

## **2. Integrating EMDR & Sensorimotor Psychotherapy:**

***Colin Howard & Dr Frank Corrigan***

We will describe how EMDR and SP can be integrated in the delivery of phase-oriented trauma therapy. For safety and stabilization SP provides a greater body base to the resources which are installed with EMDR and ensures that they are not just stored at the imaginal level. EMDR and SP are synergistic on positive resources, shifting the valence of the mesolimbic dopamine system to encourage feelings of mastery and triumph and installing them in body circuits.

Both EMDR and SP have ways of discharging the affect from trauma memories.

The integration of the techniques for phase two of treatment is particularly powerful when releasing defence responses obstructed at the time of the trauma and stored in emotional motor memory circuits through the midbrain and basal ganglia. These are brought to awareness for (re)processing without the initial trauma memory always being present and vivid. This reduces the distress to the patient or client and makes for a thorough resolution of the traumatic memory at all levels: interoceptive/somatic, emotional, imaginal, and cognitive. It is particularly useful to be able to switch between EMDR and SP according to the patient's tolerance of the arousal level encountered in treatment. For this phase we will attend particularly to somatic interweaves based in obstructed defence responses and the switching between techniques.

In the integration or third phase of therapy it may be necessary to attend to the body feelings of defence response parts which have not fully resolved with attention to the trauma memories. The two approaches combine to create a new default state in which the person has developed an enhanced capacity for well-being.

We will also consider how EMDR and SP combine in the treatment of specific populations:

Depression:	Fight/Submit conflicts
Anxiety:	Fight/Flight/Freeze residues
Grief:	Separation distress: protest/despair
Attachment conflicts:	Protest/despair/shame and resulting activated defence responses

Attention to the neurobiology will focus on the role of the ventromedial prefrontal cortex in EMDR and SP; the contribution of the midbrain defence and orienting responses in EMDR and SP; the subcortical circuits through the basal ganglia in emotional motor memory systems relevant to obstructed defence response sequences; and the role of the posteromedial cortices in states of compassion and well-being.

### Biographies

**Colin Howard** CPsychol, CSci, AFBPsS. Chartered Psychologist and Accredited EMDR Practitioner with EMDR Association UK and Ireland Registered Practising Forensic and Clinical Psychologist.

**Dr Frank Corrigan** MBChB, MD, FRCPsych. Consultant Psychiatrist: Part-time specialist in trauma therapy. Accredited Consultant with EMDR Association UK and Ireland.