THE SCIENCE AND PRACTICE OF EYE MOVEMENT DESENSITIZATION & REPROCESSING

EMDR: How the Brain Heals from Stress and Trauma

Erica Wilcox, LPC

Founder, Wilcox Wellness, LLC · EMDRIA Certified · EMDRIA-Approved Consultant

TODAY

Where we're headed today

THE SCIENCE

How the brain heals

The training behind EMDR, learning an EMDR resource, what keeps memories stuck, and the first steps of a live session.

Mini reset

THE PRACTICE

Watching healing unfold

See the session through to the end, who EMDR helps, how intensives work, and a guided close.

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YOUR PRESENTER

Erica Wilcox, LPC

Erica Wilcox, LPC

Wilcox Wellness, LLC
East Hampton, CT

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ewilcox@wilcoxwellness.com

20+ years experience

Over two decades in mental health field; founder of Wilcox Wellness, LLC in East Hampton, CT (est. 2014) and corporate wellness speaker.

EMDR specialist

Providing and learning EMDR for over a decade. EMDRIA Certified, EMDRIA-Approved Consultant, trained in EMDR 2.0.

Intensive therapy

Sessions several times a week, half-day, full-day and multi-day intensives.

Who I work with

The ones everyone counts on: professionals, executives, parents, helpers, athletes and creatives.

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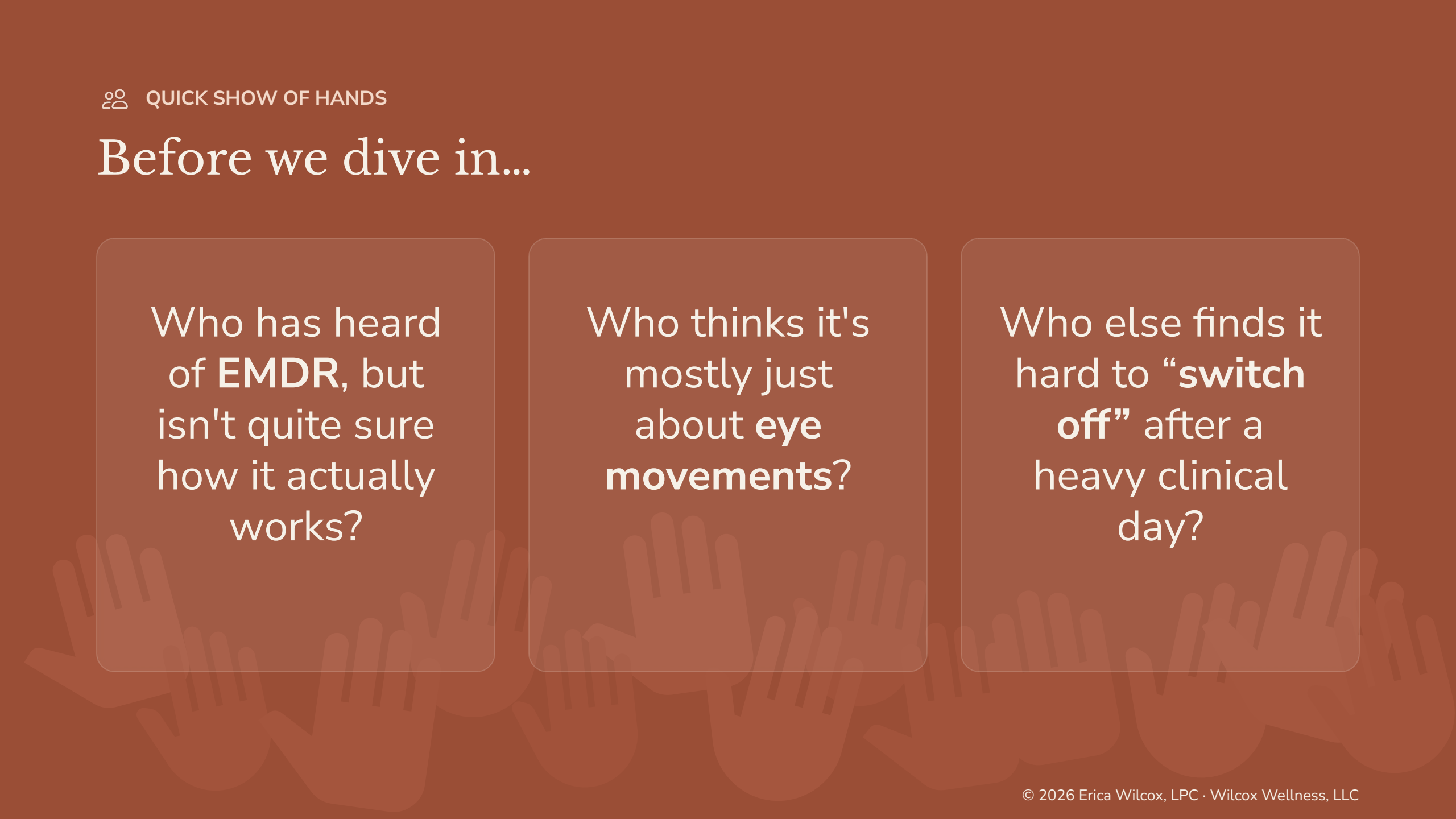
QUICK SHOW OF HANDS

Before we dive in...

Who has heard of **EMDR**, but isn't quite sure how it actually works?

Who thinks it's mostly just about **eye movements**?

Who else finds it hard to “**switch off**” after a heavy clinical day?



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LEARNING OBJECTIVES

By the end of today, you'll be able to...

1. Explain how the brain stores stressful experiences and how EMDR helps resolve them.
2. Identify the range of concerns EMDR addresses, from major trauma to everyday stress.
3. Describe the difference between traditional weekly EMDR and intensive formats.
4. Practice at least one EMDR-based resourcing technique for calm and resilience.

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BEFORE WE BEGIN

Disclaimer and privacy

FOR LEARNING

This isn't therapy

It doesn't replace care from a licensed, EMDR-trained clinician.

THE DEMO VIDEO

Shared with consent

A real session with a colleague. Shared with permission for teaching purposes.

PLEASE

No recording or photos

Please don't record, photograph or post any part of the demo clips or the session.

YOUR WELLBEING

Step out anytime

If something stirs, use your container, take a break, or come touch base with me after.

This isn't an EMDR training. Practicing EMDR requires EMDRIA-approved training.

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The Container

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TRAINING AND CREDENTIALS

Five steps, set by EMDRIA

STEP 1

EMDRIA Approved Basic Training

50+ hours of live training and supervised practice, including 10 hours of case consultation.

STEP 2

EMDRIA Certified Therapist

Licensed, 2+ years in the field, 50+ EMDR sessions, 20 more consultation hours, 12 EMDRIA credits, renewed every 2 years.

STEP 3

EMDRIA Approved Consultant in Training

Gives 15+ hours of consultation to 5+ clinicians; receives 20 hours of consultation from Approved Consultants (10+ individual).

STEP 4

EMDRIA Approved Consultant

300+ EMDR sessions with 75+ clients, 1+ year as a CIT, rated Proficient on all competencies.

Your presenter

STEP 5

EMDRIA Approved Trainer

Already Certified and a Consultant; builds a full basic training course and passes EMDRIA's review to teach it.

Look-alikes to watch for: “Certified in EMDR” from a course, weekend or online-only training, or another group’s “certification.” Look for EMDRIA-Approved and check EMDRIA’s directory.

Source: [8]

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THE SCIENCE

How the brain heals

How experiences get stored · Why some get stuck · What EMDR does about it

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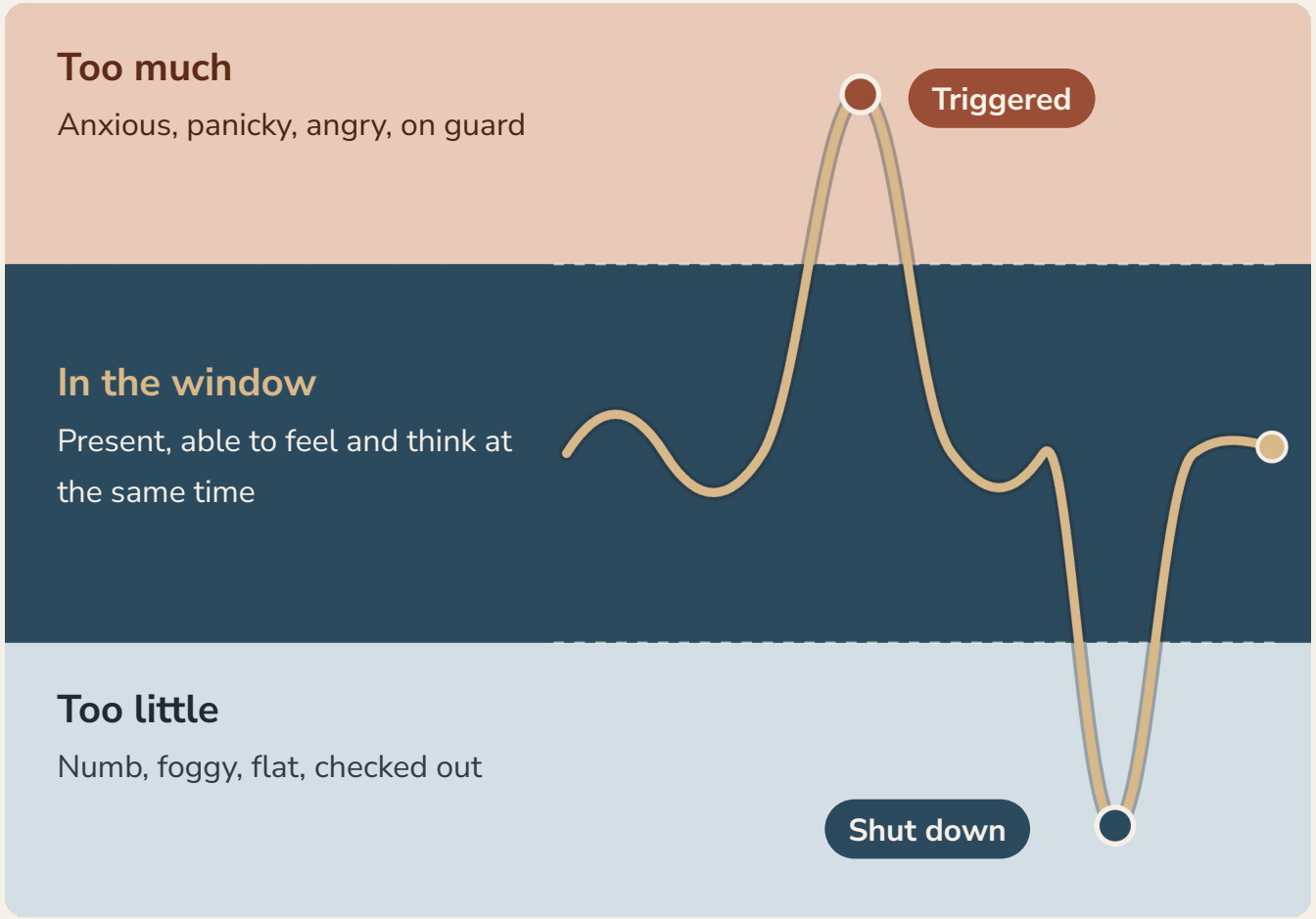
A HELPFUL MAP

The window of tolerance

The zone where we can feel things and still think clearly. Stuck memories knock us out of it, up or down.

QUICK CHECK-IN

Under stress, do you tend to go up or down?



Window of tolerance concept: Dan Siegel [31]

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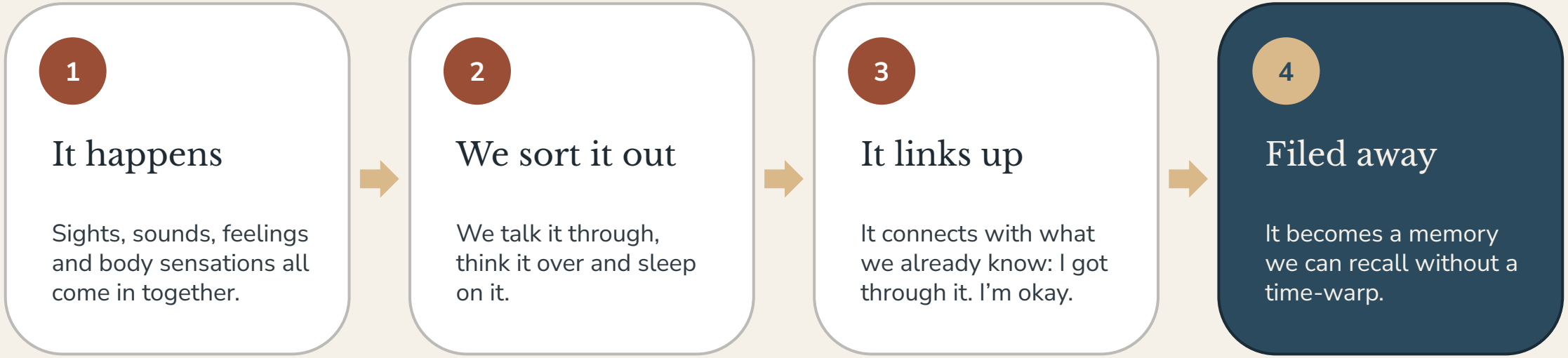
WHEN IT WORKS

How memories normally get filed



A filed memory is *remembered, not relived.*

Sources: [28] [32]

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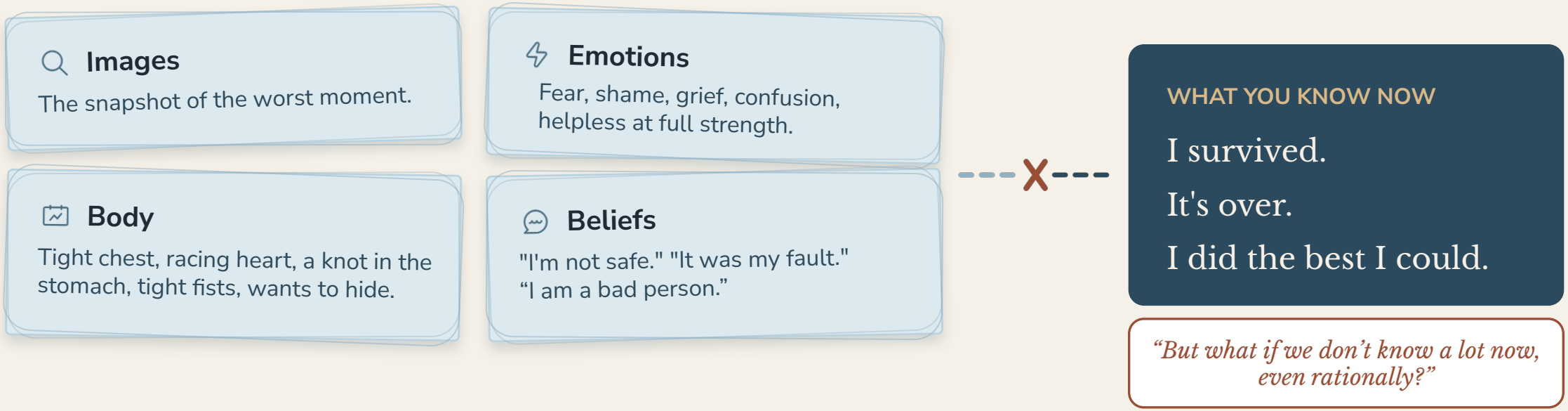
WHEN MEMORIES GET STUCK

Overwhelm freezes the memory in its original form



Stored this way, the memory *doesn't connect* to what you know now.

Source: [28]

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INSIDE THE BRAIN

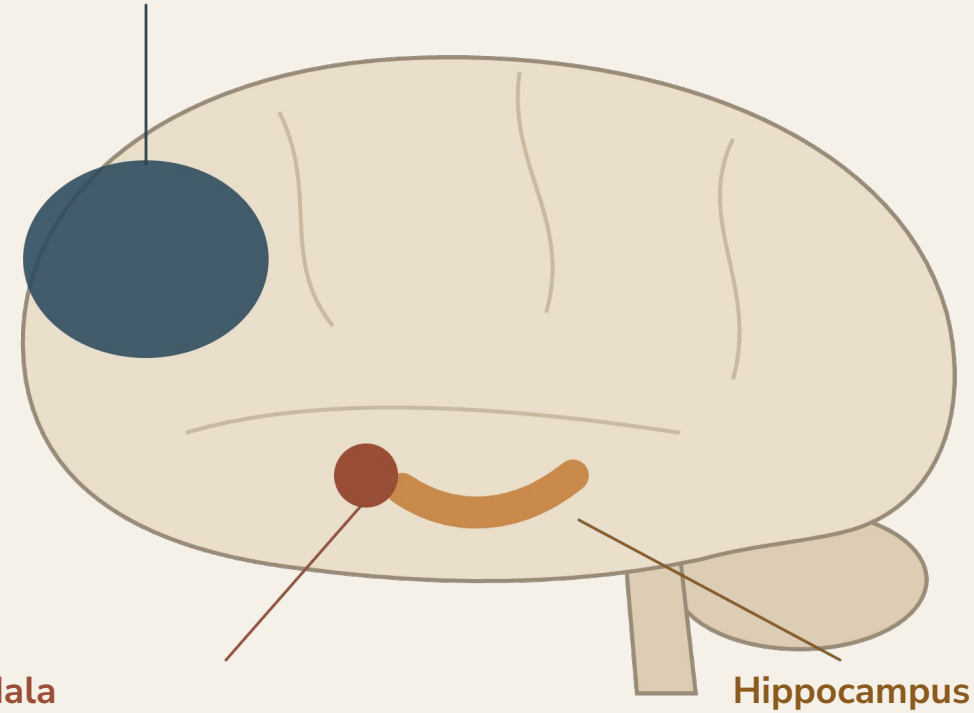
Three regions that shape a stuck memory

UNDER THREAT

Amygdala	▲ Turns up
Hippocampus	▼ Turns down
Prefrontal	▼ Turns down

Prefrontal cortex

Thinking brain and working memory



Amygdala

The alarm

Hippocampus

The filing system

Simplified illustration · Sources: [11] [20]

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Every problem now *was once a solution then.*

The reactions that cause trouble today were the brain's best way to survive back then.

THEN

Freezing kept me safe.

NOW

I go blank in meetings.

THEN

Pleasing people kept the peace.

NOW

I can't say no.

THEN

Staying alert kept me ready.

NOW

I can't relax.

Saying often attributed to Meg Jay, The Defining Decade **[16]**

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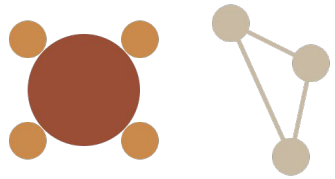
THE MODEL BEHIND EMDR

The Adaptive Information Processing model

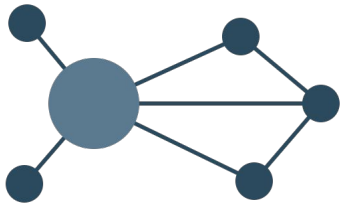
1. The brain has a built-in system that moves experiences toward healthy resolution.

2. Memories are stored in linked networks of images, emotions, sensations and beliefs.

3. Stuck memories drive symptoms. Reprocessing lets them catch up with the present.



Unprocessed (stuck)
Raw, isolated, and still carrying its original charge.



Reprocessed
Linked to the wider network, and calm to remember.

Source: [28]

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WHY EYE MOVEMENTS AND BILATERAL STIMULATION HELP

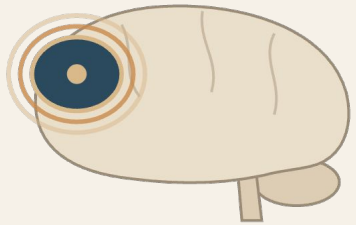
Working memory theory (WMT)

WORKING MEMORY: LIMITED SPACE

The memory

Eye movements or BLS

A tug of war for the same limited space



Prefrontal cortex

Working memory **relies on it**

1

Less vivid, less emotional

2

Stored back calmer

Sources: [13] [17] [18] [21] [23]

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QUICK REVIEW

How a stuck memory gets unstuck

1

THE PROBLEM

Memories get stuck

Overwhelm stores it raw, at full volume, cut off from the bigger picture.

2

THE MODEL · AIP

The brain is built to heal

A stuck memory isn't broken. Its processing just stalled.

3

THE THEORY · WMT

Eye movements and BLS take up space

Eye movements, taps or tones compete with the memory. Eye movements compete most.

4

WHAT EMDR DOES

The memory gets refiled

Integrated, like an operating system update. Remembered without the emotional charge. Connected to resources.

Sources: [6] [23] [27] [28] [34] [35]

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POWER & PRIVILEGE

Who holds the power in the room?

1

Some danger is real

Racism, sexism, homophobia, transphobia, ableism, poverty, chronic illness can be ongoing. So NCs like “I’m not safe” or “I am alone” may be true in some aspects.

2

The client is in charge

They ultimately choose what to work on, the words to use, and when to stop.

3

We have a lens, too

Privilege can hide what we’ve never had to face.

Source: [25]

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HOW EMDR IS DIFFERENT

EMDR and traditional talk therapy

	Traditional talk therapy	EMDR
Structure	Varies by approach	AIP, 8 phases, 3 prongs: past, present, future
Main focus	Insight, coping, changing thoughts	Reprocessing the improperly stored memories
Direction	Top-down: starts with thoughts	Top-down & Bottom-up
How change happens	Talking it through and practicing skills	The brain's own processing, with BLS
Details shared	Often discussed at length	Not required out loud
Beliefs	Examined and challenged directly	Shift on their own as the memory processes
Kind of change	Coping skills shift your state	Reprocessing aims for trait change
Change shows up as	Understanding why you react	No longer reacting the same way

Sources: [28] [37]

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THE STANDARD PROTOCOL

Eight phases, not just eye movements

1

History and planning

What to target, in what order

2

Preparation

Building calm and coping tools aka Resources

3

Assessment

Image, belief, emotion, body, disturbance level

4

Desensitization

Reprocessing with bilateral sets

5

Installation

Strengthening the new belief

6

Body scan

Clearing what the body still holds

7

Closure

Leaving every session settled

8

Reevaluation

Checking that the change held

Source: [28]

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PHASE 1 OF 8

History taking and treatment planning

Includes target mapping, the foundation for everything after.

⚠ Assessing symptoms, pain points and impact on daily functioning. Can be a full, comprehensive evaluation or brief.

Illustrative example, not a real client · Source: [28]

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ABOUT THE DEMO SESSION

Inside an EMDR Session

THE THERAPIST

Erica Wilcox

LPC · EMDRIA Certified Therapist & Consultant
Founder, Wilcox Wellness, LLC

THE "CLIENT" (COLLEAGUE)

Deb Del Vecchio-Scully

LPC, NCC, DCMHS, BCN · EMDRIA Certified Therapist & Consultant
Co-founder, Center for NeuroPotential

SESSION CONTEXT

Overview & Scope

- Recorded with permission, for teaching purposes
- A real memory, but not the most intense one
- A brief history, then Phases 3 through 7

CLINICAL FOCUS

Across Every Clip

- One memory, followed phase by phase
- Each clip slide names 3 things to look out for
- Track the units of disturbance (SUD) as it drops
- Tracking the Positive Cognition (PC) and Negative Cognition (NC)
- Real-time reprocessing, not a script

EDITING NOTES

Not Shown

- Full bilateral stimulation (BLS) duration (trimmed for presentation length)
- Preparation phase & full client history
- Full Validity of Cognition (VoC) check at session start
- Confirming Stop SIgnal at start

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PHASE 1 OF 8 · DEMO CLIP

Brief History Taking/Treatment Planning

Watch for 3 things

1. Window Of Tolerance
2. The Floatback
3. 3 Prongs

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PHASE 1 DEMO

What did you notice?

Questions about what you just saw?

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PHASES 1 & 2 OF 8

Readiness for EMDR: a checklist

Safe and stable

✓ No active crisis or danger

✓ Support outside therapy

✓ Medical & substance use reviewed

✓ Dissociation screened

✓ Legal issues & timing reviewed

Has the skills

✓ Feels distress without shutting down

✓ Shifts from upset back to calm

✓ Stays present while recalling the past

✓ Uses resources between sessions

✓ Reaches positive memories

Ready together

✓ Trust in the therapist

✓ Clear goals

✓ Feels safe to say "stop"

✓ Informed consent

A “not yet” isn’t a fail; it means more history or preparation first.

Sources: **[28]**; Laliotis & French, EMDRIA Consultation Checklist (2023)

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PHASE 2 OF 8

Preparation: getting ready to reprocess

Explain what to expect

"It's like riding a train and watching the scenery go by."

Set up the bilateral stimulation

Eye movements, taps or tones. Test the speed, distance and direction that feel comfortable.

Agree on a stop signal

"If you need to stop at any point, just raise your hand like this."

Build resources

Container, Calm Place, Light Stream. Practiced until settling comes easily and the client has strong, positive resources to connect to.

The goal: the client can stay within their window of tolerance during reprocessing.

Source: [28]

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PHASE 3 OF 8 · DEMO CLIP

Assessment

Listen for 3 things

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The memory is lit up.
Disturbance:
6 out of 10.

What did you notice?

Where do you think the disturbance will be after phase 4?

We'll find out after the reset...

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THE PRACTICE

Watching healing unfold

Phases 4 to 7· Who EMDR helps · Weekly vs. intensive · A guided resource

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WHERE WE ARE

Picking up the demo at phase 4

1
History and planning
Covered earlier

2
Preparation
Covered earlier

3
Assessment
Clip shown earlier

4 · Demo clip
Desensitization
Processing with bilateral sets

5 · Demo clip
Installation
Strengthening the new belief

6 · Demo clip
Body scan
Clearing what the body still holds

7 · Demo clip
Closure
Leaving every session settled

8
Reevaluation
Start of the next session

Source: [28]

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PHASE 4 OF 8 · DEMO CLIP NEXT

Desensitization

Watch for 3 things

1. The shift
2. Attunement
3. Types of BLS

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AFTER THE PHASE 4 CLIP

What did you notice?

Questions about what you just saw?

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WHO EMDR HELPS

From major trauma to everyday stress

TRAUMA

- PTSD, complex PTSD
- Recent traumatic events
- Accidents and injuries
- Medical trauma
- Birth trauma
- Childhood abuse, neglect
- Sexual violence
- Relationship abuse
- First responders, military
- Vicarious trauma
- Dissociative disorders

LOSS AND CHANGE

- Grief, complicated loss
- Pregnancy, infant loss
- Infertility
- Divorce and breakups
- Betrayal and affairs
- Attachment wounds
- Job loss
- Pet loss
- Caregiver strain
- Major life transitions
- Chronic pain & illness

STRESS AND MOOD

- Anxiety, panic, OCD
- Social anxiety
- Phobias: flying, driving
- Burnout and overwhelm
- Work, parenting stress
- Depression
- Low self-worth
- Sleep problems
- Upsetting memories
- Psychosis
- Neurodivergent clients

PERFORMANCE

- Fear of failure
- Public speaking
- Sports and the "yips"
- Creative performance
- Creative blocks
- Test anxiety
- Imposter feelings
- Perfectionism
- Leadership pressure
- Comeback after a setback
- Job interviews

Sources: **[12] [15] [24] [30] [33]**

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THE EVIDENCE

Well researched, widely recommended

Recommended for PTSD

By the World Health Organization, the VA and Department of Defense, and international guidelines.

Decades of studies

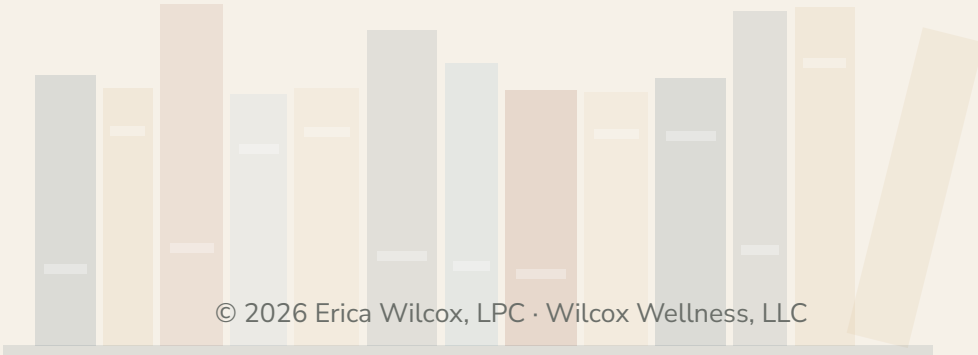
One of the most researched trauma therapies, with growing research beyond PTSD.

Intensives hold up

Concentrated formats show strong results and few people dropping out.

Newer variations (2.0)

Early studies suggest they can be more efficient; clinical trials are underway.



Sources: [2] [5] [14] [15] [22] [24] [33] [36] [37]

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PHASES 5–7 OF 8 · DEMO CLIP

Installation, Body Scan, Closure

Listen for 3 things

1. **The new belief**
2. **A calm body**
3. **Present and future**

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AFTER THE PHASE 5 CLIP

What did you notice?

Questions about what you just saw?

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THE REVEAL · HOW THE BRAIN HEALS

Zero disturbance. VoC 7. Clear body scan.

STUCK · START OF SESSION

“I am alone”

Hoped-for belief: “I can get help”
How true it felt: 3 out of 7
Body: tension in chest and belly
Feelings: overwhelm, helplessness, frustration
Distress: 6 out of 10

WHAT WE DID
Tapping + eye movements
Short and long rounds
Phased protocol

HEALED · END OF SESSION

“I’m alone, ***and*** I can get help”

How true it feels: 7 out of 7, completely true
Body: calm, no tension left
Time: it feels over, in the past
Feelings: calm, centered
Distress: 0 out of 10

PAST
The old memory feels over and no longer pulls at her

PRESENT
Calm in her body; “I’m alone, and I can get help” feels true

FUTURE
Being alone now reminds her she can handle it, or call for help.
Next: work on the upcoming appointment and future worries.

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WAYS TO DO EMDR

Weekly sessions vs. an intensive

	Traditional weekly	Intensive
Session length	Sixty to ninety minutes	Several hours a day
Timeline	Weeks to months	One day to one week
Between sessions	Life happens; momentum fades	Focus and momentum holds
Best for	Ongoing support, gradual pace	Clear goals, limited time, well resourced

BEFORE

Consult and prepare: goals, screening, resources

→

DURING

Focused days with breaks

→

AFTER

Integrate: rest, notice, follow up

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PHASE 8 · REEVALUATION

Next session: did it *take root?*

Return to the memory

Bring it back up. Is the disturbance still at 0? Does the new belief still feel true?

Notice what grew

What surfaced between sessions? New memories, dreams, shifts at work or at home?

Follow the roots

Continue with treatment plan/target map and adjust as needed. Shift to a present trigger or a future moment to rehearse.

Source: [28]

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BRINGING IT TOGETHER

Model, theory, map and method

1 THE MODEL · ADAPTIVE INFORMATION PROCESSING (AIP)

Why it works

The brain is built to heal. Hard memories can get stuck and keep causing pain. EMDR calms them, connects them to your strengths and files them away as the past.

2 THE MAP + THE THEORY

What we target

Past · the memories that set it up

Present · today's triggers

Future · situations to rehearse

Working memory theory · Eye movements and bilateral stimulation (BLS) compete for attention, so the memory feels less intense.

3 THE METHOD · 8 PHASES

How we work

Step by step · Get ready, do the work, then check that the change held.

Collaborative · We choose targets together, and the client can always stop.

Flexible · Weekly sessions or intensives, with the same eight phases.

Every target on the map goes through the method, carefully guided by the model and the theory.

Source: [28]

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WHAT WE COVERED

Back to the objectives

- Overwhelming experiences can get stuck in raw form. EMDR helps the brain reprocess them.
- EMDR helps with trauma, loss, stress, mood and performance.
- Weekly sessions spread the work out. Intensives focus it into days.
- You practiced the Container. Now we'll close with the Light Stream.

Remember it without reliving it.

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The Light Stream

WITH GRATITUDE

Go with that!

Erica Wilcox, LPC · Wilcox Wellness, LLC

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wilcoxwellness.com

Find an EMDR therapist
(EMDRIA directory)

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