

## EMDR and Motor Vehicle Accident (MVA) Trauma

For Carol, the day was the same as every weekday morning for the past four years. She drove to work following the same route she always took. Unfortunately, today was going to prove to be a little different. About five minutes from her office, a car came careening out of a side street and slammed into her right fender. The impact pushed Carol's vehicle across the left passing lane and up onto the median. Carol's physical injuries were limited to minor bruises and a strained back. However, it was the psychological trauma that occurred after the motor vehicle accident (MVA) that bothered Carol the most.

Four weeks after the accident, she was still experiencing a high degree of anxiety every time she rode in a car or drove. She also found herself becoming very afraid and defensive whenever a car approached the vehicle in which she was riding from a street on the right. At these times she often noticed that she was shaking, along with experiencing tachycardia and sweaty palms.

[Sidebar:] EMDR has proven to be the fastest and best tolerated by patients.

Fortunately, Carol's doctor recognized that she was suffering from Posttraumatic Stress Disorder (PTSD). The doctor also felt that Carol could get a quick and lasting resolution to her problem with Eye Movement Desensitization and Reprocessing (EMDR). Referring her to a mental health professional that utilized this technique, Carol was again able to drive comfortable and easily after just three sessions.

Not so long ago, Carol's only option might have been to live with these symptoms, no matter how long they lasted. Now, thanks to this revolutionary treatment, patients suffering from PTSD and other common mental health problems, such as depression, anxiety, or phobias can find rapid and non-intrusive relief from their problems and symptoms.

EMDR is the most widely researched and validated method for treating PTSD. In clinical trials comparing the effects of different psychotherapeutic modalities and pharmacological interventions on PTSD, EMDR has proven to be the treatment that is fastest and best tolerated by patients. In fact, most controlled trials of EMDR for civilian PTSD report 77% to 90% remission in three sessions or less.

Developed about twenty years ago by Dr. Francine Shapiro PhD, EMDR is a complex integrative method that utilizes a very precise protocol. Even though it is taught only to licensed mental health professionals (more than 30,000 to date, nationally and globally) exactly how it works is still not known.

Memory and brain research has shown that traumatic experiences are stored in a different part of the brain than pleasant or neutral ones. When one experiences a trauma that is serious enough to create PTSD, this material gets "stuck" in the brain where it will remain in its original form, complete with some or all of the same thought, feelings, bodily sensations, sounds and smells. It's as though it is sealed off from the healthy, functioning part of the brain.

The most popular theory about how EMDR works posits that when, as part of the protocol, the clinician has the client move their eyes rhythmically from side to side, it creates brain activity that is similar to that which occurs during REM sleep. It is during this dreaming phase of sleep that the brain processes and integrates daily stimuli and information. Thus, by creating REM-like brain activity, while thinking about the painful event, EMDR is in some way able to "nudge" the traumatic material so that it reconnects with the healthy part of the brain. This material can then be reprocessed and integrated at an accelerated speed, allowing it to become only an unfortunate memory that no longer produces emotional pain and symptoms.

There are a number of symptoms for which one may look in order to tell if a client is suffering from this condition. Suffice it to say, that the two most consistent predictors of current or future PTSD are

the symptoms of intrusion (thought, hallucinations, dreams, flashbacks) and avoidance (thoughts and behaviors that act as reminders of the accident).

Lastly, it is important to know that for PTSD to be diagnosed accurately there needs to be a time frame of a least four weeks between the accident and a full clinical assessment. After four weeks PTSD is viewed as running a course, largely based on time, from acute to chronic.

Part 2 in this series address how to make a more informed decision about who is at relatively greater risk and who is at lesser risk to develop PTSD. This will greatly aid the clinician who is called upon to evaluate newly injured MVA survivors.