

Shifting the focus

By Jan Brogan

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Steve Girard couldn't shake the memory of recovering a 3-year-old girl during an underwater search and rescue mission, and handing her dead body to her grieving parents.

A 50-year-old Army veteran who served in the Joint Special Operations Task Force in Iraq, Girard kept seeing the little girl's face in excruciatingly sharp focus. For nearly 16 years, this memory and the suffering he saw later on a humanitarian mission to Guatemala tormented him, interrupting his sleep and pushing him to quit his commission as a police officer in Chesterfield. "I couldn't adapt to my own family," he said. "I wasn't the same person who left and came back."

Then Girard sought treatment for post-traumatic stress disorder at the Northampton VA Medical Center. Girard hasn't forgotten the little girl, but he no longer sees her face nor suffers from the memory. He credits the relief to Eye Movement Desensitization and Reprocessing, or EMDR. The therapy typically requires the patient to focus on blinking lights or a practitioner's finger moving back and forth, usually for a few minutes at a time, while recalling the disturbing memories. In some instances, alternating tones in the ears or electrical pulses in the palms are used instead of visual cues.

Once highly controversial, EMDR has made gains in acceptance. In 2004, both the American Psychiatric Association and the Department of Defense recommended it as an effective treatment for PTSD. In May, the federal Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services, recognized EMDR as an evidence-based treatment for depression and anxiety as well as for PTSD.

Critics of the treatment still have reservations - even for the treatment of PTSD in combat veterans, the VA ranks EMDR only third as a recommended treatment, behind cognitive behavioral therapy and exposure therapy.

And no one knows exactly how EMDR works. The general theory is that mentally revisiting traumatizing experiences while different parts of the brain are stimulated by the alternating sensations helps the patient overwrite the stored memory with one that has lost its pain and intensity.

Used first in 1987, EMDR has been the subject of dozens of clinical and research studies, including one 1997 randomized clinical trial funded by the managed health care organization Kaiser Permanente, which found that among 67 subjects in an HMO setting, all single-trauma and 77 percent of multiple-trauma patients no longer had PTSD after six 50-minute sessions.

The recognition by the federal mental health agency is important because it will likely make funding available to study EMDR, says Deborah Korn, a Cambridge psychologist who was a co-investigator on a 2007 randomized clinical trial of 77 patients that compared EMDR with Prozac. The study, led by Bessel van der Kolk - past president of the International Society for Traumatic Stress Studies and medical director of the Trauma Center at Justice Resource Institute in Brookline - found that six months after treatment stopped, EMDR patients had fewer symptoms of PTSD and depression than the patients who had been on Prozac.

Korn says that some form of trauma is often at the heart of mental and emotional problems. Sometimes it's a complex trauma, like child or spousal abuse, but it can also be a single event, such as a car accident, bereavement, or a painful divorce.

"You can sometimes see transformation in three sessions, sometimes in 20 minutes," she says. "Other people, it takes months and months. Sometimes it's a matter of unhooking something that opens up information processing in a way that allows for transformation."

Maureen Richardson, a licensed mental health counselor and registered nurse who uses EMDR in her practice at Interfaith Social Services in Quincy, points to the case of a 63-year-old woman who had suffered from a panic disorder for 10 years.

Although the patient had been prescribed Paxil, she would wake up in the middle of the night with night sweats, unable to breathe. A childhood victim of abuse by family members, she had suffered from anxiety for years.

Richardson suggested EMDR therapy. After four sessions, the patient started feeling better. Her anger dissipated and the night sweats went away.

Richardson says EMDR allowed the patient to reprocess the emotions associated with the memory. "She began to realize it wasn't her fault and that some one should have attended to it. . . . She wasn't a bad person, she was just a child."

Girard, the Army veteran, says that EMDR changed the visual images in his brain. "It made my memory like picture frames in a movie. The film was still going by, but I had the opportunity to slow it down and change it, in a better way."

Harvard sleep researcher Robert Stickgold believes that the constant shifting of focus in the eye movements alters brain chemicals and puts it in a state similar to REM sleep, the natural process where the brain deals with the day's events.

"If the brain can't process the trauma and transform it somehow, you are stuck with that raw memory in its original form," he said.

Steven Silver, a Marine and Army National Guard veteran, psychologist, and coauthor of a book on EMDR, "Light in the Heart of Darkness," points to brain imaging data supporting the REM sleep theory.

Silver also notes studies on patients undergoing EMDR have shown physical changes in the brain, including an expansion in the hippocampus - an area that shrinks in people with chronic PTSD.

"We don't know exactly how psychotherapy works either. But with EMDR, because of all the brain-based studies, we have a better idea. We're no longer arguing about whether EMDR works, but what causes it to work," he says.

Therapists stress that EMDR therapy is not a cure for everything. Richardson says she is cautious about using it, for fear of bringing up memories patients are not prepared to deal with. Christine Wolff, a psychologist in Waltham, says that she uses EMDR therapy in only about 10 percent of her patients. She considers EMDR a useful tool because so many different mental health problems are trauma-based - "but if you have a long history of problems in your life, it won't cure you in 10 sessions," she says.

Back at the Northampton VA Medical Center, the administration increased the number of therapists trained in EMDR from one last year to 10 this year. Theodore Olejnik, the therapist who brought EMDR to the center, is the suicide prevention coordinator. As such, he says, he sees only the most dire cases.

During 24 years of active duty with the Air Force, Olejnik recalls treating PTSD victims in the early years strictly with talk therapy and cognitive behavioral therapy, which focus on breaking dysfunctional patterns of thought. "I kept thinking there had to be a better, quicker method."

After treatment with EMDR, he says, "so many combat veterans here have said, 'Ted, you literally brought me out of my ashes, made me whole again.'"

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