EMDR in a NHS Complex Trauma service

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Relevant theories

- ***Adaptive Information Processing***
- -Shapiro 2001
- ***Structural Dissociation of Personality***
- (Van der Hart et al. 2006) – lower integrative capacity leaves the person unable to synthesise and realise their traumatic experiences, including a sense of self.

Dissociation: Nijenhuis& Van Der Hart 2011

- Division of the person’s personality into parts that each have their own sense of self
- A unique perception on reality
- Can contradict each other

Dissociative symptoms

- ***Positive Symptoms :*** Temporary Intrusions e.g. voices, pain, thoughts and emotions

- ***Negative Symptoms :*** Losses of function
- e.g. emotional numbness; analgesia (inability to feel pain) or anesthesia(numbness); paralysis; sudden loss of skills

Non- Realisation

- Non-realisation: an inability to grasp aspects of external experience that rightly and factually belong to our past, present and future

- ***Not Real, Not True, Not Mine, Not Me!***

The Goal: Realisation

- The ongoing action of being aware of reality as it, then adapting to it effectively
- (Janet, 35,45 ;Van der Hart et al., 2006)

When to suspect DID ? J. EMDR Practice and Research Vol.9, No.2, 2015, Colin Ross

- Reported history of extensive, severe childhood trauma (does not have to be corroborated)
- Prior Diagnosis of BPD
- Auditory Hallucinations- chronic, may have known names/ages
- Blank spells, not related to substances or medical condition
- Sudden changes in behavioural state –"switching"
- History of extensive contact with MH services- BPD, Bipolar, Schizophrenia, schizoaffective, substance misuse.

Phobias in Dissociative Disorders

The cost of not being diagnosed and treated ..

- ***Personal cost -*** ongoing suffering, feeling a failure, labeled as not treatment compliant, mental health professional wary of working with the client; physical health implications
- ***Financial cost -*** will try to provide a number of unsuitable treatments; require more physical health interventions

Phase oriented therapy

- Phase 1 : Establish ***Safety, Stabilisation and Symptom Reduction*** (help prepare the clients for their reaction to the trauma)
- Phase 2 : Identify and successfully ***process*** the traumatic experiences
- Phase 3 : ***Resolution***, to clear symptoms, reconnect with self and others, and have efficacy in life domains

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EMDR, CPTSD and Dissociative Disorders

- ***Shapiro guidelines for using EMDR with Dissociative Disorders 1995, 2001***
- Theory: EMDR-AIP “ new traumatic memories are stored in the dysfunctional memory network, the expanding network re-enforces the previous experiences…there may be many networks of dysfunctionally stored material… they are easily triggered and overwhelmed”

3 phase- 8 phases

- Phase 1- EMDR phases 1 and 2
- Phase 2- EMDR phases 3-8
- Phase 3 – throughout EMDR , evaluating treatment results, teaching new skills, and building resources , processing past memories, present triggers and providing future templates for adaptive behaviour.

Principles in working with EMDR, CPTSD and Dissociative Disorders

- ***Adaptive*** response to abnormal situations
- ***Respect*** for the chosen way to cope (positive purpose)
- ***Safety*** (internal and external)
- ***Resources*** (need some positive resources)
- ***Adaptive Inner focus*** (focus internally without dissociating)
- ***Negative Affect Tolerance*** (before incorporating Desensitisation phase)
- ***Boundaries***- sense of self separate to others
- ***Orientation-*** one foot in the past, one foot in the present
- ***Positive Affect Tolerance***
- (Luber 10)

Working with Parts

- Ignoring won't work!
- ANP "Listen inside", engage in an "inner conversation", "all parts who should now, need to listen"
- Delusional separateness
- Map of parts (EP) .. Go gently, only deal with what is accessible

Meeting Place

- Can promote differentiation between self and others
- Can promote personification -recognising parts as parts of the self and memories as parts of history
- Can promote presentification- learning to be in the here and now, keeping the past and the present in mind

Meeting Place

- Use short sets of BLS
- Decreases intensity of emotion
- Decreases phobias among different parts
- Promotes co-consciousness
- Increases meaning

Phase 2

- Explore the traumatic memory
- Encourage permissive amnesia between sessions or containment exercise
- Transform the traumatic memory into narrative memory
- Repeatedly re-accessing and re- associating and thus integrating fragmented and dissociated elements into coherent narrative

Phase 3 Integration and Rehabilitation

- Internal cooperation, co-ordinated functioning and integration
- May fuse more
- May need to re-visit trauma history to get a more unified perspective
- Gain calm , resilience and inner peace
- Direct energy to live better in the present

Lessons I have learnt

Be flexible, this can be long term, but it's cheaper

Be up for the viva from the system

Do not follow others preconceptions of the client

Do Phase 1(it does not have to be perfect!) or get colleagues to do it

THANKS

- To my colleagues and the EMDR community
- To my clients who show courage, insight, tolerance and humour in our work together
- To you for listening