# VICTORIA POLICE DEPARTMENT

## TRAUMA & THE RESOLUTION OF PTSD WITH EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

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- Peter Ciceri
  - Prior to 2009 (Business)
    - CEO Custom House
    - Chairman, Sierra Wireless
    - CEO Compaq Canada
  - Since 2009 (Psychotherapy)
    - Trauma & PTSD; Depression; Anxiety, Grief; Self-Esteem; Anger; Developmental Trauma and Abuse; Addiction; Workplace Issues, Victim Services, Job Loss & Transition, etc.

- Peter Ciceri Counselling & Coaching
  - MA Counselling Psychology, UBC 2006
  - Executive Coach (International Coaching Federation Trained 2006)
  - Further Training (including):
    - Cognitive Behavioural; Eye Movement Desensitization & Reprocessing (EMDR), Solution Focused Therapy; Gestalt; Existential, Emotionally Focused Therapy, Mindfulness
    - Treating Military, Neuropsychology, Advanced EMDR, Working with First Responders & PTSD

- Trauma & PTSD
  - Greek for wound, trauma the response to a distressing event that overwhelms an individual's ability to cope with either internal or external resources
  - Causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions & experiences, e.g. accidents, abuse, neglect, medical trauma, natural disasters, loss...
  - Four main PTSD clusters: I) Re-experiencing, 2) Avoidance 3) Cognitive Symptoms 4) Hyper-Arousal
  - Symptoms include: Hypervigilance, Nightmares, Flashbacks, Chronic Stress, Sleep, Concentration, Depression, Anxiety, Substance Misuse, Lack of Concentration, Poor Health, etc.
  - Trauma is maladaptively processed and stays within the limbic system and because it is unprocessed, it stays "alive" in that there is no time or space with trauma.

- Trauma & PTSD
  - It's not a flaw or due to "sensitivity or weakness" but related to the number and degree of the trauma(s) experienced as well as personal history and/or the way your body regulates the chemicals and hormones of a stress response.
  - Mirror neurons in the neo-cortex results in vicarious trauma and PTSD
  - To the brain, an emotional wound equals a physical wound
  - Complex PTSD is trauma plus a negative self concept, emotional dysregulation and interpersonal challenges
  - "Triggering" can happen at any time and the effects do not necessarily diminish over time
  - Autonomic nervous system: sympathetic (Fight & Flight) and parasympathetic (rest & digest)

- Trauma & PTSD
  - Trauma is maladaptively stored and with the perception of threat, the HPA Axis is engaged... persistent mobilization response (Hypothalamus, Pituitary, Adrenal Axis)
  - PTSD negative beliefs that one carries can include Responsibility, Self-Defectiveness, Safety, Choice/control
  - The systemic cause needs to be addressed and not just the symptom so there needs to be a holistic and evidence based approach. Talk therapy alone is not enough.
  - Social support is essential (different forms of EMDR to immediately reduce the emotional charge or the trauma)

#### • Eye Movement Desensitization and Reprocessing (EMDR)

- Developed in 1987 by Francine Shapiro
- Evidenced based: Recommended by the WHO and American Psychological Organization for PTSD. treatment
- Used effectively for a range of psychological issues including, depression, anxiety, PTSD, developmental abuse (ACE's), physical pain, sleep deprivation, addictions, self-esteem, performance anxiety, etc.
- EMDR draws on the brain and body's homeostatic ability to heal itself.
- Holistic approach by addressing beliefs/thoughts, body & emotions together
  - Lowers the emotional disturbance and installs a positive belief
- Engages the three brains: Neo-Cortex/Prefrontal lobes; Limbic System and the Body or "Ancient" Brain
- Eye movement acts like REM sleep to reprocess the effects of the memory experience.
- Works very well with CBT/DBT, Gestalt, Mindfulness and Somatic (Body) based therapies.
- Sessions last 60-90 minutes and the treatment length will depend on single incident trauma or Complex Trauma