

SHAPIRO LECTURE SERIES #9

A = Adaptive Assimilation

B = Brain is part of the Body

C = Connections and Channels

D = Distortions to be Avoided

E = Evaluate Every Experiential Contributor because pathology is based upon stored experiences and health is based on stored experiences. So it's not enough to just have processed out negative, it's where does it need to go.

SLIDE 9

RELEVANT SYSTEMS

- CONSCIOUS AND UNCONSCIOUS
- SYMPATHETIC AND PARASYMPATHETIC
- PERCEPTUAL AND MOTORIC
- TWO HEMISPHERES OF BRAIN
- TRIUNE BRAIN
- INDIVIDUAL PARTS OF BRAIN
- NEURO ELECTRIC SYSTEM
- ENDOCRINE SYSTEMS

THE RELEVANT SYSTEMS in the brain: It used to be really easy to think of the mind being composed of the CONSCIOUS AND UNCONSCIOUS. And that's all we had to worry about. But now we're dealing with the neurobiological concomitants of understanding that the brain is much more complex.

We have the SYMPATHETIC AND PARASYMPATHETIC system - those involved in fight or flight, how do you get the arousal, and how does it get calmed down. The perceptual and motor systems. I need to run through these. You can look at Dan Siegel's work for a lot of these.

The TWO HEMISPHERES OF THE BRAIN. You hear people say, "We did the bilateral stimulation and that's what makes EMDR effective because that's the two hemispheres of the brain." That's theory.

Then other people say it's the TRIUNE BRAIN because it's the neocortex, and the limbic system and it's the brain stem. Well yes. Because you have this and you have this.

In other words, there are so many relevant systems involved there are theories about EMDR in terms of its procedures and the stimulation that are linked into all of these. And the bottom line still remains that we don't know how EMDR works. These systems (above) are the ones that have been implicated in the INDIVIDUAL PARTS OF THE BRAIN. When you do the eye movement, you get the PGO spikes, which also stimulate the hippocampus-a

memory center of the brain.

And then of course the corpus coliseum is also involved - THE NEOELECTRICAL SYSTEM - because it's the linkages that are going on because of the electrical stimulation.

And we also have the ENDOCRINE SYSTEMS that's going on. So if you take all of these, we're basically saying, "what's involved in processing? - I'd say it's all of those systems!"

SLIDE 10

MEMORY SYSTEMS

-IMPLICIT (NONDECLARATIVE OR PROCEDURAL)

SOMATIC

PERCEPTUAL

BEHAVIORAL

-EXPLICIT (DECLARATIVE OR SEMANTIC/EPISODIC)

FACTUAL

AUTOBIOGRAPHICAL

-SENSORY AND WORKING AND LONG-TERM

-CONSOLIDATION AND INTEGRATION

And it's not that I say that neurobiology is not that important. Of course it is. It's the basis of everything. But we don't know nor do we need to know at this time what the biological underpinnings are.

SLIDE 11

EMDR IS A COMPREHENSIVE INTEGRATIVE APPROACH

-PSYCHODYNAMIC

-BEHAVIORAL

-COGNITIVE

-EXPERIENTIAL

-BODY ORIENTED

-FAMILY SYSTEMS

-FEMINIST/TRANSCULTURAL

-TRANSPERSONAL

We're going by what we see clinically. We are going to see EMDR processing according to our clinical training and experiences.

PSYCHODYNAMIC: From the psychodynamic perspective, you will see the childhood experiences. You will see free association, you will see transference, you will see recon version of somatic disorders.

BEHAVIORAL: Behaviorally, you will see the original learning,

generalization, stimulus-response, going in on present cues and getting shifts.

COGNITIVE: you will see how changes in cognitive structures move with changes in behavior and affect.

BODY ORIENTED: Shifts in body posture, somatic symptoms and sensations are noticeable.

FAMILY SYSTEMS: the client's entire system, family, environment, etc. needs to be taken into consideration when conceptualizing your treatment plan and selecting past targets, present triggers and future templates.

Regardless of your theoretical perspective, however, knowing and following the Standard EMDR Protocols influences treatment outcomes. So, fidelity to the protocols and procedures does count... I heard somebody say, "fidelity only counts in research" - No! Fidelity counts all the time. Over the years I've received feedback from clinicians that have been working with EMDR since 1990. One in particular was talking to me recently. She had been working with combat veterans for a long time and over the years she felt she was doing really good work. When she decided to do a research project she had to put the fidelity checklist into the treatment process in order to strengthen and validate the research. So she had to do her EMDR treatment exactly according to protocol. She soon realized how much better her results were than before when she was not following the protocols carefully (protocol drift). We all have the tendency to drift because we tend to let things go that aren't quite comfortable and we tend to bring in things that are more comfortable. The bottom line is that if you eliminate aspects of the procedures that have been tested, you might be leaving out the relevant brain functions that are necessary to give the most effective and efficient results. And that's the only reason that we're saying, "do it as it's been researched and as it's been standardized because this is what we know works."

END SHAPIRO SERIES #9