

Bringing EMDR Therapeutic Strategies into School-Based Counseling

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1. Case Study

Sam, a 12-year-old boy identified with an intellectual disability, receives special education services to address academic deficits. He is entering the seventh grade. Multiple students have bullied him since the second grade. He has frequently been called "stupid" by family members because he struggles in school and has difficulty following simple directions. Sam began seeing a school psychologist after incidents of emotional outbursts in class, delinquency, and fighting. The school psychologist has been using CBT; however, very little progress has been made. Furthermore, Sam's developmental delays make homework assignments difficult for him to complete independently. The school psychologist for the middle school recognizes that Sam has been through some traumatic experiences related to bullying. Careful considerations include making decisions regarding which form of therapy will best support Sam. What type of intervention will help Sam process these traumatic experiences and associated emotions? What type of intervention will support his academic and social-emotional needs?

Students with developmental disabilities are more likely to experience trauma than their peers (Ryan, 1994; Sullivan & Knutson, 2000; Charlton & Tallant, 2003). Traditionally, school psychologists have relied on CBT and associated techniques to address children's traumatic experiences. While CBT is recognized as an effective therapy, it is not—and should not be—the only tool available. Eye movement desensitization and reprocessing (EMDR) therapy has been recognized as an effective treatment for PTSD, traumatic experiences, and depression (Seidler & Wagner, 2006; Jarero, Artigas, & Hartung, 2006; Bae, Kim, & Park, 2008; Rodenburg, Benjamin, de Roos, Meijer, & Stams, 2009). This therapeutic approach can be effectively used with older children, adolescents, and young adults.

What Is EMDR?

- Eye Movement Desensitization and Reprocessing
- Rapid eye tracking and bilateral stimulation
- Mimics REM sleep to allow the brain to complete the processing cycle of traumatic disturbances

How Is It Done?

- History of traumatic experience and meaning is collected
- Belief systems from the traumatic event (TE) are expressed
- Desired new belief systems are expressed
- Coping strategies are taught, practiced, and acquired
- Experiences are rated on a 0-10 scale
- Eye tracking is used while the client holds the image of the TE and negative belief in the mind
- Emotions and somatic feelings are reported by the client
- Client is encouraged to recognize and to allow the emotions and feelings to continue
- Sessions are continued until the traumatic event reaches an acceptable level (1-0)
- New sessions follow the same pattern, but with TE paired with the positive belief until it is strengthened (7 or higher on a 0-10 scale)

2.1 Research Support & Criticism

- Recognized by World Health Organization (2013) as effective treatment of trauma.
- Effective for treating trauma in adolescents in war-torn countries (Kokanovic & Hasanovic, 2018).
- May be effective for people with intellectual disability and PTSD (Barol & Seubert, 2010; Gilderthorp, 2015)
- reduce post-traumatic stress, psychological distress, and autistic features in adolescents with autism spectrum disorder (Lobregt-van Buuren, Sizoo, Mevissen, and de Jongh, 2019)
- Possible exposure therapy with superfluous eye-tracking (Davidson & Parker, 2001).
- Not studied extensively with individuals with autism and other developmental disabilities.

2.2 Future Considerations

- Petitioning the EMDR Institute to allow school psychologists to receive full training and certification.
- Using other eye movement desensitization therapies that do not require additional certification (e.g., EMDT, ART)
- Conducting further research on EMDR's use with adults and children with IDD
- Conducting research on the use of EMDR strategies in public schools.

3. EMDR Strategies

Safe/Calm Place: Visualize a place/situation where you feel safe, relaxed, and comfortable. Focus on that place/situation while practicing other calming strategies.

Breathing Shift: Focus on differences in your breathing patterns when calm versus when anxious/scared. Shift from anxious breathing to deep and slow calm breathing.

Tapping: Self-soothe by tapping on one side of the body (cross body), then alternate to the other side. This is used with other self-soothing strategies.

Cartoon Character Technique: Take negative comments and convert these into a silly and exaggerated cartoon character's voice. Cartoon voices shift the focus from negative and critical to humorous.

Lightstream Technique: Assign visual characteristics to disturbing feelings; also describe positive feelings (e.g., shape, color, size). Visualize the disturbing feelings leaving as they are replaced by positive feelings.

Spiral Technique: Imagine disturbing feelings as a spiral of energy. Notice the color and direction of the energy. In your mind, change the spiral's direction until the disturbing feelings are diminished.

Affect Scan: Notice the differences in your body's physical reactions to positive versus negative events and associated emotions.

Self-Compassion: In connection with your emerging positive emotions, be kind and forgiving to yourself. What happened to you is not your fault.

4. How to Use EMDR Strategies in Schools

Step 1: Assessment

- Impact of Event Scale-Intellectual Disabilities
- McGilvery Trauma Assessment
- Traditional trauma assessment
 - Art therapy assessment
 - Narrative therapy assessment

Step 2: Establish New Belief Systems

- How would the client like to feel about self or event
- Words or pictures can be used to express desired beliefs

Step 3: Teaching and Practicing Strategies

- In vivo modeling
- Video modeling
- Peer mediated instruction
- Direct instruction

Step 4: Maintenance and Generalization

- 6-8 initial therapeutic sessions
- 3-4 bi-weekly follow-ups
- Follow-up sessions for minor traumatic events
- Homework assignments for using strategies in non-school settings.

5. Conclusions

We can:

- Assess and treat trauma in students
- Utilize EMDR strategies in counseling services
- Contribute to research
- See positive change in students exposed to traumatic events and adverse life experiences.

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