The process works by itself within your child. So, there is nothing for you to do to continue our work with the child. This is a way that EMDR may be different than some other child therapy models. You are, however, my eyes and ears at home, so it is very helpful for you to observe your child; looking for change or no change in behavior, effect, symptoms, etc. You do not need to "do" anything about what you see. We will have a 15 minute check in time between sessions for you to report to me what you have noticed, so I can take this into account in my next session's preparation. This is very important for me. This is also a time to bring up any problems, concerns or feedback about how the therapy is going.

How long will it take to see results?

Of course, there can be no guarantees as to results, given the complexity of human beings. However, parents usually see significant results within 6 child sessions, sometimes sooner. If there is no progress by the end of 6 child sessions, we will reevaluate whether further EMDR is useful. We will make that decision together. It is very important that your child not end treatment without a sense of completion and a time to reinforce positive thoughts and feelings, so in all situations we need a last session where this is done.

How will I know if it is working?

You will begin to see shifts in behavior, attitudes or feelings at home. You can expect relief from some symptoms or that there might be some bumps in the road, where problems seem even worse at home, but that should quickly resolve. Changes may begin in unexpected ways or gradually.

For more information:

www.emdria.org

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EMDR FOR KIDS

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