

Awake Mind EMDR Newsletter

Summer 2013



Dear Julie,

This quarterly newsletter for EMDR clinicians looks at the interesting "controversy" taking place in the EMDR world about Resource Development and Installation (RDI) -- its effectiveness and the neurobiological rationale. The history of RDI, and the PRO and CON sides of the issue are summarized below (with references), as well as my comments.

There is still space available in my next EMDR Basic Training in Boulder, CO starting Sept. 6-8 (early bird deadline Aug. 6). I appreciate you spreading the word to your colleagues.

Best to you!
Julie Greene

Resource Development and Installation (RDI) History

Safe Place procedure, with positive imagery and bilateral stimulation (BLS), has been used as a self-control procedure since 1991 in the Preparation Phase of EMDR. Since then, EMDR clinicians have been developing and using additional resourcing strategies with BLS for more complex clients needing additional Preparation Phase work, and positive clinical experience has been reported. Andrew Leeds introduced the title "Resource Development and Installation" (RDI) in 1995. Both Safe Place and RDI are taught in EMDR Basic Training.



The rationale for bilateral stimulation (BLS) during Safe Place and RDI is that BLS seems to facilitate information processing by producing vivid and adaptive associations, whether the memory is positive or negative (Shapiro, 2001). This is consistent with the theories of REM/Orienting Response and the Interhemispheric mechanism of action.

The only published treatment outcome data on the efficacy of RDI is from Korn and Leeds (citation below), which documents positive psychometric and behavioral outcomes in two single case studies.

Korn, D.L. and Leeds, A.M. (2002). **Preliminary Evidence of Efficacy for EMDR Resource Development and Installation in the Stabilization Phase of Treatment of Complex Posttraumatic Stress Disorder.** *Journal of Clinical Psychology*, 58(12), 1465-1487. [Link to free article.](#)

Current "Controversy"

(All 3 articles available free to EMDRIA members - [Link](#))

2011 Research by Hornsveld et al.

Evaluating the Effect of Eye Movements on Postive Memories Such as Those Used in Resource Development and Installation. *Journal of EMDR Practice and Research* 5(4) 146-155.

A study with 53 undergraduate students, who recalled 3 positive memories while performing horizontal eye movement (EM), vertical EM, or recall only. Results showed decreases in vividness, pleasantness, and experienced strength of the positive quality for both the EM conditions. Conclusions include 1) support for the working memory

theory of EM effects, 2) no support for the interhemispheric theory, and 3) questionable effectiveness of BLS in RDI.

2012 Response By Leeds and Korn

A Commentary on Hornsveld et al (2011): A Valid Test of Resource Development and Installation? Absolutely

Not. *Journal of EMDR Practice and Research* 6(4) 170-173.

Leeds and Korn respond that the research was not a valid test of RDI, as some procedural steps of RDI were not included (Particularly the question eliciting associations - "What are you noticing now?"). Also, they highlight research supporting the REM/Orienting Response mechanism of action (in contrast to the Working Memory theory) and argue that "most likely multiple mechanisms underlie the observed effects of EMDR and RDI."



2012 Response By Hornsveld, de Jongh and Broeke

Stop the Use of Eye Movements in Resource Development and Installation, Until Their Additional Value has been Proven: A Rejoinder to Leeds and Korn (2012).

Journal of EMDR Practice and Research 6(4) 174-178.

Hornsveld et al respond that despite the weakness of using an abbreviated RDI procedure, their 2011 research is significant. They review additional support for the working memory hypothesis of BLS mechanism of action. Of interest is an idea that slow BLS and alternate forms of BLS than eye movement (tapping, tones) may not tax working memory (as in trauma processing) but rather may help concentration or relaxation. They call for RDI advocates to conduct substantial research.

My Comments

Yes, RDI needs to be researched thoroughly! Clinical randomized controlled studies using actual clients, appropriate comparison groups, and component analysis. Also fMRI brain scan research during the RDI bilateral stimulation would be informative. Let's watch for these kinds of research to be published soon.

In current clinical practice try RDI. Does it appear to work for this client? Does the client report positive experience using the tools? If yes, continue using RDI. If no, use other therapeutic strategies to strengthen the client's positive resources and adaptive neural network. Remember, clients need strong enough adaptive "wiring" in order to do trauma processing.

Aspects of RDI to Emphasize with Clients

- Use slow, relaxing bilateral stimulation. Consider having client use the butterfly hug to do their own bilateral stimulation, which helps optimize the speed & intensity for the client's nervous system, and also emphasizes client empowerment with the process. If the BLS doesn't add to the resourced state, drop it.
- Use the check-in -- ask the client "*what do you notice?*" and get a verbal response. This helps elicit associations and integrate right-brain experience into left-brain narrative.



Next EMDR Basic Trainings

-- let your friends and colleagues know --

Boulder, CO

Level I September 6 - 8, 2013

Level II January 17 - 19, 2014

[more info](#)

Missoula, MT (this session is FULL)

Level I October 25 - 27, 2013

Level II April 25 - 27, 2014

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