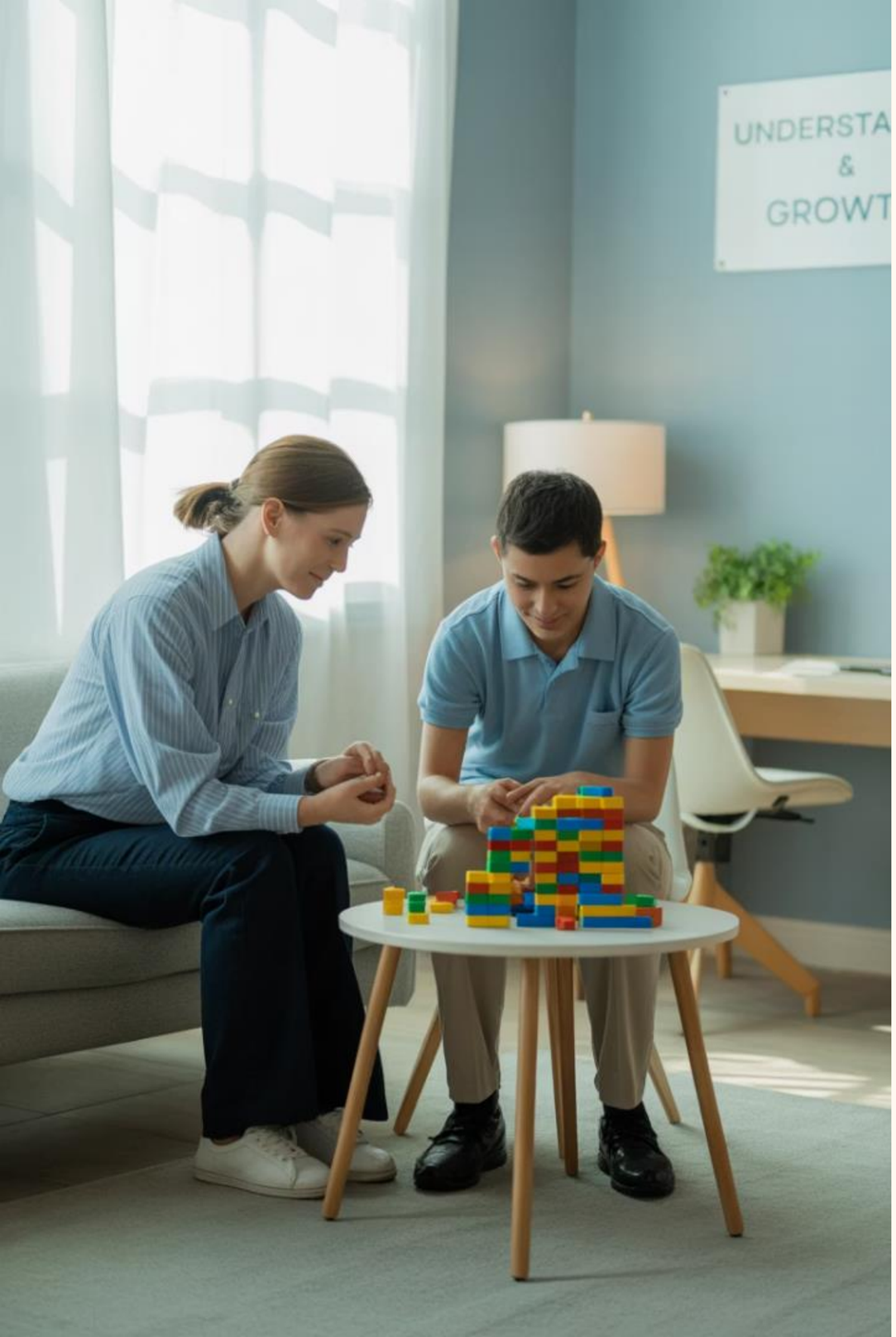


# EMDR in Autism: A world to win!

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Oxford Handbook of EMDR, April 16th 2026

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# Characteristics of Autism (1)

## Social Communication Deficits

- Limited social or emotional reciprocity
- Reduced sharing of interests
- Restrictions in spoken language

## Non-verbal Communication Challenges

- Difficulty with eye contact
- Limited use of gestures
- Atypical body posture

## Relationship Difficulties

- Challenges maintaining relationships
- Limited fantasy play
- Reduced interest in peers

# Characteristics of Autism (2)

### Repetitive Behaviors

Stereotyped movements, repetitive use of objects, and unique speech patterns are common

### Rigid Routines

Strong insistence on sameness with difficulty transitioning between activities

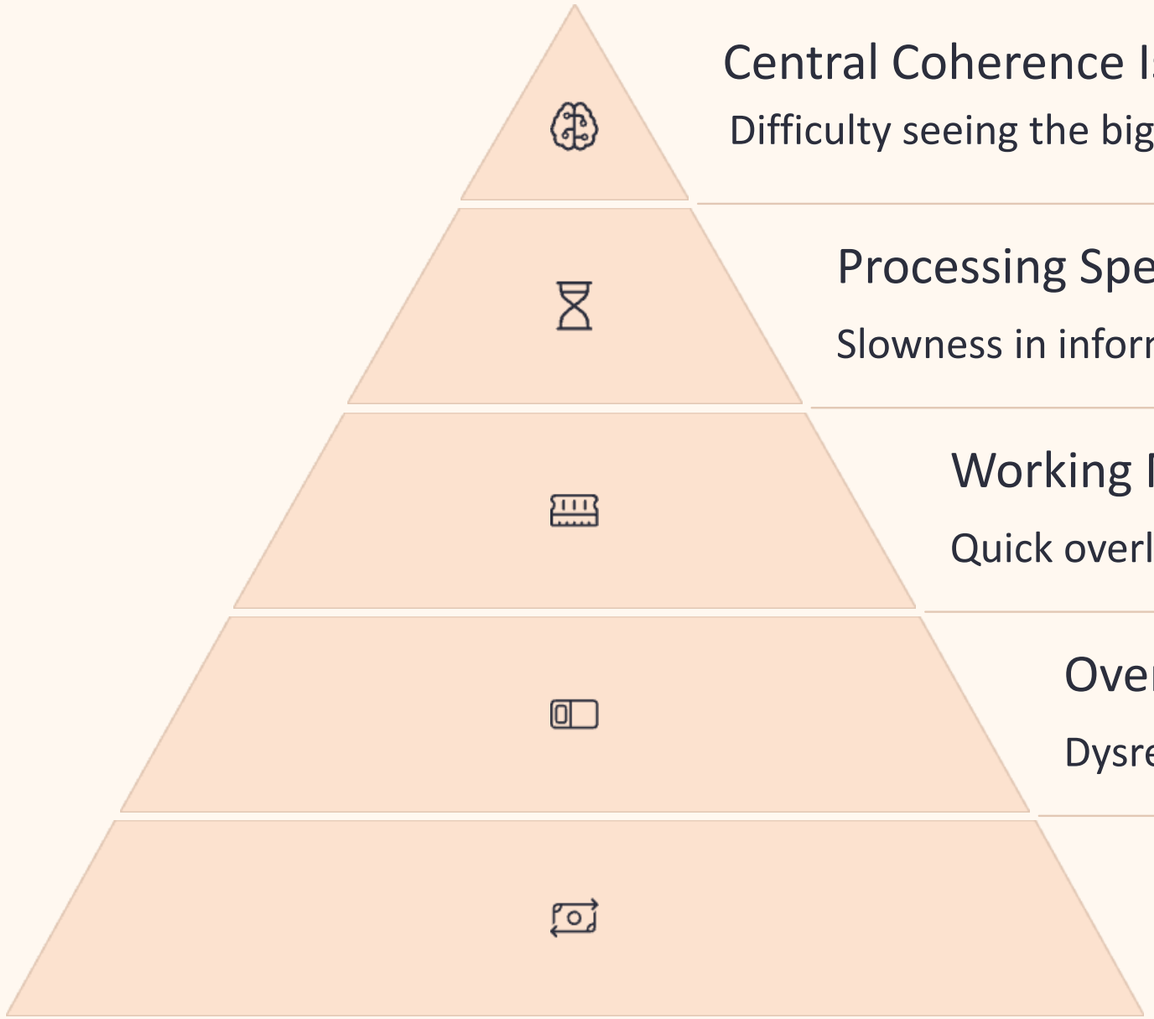
### Fixated Interests

Highly restricted, intensely focused interests that are abnormal in intensity

### Sensory Sensitivities

Hyper- or hypo-reactivity to sensory input like sounds, textures, smells, and visual stimuli

# Characteristics of Autism (3)



## Central Coherence Issues

Difficulty seeing the big picture

## Processing Speed

Slowness in information processing

## Working Memory

Quick overload of working memory

## Overstimulation

Dysregulation from sensory input

## Generalization

Difficulty applying learning to new situations

# Autism and Anxiety

## High Prevalence

40% of children with ASD have anxiety disorders

## Intelligence Correlation

Higher IQ often links to increased anxiety

## Elevated Baseline

Higher resting stress levels than neurotypical peers

## Slow Recovery

Stress levels decline more slowly after activation

# Autism and Stress

## Higher Stress Levels

Adults with ASD experience more stress with fewer coping skills (Hirvikoski & Blomqvist, 2014)

## Functional Impact

Stress directly causes dysfunction in daily life (Bishop-Fitzpatrick et al. 2017)

## Social Development

Social skill development is hindered by stress avoidance (Corbett & Simon, 2014)

## Linear Relationship

Direct link between anxiety levels and social limitations (Duvekot & van der Ende, 2017)

# Autism and Trauma

### Increased Vulnerability
People with autism face higher likelihood of experiencing negative life events

### Sensory Hypersensitivity
Ordinary sensory stimuli can be experienced as traumatic

### Processing Difficulties
Information processing challenges complicate trauma response

### Social Skill Limitations
Reduced social skills and reduced problem-solving abilities increase vulnerability

# Diagnostic Overshadowing

## What Is It?

Diagnostic overshadowing occurs when symptoms are incorrectly attributed to autism instead of recognizing comorbid PTSD

This clinical error happens frequently in autism, ADHD and intellectual disabilities

## Common Examples

- Anxiety symptoms
- Hypervigilance
- Touch aversion
- Social withdrawal
- Emotional dysregulation

# Effectiveness of EMDR

## Established for PTSD

EMDR has proven effectiveness for treating post-traumatic stress disorder

## Pediatric Evidence

Research supports efficacy for children and adolescents with PTSD

## Emerging ASD Research

Limited but promising evidence for adults with ASD and PTSD

# Social Communication & Interaction

## Do I understand the person?

### Language Assessment

Evaluate language abilities to determine if verbal processing is possible

Consider alternative communication methods if speech is limited

### Non-verbal Communication

Assess whether client's body language and facial expressions are readable

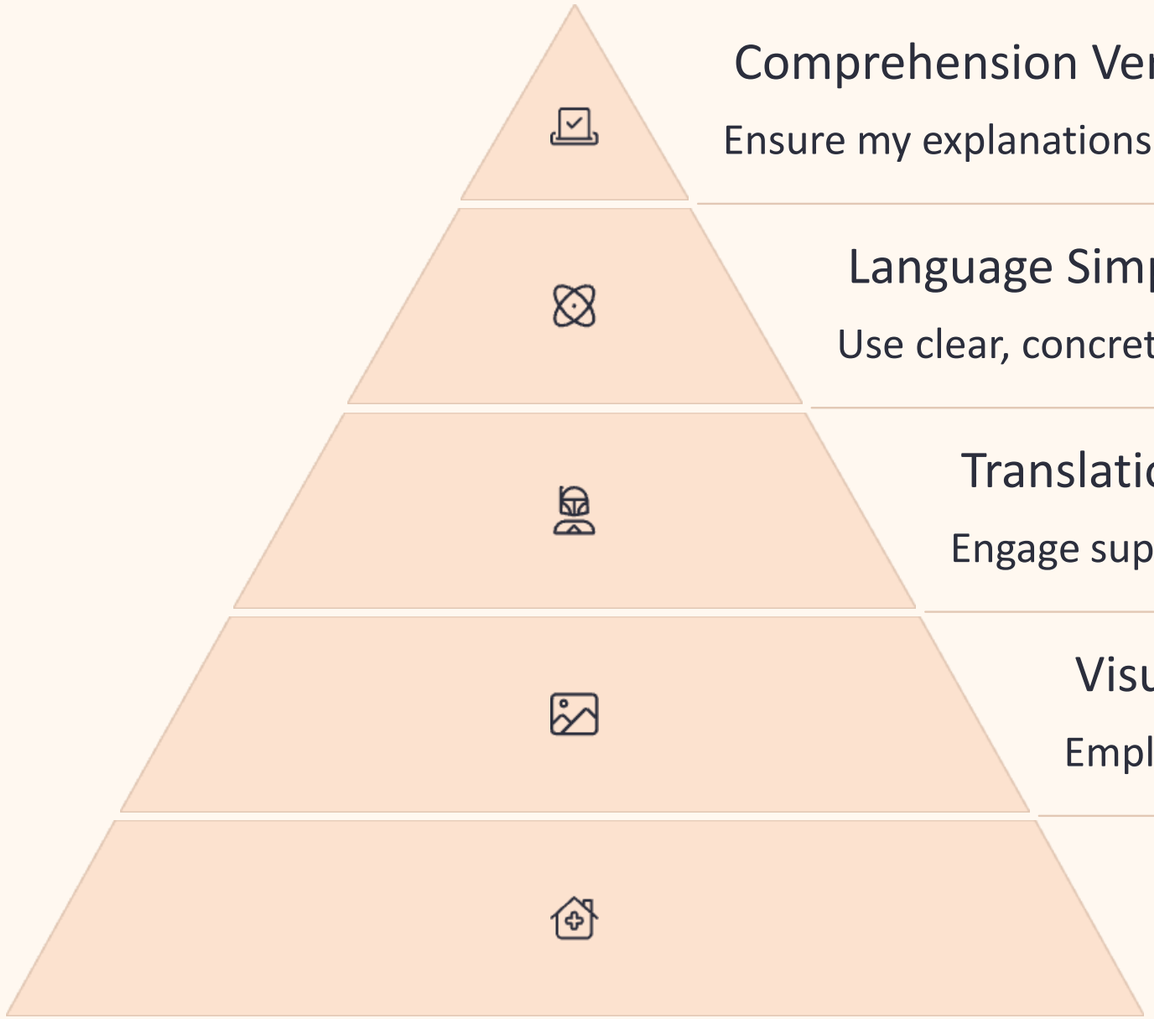
Note idiosyncratic expressions that might indicate distress or comfort

### Support Systems

Identify trusted individuals who can assist with interpretation during sessions

Use indirect conversations with caregivers to gain additional insights

# Do they understand me?



## Comprehension Verification

Ensure my explanations are fully understood

## Language Simplification

Use clear, concrete vocabulary without idioms

## Translation Support

Engage support person to clarify as needed

## Visual Supports

Employ books, videos, drawings and pictograms

## Practice Sessions

Test understanding with low-stress examples

# Pay attention to the social-emotional level




Social-emotional developmental level often differs from chronological age in autism. Adapt approaches based on emotional development rather than age

- Let the client draw instead of talk
- Don’t use a negative or positive cognition
- Don’t use SUD or VOC scores
- Use storytell method also for older children

. Let them take a stuffed animal or u real pet
. Use the (Dutch) childprotocol to reduce complexity of instruction

# Agree on a number of signs and give control

| Signal | Visual Support | Purpose |
| --- | --- | --- |
| STOP | Red card/hand gesture | End activity immediately |
| PAUSE | Yellow card/timeout sign | Brief break needed |
| PLAY | Green card/thumbs up | Ready to continue |
| Distress | Scale/facial expressions | Communicate emotion level |

# Restricted behavior and activities

## Choose best bilateral stimulus

### Sensory Sensitivities

- Evaluate visual processing comfort
- Assess auditory tolerance levels
- Consider tactile defensiveness
- Note any sensory-seeking behaviors

### Stimulus Selection

- Lightbar often more predictable than fingers
- Auditory tones may work better for some
- Tactile taps for those with visual tracking difficulties

### Implementation Techniques

- Position yourself beside rather than opposite client
- Always demonstrate before expecting participation
- Begin with single modality before introducing others

# Manage fascinations and preoccupations

1

## Boundaries in time, place or number

Set clear limits on when special interests can be discussed during sessions, how many times of at what place

## Echolalia Management

Acknowledge repetitive speech patterns as an attempt at interaction

## Redirection Tools

Use tangible objects or visual cues to shift focus from fixations

## Thought Externalization

Employ concrete metaphors like shredders or a bubble blower to help let go of rigid thoughts

# Slow everything down

## 50%

### Speech Rate

Reduce speaking speed by half for better processing

## 30%

### Light Intensity

Lower lightbar brightness to reduce sensory load

## 2x

### Set Duration

Double the length of bilateral stimulation sets

## 10s

### Response Wait

Allow up to ten seconds of silence after questions

# Central coherence deficits

## Use visuals


### Timelines

Create chronological visual representation of life events and therapy progress

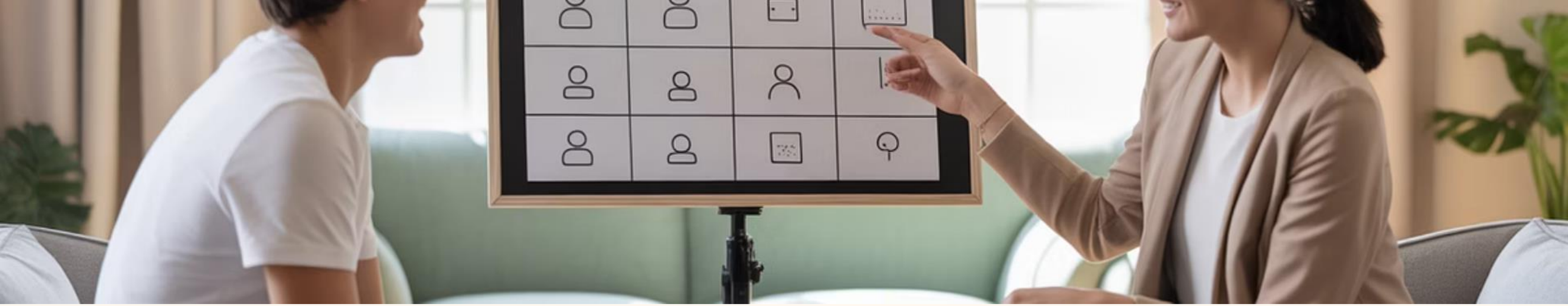

### Mind Maps

Develop visual diagrams showing connections between memories and themes

Revisit these visual tools regularly to re-inforce progress


### Progress Tracking

Use visual checkmarks or symbols to mark completed work and achievements



# Dysregulation due to Overstimulation

## Increase predicatbility

### Shorter Sessions

Reduce session length to prevent cognitive fatigue

### Visual Agenda

Create clear visual schedule of session activities

### Safe Place Refresher

Regularly return to calming resource exercises (pendulating)

### Containment Tools

Utilize mental storage box and wall techniques

# EYE-CATCHER

Wouter Staal, Martine van Dongen-Boomsma, Aleksandra Beresowska, Nikki Rulof, Iris van den Berk-Smeekens en Esther Leuning

# Study by Ella Lobregt – 2017

20

Participants

Adults with ASD and complex PTSD diagnosis

7

Sessions

Standard protocol EMDR therapy sessions

↓

PTSD Scores

Significant reduction in trauma symptoms

↓

SRS Scores

Surprising decrease in autism-related behaviors

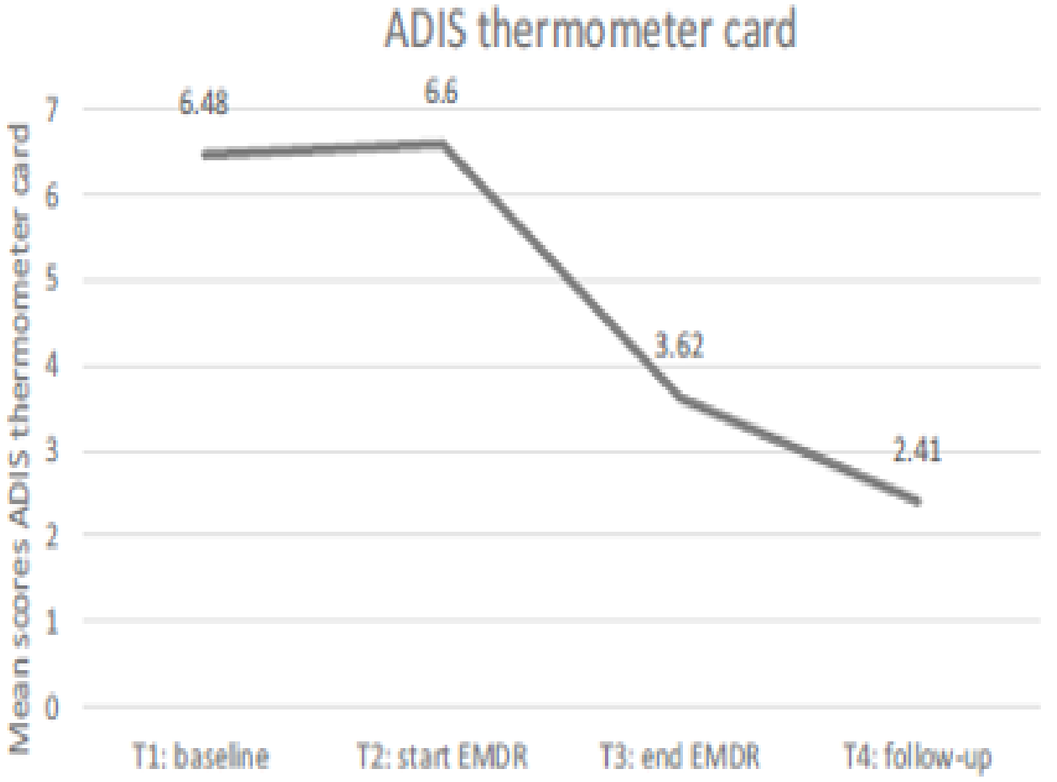



**Fig. 2** Mean scores ADIS thermometer card at four moments in time

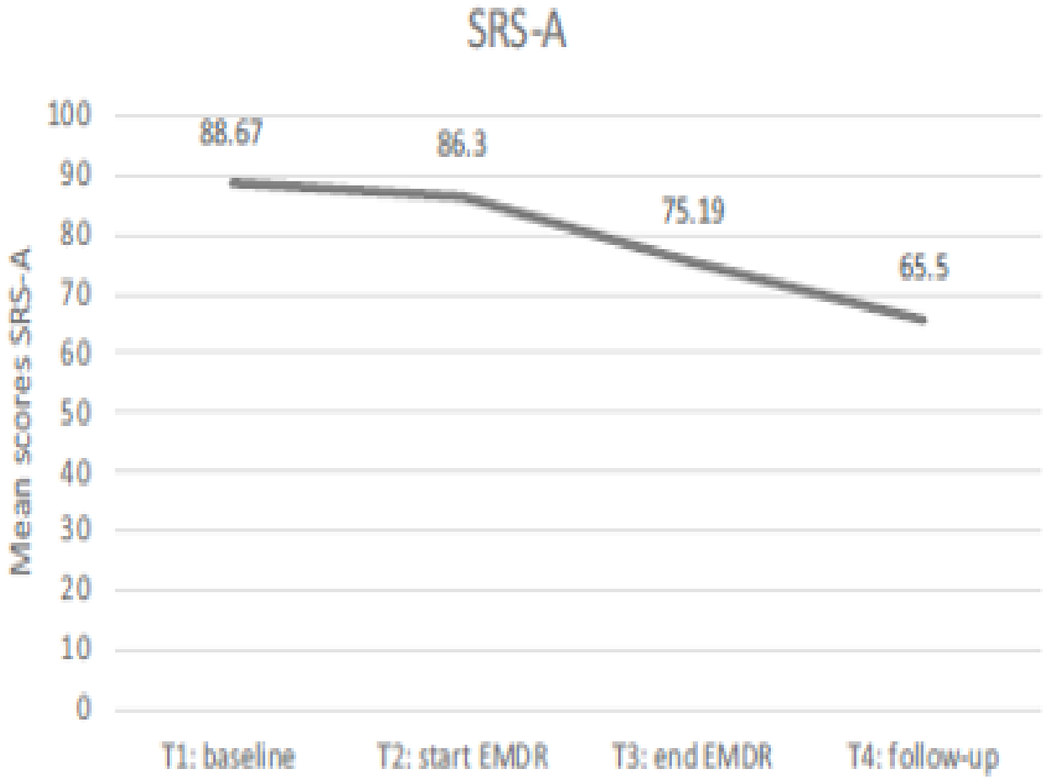



**Fig. 5** Mean scores SRS-A at four moments in time

# EYE-Catcher Study Overview

## Participant Criteria

- 21 patients with ASD diagnosis
- Ages 12-21 years
- IQ ≥ 80
- No PTSD diagnosis
- No concurrent treatments

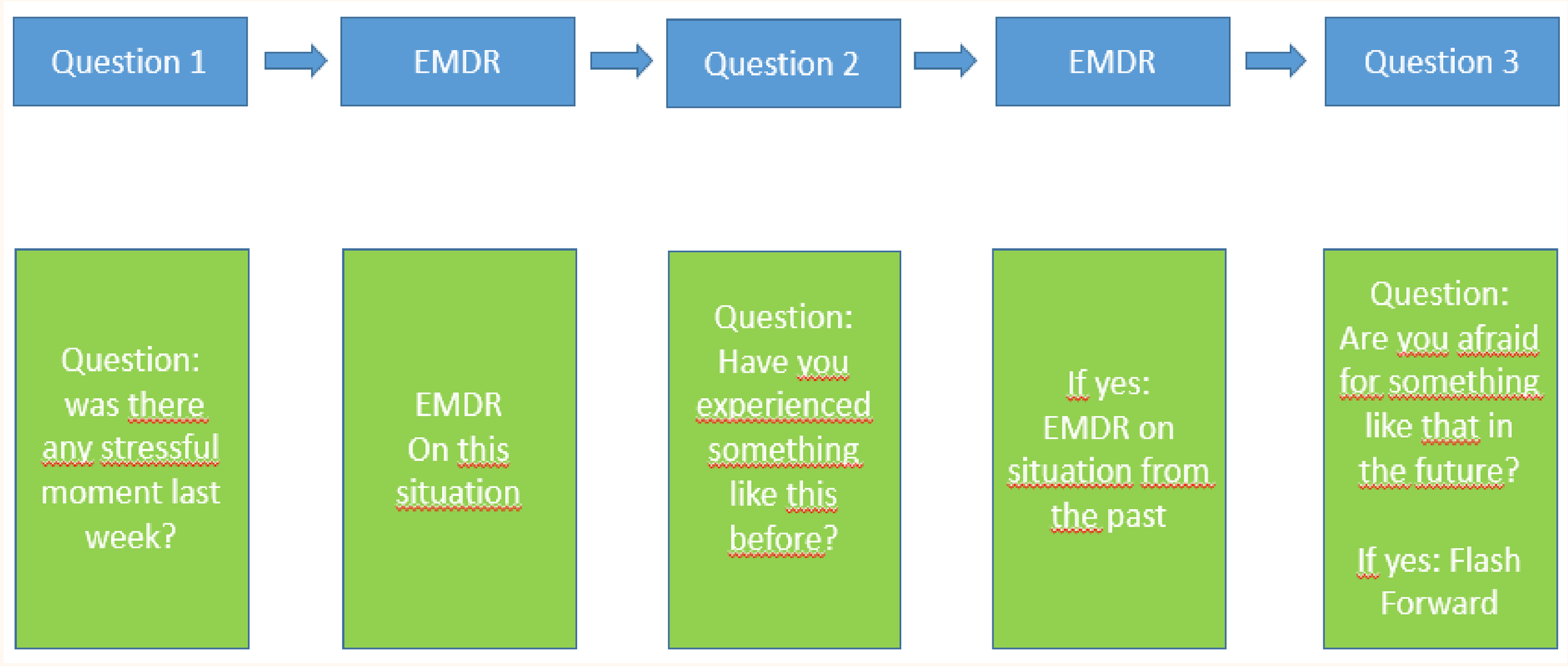
## Study Design

- Weekly EMDR sessions (10)
- Focus on recent stressful events
- Standardized protocol
- Longitudinal assessment

## Key Measurements

- Social Responsiveness Scale (SRS)
- Perceived Stress Scale (PSS)
- Autism Diagnostic Observation Schedule (ADOS)
- Clinical Global Impression Scale (CGI)

# Overview EYE catcher protocol



# Results

## Social Responsiveness Scale

Statistically significant decrease between baseline and follow-up measurements for two subscales and for total score of informants

Improvements were maintained at the 28-week assessment point

## Perceived Stress Scale

Significant reduction in perceived stress levels throughout the treatment period

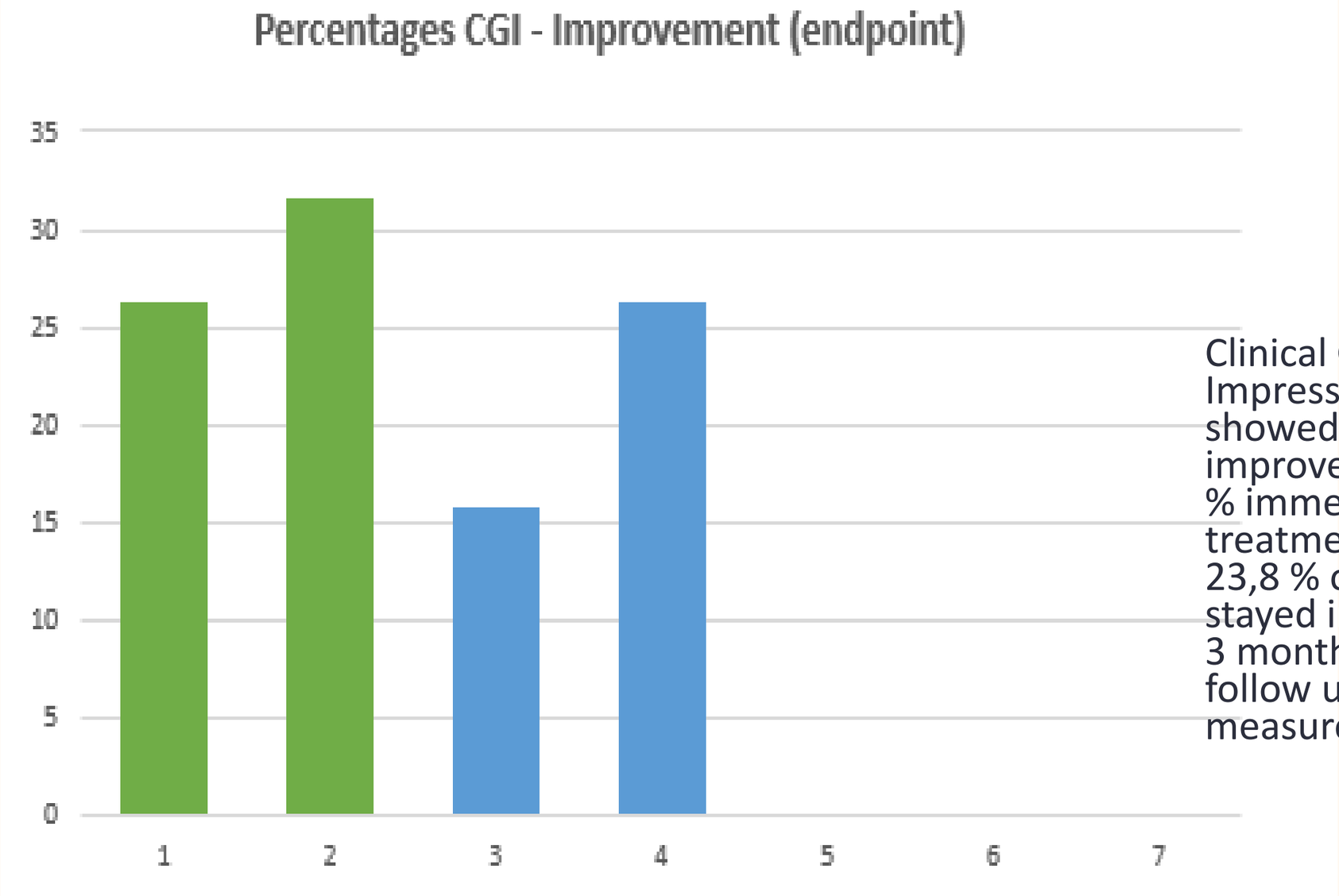
Statistically significant decrease between baseline and follow-up measurements

## ADOS Scores

No significant changes detected in standard autism diagnostic observation measures

Core diagnostic features remained stable despite functional improvements

# Clinical Global Impression Scale - Improvement




Clinical Global Impression scores showed substantial improvement in 52,4 % immediately after treatment.
23,8 % of participants stayed improved after 3 months (at the follow up measurement)

# EYE-Catcher Conclusion

## Significant Benefits

The EYE-Catcher study demonstrated that youth with ASD can achieve meaningful improvements from EMDR therapy for daily stressors

Reduction in stress levels correlated with some improvements in social functioning and quality of life

## Variable Response

Scores on the SRS subscales ‘social consciousness’ and ‘’social communication’ improved, not on ADOS scores

Further research is needed to identify predictors of treatment success and optimal protocols


# Questions & Thank You

### Email Contact

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### Website

www.karakter.com

### Collaboration

Open to research partnerships and clinical consultation

### Resources

Protocol guides available upon request