One Eye Integration (OEI): A New Therapy for Complex PTSD

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By 1994-95 Vancouver therapist Audrey Cook had originated the three core techniques involved in One Eye Integration (OEI). Since 1996 she and I have been co-developing and writing about this new approach. We have applied it to clients with PTSD & Complex PTSD, Dissociative Disorders, Eating Disorders, Substance Abuse Disorders, and Relational Conflicts. It has been used with children, couples, families, and across cultures (Korea, Indonesia, First Nations). It has also been applied in multidisciplinary treatment involving massage therapists, chiropractors, and language specialists.

In the past 7 years we have completed two studies to assess the efficacy of OEI with survivors of mixed traumas and, most recently, with sexual assault survivors diagnosed with PTSD. The latter study, in particular, was a complex Randomized Controlled Trial (RCT). Participants were randomly assigned to treatment and to therapist across treatments (OEI, Cognitive Processing Therapy - modified, and a relaxation/imagery control). At the 3-month follow up OEI was found to be most effective for relief of PTSD symptoms (Clinician-Administered PTSD Scale, and Avoidance & Numbing Subscale of the Impact of Event Scale – Revised). At this point over 21 conference papers have been presented, and research articles are in preparation.

The original Clinician Manual for OEI, titled *Toward integration: One eye at a time* was released at the EMDR International Association Conference in Las Vegas in 1999, and a second edition followed in 2002. A Client Handbook was released in 2008.

One of the features of OEI is that it can be integrated relatively seamlessly with other approaches (gestalt, play therapy, CBT, family systems/couples therapy) because elaborate protocols are not required. There are OEI techniques to assess and clear negative transference (to therapists, partners, group leaders, family members) and distortions in body image (through mirror work). There are release points (places to guide the eyes) to relieve panic symptoms such as nausea, throat constriction, and chest compression. It is possible to track-to-target in the eyes for physical symptoms, and critical inner voices. There are also ways to access DID alters and facilitate integration. Finally, it is possible to focus on, and reduce, addictive urges involving substances and behaviours.

For more information, readers are referred to: www.oneeyeintegration.com and www.sightpsych.com.