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### **Reflection Journal: Related Learning**

In our everyday lives, emotions, thoughts, and sensations have often been categorized as leading contributors to trauma memories. These triggers may be something particularly connected to our memories of traumatic events, such as feeling afraid, fuel smells, and even bridges. When dealing with such memories, they may become unbearable to the point that an individual breaks down and loses hope. However, numerous approaches can be used to deal with such situations. From my experience in traumatic emotions therapy, Eye Movement Desensitization and Reprocessing (EMDR) remains the best option to treat traumatic memories (Marich et al., 2020). It is an approach that entails cognitive-behavioral treatment techniques that aid in processing and assessing one's thoughts and emotions about trauma, as my reflection shows. EMDR has been found to be effective for treating all anxiety disorders, including social anxiety disorder, PTSD, obsessive-compulsive disorder, panic disorder, general anxiety disorder, and specific phobias.

Through my pursuit of a practical approach to treating painful memories, I have had a chance to spend numerous days training and learning about EMDR trauma recovery. Exhilarating and nerve-wracking at some points, I considerably gained a recommendable understanding of how these memories affect the victims and the various approaches to helping them recover fully. Through the training and research from various sources, I have attained significant knowledge regarding the AIP model, which is the fundamental basis of EMDR psychotherapy (Marich et al., 2020). The Adaptive Information Processing approach outlines that the factors contributing to pathology are unprocessed memories arising from traumatic or disturbing life encounters. The factor of change proclaimed by this approach is the processing of such memories to attain an adaptive resolution. Adaptive resolutions may be defined as the

concept of learning that culminates in functional mental health and behaviors. Typically, this is what forms the EMDR approach to treating painful memories. The use of EMDR is guided by the Adaptive Information Processing model (AIP). It is assumed that trauma is stored in the neural network of the brain. Embodied awareness allows new positive thoughts and emotions to blend with the distressing thoughts and emotions.

As I explored, I recalled the different recovery phases a counselor walks the patient through. Of all the stages, phase 4 has proven to be the most important for me. It entails the principle procedure that hurries to learn as consensual motivation keeps information flowing. From my experience and interaction with experts, this is the fundamental way of defining EMDR as a more precise therapy plan. Applying the term “disturbing life encounters,” as suggested by some researchers, rather than “trauma,” stresses the broader use of EMDR to untreated recollections from past life encounters that dysfunctionally show up within the present (Lehman & Lehman, 2020). I have realized that individuals have no choice regarding their responses that culminate from untreated or unprocessed experiences that remain unconnected to their adaptive reminiscence networks (Brees, 2021). Due to the limited choices to these memories, individuals break down when overwhelmed by such instances and end up in depression or other related negative situations. For these reasons, I have comprehended the importance of understanding and adhering to the Adaptive Information Processing ideology of the EMDR functioning. Through the readings and explorations, I have realized that in most cases, therapists attempt to avoid the processing stages when offering solutions to traumatized clients. This, there is a concern that such avoidance may result in less effective EMDR functioning in some treatments. This avoidance also seems to be why some freshly trained therapists may fail to continue implementing EMDR within their practices. From my understanding, when implementing

EMDR, the alteration agent would reprocess such memories if the need for pathology is unprocessed reminiscences (Brees, 2021). This means that stages 3-6 of the EMDR approach must be adhered to for effective treatment of painful memories. Even though these stages may seem the most appropriate, I have comprehended that all the protocols in implementing EMDR are also very critical. To an extent, I presume the initial phase of history taking is the most appropriate one and determines how practical the EMDR approach will be.

Nevertheless, phase 4 of reprocessing is where we witness the most alterations within reduction in the signs and symptoms of unprocessed memories and amplified adaptive working. Someone may decide to use the EMD approach, a restricted approach, or an EMDR method that entails contained processing to kickstart or cope with acute stress or go for the EMDR approach with open principle protocol. From experience, when handling painful memories, the most superior and accomplishing therapy culminates from the entire EMDR protocol, which is what therapists want most of their clients to get.

As I reflect on my experiences and many more findings, I feel some ideas are essential to share with other trauma therapists. While handling clients with painful memories, one should not be afraid of the preprocessing stage of EMDR therapy. It is propelling power. Usually, one learns to apply tools effectively with considerable preparation instead of avoiding their application because of the dysregulation or hyperarousal fear that may arise. In the same way, therapists with little knowledge in EMDR may fear that they may invoke their patients in reprocessing aimed memories (Loewenthal, 2022). But triggers happen impulsively, repeatedly without the patient's understanding, not by their wish, and are devastating as they are encountered alone. I thus believe that EMDR is enough for numerous issues that other approaches may not resolve. It is thus unethical for any therapist to withhold such treatment of

which they have trained. The most recommended approach to attain the necessary confidence that patients will mirror when implementing EMDR is to keep practicing it.

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