Handout for
EMDR, Past, Present & Future: Personal Perspectives

By
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The Past
Hurricane Iniki Project, 1994

• Hurricane Iniki struck the island of Kauai on September 11, 1992
• Two years later, Claude Chemtob, Ph.D. started a study to use EMDR with treatment-resistant children, traumatized by Iniki.
• He invited Bob Tinker to come to Hawaii to train therapists in EMDR with children.
• This project was successful and led to the Chemtob et al. (2002) study listed in the references.
The Oklahoma City Bombing, April 19, 1995

- EMDR Free Clinic was established
- Headed by Sandra Wilson, Ph.D. for 6 months as Program Director
- 250 clients treated, pro bono
- 325 therapists trained, pro bono
- 200 therapists trained in EMDR with children, pro bono
- 289 volunteers participated
- Initially sponsored by the Spencer Curtis Foundation, a 501(c)3 non-profit organization
- Led to the formation of EMDR-HAP (Humanitarian Assistance Programs)
1995 Study


• 80 participants randomly assigned to treatment or delayed treatment conditions
• And to 1 of 5 therapists trained in EMDR
• Participants receiving EMDR showed decreases in presenting complaints
• And increases in positive cognition
  Delayed-treatment participants showed no improvement across the 30 days before treatment
• But after treatment, showed similar effects on all measures
• The effects were maintained at 90-day follow-up
15 mo. Follow-up Study 1997


- 66 Participants, 32 with full PTSD; 34 with partial PTSD
- PTSD participants improved as much as partial PTSD participants
- Both groups maintained gains at 15 months
- 84% reduction in PTSD diagnosis
- 68% reduction in PTSD symptoms
- 1.59 average effect size
- 3.37 average reliable change index
IES: Avoidance

Z Scores (Norm Group)

Pre  Post  3 Mon 15 Mon

● PTSD  □ Partial PTSD
The Rwanda Genocide Project, 1996

• Under the auspices of the UNICEF, Atle Duregrov, Ph.D., arranged for Roger Solomon, Ph.D. and Bob Tinker to travel to Africa to train indigenous therapists from Rwanda to work with children traumatized by the killings.

• This training was not successful, as Rwanda was not yet safe, and the therapists were still traumatized after the trainings.
Dunblane, Scotland Massacre, 1996

• Sandra Wilson and Bob Tinker were invited to Dunblane, where we trained therapists from there and elsewhere in Scotland to work with the traumatized children.

• This was a successful project, and many of the school children were helped.

• In 1997, a firearms act was passed, that effectively made it illegal to privately own handguns in the UK.
First EMDR European Children’s Training, Bergen, Norway, 1996

- Invited by Atle Duregrov, Ph.D.
- Sandra Wilson, Ph.D. and Bob Tinker were co-trainers for the EMDR children’s portion.
- Roger Solomon, Ph.D. handled the adult EMDR portion.
Columbine High School Shooting
April 20, 1999

• Columbine High School counselors and other therapists working directly with traumatized students requested training in EMDR shortly after the shooting.

• Sandra Wilson and Bob Tinker trained this group in EMDR, and in EMDR with children.

• Sandra later conducted a retreat in the mountains for a portion of these therapists, including EMDR for their secondary traumatization.
Children Traumatized by War

• 1999 Sandra Wilson, Ph.D. Project Director and Principal Investigator
• Ethnic Albanian Children in Hemar, Germany Treated with Group EMDR.
Change in SUDS
Pre/Post Group EMDR
With Kosovar Refugee Children

AM Group N=17 Age Range 6-10
PM Group N=9 Age Range 11-13
Total Group N=26

F probability=.0000

Effect Size
Pre/Pre 1 month
Pre 1 week
Post 1 week
Post/Post 3 months
0.79 0.94 0.84

8.76
9.53
9.27
3.91
4.00
9.27
2.28
2.83
3.60
0
1
2
3
4
5
6
7
8
9
10
AM Group N=17 Age Range 6-10
PM Group N=9 Age Range 11-13
Total Group N=26
F probability=.0000
Change in PTSD Diagnosis
Pre/Post Group EMDR with Kosovar Refugee Children

Pre/Pre
1 month

Pre
1 week

Post
1 week

Post/Post
3 months

F probability=.0000

Effect Size
.79 .78 .84

AM Group N=17 Age Range 6-10
PM Group N=9 Age Range 11-13
Total Group N=26
Impulsive/Over Reactive
Having Nightmares

- Partially based on an unpublished study of EMDR with children, conducted by Sandra Wilson, Ph.D., with complete data on 22 children out of 100.
- Could not obtain funding to complete the rest
- Results were too incomplete to publish, but some of the cases were written up in the book
EMDR Police Study: 2001

Training Child Trainers in UK and Europe: 2001

• C & A Section of EMDR Europe in 2001 requested that Sandra Wilson and I become Child Trainers for EMDR Europe.
• Thus allowing Child Trainings to be held in each country in the native language, respecting their customs, laws and professional regulations.
• Behavioral competency is required for certification for the first time in EMDR history, with consistency of content from country to country
EMDR Europe June, 2005 Child Trainer Training Video Rating

<table>
<thead>
<tr>
<th>Standard Protocol</th>
<th>Value</th>
<th>9-12 years</th>
<th>6-8 years</th>
<th>4-5 years</th>
<th>2-3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. * Safe place</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Stop signal</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>3. * Target (picture)</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. NC</td>
<td>10</td>
<td>X</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>5. PC</td>
<td>10</td>
<td>X</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. VOC</td>
<td>10</td>
<td>X</td>
<td>O</td>
<td></td>
<td></td>
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<tr>
<td>7. Emotion</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>8. SUD</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>9. Body location</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>O</td>
</tr>
<tr>
<td>10. Trigger: picture, NC, emotion and sensation</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>11. * Left/right stimulation</td>
<td>50</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>12. Breathing</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>13. * Processing/associative chaining</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>14. Intervene if stuck/theme development</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>15. No intervention if processing</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>16. Processing until 0 or incomplete</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17. Installation</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>O</td>
</tr>
<tr>
<td>18. Body scan/no body scan</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. Closure</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20. Attunement/relationship</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>300</td>
<td>290(+10)</td>
<td>260(+40)</td>
<td>210(+70)</td>
<td>170(+60)</td>
</tr>
</tbody>
</table>

Key: *=Essential requirement; X= Required; O=Optional;

Treatment fidelity______________________________________________
Teaching tape quality_________________________________________
Trainer_______________________________________________________
Trainer_______________________________________________________
Date________________________________________________________
Video_______________________________________________________
Name________________________________________________________

Developed by T. Hensel, R & S Tinker-Wilson and child trainers in training group, 2005
PLP Case Study, N=6
Sandra Wilson, Principal Investigator

PLP Case Study - Effect Sizes

Effect size can be thought of as the percentile standing of the average treated participant relative to the average untreated participant.
Dissociation in Children

• Four brief video clips of children dissociating
• To deal with dissociation, first become aware of it, and then watch for it. This is most important.
• When it occurs, engage the child in ways that help the child keep one foot in the present, and one in the memory.
• Such things as words (stay with me, keep following my fingers, etc)
• Return to Safe Place or Heart Breathing.
• Use of touch: take a hand, use taps
The Present
(2008 – now)
Anxiety Disorders and OCD
Savvy, age 6
**MY WORRIES**

- Eating a marble & it getting stuck
- Eating a tiny twig
- Eating seeds & choking on them
- If I eat a piece of gum in my cat's ear & hurt her
- If I eat a poison
- If I eat the stem of a flower & die.
- If I get struck by lightning & it makes me die.
- If a "bad guy" takes me.
- If someone gives me a gift & I really don't like it; it worries me that how I feel will hurt them.
- If I die & go to Heaven.
- If I eat a battery & it makes me explode.
- If I eat garbage & get sick.
- If I eat chapstick with my tongue.
- If I eat paper & it gets stuck in my throat.
- If I eat scraps of paper.
Tinker, Case Series, 2008

- N=108 participants with PTSD and personal injuries from MVAs (Motor Vehicle Accidents) cf. RTAs
- Case series; no random assignment
- Treatment length: open
- 5, 90-minute EMDR sessions, average (range from 1 to 30 sessions)

**Results**
93% no longer PTSD (compare to Hickling & Blanchard’s 76% after 10 weeks of sessions with much homework)
Histogram of Start IES

Mean 47.18
StDev 19.57
N 108
Histogram of End IES

Normal

Mean 8.306
StDev 11.90
N 108
Stigmata and EMDR

- History of Stigmata
- Differing views of stigmata: true believer; skeptic; medical; psychological
- Characteristics of stigmatics
- Stigmatics and DID
- Dissociation and Stigmata
- Implications
The Future
Van der Helm et al. (2011)

- Random assignment of 30 participants to a “wake” group or a “sleep” group
- Each group looked at 150 pictures with emotional content ranging from very positive to very negative.
- The Wake Group stayed awake for 12 hours and then re-rated the pictures
- The Sleep Group slept during a 12-hour interval with EEG and fMRI recordings being taken
- With the Wake Group, ratings worsened; the Sleep Group ratings improved.
- The amount of improvement was directly correlated with the amount of REM sleep participants achieved.
EMDR and the Theoretical Zeitgeist

- Affective neuroscience has become increasingly important over the last 10 years, with luminaries such as Daniel Siegel, Allen Schore, Jack Panksepp, Stephen Porges and Candace Pert contributing.
- EMDR fits well into this theoretical framework
EMDR & the Theoretical Zeitgeist (con’t)

• Brain neuroplasticity has also gained in importance, and EMDR can play an increasing role in this area.
• Brain imaging
• REM research
Future Opportunities in EMDR Research

- Randomized clinical trials with MVA victims
- Randomized clinical trials with brain imaging throughout EMDR sessions with PTSD participants
- Randomized trials with brain imaging with phantom limb pain (PLP) participants
- Controlled studies of EMDR variants (e.g., Brain Spotting; EMD vs. EMDR)
- Controlled studies of EMDR with chronic pain syndromes
- Randomized trials of EMDR vs. Mirror Visual Feedback with PLP participants