

THE BEHAVIOUR INSTITUTE
Diploma in Trauma-Informed Psychotherapy

UNIT 4 • CORE READING 2 OF 6

02

EMDR

A genuinely distinct mechanism, and a genuinely substantial evidence base

What This Document Covers

This document introduces Eye Movement Desensitisation and Reprocessing, generally known as EMDR, an approach that addresses much of the same clinical territory as TF-CBT, covered in the previous document, but through a considerably different underlying mechanism.

An Unusual Origin

EMDR was developed by psychologist Francine Shapiro in the late 1980s, following an incidental personal observation: she noticed that spontaneous eye movements while walking seemed to reduce the distress associated with her own disturbing thoughts. This observation led to a formal, structured therapeutic protocol, refined and researched considerably over subsequent decades. Despite its somewhat unusual origin story, EMDR has since accumulated a substantial evidence base, and is recognised as an effective treatment for PTSD by major health bodies internationally.

The Eight Phases

EMDR follows a structured eight-phase protocol, considerably more procedural than many talk therapy approaches.

History Taking and Treatment Planning

An initial phase focused on gathering a thorough history and identifying specific target memories for processing, informed by the kind of thorough assessment covered in Unit 3's Document 4.

Preparation

Before any direct processing begins, the client is introduced to the EMDR process itself, and coping and self-regulation strategies are established — echoing the same emphasis on building capacity before processing seen in TF-CBT.

Assessment

The client identifies a specific target memory, along with the negative belief connected to it (for example, “I am powerless”), a preferred, more adaptive belief, and current emotional and physical responses connected to the memory.

Desensitisation

This is the core, most distinctive phase of EMDR. While holding the target memory in mind, the client engages in bilateral stimulation — most commonly guided eye movements, though tapping or auditory tones are also used — in short sets, pausing periodically to notice what arises.

Installation, Body Scan, Closure, and Reevaluation

The remaining phases focus on strengthening the identified positive belief, checking for any residual physical tension connected to the memory, ensuring the client leaves each session in a regulated state, and reviewing progress at the start of subsequent sessions.

Pause and Consider

EMDR's mechanism remains genuinely debated in the research literature, even though its clinical effectiveness is well established. Does it change how you think about a treatment approach, to learn that we understand it works considerably more confidently than we understand precisely why it works?

Why the Mechanism Is Still Debated

Unlike TF-CBT, whose mechanism sits comfortably within established cognitive behavioural theory, exactly why bilateral stimulation appears to reduce the distress associated with traumatic memories remains a genuinely active area of research and theoretical debate. Several theories exist — including ideas connecting the process to how memory is consolidated during REM sleep, and theories about divided attention reducing the vividness of traumatic memory — but no single explanation currently commands universal agreement among researchers.

It is worth being honest about this directly, since it sometimes surprises practitioners newer to the approach: EMDR's clinical outcomes are well supported by controlled research, considerably more robustly than its proposed mechanism is understood. This is not unique to EMDR in medicine or psychology more broadly — effective treatments sometimes precede a full understanding of exactly how they work — but it is worth knowing directly rather than assuming a settled explanation exists.

A Genuinely Different Route to the Same Territory

Where TF-CBT relies heavily on constructing a detailed verbal narrative and directly challenging cognitive distortions, EMDR's core processing phase asks comparatively little in the way of detailed verbal description or explicit cognitive challenge. Some clients, and some practitioners, find this considerably more approachable — particularly clients who find extensive verbal processing of trauma genuinely difficult or retraumatising in itself. This makes EMDR a valuable option to hold in mind specifically for clients who have struggled to engage with, or have not responded well to, more narrative-heavy approaches like TF-CBT.

Who EMDR Tends to Suit Well

EMDR has a particularly strong evidence base for single-incident PTSD, and is often considered alongside TF-CBT as a first-line option for straightforward presentations. It can also be a valuable option for clients who struggle specifically with the extended verbal narrative work central to TF-CBT, given its comparatively different processing mechanism. As with TF-CBT, adaptation is generally required for Complex PTSD presentations, and practitioners working with complex trauma typically require additional, specialised training beyond standard EMDR certification.

What's Next

The next document turns to an approach that departs even further from verbal, narrative-centred work: Somatic Experiencing, which works directly with the body, building on the nervous system material covered throughout Unit 2.

A Few Things to Take With You

- EMDR follows a structured eight-phase protocol, with bilateral stimulation as its distinctive core mechanism

- It has a substantial evidence base for PTSD, recognised by major international health bodies, despite ongoing debate about its precise mechanism
- EMDR requires comparatively less detailed verbal narrative than TF-CBT, making it a valuable alternative for clients who struggle with extensive narrative processing
- It is well suited to single-incident PTSD, with adaptation generally required for Complex PTSD presentations

Before You Move On

- Why do you think it matters, practically and ethically, to be honest with clients that EMDR's mechanism remains debated even though its effectiveness is well established?
- What kind of client might benefit particularly from EMDR's reduced reliance on detailed verbal narrative, compared with TF-CBT?
- What similarities do you notice between EMDR's preparation phase and TF-CBT's early coping-skills phases?