

EMDR as a Psychotherapy Modality for Patients with ASD

February 18, 2026



Created and presented by Amanda Tami, MA, LPC-S, LBA, BCBA
The Johnson Center for Child Health and Development



Prepared for Autism Research Institute

Objectives

- 1 Describe in basic terms the concept and mechanism behind EMDR therapy
- 2 Identify in what ways EMDR therapy can support individuals with ASD
- 3 Name methods of modifying EMDR protocols to meet the needs of patients with ASD

What is EMDR Therapy?

Eye Movement Desensitization and Reprocessing



Adaptive Information Processing

Developed by Dr. Francine Shapiro, the AIP model says trauma causes memories to be stored dysfunctionally. Unlike normal memories, traumatic events disconnect experience from language, keeping the brain from its natural healing process.

Dual Attention and Working Memory

One foot in the past and one foot in the present

Concept

Focusing on safety in the present while simultaneously accessing the traumatic past.

Mechanism

Rhythmic eye movements tax working memory, allowing the brain to process trauma in small, manageable chunks.

Therapeutic Applications

Beyond PTSD, EMDR therapy is effective for a wide range of conditions.

- ✓ Anxiety
- ✓ Depression
- ✓ OCD
- ✓ Phobias
- ✓ Addiction
- ✓ Chronic illness

Expected Progress

↓ Generally results faster reductions in distress compared to traditional talk therapy.



Progress may be slower or require adaptations for ASD.

What is EMDR Therapy?

Eye Movement Desensitization and Reprocessing



How Trauma Affects the Brain

- The brain has a natural ability to heal from trauma
- High stress can disrupt normal information processing
- Traumatic memories can become “stuck” in the nervous system
- Trauma is often relived, not just remembered
- When present stimuli resemble the event, the nervous system reacts as if the event is happening now
- Trauma is biological – similar to a broken arm that hasn't healed properly

What EMDR Therapy Does

- Helps the brain reprocess stuck, traumatic memories
- Reduces the brain's danger response
- Allows memories to be stored without emotional overwhelm
- Leads to a cognitive shift:
 - You no longer feel helpless
 - You no longer feel the memory or parts of the memory as if the events were happening now



emdria
EMDR International Association

CREATING GLOBAL HEALING, HEALTH & HOPE

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION

What is trauma?

- a) direct exposure, witnessing, learning of, or extreme indirect exposure to death, serious injury, or sexual violence (and others)
- b) re-experiencing of traumatic events (through intrusive memories, flashbacks, nightmares)
- c) avoiding or suppressing trauma-related memories and cues
- d) negative changes in mood (feelings of horror, anger, guilt) and cognition (negative beliefs about the self or others), difficulties recalling aspects of traumatic events and feelings of detachment
- e) hyperarousal (hypervigilance, exaggerated startle response, poor sleep)
- f) symptoms last more than 1 month
- g) significant distress and functional impairment
- h) not due to other conditions

What is trauma?

“Big T” and “small T” trauma

Actual, threatened, or perceived

Sudden, total change of life



What is trauma?

Trauma is ubiquitous with human life

Not all traumatic experiences become PTSD

Posttraumatic stress

Adaptive processing of traumatic experience



What does the research say?

The Need for Effective and Empirically Validated Therapy

Many autistic people also have co-occurring mental health conditions, some being anxiety, OCD, and PTSD. Around 45% of autistic individuals have PTSD compared to neurotypicals (Hossain, 2020).

Trauma can alter empathy processing, which may cause emotional detachment that a professional may confuse with autistic traits instead of PTSD symptoms (Hume et al., 2021).

PTSD in autistic individuals estimated between 3-17%, but this may be an undercount (Rumball, 2019; Kerns, 2020).

Autistic individuals have an increased vulnerability to PTSD due to exposure to traumatic events and unique construction of experience as traumatic (Kerns, 2015; Rumball, 2020; Peterson, 2019).

“ The unique characteristics of sensation, perception, social awareness, cognition, and global understanding in ASD may alter what events and stimuli are experienced as traumatic, and subsequently also the nature and severity of posttraumatic sequelae. ”

Haruvi-Lamdan, Horesh, & Golan, 2018

EMDR for Trauma in Individuals with ASD

Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A. (2019) - EMDR is a feasible and effective treatment for autistic individuals

Stekking-de Vries, A., van Ee, E., Verschuur, R., & Mevissen, L. (2025) - Reduction in PTSD symptoms after EMDR, none met PTSD criteria after treatment

Fisher, N., Patel, H., Diest, C., & Spain, D. (2022) - States that more research is needed to make EMDR more accessible and effective, a checklist/toolbox of questions may benefit therapists

Fisher, N., van Diest, C., Leoni, M., & Spain, D. (2022) - The importance of making adaptations to EMDR based on each individual

Porter, J. L. B. (2022) - Describes how EMDR is effective and can be adapted, states that not much research has been done

Benefits

Requires less verbal communication and processing

No need to share details of traumatic events

Easily modifiable

Concrete points to focus on and relate to memory

Symptom reduction

Improved emotion regulation and distress tolerance

Increased “access” to positive emotional experiences

Can decrease looping or perseveration

Barriers



Attention and processing time



Looping



Communication



Complex trauma



Alexithymia



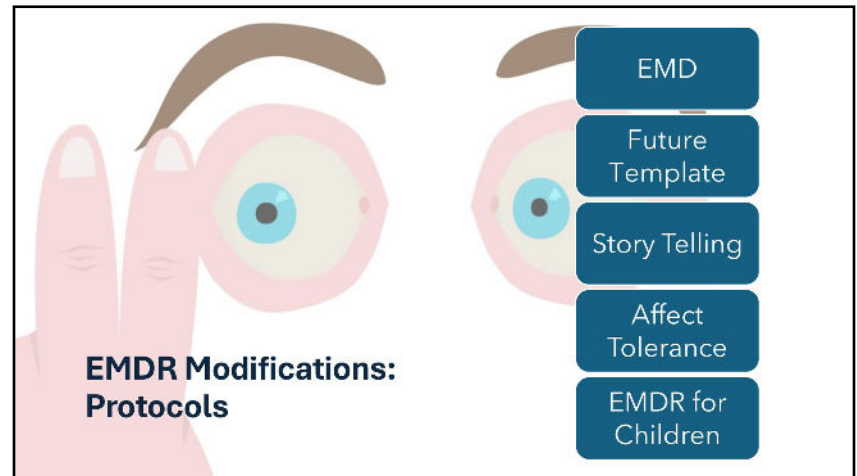
Sensory and body awareness


Neurodiversity Affirming

Strengths-based

Respects and supports unique neurotypes without pathologizing

Trauma and negative beliefs are deeply woven with experience of living in a world that does not match a neurodivergent mind's needs, strengths, and abilities






**EMDR Modifications:
Practices**

- Preparation
- SUD scale
- Shorter BLS sets
- Focus on somatic
- Longer to process

Common Negative Cognitions

What does this experience mean about you?



I'm not good enough.	I'm different and that's not okay.	I'm not valuable/worthy.
I'm not supposed to be this way.		I'm not likeable/loveable.
There's something wrong with me.		

Case Example



About Client

Hayley is a young adult who is attending a high school transition program. She lives with her parents and works part time with 1:1 support. She always has a support person with her.

Hayley has diagnoses of Down Syndrome, ASD, selective mutism, and PANDAS with symptoms including OCD and tics.

Hayley's parent/guardian initiated therapy for Hayley. Parent and Hayley agreed on goals to decrease social anxiety, increase participation in social environments, and improve self-advocacy.

There was an identified trauma history that suggested a hypersensitized freeze response.

Getting started	Building rapport, reinforcement
Preparation	Create trust in support network, communication strategies, empowerment and self-advocacy, distress tolerance, making a plan together and frequent reminders, incorporating interests
SUD	Measure with hands, thumbs up/down, monster scale
Emotions, Cognitions, Somatic	Give options, provide visuals (cards, pictures), allow writing or drawing
Reprocessing	Story telling, parent in session
Outcome	Reported use of strategies and nonverbal communication tools outside of session, generalization with future template

Citations

- Fisher, N., Patel, H., Diest, C., & Spain, D. (2022). Using eye movement desensitisation and reprocessing (EMDR) with autistic individuals: A qualitative interview study with EMDR therapists. *Psychology and Psychotherapy, 95*(4), 1071–1089. <https://doi.org/10.1111/papt.12419>
- Fisher, N., van Diest, C., Leoni, M., & Spain, D. (2022). Using EMDR with autistic individuals: A Delphi survey with EMDR therapists. *Autism, 27*(1), 43–53. <https://doi.org/10.1177/13623613221080254>
- Hossain M., Khan N., Sultana A., Ma P., McKyer E., Ahmed H., Purohit N. (2020). Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses. *Psychiatry Research, 287*, Article 112922.
- Hume, R., & Burgess, H. (2021). "I'm Human After All": Autism, Trauma, and Affective Empathy. *Autism in adulthood, 3*(3), 221–229. <https://doi.org/10.1089/aut.2020.0013>
- Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A. (2019). Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events. *Journal of Autism and Developmental Disorders, 49*(1), 151–164. <https://doi.org/10.1007/s10803-018-3687-6>
- Kerns C., Berkowitz S., Moskowitz L., Drahota A., Lerner M., & Usual Care for Autism Study (UCAS) Consortium Newschaffer, C. (2020). Screening and treatment of trauma-related symptoms in youth with autism spectrum disorder among community providers in the United States. *Autism, 24*(2), 515–525.

Citations

- Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A. (2019). Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events. *Journal of Autism and Developmental Disorders, 49*(1), 151–164. <https://doi.org/10.1007/s10803-018-3687-6>
- Peterson J., Earl R., Fox E., Ma R., Haidar G., Pepper M., et al. (2019). Trauma and autism spectrum disorder: Review, proposed treatment adaptations and future directions. *Journal of Child and Adolescent Trauma, 12*(4), 529–547.
- Porter, J. L. B. (2022). EMDR therapy with people who have intellectual disabilities: process, adaptations and outcomes. *Advances in Mental Health and Intellectual Disabilities, 16*(1), 32–43. <https://doi.org/10.1108/AMHD-07-2021-0033>
- Rumball F. (2019). A systematic review of the assessment and treatment of posttraumatic stress disorder in individuals with autism spectrum disorders. Review *Journal of Autism and Developmental Disorders, 6*(3), 294–324.
- Rumball F., Happé F., Grey N. (2020). Experience of trauma and PTSD symptoms in autistic adults: Risk of PTSD development following DSM-5 and non-DSM-5 traumatic life events. *Autism Research, 13*(12), 2122–2132
- Stekking-de Vries, A., van Ee, E., Verschuur, R., & Mevissen, L. (2025). EMDR-therapy for child-related PTSD in parents of adolescents with autism spectrum disorder and severe emotional dysregulation: a multiple baseline evaluation. *European Journal of Psychotraumatology, 16*(1). <https://doi.org/10.1080/20008066.2025.2555792>



Amanda Tami
MA, LPC-S, LBA, BCBA

Psychotherapist & Behavioral Consultant



info@johnson-center.org



www.johnson-center.org



512-732-8400