



EMDR for People with Learning Disabilities

Easy Read Clinical Resources Pack



Written and collated in 2017 by Dr Joanne Porter Psychology Department Livewell Southwest and Tracy Brooks, Speech and Language Therapy Department at the Community Learning Disabilities Team Livewell Southwest CIC.

Supporting people to be Safe. Well and at Home



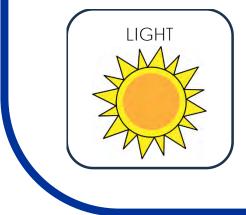














I feel my feet on the floor



I take deep breaths



I make my mouth wet



I think of my peaceful place

Adapted from Shapiro, E. (2007). 4 elements exercise. Journal of EMDR Practice and Research, 2, 113–115. This sheet was written in 2017 by Dr Joanne Porter Psychology Department Livewell Southwest, with help from Tracy Brooks, Speech and Language Therapy Department at the Community Learning Disabilities Team Livewell Southwest CIC.





After Your EMDR Session



Today your brain worked on lots of things. It might keep doing this after the session has finished.

You might have dreams, thoughts or feelings or remember things.



It doesn't happen to everyone and these things might not happen to you.

If it does happen to you, please draw pictures or write down what is happening and talk to someone about it.

Use your peaceful place to help.

Remember to practice your peaceful place exercise every day.

If you need to, you can call me on:

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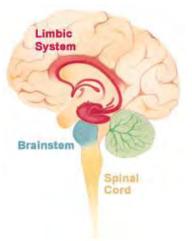
EMDR – Client Handout

What is EMDR?

The mind can often heal itself naturally, in the same way as the body does. Much of this natural coping mechanism occurs during sleep, particularly during rapid eye movement (REM) sleep. Francine Shapiro developed Eye Movement Desensitisation and Reprocessing (EMDR) in 1987, utilising this natural process in order to successfully treat Post-traumatic Stress Disorder (PTSD). Since then, EMDR has been used to effectively treat a wide range of mental health problems.

What happens when you are traumatised?

Most of the time your body routinely manages new information and experiences without you being aware of it. However, when something out of the ordinary occurs and you are traumatised by an overwhelming event (e.g. a car accident) or by being repeatedly subjected to distress (e.g. childhood neglect), your natural coping mechanism can become overloaded. This overloading can result in disturbing experiences remaining frozen in your brain or being "unprocessed". Such unprocessed memories and feelings are stored in the limbic system of your brain in a "raw" and emotional form, rather than in a verbal "story" mode. This limbic system maintains traumatic memories in an isolated memory network that is associated with emotions and physical sensations, and which are disconnected from the



brain's cortex where we use language to store memories. The limbic system's traumatic memories can be continually triggered when you experience events similar to the difficult experiences you have been through. Often the memory itself is long forgotten, but the painful feelings such as anxiety, panic, anger or despair are continually triggered in the present. Your ability to live in the present and learn from new experiences can therefore become inhibited. EMDR helps create the connections between your brain's memory networks, enabling your brain to process the traumatic memory in a very natural way.

What is an EMDR session like?

EMDR utilises the natural healing ability of your body. After a thorough assessment, you will be asked specific questions about a particular disturbing memory. Eye movements, similar to those during REM sleep, will be recreated simply by asking you to watch the therapist's finger moving backwards and forwards across your visual field. Sometimes, a bar of moving lights or headphones is used instead. The eye movements will last for a short while and then stop. You will then be asked to report back on the experiences you have had during each of these sets of eye movements. Experiences during a session may include changes in thoughts, images and feelings.

With repeated sets of eye movements, the memory tends to change in such a way that it loses its painful intensity and simply becomes a neutral memory of an event in the past. Other associated memories may also heal at the same time. This linking of related memories can lead to a dramatic and rapid improvement in many aspects of your life.

What can EMDR be used for?

In addition to its use for the treatment of Post-traumatic Stress Disorder, EMDR has been successfully used to treat:

- anxiety and panic attacks
- depression
- stress
- phobias
- sleep problems
- complicated grief
- addictions
- pain relief, phantom limb pain
- self-esteem and performance anxiety

Can anyone benefit from EMDR?

EMDR can accelerate therapy by resolving the impact of your past traumas and allowing you to live more fully in the present. It is not, however, appropriate for everyone. The process is rapid, and any disturbing experiences, if they occur at all, last for a comparatively short period of time. Nevertheless, you need to be aware of, and willing to experience, the strong feelings and disturbing thoughts, which sometimes occur during sessions.

How long does treatment take?

EMDR can be brief focused treatment or part of a longer psychotherapy programme. EMDR sessions can be for 60 to 90 minutes.

Will I will remain in control and empowered?

During EMDR treatment, you will remain in control, fully alert and wide-awake. This is not a form of hypnosis and you can stop the process at any time. Throughout the session, the therapist will support and facilitate your own self-healing and intervene as little as possible. Reprocessing is usually experienced as something that happens spontaneously, and new connections and insights are felt to arise quite naturally from within. As a result, most people experience EMDR as being a natural and very empowering therapy.

What evidence is there that EMDR is a successful treatment?

EMDR is an innovative clinical treatment which has successfully helped over a million individuals. The validity and reliability of EMDR has been established by rigorous research. There are now nineteen controlled studies into EMDR making it the most thoroughly researched method used in the treatment of trauma, (Details on www.emdr-europe.org and www.emdr.org) and is recommended by the National Institute for Health and Clinical Excellence (NICE) as an effective treatment for PTSD.





Supporting

Eye Movement Desensitization and Reprocessing (EMDR)



1. Give extra support

Your partner might feel tired or sad after the session.

Let your partner rest after the session.

Do things they enjoy like having a cup of tea, a bath, or listening to music.

2. Let them talk to you about it Your partner might not want to talk to you straight away. That is OK.

They don't have to talk to you about what happened in therapy.

Your partner might want to talk to you straight away! If your partner wants to talk, you don't have to be their therapist.

Say things like "I understand", "that sounds useful/difficult/ happy/sad" or "you seem sad/ happy/calm/cross right now".

Try to avoid "why?" questions.

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Supporting

Eye Movement Desensitization and Reprocessing (EMDR)





3. Understand they may be upset

It is OK to feel upset after a session. Your partner is OK.

Your partner's behaviour might change. This is OK.

If you are worried, talk to your partner or their therapist.

4. **Don't expect your partner to feel** better straight away.

Therapy takes time. It can be difficult. Things might get worse before they get better.

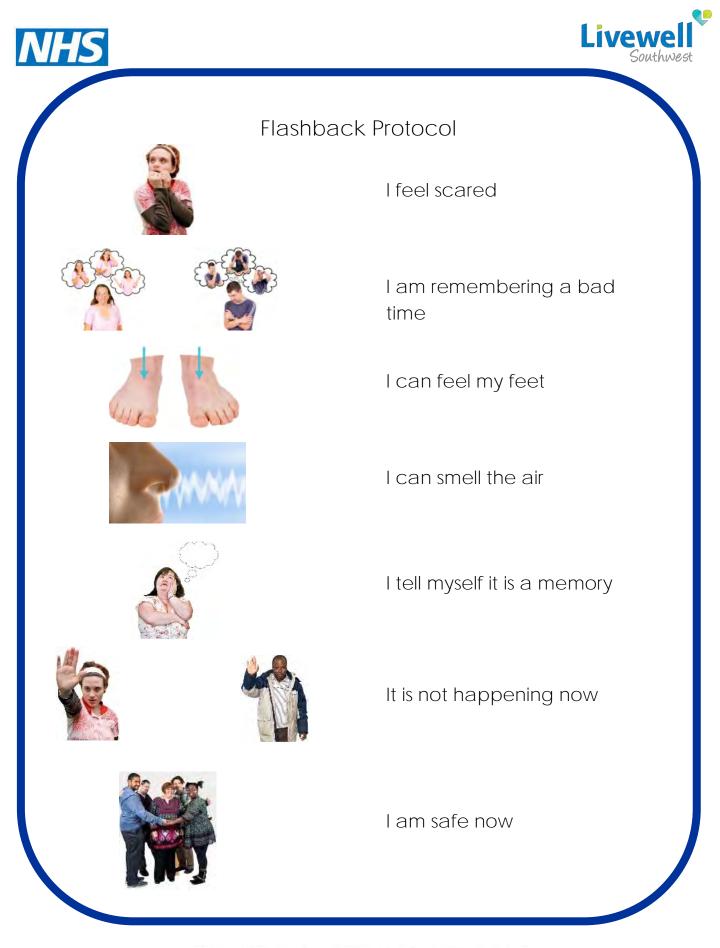
5. Think about getting some help too

Therapy can be difficult for a couple. Talk to your family or friends about how you feel.

6. Try to understand the therapy the person is getting

It might help to read a bit about the therapy the person is getting. This will help you understand what the person is talking about or

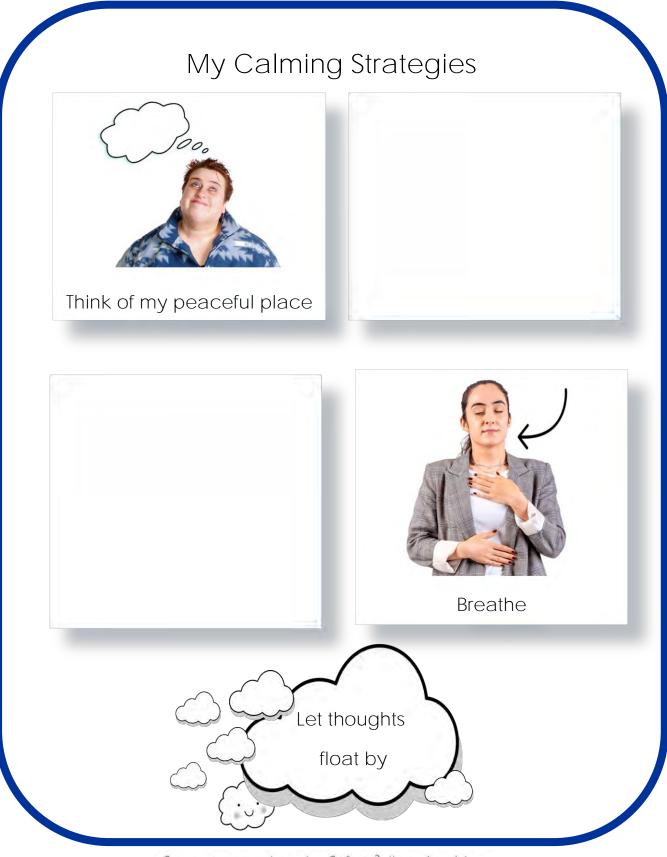
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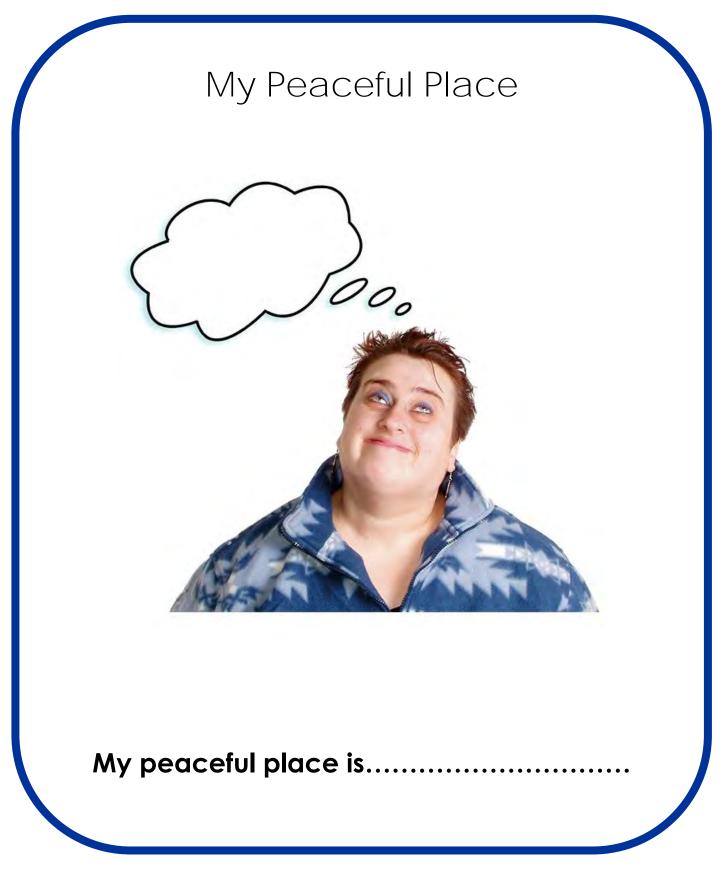




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Having a Nightmare











Today, I feel scared.

I think I had a nightmare.

My heart beats fast.

I might shake or cry.

I say "It's because I remember"

I turn on the light and see my things.

I say "I had a nightmare.isn't happening now"

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Progressive Muscle Relaxation







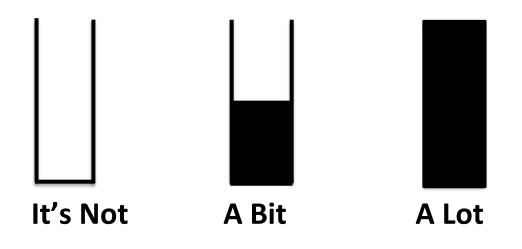


1. Sit on a chair.

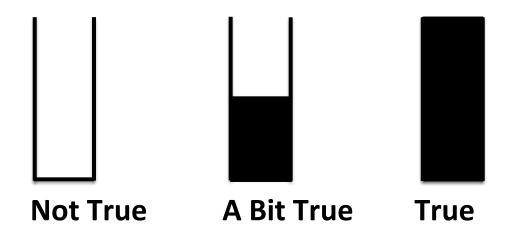
- 2. Scrunch up your face..... then relax it.
- 3. Tense up your legs.....then relax them.
- 4. Tense your arms....then relax them.
- 5. Tense up your shoulders **and chest.....then relax** them.
- 6. Breathe in relaxation.... breathe out tension.

Supporting people to be Safe. Well and at Home

How distressing is it?



How true are the words.....



Dr Joanne Porter, Clinical Psychology Department, Community Learning Disabilities Team, Livewell Southwest. Borrowed from CORE LD and IES ID.

Supporting EMDR

1. Be Available To Give Extra Support

Be prepared: therapy can go to places you weren't planning, and the fallout can be intense. Therapy can sometimes wipe a person out for the remainder of the day. Allow for the person to process post-session, if needed. Give them permission. Don't plan anything demanding after the session. Try to keep the environment and support constant while someone is receiving therapy.

Even if somebody feels fine during or shortly after a session, they may not be OK after time passes and things sink in more. It's worthwhile being prepped to help them out: consider things that you know support the person to feel OK like cups of tea, a bath, music etc.

If the person brings home a record chart or relaxation exercises, support them to complete them. Support their understanding and let the therapist know if you or the person is becoming confused about what they need to do. The therapist wont expect you to know what to do (even if they have spoken to you about it), but they will expect you to communicate with them if things aren't making sense.

2. Let Them Talk It Through With You

Some people will want to discuss what they've discovered or how they're feeling about their progress. The important thing to realize is that you don't have to act like a therapist in this instance; a lot of the work of therapy is actually done outside sessions, where people try to put lessons and thoughts into practice and recognize damaging patterns. If they want to talk about this or let you know what's going on in their head, it's not a violation of their privacy or somehow going to "derail" the therapeutic process.

Use phrases like "I understand" or " that sounds useful/difficult/sad/happy" "you seem sad/cross/calm right now"

Try to avoid "why" questions. The why isn't as important as the 'what' e.g. "what are you feeling?" rather than "why are you feeling sad/cross/happy?".

You may see a change in behaviour. You need to be able to recognise that it is a part of the process of therapy and not necessarily manipulative or 'bad'.

You will need to keep a closer eye on non-verbal signs of distress, or on small changes in behaviour like more reassurance seeking or an increase in repetitive behaviours.

The therapist may ask you to let them know about these changes if the person is not able to tell them themselves.

If you become worried, panicked, or weighed down with any changes this is a sign that you need to talk about it. What upsets you about what they're telling you through words or behaviour? Do you need more support? Are you just concerned about their wellbeing? Have a conversation with your manager/ team leader and remember you can telephone the therapist if you or the team need more support. This sheet was written in 2017 by Dr Joanne Porter Psychology Department Community Learning Disabilities Team Livewell Southwest CIC.

3. ... But Also Respect Their Right Not To Discuss Anything

The person may simply not want to talk about what happened in therapy because it's too exhausting or difficult to detail it again; it's probably a good idea to establish ground rules about what they would like you to do to support them after a session. It's OK to ask "what can I do to help?" The therapist will sometimes try to do this when therapy starts and it is useful to revisit this from time to time because things can change.

Respect privacy and don't interrogate when they finish a session," Talk to the person and let them know you just want to support them.

4. Understand They May Be Distressed

If you yourself haven't experienced therapy, or have only had positive and affirming results with it, having a person come out of every therapy session wrecked and weeping may be an alarming situation. Do not regard this distress as a sign of any problem with the therapist, unless the person says otherwise. Distress is a natural response to getting therapy for serious underlying issues.

5. Don't Expect Immediate "Results"

Therapy takes time. It can be difficult to accept that unknotting problems in the mind may be a fraught and drawn-out process and things can get worse before they get better. Be prepared and make sure there is good communication between you, the team, the person and the therapist.

6. Consider Getting Some Support Too

Therapy can add pressure to a support team. Make sure that you get enough emotional support yourself, especially if you are asked to be in the session by the person you support. Think about your support network e.g. colleagues, friends or family.

7. Try to understand the therapy the person is getting.

You may find it helpful to read a bit about the therapy the person is getting so you can understand what they are talking about or doing outside of sessions.

1. Give Extra Support

After the sessions your partner might be tired or feel sad. Don't plan anything demanding after the session.

Even if somebody feels fine after a session, they may not be OK later on. Help them with things they like - cups of tea, a bath, music.

2. Let Them Talk It Through With You

Your partner might not want to talk straight away. That is OK. They don't have to talk about what happened in therapy.

Your partner might want to talk straight away! If your partner wants to talk, you don't have to be their therapist.

Say things like "I understand" or " that sounds useful/difficult/sad/happy" "you seem sad/cross/calm right now"

Try to avoid "why" questions.

3. Understand They May Be Distressed

Distress is a natural response to getting therapy for serious underlying issues.

You may see a change in behaviour. Your partner is OK, it is part of going trough therapy.

If you become worried, panicked, or weighed down with any changes tell your partner and their therapist.

4. Don't Expect "Results" straight away.

Therapy takes time. It can be difficult and things can get worse before they get better.

5. Consider Getting Some Support Too

Therapy can add pressure to a couple. Make sure that you get enough emotional support yourself. Think about who you can talk to, your friends or family.

6. Try to understand the therapy the person is getting.

You may find it helpful to read a bit about the therapy the person is getting so you can understand what they are talking about or doing.

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Psychological Therapy Factsheet 10



This factsheet is about **Eye Movement Desensitisation and Reprocessing**. We call this **EMDR** for short. **EMDR** is a **psychological therapy**.



Psychological therapy is treatment to help you feel better in your mind.

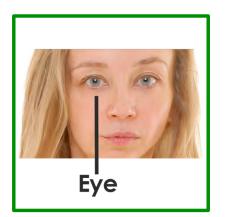


A **therapist** will help you with your treatment. A **therapist** is someone who has been trained to help people with their thoughts and feelings.



What is EMDR

EMDR is a therapy for people who have had a very bad time in their life. We call this bad time a **trauma**.



EMDR follows 8 steps to help the person work through their memories and images that upset them.

EMDR uses eye movements or hand tapping to help the person to change the bad memories so they think good things instead.



Your therapist will work with you and show you what to do with your eyes.

They will ask you how you are feeling after the session and check that your body is not feeling anything bad.



They will talk to you and keep you safe at all times.

How EMDR helps you

EMDR helps you to work through bad things from the past so you can feel calmer.

EMDR helps you to stop feeling scared of bad images in your mind.



EMDR helps you to cope with any bad feelings or thoughts.

What happens in an EMDR session



You will have this therapy on your own with a therapist. Your therapist will talk to you about how many sessions you need.

Your session will usually be once a week.



Your therapist will agree what you are going to work on together in each session.

You will need to go to the sessions regularly.

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We might ask you some questions so we can check how the **EMDR** is going.



You can find out more about **psychological therapy** and **EMDR** by going to this website

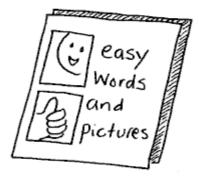
www.emdrassociation.org.uk



POST-TRAUMATIC STRESS DISORDER (PTSD)



Easy read guide



A traumatic event is anything which is very serious, stressful and threatening that happens to you. Such as:-



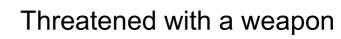
The sudden death of someone you love



A serious injury in an accident



A fire, flood or earthquake





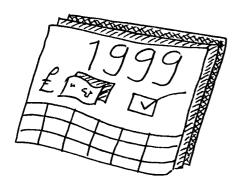
Abuse



Involved in war or you are tortured



You can get PTSD after experiencing a traumatic event that causes you to believe that your life is in danger.



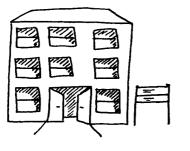
This happens usually **within 6 months** after you experience the trauma.



You can also get PTSD if you see a traumatic event happen to someone else. PTSD can change how you FEEL, THINK and BEHAVE.



You may relive the trauma by having **bad memories**, **dreams** or **flashbacks** (thoughts of the trauma



You may **avoid places** that remind you of the event



You may **not remember some** events of the trauma



You may **lose interest** in your usual activities



You may have **problems with** relationships



You get anxious



Have trouble sleeping



You startle easily



You may feel **aggressive** or irritable

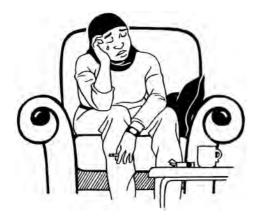
Because of your confusion and emotions



You may feel ashamed or guilty



You may get headaches



You may get **depressed**

You might try to cope with the emotions by:-



Drinking too much alcohol



Hurting yourself



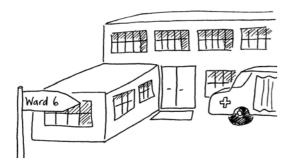
You may want to kill yourself

Doing these things will not help you to get better.

PEOPLE WITH POST TRAUMATIC STRESS DISORDER CAN GET BETTER



You can get help from your GP or a healthcare professional.



If your health or safety if at severe risk, you may need to go into hospital.

Here are some things that can help you to get better.



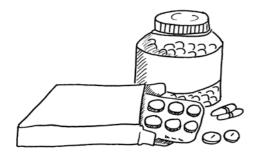
You can talk to people who are specially trained to help you to work through your problems:this is called **counselling**



Sometimes people with similar problems form a group to talk to each other about their experiences: - this is called a **support group**.

Special eye movements can help you work through your problems and distressing memories.

This type of help is called eye movement desensitization and reprocessing **(EMDR) therapy**.



The doctor may also give you tablets to help you with some of the problems you might have.

There are many organisations that can help you, your friends and family. Here is a list of telephone numbers.



MIND 0845 660163 www.mind.org.uk

SAMARITANS 0845 909090 www.samaritans.org

ASSIST <u>www.assisttraumacare.co.uk</u> 01788 560800

<u>www.ptsduk.co.uk</u> FOR PTSD SUPPORT

www.ptsd.org.uk for ex-service men and women

NHS Direct 0845 46 47

CRISIS LINE 0800 028 8000

Your GP and local community services can direct you to the support you need.

If you would like this leaflet in another language, Braille, large print or audio, contact 020 8772 5532

Produced by the accessible information working party, Sutton & Merton Community Mental Health Learning Disability Team 020 8296 3860 Images courtesy of Change Picture Bank September 2010

> South West London and St George's Mental Health NHS Trust Springfield University Hospital 61 Glenburnie Road London SW17 7DJ 020 8682 6000 www.swlstg-tr.nhs.uk