

# TOUCHPOINTS FOR EMDR



## INTRODUCTION

Eye movement desensitization and reprocessing (EMDR) is a psychotherapeutic treatment regimen introduced in 1989 by J. Shapiro (Shapiro, 1989) as a treatment for post-traumatic stress disorder (PTSD). It works by extinguishing feelings of fear and distress associated with traumatic memories over multiple sessions by establishing new neural pathways with more cognitive cortical regions of the brain using a series of alternating visual stimuli. One hypothesis for how EMDR helps treat PTSD says that traumatic memories are incorrectly/incompletely stored in limbic areas, lacking widespread connections with more cognitive cortical regions. Traumatic memories are stored solely in emotional parts of the brain that primarily involves connections with subcortical structures such as the amygdala and anterior cingulate cortex; it is distinct from episodic memory that involves the hippocampus and neocortex. The process of EMDR builds these more cognitive connections by transferring these emotional memories to episodic ones, which allows for a gradual extinguishing of feelings of fear and distress associated with these traumatic memories (Corrigan, 2002).

## THE USE OF TOUCHPOINTS™ IN EMDR THERAPY

TouchPoints™ are a wearable BLAST device partially based on the principles of EMDR therapy and thus can be used to assist EMDR therapy. EMDR therapy involves a 3-pronged approach that focuses on memories, present disturbances, and future actions to reprocess a client's memories/experiences that are causing distress and fully integrate them to resolve symptoms. TouchPoints™ can facilitate this process in multiple ways:

- (1) Use during therapeutic EMDR sessions as an adjunctive therapy to reduce physiologic arousal and distress which then facilitates the resolution of cognitive distress.
- (2) Self-directed use outside of EMDR therapy sessions. TouchPoints can be used outside of therapy sessions as a self-directed wearable by patients to deliver bilateral stimulation, reducing negative symptoms associated with "triggers."

## **TOUCHPOINTS AND “TAPPERS”/EMOTIONAL FREEDOM TECHNIQUE (EFT)**

Although TouchPoints have many apparent similarities with “tappers”/EFT, they have important differences. EFT is a psychotherapeutic intervention for the treatment of post-traumatic stress disorder (PTSD) that combines psychological methods derived from CBT and exposure therapy and stimulation of acupressure points. The cognitive components that make up EFT are derived from EMDR and exposure therapy. This is paired with stimulation of a pre-established set of acupressure points by tapping on them. For this reason, EFT is often referred to as simply “tapping.” “Tapping” shares many concepts with EMDR-based treatments, like TouchPoints; however, there is no bilateral alternating pattern to the stimulation.

While no studies have been done to directly compare the efficacy of Emotional Freedom Techniques (EFTs) with TouchPoints (TPs), both have similar applications and therapeutic efficacy. Both EFT and EMDR have been empirically validated in multiple randomized controlled studies and meta-analyses. TouchPoints; in particular, have multiple clinical studies demonstrating therapeutic effects on subjective and objective metrics of stress and anxiety within minutes in healthy subjects and multiple patient cohorts, such as PTSD, ADHD, and autism. Even though no rigorous comparative studies between EFT and TouchPoints exist, TouchPoints may likely have a greater efficacy given their more complex action on higher cortical centers. As a self-directed treatment, TouchPoints is likely more effective than tapping yourself via the EFT technique. Because your brain anticipates the tapping, the EFT method would not be as effective as automated tapping using a device such as TouchPoints.

## **DISSOCIATION IN EMDR/TOUCHPOINTS**

When considering EMDR treatment, it is important to identify patients with dissociative qualities. Dissociation is the process of disconnecting or detaching from one’s thoughts, feelings, memories, or sense of identity. The most quintessential embodiment of this is dissociative identity disorder (DID), a psychological disorder that establishes multiple fragmented personality structures typically to deal with early overwhelming childhood trauma. Other specific psychiatric dissociative disorders include post-traumatic stress disorder (PTSD) and dissociative personality disorder not otherwise specified (van der Hart et al., 2014). In patients with dissociative identity disorder (DID), traumatic memories are spread across different personalities. Caution must be employed when using EMDR in DID patients, since it may precipitate regression, decompensation, and the re-emergence of post-traumatic symptoms. DID patients need to be identified and special modifications need to be made to the EMDR protocol with or without TouchPoints to minimize the risk of regression in DID patients (Fine & Berkowitz, 2001).

## **HOW TO USE TOUCHPOINTS DURING AN EMDR THERAPY SESSION**

EMDR therapy is divided into 8 discrete phases. Below we will discuss specifically how TouchPoints™ can be used to assist during each phase.

## PHASE 1: HISTORY TAKING

Generally, this phase takes place at the beginning of EMDR therapy. The therapist takes a thorough history of the client and together develops a treatment plan. The history will include a discussion of the client's specific problems, his/her behaviors stemming from those problems, and his/her symptoms. With this information, the therapist and client will define the specific targets on which to use EMDR. These targets typically include:

- past events that created the problems
- present situations that are distressing
- key skills or behaviors the client need to learn for his/her future well-being

### USE OF TOUCHPOINTS

Recommended Setting: Blue

Recommended Body Positions: Wrists, Ankles

Details: We recommend encouraging clients to wear TouchPoints™ from the start of phase 1. Because recall of these past events can lead to both cognitive and physiological distress, TouchPoints™ can help by reducing stress throughout this phase. Since TouchPoints™ specifically reduces physiologic distress, adaptive information processing (AIP) models predict that the absence of physiologic distress will more easily lead to the resolution of cognitive distress. Also, by keeping the physiologic distress minimal going into the reprocessing phases, this can significantly shorten treatment time.

## PHASE 2: PREPARATION

During this phase, the therapist will explain the EMDR process, how it is performed, and what the client can expect during and after treatment. In addition, the therapist will teach the client several relaxation techniques that the client can use to calm himself in the setting of any emotional disturbance that may arise during the EMDR process. The primary goal of this phase is to establish a trusting therapeutic relationship.

### USE OF TOUCHPOINTS

Recommended Setting: Blue

Recommended Body Positions: Wrists, Ankles

Details: TouchPoints™ can be used during this phase as well to reduce the stress associated with the EMDR process and thus facilitate the therapist-patient relationship. It also helps to instill confidence when teaching calming techniques to a patient.

## PHASE 3: ASSESSMENT

During this phase, each target is accessed systematically. The therapist identifies aspects of the target to be processed. First, the client chooses and rates a specific scene or picture from the target that best represents the memory. Then, the client chooses a statement that expresses a negative self-belief associated with the event. Then, the client picks and rates a positive self-statement that he would rather believe and which he/she will hope to replace current negative self-belief.

### USE OF TOUCHPOINTS

Recommended Setting: Variable (Depends on Strength/Character of Traumatic Memory)

Recommended Body Positions: Wrists, Ankles

Details: If TouchPoints™ has been used in phases 1 and 2, the patient's level of physiologic distress should typically be quite low compared to their cognitive distress. It is important to remember that, if TouchPoints™ have been used during this assessment phase, then they need to be applied before the body scan phase (phase 6), as well, for sake of continuity.

## PHASE 4: DESENSITIZATION

The therapist leads the client in sets of eye movements with appropriate shifts and changes of focus until the subjective rating of the distressing emotions associated with the main target is reduced to nothing. Then the therapist repeats the process for any memories associated with the main target that arises during the session.

### USE OF TOUCHPOINTS

Recommended Setting: Variable (Depends on Strength/Character of Traumatic Memory)

Recommended Body Positions: Wrists, Ankles

Details: As a wearable device, TouchPoints™ can be used outside of the EMDR sessions to help accelerate the desensitization process. Note that the client should not be instructed to use TouchPoints™ to process targets without the therapist; rather, the client should be encouraged to use the TouchPoints™ real-time to reduce the stress associated with any triggers.

## PHASE 5: INSTALLATION

The goal of this phase is to concentrate on and increase the strength of the positive belief that the person has identified to replace his original negative belief.

### USE OF TOUCHPOINTS

Recommended Setting: Variable (Depends on Strength/Character of Traumatic Memory)

Recommended Body Positions: Wrists, Ankles

Details: TouchPoints™ can be worn here to keep physiological distress minimal which will help increase the patient's confidence in the new positive belief.

## PHASE 6: BODY SCAN

After the positive cognition has been strengthened and installed, the therapist will ask the person to bring the original target to mind and see if he notices any residual tension in his body. If so, these physical sensations are then targeted for reprocessing. An EMDR session is not considered successful until the client can bring up the original target without feeling any bodily tension.

### USE OF TOUCHPOINTS

Recommended Setting: Variable (Depends on Strength/Character of Traumatic Memory)

Recommended Body Positions: Wrists, Ankles

Details: As discussed above, if TouchPoints™ has been used in the previous phases 1-4, then they will need to be used here again for the sake of continuity.

## PHASE 7: CLOSURE

The goal is for the client to leave the session feeling better than in the beginning. If processing the target is not complete, the therapist will assist the client in using self-calming techniques to deal with any residual distressing emotions.

### USE OF TOUCHPOINTS

Recommended Setting: Blue

Recommended Body Positions: Wrists, Ankles

Details: TouchPoints™ can help reduce any residual physiologic distress which can facilitate target resolution and perhaps shorten treatment time.

## PHASE 8: RE-EVALUATION

This phase opens every new session at the beginning. During this phase, the therapist checks to make sure that the positive results of previous sessions have been maintained, identifies any new areas that need treatment, and continues reprocessing the additional targets.

### USE OF TOUCHPOINTS

Recommended Setting: Blue

Recommended Body Positions: Wrists, Ankles

Details: If TouchPoints™ has been used throughout the previous EMDR sessions, it should be applied during this phase as well to maintain continuity with other sessions as much as possible.