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# A Fork in the Road, EMDR, and Scientific Validation

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EMDR EUROPE CONFERENCE, THE HAGUE

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# EMDR is an integrative psychotherapy, right?

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Other recognised forms of psychotherapy

Alternative bilateral / dual attention stimulation / tapping techniques

Energy psychology (EFT, TFT, TAT, Reiki, applied kinesiology...)

Heart rate variability (cardiac coherence)

Neurofeedback

Quantum therapy

Traditional / non-Western healing systems (shamanism, magnetizers, pranic healing)

Astrology

Induced After Death Communication

# To assist our decision-making

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Scientific validation & critical thinking applied to research

Logical fallacies

Ethics

Stages of morality

Recommendations

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# Scientific validation

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**SUFFICIENT?**

**NECESSARY?**

# Is the existence of published research a *necessary* condition?

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Without the courageous (reckless?) pioneers who decided to attend Francine Shapiro's very first trainings and to try out this strange new approach, EMDR would probably not have known the growth, development, and success that it has had

# Is the existence of published research a *sufficient* condition?

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The Association for Comprehensive Energy Psychology (ACEP) states:

- *“Energy psychology (EP) modalities have been researched by more than 100 investigators in at least 7 countries. As of 2016, over 60 research studies have been published on EP modalities; out of these only one has not shown efficacy.*
- *The results of these studies have been published in more than 15 different peer-reviewed journals, including the Journal of Clinical Psychology, the Journal of Nervous and Mental Disease and the APA journals Psychotherapy: Theory, Research, Practice, Training and Review of General Psychology. While many important questions remain to be answered, a great deal of groundwork is in place.”*

# Critical thinking applied to published research

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“An essential task of psychologists [mental health professionals] is careful, informed, and comprehensive questioning.

“Part of the process of careful, informed questioning [...] is that all research methodology and reports, no matter what their purported conclusions, must be rigorously examined for potential bias.

“Scientists bear an essential responsibility to examine primary data, research methodology, assumptions, and inferences. Science works best when claims and hypotheses can be continually questioned.” (Pope, 1996)

# Logical fallacies

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There is no (or insufficient) evidence establishing that x is true. Therefore x is false.

## Argument from ignorance fallacy (Ad Ignorantiam)

There is insufficient evidence establishing that rebirthing therapy is harmful. Therefore it is harmless.

There is no evidence establishing that paranormal phenomena exist. Therefore they do not exist.

There is insufficient evidence establishing that bilateral sounds are effective in EMDR. Therefore they are ineffective.



# Logical fallacies

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Opium induces sleep because it has a soporific quality.

If such actions weren't unethical, then they wouldn't be prohibited.

**Begging the question fallacy (Petitio Principii or “assuming the initial point”)**

- A fallacy of circularity, in which the premises include the assumption that the conclusion is true.

This technique should be used to stabilise all clients because no other technique is as effective at stabilising clients.

# Logical fallacies

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Either we accept the findings of this study demonstrating that this intervention is the best to be used for misophonia, or we must no longer call ourselves scientists, therapists, or reasonable people.

## False dichotomy fallacy / fallacy of false choices

- The mistake of acknowledging only 2 options, one of which is usually extreme, from a continuum or other array of possibilities.

Either we accept each psychotherapist's inherent right to freely choose which techniques to use, however esoteric, metaphysical, or unheard of, or we will be restricted to using only methods that have been validated by 20 RCTs.

# Logical fallacies

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He doesn't get along with his colleagues because he's difficult.

Parkinson's patients' movements are slow because they have bradykinesia.

## Nominal fallacy

- The mistake of assuming that naming or labelling something is enough to explain it.

Traumatic memories cause clients' current symptomatology because they are dysfunctionally stored.

# Logical fallacies

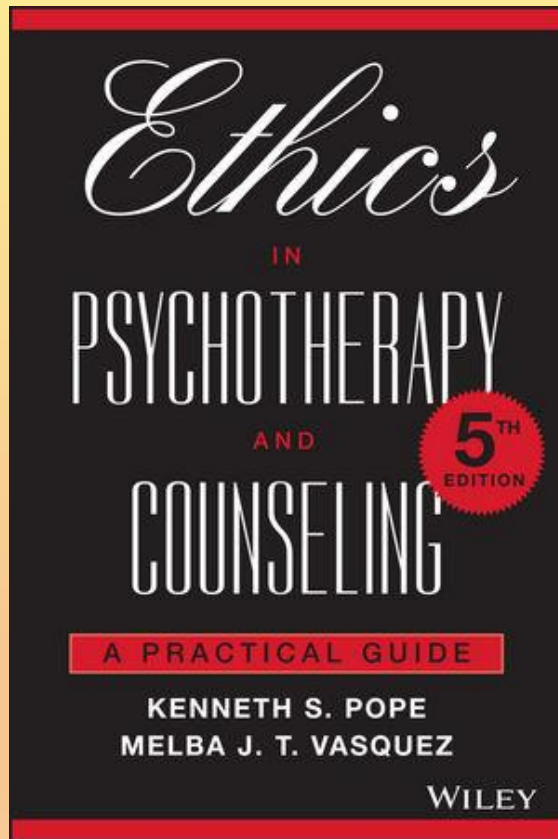
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St John's Wort is a plant-based remedy, so its use can only be beneficial.

## Naturalistic fallacy

- The mistake of logically deducing values (what is good, right, moral, ethical) based only on statements of fact. Transforming an “is” into an “ought”.

There is no intervention for BPD that has more empirical support from controlled studies than this one. Therefore this is clearly the right way to address this problem and we should all be providing this therapy whenever BPD patients come to us for help.



<http://kspope.com>

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# Risks

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UNDERESTIMATING THE POTENTIAL FOR HARM

UNDERESTIMATING THE POTENTIAL FOR HEALING

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# Professional education

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Basic premise: psychotherapy is a profession.

Therefore, becoming a member of that profession requires extensive training by recognised teachers.

EMDR training does not teach psychotherapy or create psychotherapists. It is intended for professionals who *already* practice psychotherapy.

If a non-psychotherapist attended EMDR basic training, they could learn to apply the standard procedures, but *would you call it psychotherapy? Would it be safe? Would it be efficacious?*

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EMDR is not just a matter  
of waving your fingers in  
your client's face

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# Professional education

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Is it a form of **Western arrogance** that allows us to claim that our Western professions require extensive academic and hands-on training, but that techniques originating within other traditions can easily be acquired during a weekend workshop and then applied safely?

# Professional education

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If using EMDR requires extensive clinical knowledge and experience, including training in general psychopathology, attachment theory, psychotraumatology, dissociative disorders, case conceptualisation, treatment planning, and continued professional development, among others...

Then why wouldn't the use of energy psychology techniques (for example) equally require extensive knowledge and experience of Chinese medicine, the meridians, Qi, biofields, chakras, bio-electrical and electromagnetic activities of the body?

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# EMDR Europe Code of Ethics

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# The things we hear...

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“EPs are like pieces of your soul that we need to put back together” for the treatment of dissociation (shamanism)

“EMDR can cure anything except tuberculosis”

“If my clients believe they will actually speak with their deceased, I will just stay out of the way”

“When my dissociative patient is out of her window of tolerance, I stop using EMDR and do some EFT to stabilize her”

“My previous EMDR therapist spent the first 3 sessions producing my birth chart” (astrology)

“My EMDR consultant told me her totem animal helps her clients during sessions”

# 1.3 Standard of informed consent

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“EMDR Therapists should:

[...]

(x) Obtain **supplemental** informed consent as circumstances indicate, when professional services or research occur over an extended period of time, or **when there is significant change in the nature or focus of such activities.**”

- *When using a technique or method that does not belong to EMDR therapy*

## 2 Ethical Principle: COMPETENCE

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“Statement of values – **EMDR Therapists** value the continuing development and maintenance of high standards of competence in their professional work, and the importance of preserving their ability to **function optimally within the recognised limits** of their knowledge, skill, training, education, and experience.

They **accept the responsibility for the consequences of their acts** and make every effort to **ensure that their services are used appropriately.**”

- *EMDR therapists should not agree to goals that are beyond the scope of psychotherapy*

## 2 Ethical Principle: COMPETENCE

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“2.1 Standard of awareness of professional ethics

EMDR Therapists should:

(i) Develop and maintain a comprehensive awareness of professional ethics, including familiarity with this Code.

**(ii) Integrate ethical considerations into their professional practices as an element of continuing professional development.”**

# 2 Ethical Principle: COMPETENCE

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“EMDR Therapists should:

(i) **Recognise that ethical dilemmas will inevitably arise in the course of professional practice. [...]**

(iv) **Engage in a process of ethical decision-making** that includes:

a) identifying relevant issues; b) reflecting upon established principles, values, and standards; c) seeking supervision or peer review; d) using the Code of Ethics and Conduct to identify the principles involved; e) developing alternative courses of action in the light of contextual factors; f) analysing the advantages and disadvantages of various courses of action for those likely to be affected, allowing for different perspectives and cultures; g) choosing a course of action; and h) evaluating the outcomes to inform future ethical decision-making.

(v) **Be able to justify their actions on ethical grounds.”**



# 2 Ethical Principle: COMPETENCE

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“2.3 Standard of recognising limits of competence

EMDR Therapists should:

(i) **Recognise and practise within the boundaries of their competence and the limitations of their techniques.** They only provide services and only use techniques **for which they are qualified by training and experience.** In those areas in which recognised standards do not yet exist, EMDR Therapists take **whatever precautions necessary to protect the welfare of their clients.”**

- *The absence of research or of recognised guidelines does not release us from the obligation to protect our clients' welfare*

## 2 Ethical Principle: COMPETENCE

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“(ii) **Remain abreast of scientific, ethical, and legal innovations** germane to their professional activities, with further sensitivity to ongoing developments in the broader social, political and organisational contexts in which they work.

[...]

(vi) **Remain aware of and acknowledge the limits of their methods, as well as the limits of the conclusions** that may be derived from such methods under different circumstances and for different purposes.”

# 3 Ethical Principle: RESPONSIBILITY

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“Statement of Values – **EMDR Therapists value their responsibilities** to clients, to the general public, and to their core profession, including the **avoidance of harm** and the prevention of misuse or abuse of their contributions to society.”

# 4 Ethical principle: INTEGRITY

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“Statement of values – EMDR Therapists value **honesty, accuracy, clarity**, and fairness in their interactions with all persons, and seek to promote integrity in all facets of their scientific and professional endeavours.

## 4.1 Standard of honesty and accuracy

EMDR Therapists should: [...]

(v) Be **honest and accurate** in conveying **professional conclusions, opinions, and research findings**, and in **acknowledging the potential limitations.**”

# 4 Ethical principle: INTEGRITY

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“(ix) Be honest and accurate in advertising their professional services and products, in order to **avoid encouraging unrealistic expectations or otherwise misleading the public.**

“(x) Present the practice of EMDR and offer their services, products, and publications fairly and accurately, **avoiding misrepresentation** through sensationalism, exaggeration, or superficiality.”

## 4.4 Standard of Addressing Ethical Misconduct

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EMDR Therapists should:

(i) **Challenge colleagues who appear to have engaged in ethical misconduct**, and/or consider bringing allegations of such misconduct to the attention of those charged with the responsibility to investigate them, including national EMDR Associations and EMDR Europe, **particularly when members of the public appear to have been, or may be, affected by the behaviour in question. [...]**

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# Stages of moral development

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DON'T DO THAT, IT'S PROHIBITED! YOU COULD GET INTO TROUBLE!

YOU SHOULDN'T CRITICISE A COLLEAGUE'S WORK

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# Kohlberg's stages of moral development

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## □ Level 1: Pre-conventional morality

(1) Obedience and punishment orientation (avoiding punishment)

(2) Self-interest orientation (incentive-driven: what's in it for me?)

## □ Level 2: Conventional morality

(3) Interpersonal accord and conformity (social norms, good boy/girl)

(4) Authority and social order-maintaining orientation (law and order)



# Kohlberg's stages of moral development

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On the first 2 levels, a rule's appropriateness is seldom questioned

There's a tendency to assume that if something isn't explicitly forbidden, then it's ethical

# Kohlberg's stages of moral development

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## □ Level 3: Post-conventional morality

(5) Social contract orientation (e.g., democratic government)

Laws are considered as social contracts. Those that do not promote the general welfare should be changed through majority decision and compromise.

(6) Universal ethical principles (obligation to disobey unjust laws)

A commitment to justice carries with it an obligation to disobey unjust laws.

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# Recommendations?

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# EMDR Europe's obligations

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**EMDR Europe recognises its obligation** to set and uphold the highest standards of professionalism, and **to promote ethical behaviour, attitudes and judgements** on the part of affiliated Associations and EMDR Therapists by:

- ❑ being mindful of the **need for protection of the public**;
- ❑ **expressing clear ethical principles, values, and standards**;
- ❑ promoting such standards by **education and consultation**;
- ❑ developing and implementing methods to help EMDR Therapists **monitor their professional behaviour and attitudes**;
- ❑ **assisting EMDR Therapists with ethical decision-making**; and
- ❑ **providing opportunities for discourse** on these issues.

# Recommendations

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EMDR Europe and national EMDR associations **disseminate information, invite discussion, and provide training on ethics**

**Precautionary principle:** if a technique has the *potential to heal* or to help, then it is also likely to have the *potential to harm*. Therapists are generally aware of this concerning EMDR therapy, but commit the mistake of thinking that “natural” and “traditional” techniques are necessarily and inherently innocuous

**Informed consent:** therapists should clearly state when they are using a technique that is not specific to or characteristic of their profession

# Recommendations

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Reflect on the implicated issues

Obtain thorough and specific informed consent

Increase competence in assessing the quality of research studies

Become familiar with logical arguments and fallacies

Formulate own personal and professional stance

Communicate these to national EMDR association and to EMDR Europe

Participate in committees dedicated to these issues



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