DIFFERENCES BETWEEN EMDR AND ART

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As the Founder and Developer of Accelerated Resolution Therapy® (ART) I have been asked frequently through the years what the difference is between ART and EMDR. In this presentation I explain the difference by using words, in what is generally considered her definitive work, of Francine Shapiro, the Founder and Developer of Eye Movement Desensitization Reprocessing (EMDR).

The book used here for ART's comparison with EMDR is *Eye Movement Desensitization and Reprocessing (EMDR) Therapy – Basic Principles, Protocols, and Procedures*, third edition, 2017 by Francine Shapiro, PhD. All the page numbers below refer to pages in this book.

On How Much a Therapist Should Be Involved with a Client's Processing

EMDR

"The activation of the client's innate self-healing processing system should be done with minimal clinical intrusion." **Page 84**

"The clinician should intentionally intervene only if processing becomes blocked." **Page 148**

"Clients are instructed simply to notice their internal experiences and, at the end of every set of BLS [bilateral stimulation], asked, **'What do you get now?'** this automatically brings new pieces of information to mind. [*sic*] These are targeted in the order of their appearance. Clients may spend very little time exposed to the details of the presenting trauma and may instead move sequentially through related material. This successive targeting may be a much more effective way to access the most relevant distressing material than the procedure (used in systematic desensitization or exposure therapy) of returning repeatedly to the initial traumatic image (see Rogers & Silver, 2002). Free association appears to ensure that the salient aspects of the entire memory network are accessed and processed. Clearly, this is an aspect of therapy well recognized in the psychodynamic tradition (Wachtel, 2002)." **Page 355**

ART

ART guides clients and it has a directive approach, with many interventions specific for facilitating and enhancing processing at every step. Although a client must be led through the protocol steps, a client can accept or reject non-procedural clinician suggestions at will.

ART consistently focuses on the traumatic images from the presenting problem. During ART's Voluntary Image Replacement, clients are instructed by the ART Therapist on how to eliminate distressing images and replace them by positive images of the client's choice.

ART instructs the client, during the Basic protocol, to retrieve negative sensations by having the client initially imagine their trauma as a scene from beginning to end, straight through, with

added eye movements for calming purposes. They have been imagining the scene all along, and this is often the last time they see it in this distressful way.

Occasionally there will be an opportunity to retrieve the suspected origin of the problem, which ART calls a *Scene Match*, when it is suspected there is an underlying problem scene. By staying focused on the scenes that are distressful, rather than free associating, the problem can be fully processed. During ART, the disturbing images are erased from the client's view in their mind, while the symptoms and the problem's triggers are gone.

By free associating, as EMDR does, the client may introduce disorientation reminiscent of Attention Deficit Disorder (ADHD). What they bring up may have no real relevance to the client's presenting issue or may be better processed during another session. Clients who have had EMDR express to me that they may leave their EMDR sessions upset, in distress as their issues are not resolved.

ART's directive approach, with its strong guidance, can often resolve a past issue in one session. On-going issues may take more sessions, especially if they have a secondary gain.

Free association does not lend itself to approaching specific problems the way the directive methods of ART can. For example, changing behaviors of OCD requires guidance. An ART therapist may need to direct their client to see a behavior more than once for proper processing. This cannot be done effectively with a free associative approach.

ART's erasing of single "stuck" images, called *Outprocessing*, allows clients to delete or diminish negative images from view in their mind, while replacing them with positive images. This important process could not work without guidance from the therapist. Many of the amazing possibilities with the use of eye movements require the clinician to direct the sessions and could not be accomplished with free association. The direct guidance piggy backs off the client's needs as the needs unfold during treatment. The clients are empowered to make the changes themselves while being guided. We often have predictable results because of ART'S scripts that offer a systematic approach to therapy.

On How Regimented a Therapy Should Be

EMDR

"Because EMDR is not a regimented approach, no two treatment sessions will be the same." **Page 82**

ART

Actually, the regimentation of the systematic approach of the ART Scripts is the reason ART works.

I am not sure why it is important, as it seems to be for Francine Shapiro, that treatment sessions be very different from each other. As it happens, no two ART treatments are the same because the client chooses the way they change their images. What stays the same are the directive scripts that work and the clients' relief.

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On Whether the Speed of the Therapy Matters

EMDR

"Clinicians must be vigilant, so that they can alter the procedures at any time to accommodate the needs of the client; they must refrain from viewing EMDR as a race to achieve treatment effects." **Page 82-83**

ART

ART, of course, is extremely vigilant in paying attention to the client's needs. The disagreement with EMDR's approach is with the end of the quoted sentence, which seems to suggest that speed is not important. ART is designed so that treatment will be fully completed as soon as possible. Many of our clients are freed of their problem within one session. Why keep clients in pain any longer than necessary? A long-drawn-out therapy done with many sessions often will cause the client distress during the therapy and in between sessions, lead to nightmares and cause a frustrated client to leave the treatment unfinished. The ART therapist is in a relaxed but goal-oriented state, to achieve what their goal is in that session if possible.

On Standardizing Eye Movements

EMDR

"[If] eye movements become too predictable, the client may anticipate them and perform them mechanically while directing his full attention to the dysfunctional material. This is detrimental to processing and should be avoided by alternating the speed of the eye movements during the set." **Page 169**

ART

EMDR and ART are exactly opposite in this. Francine Shapiro wants the client to concentrate on the eye movements to distract the client from the scene because she does not want the client to participate consciously in the processing. So, she does not want the eye movements to be predictable. By great contrast with this, the ART clinician wants the eye movements to be predictable so that the client can instead entirely focus on, react to, and eventually work on their scene.

ART therefore uses a consistent number of eye movements. The height and speed may initially be adjusted dependent on what makes the client comfortable. Clients will get absorbed in the processing and soon forget about the eye movements.

On Repeating the Client's Words

EMDR

"Active listening—with the clinician stating, **'What I hear you say is . . .'** and then repeating or paraphrasing the client's words—should *not* be used during EMDR processing. Although this technique is used widely in other forms of psychotherapy, in which therapeutic gains rely largely on verbal reassessments, it is antithetical to EMDR treatment effects." **Page 139**

ART

Repeating the client's words reinforces and enhances processing. It aids the brain in focusing on the specific change the ART therapist is guiding the client to make. The client also feels heard. The ART clinician may use the client's words in order to have the client think about the positive or negative thoughts they are having while using the sets of eye movements.

On Exploring Meanings

EMDR

"Another approach that can hinder rapid EMDR treatment is a clinician-imposed attempt to explore the meaning of any symbols, memories, thoughts, feelings and so on, that arise for the client during the sets….Therefore, rather than asking the client **'What do you think that means?'** or **'Why do you think that came up?'** the clinician should merely direct the client to pay attention to the new memory during the next set." **Page 140**

ART

ART asks the client to think about their thoughts for meaning and to search for answers with eye movements to make new connections in the brain. An ART clinician may well ask the kinds of questions Francine Shapiro rules out.

ART can also explore the meaning of dreams, to have the client do a form of dream analysis, which can further empower the client to gain control of their issues. (By the way, a client exchanging the ending of a nightmare for their own ending results in no more nightmares.)

The client can accept or reject any suggestion or interpretation the clinician might offer, and the client often finds suggestions stimulating and helpful. Although not always necessary, gaining a further understanding of an issue often aids with resolution of a problem. With the understanding the eye movements give, clients quickly gain new perspectives.

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On What to Do If a Client Gets "Stuck"

EMDR

[In keeping with Shapiro's emphasis against interference, suggestions made using the EMDR approach are supposed to be limited to, for example, "Think of that' or "Notice that" or "Go with that." If a client gets stuck in processing a problem, only then can a minimal further suggestion be made until the client's processing begins again. After processing resumes, the clinician is once again limited to the sort of short responses first mentioned.]

"The cognitive interweave [a short directive to change imaginative perspective, for example, seeing themselves from across the street or, for a weightier example, having the client reflect on whether it makes sense to blame a child for being molested] is an EMDR strategy that was developed to handle challenging sessions with highly disturbed clients…. Remember, however, to use the cognitive interweave selectively so that the client's own processing system can do the work necessary for the full integration of the information." **Pages 256-257**

"If the clinician is uncomfortable using the cognitive interweave and finds that a client continues to evidence distress with regard to targeted memories, he should discontinue EMDR treatment until appropriate supervision and additional practice are obtained. If the clinician has been adequately supervised in the use of the cognitive interweave, yet finds that a client continues to 'loop,' she should discontinue the use of EMDR and contact a more experienced consultant." **Page 346**

ART

ART clinicians guide clients throughout the session with script directions and added creative interventions. ART uses "stuck" as a metaphor to keep the session moving along. The ART clinician will instruct the client to create their own pictorial metaphor, such as being stuck on a mountaintop, in a cave, or whatever their stuck sensations suggest to them. The client will then be able to change the image to one that frees them from the stuck emotion. The clinician could also simply process out the stuck sensations with eye movements.

In helping a client "stuck" with grief, ART uses, among other interventions, Gestalt to direct the client to go back and repair issues from the past. The client, for example, might be given a suggestion to see a loved one, in their mind, when their passing left unfinished business. The clinician can suggest that the client go back and say whatever they wish they could have said to that loved one, guiding them to express themselves, which often aids the client in completing the bereavement process. The client feels empowered as it is their brain that is doing the healing.

As we have seen, Francine Shapiro severely limits how much the clinician can say. Unlike the EMDR clinician, who is instructed not to make long statements in between eye movement sets, the ART clinician often stops and discusses what the client experiences by saying in the ART script, "What do you care to share?" This break does not disrupt processing and clients go right back to the place they left off once the eye movements are resumed. And, of course, such interactions keep the therapy moving forward.

The ART clinician adds many creative interventions and makes suggestions along the way, from the very beginning of the session. The suggestions are based on a client's responses. These creative interventions are the clinician's tools to spark the client's creative side in creating solutions.

On When to Process Sensations

EMDR

"The body scan [processing sensations], however, should not be used until the final segment of the memory has been treated and all the targets have been processed, for only then can one expect all associated body tension to disappear." **Page 223**

ART

ART processes sensations, almost always after every set of eye movements, as the client reviews their scene and throughout the process to alleviate negative sensations. The clinician does not wait to move body sensations, especially when the client is in distress. The eye movements serve as an aid to lowering heightened affect and, by keeping the affect in check, help in processing. Clinicians check in with clients each step of the way to make sure the client is ready to move on to the next step in processing the issue. It is the client's choice whether to process sensations again or move on.

Why would anybody wait to eliminate negative sensations?

ART also processes positive sensations to strengthen those when they emerge.

On the Focus on Cognitions

EMDR

"The client is asked to hold in mind the picture of the memory and the negative cognition, to name the emotion felt, and to give a rating based on the Subjective Units of Disturbance (SUD) scale (Wolpe, 1958) (0 = "no disturbance" to 10 = "highest possible disturbance") for how it feels now." **Page 59**

ART

EMDR focuses on cognitions. ART does not focus on cognitions. Cognitions normally will change naturally on their own as the targeted images and sensations are changed. EMDR's adding the cognition to what the client must keep in their mind while processing is cumbersome for the client (not to mention the difficulty holding in mind, along with the negative cognition, the picture of the memory, the naming of the emotion felt and the SUDS rating).

An ART clinician does occasionally choose to focus on a cognition to change the image and sensations associated with that cognition.

On How Much to Process with Eye Movements for Success

EMDR

[EMDR views treatment as progressing through memory channels.] "Therefore, if the goal of therapy is for the client to react calmly to the target, it is necessary to 'clean out' each channel by reprocessing all of the dysfunctionally stored material connected to that node." **Pages 30-31**

"For desensitization to occur, it is necessary to process the dysfunctional material that is stored in all of the channels associated with the target event." **Page 142**

"EMDR is not a one-session therapy, and the clinician should have a clear picture of the client's problem areas and the sequence in which they should be targeted." **Page 112**

ART

The ART protocol instructs the client to view their problem scene *quickly* the first time through like seeing "a movie trailer." We suggest they finish this "in 5 or 10 minutes." ART has desensitized the scene during the first time through the images as the client eliminates the negative sensations. So, the client is desensitized normally in the first part of the ART protocol. Then ART goes beyond desensitization to what I call "Positization" to allow the client to rescript their scene and make it positive. All this is very often accomplished in one session, while on-going problems may or may not take up to several more sessions.

ART focuses on the presenting problem and the origins of problems. The results seem to generalize.

In treating a police officer, for example, once his main problem scene was resolved, he said all the other normally triggering scenes no longer disturbed him. (And this was done within one session.)

A client was successfully treated with ART, in one session, for triggering from the 9/11 terrorist attack. He had a second session three weeks later, scheduled to process his first responder experience at the Sandy Hook school shooting. He stopped the session, after only a few sets of eye movements, to tell me that his first ART treatment was still protecting him from his triggers from Sandy Hook.

I have observed the generalizing phenomenon again and again. It does not, then, make sense to me that you must reach all the "channels" of a problem. In fact, I have been able to complete an entire troubling childhood by having the client imagine snippets of her most troubling moments without "cleaning out," or in any way bringing into it, all the other connections or "channels."

Instead of needing to access all these "channels" of a problem, ART therapy resolves problems by giving the client a new perspective that covers all the "channels" and even generalizes to form solutions for other problems.

On Establishing a Relationship with the Client

EMDR

"The clinician must establish a relationship with the client that includes a firm therapeutic alliance, a recognition of common goals, and an understanding of the need for honest communication. Unless the client and clinician have established a sufficient level of trust, EMDR should not be initiated. Attaining this level of rapport may take many months with some clients; for others, it will be a matter of one or two sessions. Regardless of how long bonding takes, EMDR processing should not be attempted without it, or the client may break off treatment during an abreaction, refuse to continue, and perhaps terminate therapy altogether." **Page 114**

ART

I often tell my trainees that I do not need a close relationship with my dentist. ART, like dentistry, is procedural in nature.

ART does not require an active creation of a close relationship. The ART therapy itself establishes quickly – during the first time it is used – enough trust in the process not to require anything more. The eye movements do all the work. The ART therapist is just a guide.

ART does attend to a client's safety from the beginning and screens for such issues as suicidality or dissociation and for motivation and readiness to improve their life with ART.

ART is extremely good at dealing with strong emotions. If an "abreaction" occurs, therefore, ART can reliably deal with it.

On the Safety of the Therapy

Notice that in the last section a principal reason for Francine Shapiro to insist on a close relationship to a client was her fear of a disastrous reaction in the client. A very important difference between EMDR and ART is that the same dangers Shapiro fears are not present for ART when the protocol is properly followed.

EMDR

"The emotional response of clients and the intensity of their between-sessions disturbance are highly variable. There is no way to predict accurately these reactions before processing begins. It is important, therefore, to assess the client's (and the clinician's) current life situation in order to reduce potential problems. For example, if the client is scheduled to make a very important presentation at work, EMDR trauma processing should not be initiated, because she may be too distracted or disturbed to function at peak effectiveness.

Furthermore, since there is no way of knowing how much residual dysfunctional material may remain at the end of a session or how much associated processing will continue spontaneously, care must be taken to prevent high levels of distress if the client lacks psychological support. If, for example, the client is about to take a 2-week vacation, the reprocessing of a major trauma should not be started.

Clinicians should explain to clients that EMDR memory processing may entail emotionally intense work and that no important appointments or long work hours ought to be scheduled immediately following a treatment session, The client's work schedule must be amenable to these post session requirements. If this is not possible, trauma work is contraindicated." **Pages 93-94**

ART

In ART there is none of this. Clients leave with their rescripted happy images of their choice after their eye movement session. Although many clients need only one ART session to clear trauma, even if a client has an on-going problem, which might take several more sessions, they still leave with the new positive images after each ART session.

SUMMARY

The focus of ART is to eliminate negative images and sensations to lead the client quickly to resolution. While EMDR is focused on cognitions and free associates during its eight-phase process, ART works to move clients to resolution, whenever possible, in a session.

I find that ART is in many ways different from EMDR; and, in fact, ART's methods are nearly always directly opposed to those of EMDR.

It is key to note that, although ART is very directive, the clinician does not have to hear any detail. Because ART is procedural, it can even be successful without the clinician hearing any facts, thus helping therapists with compassion fatigue.

The ART protocol handles "abreactions" (strong negative emotions with their sensations) quickly and powerfully by processing them with eye movements. ART does not avoid negative reactions, but rather takes the client quickly through them, in several minutes, with the calming effects of the eye movements. The ART protocol does not pause or stop treatment because of a fear of facing strong reactions as the EMDR protocol described by Francine Shapiro does. ART in a few minutes of processing brings great relief from negative emotions and sensations.

ART targets the triggers for the client's problems as part of the ART protocol. ART Therapists, at the end of an ART Session, check to make sure imagining the triggers does not bring up negative sensations and that the client has just the facts (which, as mentioned, the ART Therapist does not need to know) and that the facts do not cause negative emotions. If the client cried at the beginning of the session, they should have only the facts and no longer cry at the end. That is what clients say they want and that is what ART can do.

My core belief: If the client does not eliminate their problematic images from view in their mind and the corresponding sensations, the triggers for their symptoms will not be gone and the therapy will not have been complete.

In this presentation of the differences between EMDR and ART, we have been discussing EMDR as it was described by its Founder and Developer Francine Shapiro in the latest edition of her main work on it. There are EMDR therapists who have diverged from this orthodoxy in one way

or another. Some may have made their therapy more like ART, whether or not they have consciously done so. I warmly invite them — and all clinicians — to learn more about ART. Indeed, many EMDR therapists have already done ART training.

We must be extremely grateful to Francine Shapiro for discovering and developing to a certain extent the power of eye movements. But we must truly free the power of eye movements. There is such a lot of human suffering we need to end and human potential we need to release.

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