EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY (EMDR THERAPY)

Eye Movement Desensitization and Reprocessing (EMDR) Therapy is an evidence-based psychotherapy that treats trauma-related symptoms.

EMDR therapy is designed to resolve unprocessed traumatic memories in the brain. The therapist guides the client to process the trauma by attending to emotionally disturbing material in brief, sequential doses, and while at the same time focusing on an external stimulus. The most commonly used external stimulus in EMDR therapy is alternating eye movements; however, sounds or taps may be used as well.

EMDR therapy is a model used within the service Outpatient Therapy by Licensed Practitioners, and follows the requirements set out in the "Outpatient Therapy by Licensed Practitioners" section of this manual.

Evaluation of the Evidence Base for the EBP Model

Evaluation of the evidence-base for the EMDR model has been conducted by several national registries.

EMDR therapy for the treatment of children and adolescents has received a CEBC Scientific Rating of 1-Well Supported by Research Evidence by the California Evidence Based Clearinghouse: https://www.cebc4cw.org/program/eye-movement-desensitization-and-reprocessing/

The California Evidence Based Clearinghouse also reviewed the evidence on EMDR therapy for the treatment of adults, and gives a Scientific Rating of 1-Well Supported by Research Evidence: https://www.cebc4cw.org/program/eye-movement-desensitization-and-reprocessing-for-adults/

In 2010, EMDR therapy was reviewed and included in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, and EMDR therapy was reviewed as part of SAMHSA's Comparative Research Effectiveness Series: https://cdn.ymaws.com/www.emdria.org/resource/resmgr/research/treatment_guidelines/samhsa.2012.nrepp-comparativ.pdf

EMDR therapy was given a Strong Recommendation as an effective treatment for PTSD in children, adolescents and adults by the International Society of Traumatic Stress Studies:

http://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_PreventionTreatmentGuidelines_FNL-March-19-2019.pdf.aspx

EMDR therapy is often cited as an effective treatment in national and international treatment guidelines for organizations such as the U.S. Department of Veteran Affairs and the U.S. Department of Defense: https://www.healthquality.va.gov/guidelines/MH/ptsd/

Target Population Characteristics

Children, adolescents and adults. EMDR therapy may be used with children as young as two years of age, through adolescence and adulthood.

Scientific research has established EMDR therapy as clearly effective for post-traumatic stress and trauma-related symptoms. Trauma may result from a single event, multiple events or a series of events chronic in nature.

Clinicians have also reported success using EMDR therapy in treatment of the following conditions:

1. Anxiety, panic attacks, and phobias;
2. Chronic Illness and medical issues;
3. Depression and bipolar disorders;
4. Dissociative disorders;
5. Eating disorders;
6. Grief and loss;
7. Pain;
8. Performance anxiety;
9. Personality disorders;
10. Sleep disturbance; and
11. Substance abuse and addiction.

Philosophy and Treatment Approach

Using standardized procedures, EMDR therapy helps the client access stored memories, activate the brain's information system and, through reprocessing, helps move the disturbing information to adaptive resolution.

The model on which EMDR therapy is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences. This impairs the client's ability to integrate these experiences in an adaptive manner. The eight-phase, three-pronged process of EMDR therapy facilitates the resumption of normal information processing and integration. This treatment approach, which targets past experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers.

Goals

The overall goal of EMDR therapy is to fully process pathogenic memories and experiences and sort out the emotions attached to those experiences.

After effective EMDR therapy, the client is expected to experience:

1. Relief from distress and physiological arousal; and

2. Replacement of negative thoughts and feelings that are no longer useful, with positive thoughts and feelings that will encourage healthier behavior and social interactions.

Specific Design of the Service

The EMDR treatment approach follows a three-pronged protocol to target and reprocess each presenting complaint. The protocol requires 1) attention to past experiences as the basis for clinical complaints; 2) attention to current situations that trigger dysfunctional emotions, beliefs, and sensations; and 3) attention to positive experiences to enhance future adaptive behaviors and mental health.

During EMDR therapy, the therapist guides the client through 30-second exercises using bilateral eye movements, tones, or taps while the client focuses on the target disturbing experience and then on any related negative thoughts, associations, and body sensations. Through adaptive information processing, the dual-attention exercises disrupt the client's stored memory of the trauma to facilitate an elimination of negative beliefs, emotions, and somatic symptoms associated with the memory as it connects with more adaptive information stored in the memory networks. Once recall of the trauma no longer elicits negative beliefs, emotions, or somatic symptoms, and the memory simultaneously shifts to a more adaptive set of beliefs, emotions, and somatic responses, it is stored again, replacing the original dysfunctional memory of the trauma.

EMDR treatment proceeds in eight phases:

Phase 1: History-taking. A psychosocial interview is conducted to evaluate the patient's presenting issues, self-soothing skills, and readiness for reprocessing, and to develop treatment goals. The clinician gathers information required for informed consent, considers special EMDR therapy criteria related to client selection and readiness, and identifies potential treatment targets from positive and negative events in the patient's life (past, present, and future).

Phase 2: Preparation. During the second phase of treatment, the therapist prepares the client for EMDR processing of traumatic targets through psychoeducation, strengthening the relationship between the clinician and the patient, setting expectations for the course of treatment, and identifying coping skills for use during and between treatment sessions.

Phases 3-6: Assessment, Desensitization, Installation, and Body Scan. In phases three through six, a target memory is identified with the client identifying the image that represents the worst part of the disturbing event, the negative cognition associated with the image, and a positive cognition that the client would like to believe instead. The client is also asked to identify emotions and body sensations associated with the target memory.

After this, the client is instructed to focus on the image, negative thought, and body sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation. These sets may include eye movements, taps, or tones. The type and length of these sets is different for each client, and determined in collaboration between the client and therapist.

After each set of stimulation, the clinician instructs the client to notice whatever thought, feeling, image, memory, or sensation comes to mind, while maintaining dual awareness of the past and the present. Depending upon the client's report, the clinician will choose the next focus of attention. These repeated sets with directed focused attention occur numerous times throughout

the session. If the client becomes distressed or has difficulty in progressing, the therapist follows established procedures to help the client get back on track.

When the client reports no distress related to the targeted memory, they are asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the client may adjust the positive belief if necessary, and then focus on it during the next set of bilateral stimulation until it feels completely true. After installing the positive cognition with bilateral stimulation, then the client is asked to consider the distress in their body. Bilateral stimulation is used in the same way to desensitize and clear the body of the body memories. Once the body is clear, it is considered a complete processing session.

If the target is not completely processed, it is considered an incomplete session and various resources are utilized to help the client successfully leave the session to work at another time on the target.

Phase 7: Closure, with an incomplete or complete processing session. In this stage, there is reorientation of the focus of attention to bring closure to the reprocessing. The client is stabilized and the session closed, with reorientation to the present. A plan is developed for the time between sessions, and as appropriate, a plan is arranged for contact with the clinician.

Phase 8: Reevaluation. Phase 8 is often conducted at the beginning of a subsequent treatment session. At the outset of an individual therapy session, the therapist will revisit the impact of previous sessions. Reevaluation ensures clinical attention and follow-up of every EMDR treatment session to evaluate specific target memories, identify other relevant associations that may have developed as a result of reprocessing, and evaluate patient progress.

Adaptions for EMDR Therapy with Children

Dual Attention Stimulation (DAS) or bilateral stimulation refers to the use of alternating, right-left tracking that may take the form of eye movements, tones or music delivered to each ear, or tactile stimulation, such as alternating hand taps. Creative alternatives have been developed for children that incorporate Dual Attention Stimulation through the use of puppets, stories, dance, and art.

Recommended Intensity

EMDR therapy was developed as an intervention to be delivered in 50-90 minute therapy sessions.

Sessions may be spaced in the more traditional model of weekly sessions, or more frequently as needed. When shorter (45-60 minute) sessions are used, it may be most effective to increase the frequency of sessions to 2 times per week. The appropriate length and timing should be decided between the client and therapist, to meet the client's needs.

Recommended Duration

The course of treatment includes a history assessment and preparation, a series of reprocessing and desensitization sessions, and a reevaluation to confirm that adaptive information processing was successful and persists. Treatment concludes when the client no longer reports disturbance or negative cognitions associated with the traumatic memory.

Length of treatment is not prescribed and is dependent upon the severity of the trauma as well as other factors. The number of sessions required to reprocess traumatic memories are fewer for patients with a single trauma to reprocess, while more sessions are required for clients with multiple traumas. Based on individual needs, average duration of a treatment episode of EMDR Therapy may range from approximately 5 to approximately 20 sessions.

If MCO policy requires prior authorization for Outpatient Therapy by Licensed Providers, including treatment episodes of EMDR Therapy:

1. The provider requesting prior authorization should note that the evidence-based model EMDR Therapy is being used. An initial authorization of 20 sessions is recommended so that the provider may complete the medically necessary treatment episode and provide evidence-based care to the member; and

2. If additional sessions beyond the initial authorization are needed to complete a treatment episode of EMDR Therapy, the re-authorization request should indicate that the specialty model EMDR Therapy is being utilized, and should note the reason for a need for additional sessions to complete the treatment episode of evidence-based care.

Delivery Setting

EMDR therapy may be used in outpatient clinics, as well as in crisis settings, inpatient, or residential care settings.

Cultural Considerations

EMDR therapy is an approach to psychotherapy that has been practiced in the U.S. and around the world. EMDR treatment has been tested and has demonstrated effectiveness with a variety of populations including children and adults of different racial and ethnic backgrounds.

The EMDRIA Statement Regarding Diversity and Cultural Competence (accessed at https://www.emdria.org/page/diversitystatement) states that "EMDRIA values cultural competence… as a core component of effective EMDR therapy… EMDRIA strives to educate and support EMDR clinicians as they implement culturally attuned EMDR therapy."

Provider Qualifications and Responsibilities

EBP Model Requirements

EMDRIA (EMDR International Association) sets the standards and requirements for EMDR therapy training. EMDRIA certifies individual clinical practitioners in the practice of EMDR therapy by ensuring all basic requirements, initial training, and ongoing certification are met (see www.emdria.org).

EMDRIA establishes two levels of training for practitioners in EMDR therapy. For the purposes of providing EMDR therapy under Louisiana Medicaid, either level (EMDRIA Approved Basic Training, or EMDR Certification) are acceptable qualifications.

The standard level of training, which allows a practitioner to provide EMDR therapy, is referred to as "EMDRIA Approved Basic Training."

Following completion of EMDR Basic Training, a practitioner may go on to achieve a more advanced level of training, referred to as "EMDR Certification." Once Certified in EMDR therapy, practitioners must re-certify every 2 years.

Other Qualifications and Requirements

Practitioners must meet qualifications and requirements established in the Outpatient Therapy by Licensed Practitioners section of this manual.

Allowed Provider Types and Specialties

1. PT 31 Psychologist PS:

a. 6A Psychologist – Clinical;

b. 6B Psychologist – Counseling;

c. 6C Psychologist – School;

d. 6D Psychologist – Developmental;

e. 6E Psychologist - Non-declared;

f. 6F Psychologist – Other; and

g. 6G Psychologist – Medical.

2. PT 73 Social Worker (Licensed/Clinical) PS:

a. 73 Licensed Clinical Social Worker (LCSW); and

b. LL Lower Level – Licensed Master Social Worker (LMSW).

3. PT AK Licensed Professional Counselor (LPC) PS:

a. 8E CSoC/Behavioral Health – LPC; and

b. LL Lower Level – Provisionally Licensed Professional Counselor (PLPC).

4. PT AH Licensed Marriage & Family Therapists (LMFT) PS:

a. 8E CSoC/Behavioral Health – LMFT; and

b. LL Lower Level – Provisionally Licensed Marriage and Family Therapist (PLMFT).

5. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;

7. PT 20 Psychiatrist PS:

a. 26 Psychiatry; and

b. 2W Addiction Specialist.

8. PT 78 Nurse Practitioner (APRN) PS 26;

9. PT 93 Clinical Nurse Specialist (APRN) PS 26; and

10. PT 94 Physician Assistant PS 26.

Training

Training in EMDR therapy should be provided by an EMDRIA Approved Consultant who has maintained active status. EMDRIA Approved Consultants can be located at the EMDRIA website at www.emdria.org.

The first level of EMDR therapy training is "EMDRIA Approved Basic Training." According to EMDRIA, EMDR Basic Training consists of the following minimum requirements:

1. Instruction (20 hours), using the EMDRIA Approved Basic Training Curriculum;

2. Supervised Practicum (20 hours); and

3. Consultation (10 hours).

An EMDRIA Approved Basic Training provides clinicians with the knowledge and skills to utilize EMDR therapy, a comprehensive understanding of case conceptualization and treatment planning, and the ability to integrate EMDR therapy into their clinical practice. An EMDRIA Approved EMDR Training provides, at a minimum: instruction in the current explanatory model, methodology, and underlying mechanisms of EMDR therapy through lecture, practice, and integrated consultation. Participants receive a certificate of completion of the training when completed in full. Participants who begin EMDR Basic Training must complete the entire training within 24 months from their initial start date.

A more advanced level of EMDR training is EMDR Certification. To achieve EMDR Certification, a therapist currently must:

1. Be licensed or certified in their mental health professional field for independent practice and have a minimum of two years' experience in that field;

2. Complete an EMDRIA Approved Basic Training;

3. Conduct a minimum of fifty clinical sessions in which EMDR therapy was utilized, with at least 25 clients;

4. Receive twenty hours of consultation in EMDR therapy by an Approved Consultant. At least 10 of these hours must be obtained through individual, EMDR-focused consultation. The remaining 10 hours may be obtained through small group consultation. Consultation groups cannot exceed more than 8 participants at a time;

5. To show continuing education for this credential, the therapist must complete twelve hours of continuing education in EMDR therapy every two years;

6. Completion of 12 hours of EMDRIA Credits (continuing education in EMDR); and

7. Applicants must read and verify on the application form that they agree to adhere to EMDRIA Policies**.**

EMDRIA Certification must be renewed every two years and requires 12 EMDRIA Credit hours every two years. Certified EMDR Therapists must adhere to EMDRIA Policies**,** reviewed at the time of application.

Quality Assurance

Outcomes

The primary outcome measured in EMDR treatment is the effect of treatment on trauma symptoms. EMDR therapy providers should obtain a report of trauma symptoms at pre- and post- treatment.

For children, the following scales are appropriate:

1. The Child PTSD (Post Traumatic Stress Disorder) Symptoms Scale for the DSM-5 (CPSS-5) can be used as a self-report measure for children between the ages of 8 and 18; and

2. For younger children, EMDR providers should obtain parent report of youth trauma symptoms using the Young Child PTSD Checklist (YCPC).

For adults, the following scale is appropriate:

1. PTSD Checklist for DSM-5 (PCL-5).

Model-Specific Documentation Requirements

Templates are available, but not required, to assist EMDR therapists to document the phases of EMDR treatment.

Fidelity

During an EMDRIA Approved Basic Training course, therapist fidelity to the model is supported and monitored during Supervised Practicum (20 hours) and Consultation (10 hours).

If therapists go on to achieve EMDR Certification, their fidelity to the model is supported and monitored during an additional 20 hours of consultation.

EMDRIA does not require fidelity monitoring post-training or certification. However, Certified EMDR therapists receive additional support for EMDR fidelity by completing 12 hours of EMDR-specific continuing education in order to re-certify every 2 years.

Limitations/Exclusions

Limitations and exclusions noted in the "Outpatient Therapy by Licensed Practitioners" apply.

Billing

1. Only direct staff face-to-face time with the individual or family may be billed. EMDR therapy is a face-to-face intervention with the individual present;

2. Therapists bill standard CPT therapy codes for sessions providing EMDR therapy;

3. The EBP tracking code "EB08" should be indicated on claims to note that the therapy session utilized EMDR as an evidence-based model of therapeutic intervention;

4. To use the EMDR tracking code of "EB08" on claims, the therapist must first provide documentation of completion of EMDRIA Approved Basic Training, as part of the therapist's credentialing package; and

5. LMSWs, PLPCs and PLMFTs may not directly bill for services provided to a Medicaid enrollee. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice act.