Trauma Matters

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A quarterly publication dedicated to the dissemination of information on trauma and best-practices in trauma-informed care.

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Every Memory Deserves Respect

EMDR, the Proven Trauma Therapy with the Power to Heal

by Michael Baldwin & Deborah Korn, PsyD.

In 1987, psychologist Francine Shapiro made a discovery during a walk in the park. While walking, she was thinking about some recent disturbing events in her life. As she considered these events, she became aware that her eyes were moving back and forth. As her eyes moved, she noticed that the negative emotional charge of the painful memories that had driven her to the park that day subsided dramatically. She began exploring the connection between "bilateral" (back-and-forth) eye movements and the diminishing or "desensitization" of anxiety. She eventually developed a full treatment around this feature and conducted controlled research and case studies to evaluate its effects. She named the approach Eye Movement Desensitization—EMD—and later changed the name to EMDR—Eye Movement Desensitization and Reprocessing therapy. That's exactly what it is—a psychotherapy for desensitizing anxiety (taking away or lowering distress) and reprocessing traumatic memories. And yes, it's also a mouthful and an earful. We know.

What Dr. Shapiro came to prove was that trauma victims are actually able to experience a reduction in symptoms and start experiencing a level of peace and healing within a few sessions. Previously, this kind of change had been possible only after years of talk therapy—if ever.

Subsequently, EMDR has been intensively studied and proven effective—and efficient—in the treatment of post-traumatic stress disorder (PTSD). PTSD develops in response to a traumatic experience that causes intense fear, helplessness, or horror. EMDR therapy is recognized as an effective form of treatment for PTSD by the American Psychiatric Association, the World Health Organization, the International Society for Traumatic Stress Studies, and the US Departments of Veterans Affairs and Defense. More than a hundred thousand clinicians throughout the world use the therapy, and millions of people have been treated successfully over the past thirty years.

Before EMDR therapy, it was widely assumed that severe emotional pain requires a long time to heal. Extensive research has shown EMDR to be an effective form of treatment for post-traumatic stress disorder, with up to 90 percent of adults who experienced a single traumatic event no longer presenting with PTSD after only three ninety-minute sessions. Research also supports the use of EMDR therapy with people who have experienced repeated trauma, including significant forms of child abuse and neglect. In an important early EMDR study, 77 percent of traumatized combat veterans were free of PTSD in just twelve sessions. And in another early study at a medical and psychiatric treatment center, 100 percent of single-trauma and 77 percent of multiple-trauma survivors no longer met the diagnostic criteria for PTSD after six fifty-minute EMDR sessions. This study concluded that EMDR was, without question, more effective than the center's "standard care" in reducing the symptoms of PTSD, coexisting depression, and anxiety. A recent meta-analysis found that EMDR was not only clinically effective but also the most cost-effective of the eleven trauma therapies evaluated in the treatment of adults with PTSD.

I had the honor of consulting on a study funded by the National Institute of Mental Health that evaluated the effects of eight sessions of EMDR therapy compared with eight weeks of taking Prozac for the treatment of PTSD. EMDR was superior for

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reducing both PTSD symptoms and depression. By the end of treatment, 100 percent of those traumatized as adults had lost their PTSD diagnosis, and 73 percent of those with childhood trauma histories no longer had a PTSD diagnosis. At a six-month follow-up, with no additional EMDR therapy beyond the initial eight sessions, 89 percent of the childhood abuse survivors had lost their PTSD diagnosis. Furthermore, 33 percent were considered completely asymptomatic.

Once traumatic experiences and their related triggers have been processed, we expect to see a reduction or even a complete remission in a wide range of problems and symptoms. In addition to applications with obvious trauma-related problems and diagnoses, EMDR is being used to treat people of all ages—who may or may not have PTSD—suffering from depression, anxiety, phobias, pain, eating disorders, addictions, psychotic disorders, and medically unexplained physical symptoms. It's being used with combat veterans and first responders (police, firefighters, EMTs, doctors, and nurses) as well as with groups of people in the immediate aftermath of "critical incidents" or disasters, such as mass shootings, hurricanes and floods, and terrorist attacks. With EMDR therapy at my disposal during the coronavirus pandemic, I was able to effectively and efficiently treat frontline workers (employed in grocery stores, hospitals, and home- less shelters), those who had been on ventilators in the ICU, and those who had suffered devastating losses of loved ones.

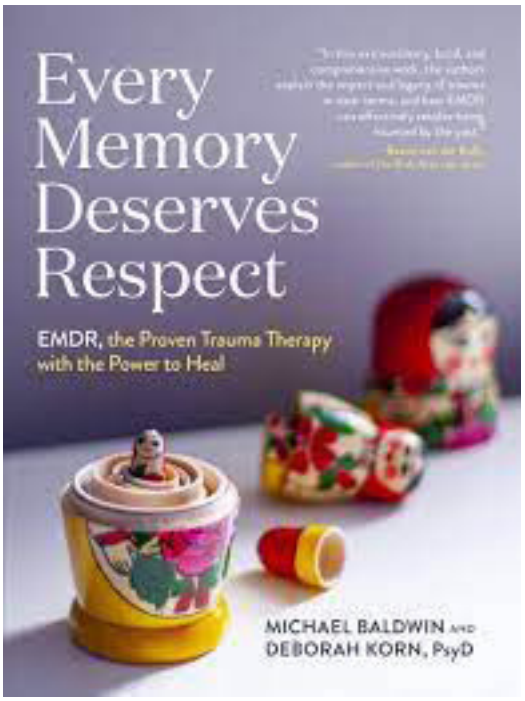
EMDR therapy is based on the idea that psychological difficulties are related to the brain's failure to adequately process traumatic memories. Of course, most mental health experts support the notion that past experiences have at least something to do with our current personalities, coping styles, relationship difficulties, and psychological struggles. This idea is certainly not new. However, EMDR therapy specifically searches for and addresses memories related to current dysfunction. As memories are adequately processed with EMDR, symptoms recede and memories get more effectively connected to other related memories and information, allowing shifts in thoughts, feelings, behaviors, and physical sensations. Healing involves spontaneous movement toward positive thinking and more manageable feelings, and a significant reduction in distress and anxiety experienced in one's body.

The theory behind EMDR argues that the mind can heal from psychological trauma in the same way the body heals from physical trauma; we are all physiologically geared toward the achievement of optimal health. If you have been physically injured and left with a wound, the body will naturally and spontaneously mobilize to heal that wound. The body may need a little help removing barriers (i.e., infection) to healing, but it clearly knows what to do.

When people come into treatment, typically their world is quite small. They have pulled back because so many things in their day-to-day experience and relationships with other people have become "triggers" for them, activating overwhelming emotions and distress. They are feeling isolated, or hopeless, or defective. But what I have always loved about this work is that people get better. With all that we know today about effective treatment, I can confidently say to a client in the first session, "You were injured—perhaps in many different ways, emotionally, physically, sexually—but you can recover. This is not something you were born with or need to keep living with. We will do the work, together, and you will heal." That, to me, is an incredibly hopeful and wonderful way to start a journey with someone.

Before learning EMDR, I spent years treating trauma survivors with various other approaches but was far from satisfied with the results I was getting. In 1992, when I introduced EMDR to my outpatient and inpatient clients at a large, private psychiatric hospital, I quickly became convinced that this novel treatment promised a level of healing like nothing I had ever seen before. Several decades later, EMDR therapy remains my treatment of choice, and I am excited to tell you all about it. But before Michael and I can take you through how EMDR heals, it's vital for you to understand what trauma actually is—and isn't—and what typically needs healing in the aftermath of traumatic experiences. We'll begin in these first three chapters by defining trauma and unpacking the relationships between trauma and one's mind, body, brain, behavior, heart, and spirit. And then, in chapter 4, we'll dive into the nuts and bolts of EMDR therapy.

This article is provided as an exceprt from Dr. Korn and Mr. Baldwin's new book: Every Memory Deserves Respect: EMDR, the Proven Trauma Therapy with the Power to Heal. Buy it where books are sold.



Trauma & the Arts: Putting History Behind You

By Toto Kisaku

Mr. Kisaku perfoming Requiem for an Electric Chair. Photo credit to Judy Rosanthal.

I was born in Kinshasa, the capital of the Democratic Republic of the Congo, a large megalopolis in Central Africa with a young population that is very creative and inventive, capable of rising above anything. Especially the terror that certain African rulers impose on their populations, principally on journalists and artists engaged in a struggle for change and human rights. I produced art, and people benefited from it. When I pushed for a law that guaranteed protection for children, those who were meant to enact it treated me as an enemy of the state, imposing on me punishment I did not deserve at all. International recognition of my innocence led to dismissal of the charges. Is the truth still welcome in certain countries? After having suffered torture and injustice, how can one move from trauma to a normal life in a country other than one's own? What are the means of attaining this? What are the repercussions?

When I arrived in the United States, three things allowed me to leave this nightmare behind.

First was the permanence of seeing my son every morning and every evening. Contemplating his smile, innocent with questions so close to a new world I had never experienced. And the rest of my family. The daily calls from my mother, my obligation to soothe her daily anxieties. Above all, she didn't think I was in any position to take care of my six-year-old son. Just as permanent were the calls with my daughter, at that time three and so far away. This series of moral activities served me as support so that I could recover, hold my pen, and begin to recount to myself this tragedy that no one at that time could bear witness to.

Second was the courage to bring back the dark, tragic images that only those people who lived through this sort of tragedy could bear witness to. Most of these people's names are conjugated in the past tense now. To the eyes of ordinary mortals, these images could have appeared like fiction if not a fantasy we weren't used to hearing or seeing. With a story like this, a history like this, one looks at it sidelong or quickly looks away.

So that is when I began to write this story, I was so oversensitive about myself, I censored myself from re-reading it. I pushed myself, but I wasn't able to continue. Many times I abandoned writing because it weighed on me so much, until I began to go out and meet people, most of them strangers to me, but very important for my moral and physical health. Seeing people out walking, moving freely around, sent me back to a lot of questions involving my recent past, to which I connected the future of each of the people I met in the streets and the parks, who smiled at me, who greeted me, but I was unable to divine the pain and sadness I endured in the deepest part of myself.

In conversations, I heard people talking about the future. This future seemed to each of them something ideal. While for me the future had turned into something unreal in which being human could not involve taking pride in the idea of filling any sort of need or void. This is what led me to take the initiative, if not the inspiration, to change my writings to a sort of physical description of the place and environment in which I had found myself. Those responsible for my conviction in the part of the world that continue to ignore the realities I had just come to terms with.

Across the media, I followed the comments loudly praising all the killers and the bloodthirsty in the world. The big issue there was knowing whether I was ejected from my own country due to a theatrical work that saved lives by helping people learn about a law and by winning second place in the most important category of the Freedom to Create Prize. The person who saved my life was one of the people touched by my work. Why not turn my writings into a play, a way of releasing me from this endless nightmare that haunted my nights and even my days?

And lastly, I threw myself into writing *Requiem for an Electric Chair.* Bringing together historical characters and creating a character who could speak in my place. This exercise allowed me to distance myself from this environment of torture, creating another, similar environment in which people could hear and see from a few millimeters distance. Which means that this story was no longer mine from the moment I had removed to this distance. Because a tragic reality portrayed on stage is attenuated by the word and the concept "theater." This attenuates the pain. So too with the public. This distance, contrary to identification with the characters, helped me move forward.

As a person who grew up in that large African capital city where hope and hopelessness often come into conflict, I must continue to fight beside those who fight for change. Artistic work has raised and revived my morale. I believe in theater. I'm grateful for it. It is an ally I will never abandon. It has helped me pass through the dark zone that would have destroyed my career and my life, and those of my circle. Today I am more than upright and always prepared for other battles.

Translation provided by Robert Wechsler

Ask the Experts: An Interview With Dr. Hall

By Emily Aber, LCSW

Dr. Jozlyn Hall is a mitigation specialist who holds a PsyD from Provident University, PhD in Pastoral Counseling, Master of Social Work from the University of Wisconsin - Madison and graduated in 2005 Magna Cum Laude. As a mitgation specialist, Dr. Hall speaks for the dignity and value of those who have committed criminal acts.

Ms. Aber: Please describe your work and how you became interested in it.

Dr. Hall: I am a mitigation specialist, technically. That is what I trained to become. And, as a mitigation specialist, I speak for the dignity and value of those who have committed the most heinous crimes.

When a client faces sentencing —or even post-conviction in habeas work—I present the client's story and I help them advocate for a more favorable sentence or resentencing. Then I provide expert insight into criminal culpability, helping the courts understand the defendant's mental health or developmental disorders. Anything that would help present mitigating factors to get my clients better services and reduce the amount of time that they are incarcerated.

I came into this line of work as a child. We are all a product of our environment and experiences and as a child I was emotionally and physically abused. I think that I have spent my adult life trying to figure that out and understand why that happened. That led me to do this type of work.

I started off as a social worker, supervising family visits and teaching parent education. I was out for lunch one day with a group of attorneys and one of the attorneys presented a cold case murder where the client wouldn't talk. My friend, who is an attorney said, "Ask Joz and see if he'll talk to her." The client opened up, which was wonderful. And the attorney working on that case hired an expert to help train me as a mitigation specialist.

Since that time, I've started doing the forensic and criminal side of it. I seem to morph a little of what I do each year. I have gone on to get some extra degrees to help me with my work. Now, rather than wait for someone else to produce a psych evaluation, I use my doctorate in psychology to do it myself.

Ms. Aber: I believe you have a Master of Social Work as well. Is that correct?

Dr. Hall: Yes. I have a bachelor's in natural health, a Master of Social Work, a PhD in religious studies, and now a PsyD. Even though it's a little bit different, each degree has helped me in my work.

Dr. Hall, pictured above, is a mitigation specialist.

In the prisons, they don't have access to great medical care. It's unfortunate. The medical departments lack the support that they need. So, any education I can offer my client ultimately benefits them.

The skills that I earned as a social worker with a background in pastoral counseling help me to have a way of interviewing that sets me apart. My clients seem to trust me quickly and fully. I can present stories and facts about their childhood trauma in court that they have never disclosed before. These are important to know throughout the process. They tell us what this person went through and that's why they committed those crimes.

Ms. Aber: What can you share about working with this population that so many people have such difficulty engaging with?

Dr. Hall: It's unique and, for me, it's fun. I think what makes it fun, and the reason I have success, is that I know that it's never my job to judge. I see myself only as a helper, and I explain that. I will explain my own background to my clients, and I think when they know they have an expert who has endured some of the same traumas, it's easier to share their own.

I think kindness goes a long way. As sad as it is, by the time I get some of my clients they will say, "Thank you for being kind to me" and "Thank you for treating me like a human. It's been years since any one has cared about me."

I love unconditionally from the time that I get my case until I am done with it. I have love, empathy, and compassion for my clients, and I give it my all while I am with them.

Ms. Aber: What are the systemic challenges facing your clients?

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Dr. Hall: It begins in their environment. Often, they are in poverty-ridden areas, or their communities are gang, drug, and crime infested. They are growing up in these neighborhoods and they don't really have a chance to succeed. They are set up to fail.

When they fail, we incarcerate them, and we don't always give them the tools to not re-offend. Our prisons are filled with men, sometimes women but mostly men, who come from these impoverished areas. The law on the street is very different than our law. How can we help merge the two and stop our own segregation?

I think economically they are predisposed to criminal activity. Even outside of prison, their access to healthcare is not the same. And, because they are in impoverished areas, there is no cultural acceptance of mental health services. They are not going to advocate for their son or daughter to be in therapy after witnessing trauma. While that may have worked in the past, it doesn't work anymore.

We see this. We see trauma leading to at-risk behaviors and then those at-risk behaviors are so heinous that they lead to more trauma. From there, the cycle just continues.

Ms. Aber: What kind of skills do you think would be helpful for a therapist working with this population? If you can generalize.

Dr. Hall: I know it's hard, but it's important that they start processing their trauma before they come out of the prison system. I feel so bad. I ask my clients to do the hardest thing, and then send them back to their cell, and they must sit with all these memories.

There are also cultural problems within the prison system. The systemic problems never end, it's just a different environment. I would love to see therapists doing cognitive behavioral therapy in the prisons. I think it would be beneficial to my clients, to the inmates, and to the correctional officers. I think it would be a great start to keep them from re-offending.

As clients prepare to leave, I would look for a re-entry person. We have people who have been in prison for 20 – 40 years and they come out and the technology is different, it's a huge learning curve. And then they feel like a burden on their family because they must learn all these new things even just to schedule an appointment.

They are coming out of prison with no technology training. For a therapist, I would want someone with strong leadership qualities who can be firm. They should be supportive and compassionate. Instead of just talking about past trauma or new coping skills, they should walk clients through the process. Help them apply for services.

Those are the things that I think are critical. If we can get providers to help with those things, it empowers the clients. With that support, they have a little more freedom to make their own decisions, to go after their own healthcare. We can do that. We can do that for everyone, and we should. It should not require someone asking.

I think it's good not only to have a therapist but to have that re-entry person who really understands the barriers and the challenges clients face. This takes someone with a huge skillset. There is a lot of learning and a lot of nurturing that is needed from a good re-entry specialist.

You must assume everyone coming out after a long sentence will have some type of adjustment issue. Maybe not to the level of disorder, but usually that is true after a long sentence. They don't know how to navigate their behaviors and it is a learned process. Having a re-entry specialist that you can call when you're stuck in that situation is helpful.

I've had guys, more than one, call me after two weeks and tell me that they are not leaving their bedroom. I'm like, "You are a free man. Open the door and leave."

They have so much to give back to the community. I would rather have someone who has been incarcerated for a long time and who is rehabilitated work with an at-risk population than choose someone who is privileged and hasn't gone through the same things.

Even if we train inside like the program offered by The Department of Corrections through the University of Connecticut. It's people empowering people. It's a great mentoring program and I think we need that on the outside too.

Ms. Aber: What keeps you going with this when you're faced sometimes with such dismal prospects?

Dr. Hall: I kind of wonder about this myself. I wonder when the day will come when I can no longer do it, when my job becomes too traumatic for me. That is always in the back of my mind. I try my best to do some self-care.

It's my clients who inspire me. It's their will that they have to improve. It's the sparkle in their eye when they realize that someone cares about them. You know what gets my heart? When I read all their discovery and read the sentencing where the judge said, "Shows no empathy and no remorse." And twenty years later I sit down with them, and they are in tears, they are very remorseful. They are not the same person.

It's that constant, human evolution that we all go through. That is a motivating force for me too. I too am going to continue to grow.

Ms. Aber: Thank you Dr. Hall. This has been so interesting. I respect the work that you do and I am grateful that you are doing it.

This interview has been abridged for length and clarity.
To listen to other conversations, visit:
www.womensconsortium.org/podcasts

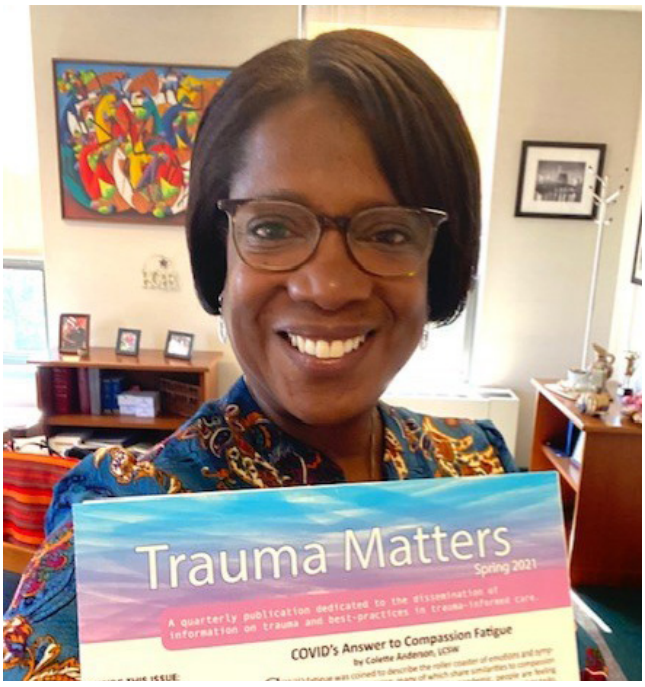
Who's Been Reading Trauma Matters? Dr. Miriam Delphin-Rittmon!

By Shannon Perkins, LCSW

Trauma Matters reader Dr. Miriam Delphin-Rittmon has been appointed and confirmed to serve as Assistant Secretary for Mental health and Substance Use with the U.S. Department of Health and Human Services. Those of us on the Trauma Matters Editorial Board know Assistant Secretary Delphin-Rittmon best from her 6 years of service as **Commissioner of the Connecticut Department of Mental Health and Addiction Services.** Since 2017, Mental Health America has ranked Connecticut as the top state in the nation for mental health services, something Governor Lamont credits to Assistant Secretary Delphin-Rittmon's guidance. When asked about Dr. Delphin-Rittmon's national appointment, Governor Lamont noted the following:

"Commissioner Delphin-Rittmon has been a trusted advisor on some of the leading issues of our time, especially when it comes to the national impact of the opioid crisis and the growing mental health needs of our community following the impact of the COVID-19 pandemic...I am grateful to have had her partnership in our administration, and while it is bittersweet that she is moving onto this new opportunity, I know that those of us in Connecticut can continue relying on her to be a trusted ally to advance these critical issues that she has advocated over these many years."

During her time as Commissioner, Assistant Secretary Delphin-Rittmon aspired towards inclusive and culturally responsive services and systems that foster dignity, respect, and meaningful community inclusion. Congratulations on your confirmation, Dr. Delphin-Rittmon. We cannot wait to see what you do next!



Featured Resource: ISTSS

By Eileen M. Russo, MA

The mission of the International Society of Traumatic Stress Studies (ISTSS) is to "promote advancement and exchange of information about traumatic stress."

ISTSS is a membership organization, however, there are many free resources available. For those providing direct service, there is a tab labeled Clinical Resources. This tab includes screening and assessment tools, including the version of the Global Psychotrauma Screen that features Covid-19 as an indicator, international prevention and treatment guidelines, and a Vicarious Trauma Toolkit. For the general public there is a tab labeled Public Resources. This tab includes a link to find a clinician, briefing papers, and e-pamphlets. The e-pamphlets have a broad range, featuring titles such as "When a Friend or Loved One Has Been Traumatized," "Intimate Partner Violence," and "Children and Trauma." If you have not visited istss.org in a while, it is worth a visit for all seeking these resources.

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