

**COMPASSIONWORKS**

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**“The aim of EMDR treatment is to achieve the most profound and comprehensive treatment effects in the shortest period of time.”**

*- from the EMDR International Association’s Definition of EMDR*

**A study comparing the effectiveness of Prozac vs. EMDR showed that EMDR was more successful than Prozac in achieving substantial and sustained reductions in anxiety and depression.**

*- The Journal of Clinical Psychiatry, January 2007*

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

*- Bessel A. van der Kolk, MD, Boston University School of Medicine*

**"EMDR is a significant component of treatment at the Menninger Clinic."**

*- Bulletin of the Menninger Clinic*

My simple goal for you is to help you achieve the results you want as quickly, easily, and safely as possible, and to make sure that those results “stick” permanently. The methods I use for this are based on the most recent developments in neuroscience, which is continuously and rapidly expanding our understanding of psychological performance. I think the easiest way to explain what I do and how I do it is to simply answer a series of the most common questions I get.

***“Why has psychological treatment--even with drugs--always been such a lengthy process, and not always ended up working that great?”***

In the past, all we had to go on was symptoms--we had no way to know for sure what was actually **causing** the symptoms. For most emotional issues that people want to change, there’s no lab work, x-rays, or anything else that can be done to actually identify the cause. So psychological treatment has always been somewhat of a “trial & error” process. The scary thing is--as I’m sure you’ve heard news reports of--you can, for example, take three depressed people and give them all something like Prozac. One of them may get a great benefit with no side effects, another may get no side effects but no real benefit, and one of them may become suicidal or homicidal--because “depression” can be caused by many different things! You’ve got the same problem with anxiety disorders, ADD & ADHD, and any other emotional pattern that a person might want to change.

**We now have the technology to pinpoint exactly what is causing your symptoms, so that we can create an individualized treatment plan that will be as fast and effective for you as possible.**

We now understand that there are six different areas of the brain that essentially control all psychological functioning. All emotional disturbances are caused by either too much activity or too little activity in one or more of these six areas. What makes it so complex is that when you add up all the potential combinations, there’s actually several thousand different patterns of brain “mis-activity” that could be causing your symptoms!

***“So what would be causing those parts of my brain to have too much or too little activity going on?”***

All patterns (brain activity patterns, thinking patterns, emotional patterns, behavior patterns, communication patterns, relationship patterns)--both the good ones and the bad ones--are simply the result of an accumulation of experiences stored in your brain and nervous system. Most of the negative “patterns” people come to me wanting to change have been caused by one of two things (sometimes both). The first is something called **imprinting**. From the time you’re born (and actually earlier), your brain starts developing very rapidly, and **how** it develops is shaped tremendously by everything being pulled in through your five senses. This creates an “imprint” on your developing brain, which becomes sort of a “default mode”--***the conditioned way you will naturally tend to think, feel, and act***, unless other forces have somehow reshaped this imprinting later on. So early life experiences (even ones you can’t consciously remember)--**especially** experiences with caregivers and others close around you--have a massive influence on personality development.

The second major shaping influence for these patterns is **stress**. Pretty much from conception onward, anytime you’re under any type of stress your brain triggers certain glands in your body to produce a large amount of hormones we call “stress hormones”--things like adrenaline, cortisol, and some other things. During these periods of time, your brain does not process the information coming in through your five senses the way it normally does. This leads to a chain reaction of effects in your nervous system: it’s a little hard to explain, but it’s kind of like “undigested” sensory data that creates “blockages” in your nervous system, alterations to pathways within your nervous system, and alterations to brain chemistry where your neurotransmitters (serotonin, dopamine, chetacholamine, epinephrine, nor- epinephrine, etc.) get thrown out of balance.

The bottom line is, it’s the build up of the effects of this “stress response” in your body, brain, and nervous system that we believe to be the culprit behind most of the emotional difficulties that people experience. Basically, you’ve reached a point where certain things are triggering a pattern of neurological impulses in your body to fire off over and over again. The most challenging thing is that over time all these patterns get stronger and stronger--it’s like working out a muscle, the more you work it the stronger it gets (on a neurological level, it’s actually

more like water running through a trench--the more water that runs through it, the deeper it gets carved out until you get to the point where it seems like everything wants to flow into that groove much too easily!).

***“So can’t I just take drugs to correct my brain chemistry?”***

That’s obviously one option, but it’s got some clear disadvantages--the biggest one being simply that unless you restore your body’s ability to self-regulate brain chemistry properly on its own, you’re stuck taking the drugs the rest of your life.

***“Ok, so what’s a better option?”***

That’s where EMDR comes in. EMDR is the best thing I’ve ever found for changing emotional reactions, negative thought patterns, and entrenched habits (and often times even *physical* discomfort) that people can’t just “think themselves out of.” EMDR has given us the ability to essentially *reverse* all those negative patterns that have developed in your brain, body, and nervous system.

There are actually two key elements of EMDR treatment. The first is something called “bilateral stimulation”--which just means “two-sided stimulation.” You probably know that your brain has a right hemisphere and a left hemisphere and that each side of your body is “hard-wired” to a specific side of your brain. Creating a rhythmic, back and forth stimulation of each hemisphere of the brain seems to stimulate something we call the “information processing system” to go into a highly accelerated mode of functioning--which is exactly the treatment effect we have to create to get the results we’re after. There are several different methods that have been developed for creating the “bilateral stimulation” effect, but the one I normally suggest we try first (because I believe it has multiple advantages) is an “auditory” method--that is, using your sense of hearing. I’m hypersensitive about peoples’ “personal preference” issues so if there’s anything about this that’s at all uncomfortable for you just let me know and there’s modifications we can make, but otherwise what I normally suggest--simply because it seems to work better than anything else I’ve found--is using headphones and an alternating sounds.

The second key element of EMDR treatment is sort of the “art and science” of how I have to prompt and guide your thoughts while we’re *doing* the bilateral stimulation. I’ll explain this in more detail to you, but

in a nutshell how I do this will be determined by a number of factors individual to your unique situation.

The end result of EMDR treatment is to reduce and eliminate negative thoughts & feelings, to increase and strengthen positive thoughts and feelings, and to enable you to really be at your best in your everyday life.

***"I thought EMDR was designed for treating Post-Traumatic Stress Disorder, and I've never been through anything particularly traumatic...so how will it help me with my issues?"***

According to the December, 2005 Harvard Mental Health Letter (*"Post-traumatic Stress Without Trauma"*): Experiences not usually regarded as traumatic can cause the characteristic symptoms of post traumatic stress disorder.

Surprisingly, life events (such as relationship problems, work problems, financial problems, school problems, health problems, significant losses or life changes) were as likely as traumatic events to cause symptoms typical of post-traumatic stress disorder. In fact, people whose worst event was *not* traumatic had more post-traumatic stress symptoms for a longer time than those whose worst event was traumatic.

The authors suggest that life events may increase overall psychological stress and distress, bringing on symptoms related to an earlier trauma.

Traumatic events may reduce the ability to cope with other kinds of stress. Both traumatic experiences *and* overall distress may increase the risk of developing post-traumatic symptoms after either a traumatic experience *or* a non-traumatic life event.

***"Is EMDR something like hypnosis?"***

EMDR is very different than hypnosis in three important ways:

In EMDR you don't go into any kind of "altered state"--you're totally aware of what's going on, you're totally in control of the process, and it's nothing that somebody is doing *to* you--it's your brain that's doing the work; the EMDR is simply a catalyst for speeding up the benefits you get from psychotherapy.

EMDR does not have the capacity to create false memories.

EMDR is not at all dependent on the placebo effect--in other words, somebody can be totally convinced that it's not going to work and it still works just as well, because it's purely a biophysical process (it's the biggest skeptics that I have the most fun with when we first start doing EMDR, because they're the most surprised at how well it works!).

***“How well researched and scientifically proven is EMDR?”***

For detailed answers to that question, I would encourage you to go to [www.emdr.com/studies.htm](http://www.emdr.com/studies.htm), but here's a few quick answers:

EMDR has been judged as empirically validated and given a rating of "highest level of effectiveness" in numerous international practice guidelines including The American Psychiatric Association Practice Guidelines.

In September of 2000 EMDR was accepted by the management of the Vanderbilt Mental Health Center in Nashville (a division of the Vanderbilt University Medical Center) as one of only three acceptable treatment methods for their seriously and consistently mentally ill patients. This acceptance was influenced by one clinician, Jan Stadtlander, LCSW, who had been using EMDR with her patients for seven years and achieving remarkable results with them.

EMDR is the most researched psychotherapy method for PTSD.

There are more controlled studies that have evaluated the effectiveness of EMDR in the treatment of PTSD than any other method.

As of 2002, more than 20 controlled outcome studies of EMDR have already been published and/or presented. These studies all found EMDR superior to the control condition on measures of PTSD, with EMDR using fewer treatment sessions to achieve effects. Follow up studies at intervals up to 5 years after treatment have indicated a high level of maintenance of treatment effects.

EMDR is on the American Psychological Association Division of Clinical Psychology's list of empirically validated methods. Only two other methods are even on this list for the treatment of PTSD.

The International Society for Traumatic Stress Studies has stated that EMDR is an "effective treatment."

The United Kingdom Department of Health has listed EMDR as an effective treatment.

EMDR is endorsed by the American Red Cross, the FBI, the International Critical Incident Stress Management Foundation, and major HMO's such as Kaiser and Value Options.

EMDR courses are being taught in over 30 colleges and universities, and it is part of the standard treatment in many VA hospitals.

David V. Baldwin, Ph.D., a licensed psychologist in Eugene, Oregon (email: [dvb@trauma-pages.com](mailto:dvb@trauma-pages.com)) has compiled a current list of published journal articles on EMDR. As of 2001 he already had 238 articles on his list.

EMDR was used extensively to treat survivors in the aftermath of the Oklahoma City bombing, and in New York after 9-11.

New research presented in the Fall of 2003 in Chicago by Dr. Bessel A. van der Kolk, M.D. is showing EMDR to be more effective than the SSRI's (drugs like Prozac & Zoloft). *(Dr. van der Kolk is Professor of Psychiatry at Boston University Medical School, Clinical Director of the Trauma Center at HRI Hospital in Brookline, Massachusetts, and past President of the International Society for Traumatic Stress Studies (ISTSS). He has taught at universities and hospitals across the United States and around the world, including Europe, Africa, Russia, Australia, Israel, and China. He has been active as a clinician, researcher and teacher in the area of stress since the 1970s. He has published extensively on the impact of stress on human development, and his book Psychological Trauma was the first integrative text on the subject. His latest book explores what we have learned in the past 20 years about the role of stress in psychiatric illness, and his*

*current research is on brain imaging and how stress affects memory processes.)*

***“If EMDR is so great, why have I never heard of it before?”***

EMDR has actually received a great deal of media attention the last few years. Segments have been run on shows like Dateline and 20/20 spotlighting the extraordinary speed and effectiveness of EMDR. The truth is, though, that no psychotherapy method could ever compete with the millions of advertising dollars spent each year by pharmaceutical companies marketing their drugs to doctors and the general public.

***“How much experience do you have using EMDR?”***

I have received both the level I and level II EMDR trainings, and beyond that, through twenty hours of one-on-one consultation with an approved EMDR consultant and with advanced training, I have attained certification as an EMDR therapist from EMDRIA, the EMDR Association’s governing body in the US. I am also working on my certification to be an EMDR consultant for other EMDR therapists working on their certification.

***“Why do you like EMDR so much?”***

I’ve just never seen anything that works as rapidly, effectively, easily, and permanently as EMDR.

***“So how quickly can I expect to reach my treatment goals?”***

That depends on a number of variables unique to your own personal situation, but here are some generalities:

From what I’ve seen in working with clients, people seem to progress about four times as fast with EMDR than with any other form of treatment I’ve ever seen.

After our first actual EMDR session, I’ll be able to answer that question a lot more specifically, because I should have a pretty clear indication of how rapidly your body and nervous system are responding. That’s one thing I really like about EMDR--the changes occur so rapidly that most people start noticing positive benefits right from the very first session.

You can speed up the pace of our progress by sticking as closely as possible to healthy lifestyle guidelines such as getting on a consistent sleep schedule, using the abdominal breathing, getting a little exercise everyday, drinking lots of water, eating “clean,” controlling carbohydrate intake, avoiding use of chemical depressants (like alcohol and marijuana), and restricting use of chemical stimulants (like caffeine & nicotine).

***“Can you get me off my meds?”***

I never make any promises, but so far I’ve had great success in helping people reduce and often eliminate their need for antidepressants, anxiety meds, and ADD meds.

***“Could our EMDR work accidentally change something I don’t really want to change?”***

No. The really interesting thing about your brain is that it came “pre-programmed” to automatically do what you want it to do--it just has to be stimulated correctly! EMDR seems to help your brain get *rid* of what you don’t want and need, and actually *strengthen* what you *do* want and need. It will not take away anything useful for you, and it will not change anything you don’t want to change (I often have parents bringing their teenagers to me asking me to use EMDR to change this or that, and I have to break the news to them that unless their son or daughter *wants* to change, it doesn’t really work like that!).

***“Are there any possible negative side effects of EMDR treatment?”***

Only two that anybody’s been able to identify:

**1)** EMDR has a tendency to make bad memories seem very distant or unclear, so if we’re dealing with something you’re going to have to testify about in court, we’re going to want to talk to your attorney about the possible implications of your treatment (you may end up being a lousy witness!).

**2)** EMDR has the ability to bring back a memory strongly enough so that you may momentarily have the same intensity of emotion that you had at the time the event was occurring. Because of the way I use EMDR very strategically, this happens very rarely with my clients--the vast majority of them find our work to be very

gentle, calming, and relaxing. If it *were* to occur, I would always take the time to help you get to a better place with it before you leave my office--my goal is to always leave people walking out feeling better than when they walked in! The possibility, though, does bring up three important issues:

It's extremely important that during our history-taking that you tell me about any significant traumas you've experienced.

If you are in recovery for any form of addiction and "strong feelings" are one of your triggers, I would encourage you to be very aggressive about "working your program" and make sure you have a good relapse prevention plan in place.

If you have any fears or concerns about getting "overwhelmed" by feelings, please let me know about this and before we even start our EMDR work I'll give you some "emotional management" tools so you don't have to be afraid of feeling your feelings anymore.

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