EMDR WITH COMPLEX TRAUMA

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EMDR

- A therapeutic approach developed by Francine Shapiro to reduce the symptoms associated with PTSD
- Therapist applies bilateral stimulation whilst client simultaneously accesses traumatic memory
- Is an Eight Phase Approach
- Addressing Past, Present & Future
EMDR

- Outcome studies have shown EMDR to be an effective therapy for treating PTSD.
- Distressing experiences too ‘ordinary’ to be defined as traumatic are also treated with EMDR.
- Subjectively embarrassing, frightening, hurtful feelings and thoughts are very successfully processed with EMDR leading to overall improvement in life functioning.
Complex PTSD is now a clinically recognised condition resulting from exposure to severe stressors that:

- Are repetitive or prolonged
- Involve harm or abandonment by caregivers or other ostensibly responsible adults
- Occur at developmentally vulnerable times, such as early childhood or adolescence
COMPLEX PTSD

- Core characteristics include
  - Psychological fragmentation
  - The loss of a sense of safety, trust and self-worth
  - A tendency to be re-victimised
  - The loss of a sense of self
- Complex PTSD often characterised by pervasive insecure, often disorganised-type attachment patterns
COMPLEX PTSD

- Major treatment approaches are typically phase-oriented:
  - Stabilization;
  - Trauma Processing
  - Reconnection & Development of Self-Identity
- The 8 Phase EMDR model fits very well into a phase-oriented EMDR treatment of complex PTSD
PHASE 1:
STABILIZATION
PHASE ONE: STABILIZATION

- Coincides with the second phase of Shapiro’s 8-phase EMDR protocol, the Preparation Phase
- Emphasis is on decreasing self-injurious and addictive behaviours, suicidality, pathological dissociation and extreme emotional dysregulation
- Need to learn how to maintain dual attention, focusing simultaneously on past and present and internal and external realities without becoming overwhelmed and dysregulated
EMDR RDI
(RESOURCE DEVELOPMENT & INSTALLATION)

- Helps client to access and develop core resources and self-capacities
- EMDR RDI assists clients to access existing resources
- And develop new and effective coping skills
- Therapist identifies the needed resource
- Explores client’s associations to resource
- Installs a ‘felt’ sense of resource with BLS
EMDR  RDI

- Mastery resources
- Relational resources
- Symbolic resources
- Modelling resources

- Over time, many resources may be installed with BLS
- Give client important life skills they may lack
Further interventions have been designed to decrease pathological dissociation and dysregulation during the early and middle phases of treatment.

*Forgash and Knipe (2008)* describe the installation of a home base and workplace for the ego state system prior to any trauma-processing work.
FURTHER EMDR INTERVENTIONS

Knipe (2005, 2008) has introduced several EMDR-related strategies for tracking and targeting dissociative avoidance and increasing capacity to stay present

- Constant Installation of Present Orientation and Safety (CIPOS)
- Back of the Head Scale
- Loving Eyes

- **Back of the Head Scale** assesses the degree of orientation to the present situation.
- **CIPOS** method is used in conjunction with the **BHS** using eye movements to strengthen or install a clear subjective sense of being present.
- Constant strengthening present orientation with eye movements ensures that processing of traumatic memory proceeds safely with less danger of unproductive dissociated reliving.
KNIPE (2008)

- EMDR ‘loving eyes’ assumes that the ‘loving eyes’ of an adult are essential in the process of healing from attachment trauma.
- Therapist assists present-oriented ego state in witnessing the painful affect held in a dissociated child ego state.
- Using Eye Movements, the adult self becomes aware of the child’s painful life circumstances.
- Develops a compassionate ‘loving’ stance to the child.
In order to move to Phase 2 trauma processing, clients must have the capacity to:

- Access emotions and memories without increased dissociation
- Stay present in their body
- Trust the therapeutic relationship
  - To allow therapist to assist with maintenance of dual attention
  - And grounding in the present
PHASE 2
TRAUMA PROCESSING
PHASE 2: TRAUMA PROCESSING

- Primary goal is:
  - The processing of traumatic memories
  - And reduction and transformation of trauma-related beliefs, emotions and somatically held behavioural patterns and symptomatology
Within the Eight-Phase EMDR protocol, Phase 3 through to Phase 8 the clinician works directly with traumatic memories and triggers.

Clinician and client may choose to work on relevant “big T” trauma or “little t” traumas.

Floatback technique from most disruptive present day symptoms to early memories of neglect, deprivation, loss or abuse.

These early “touchstone” memories are processed.
During trauma processing with Complex PTSD clients, the clinician must act as a ‘psychobiological regulator’ (Schore, 2003). Helping client to remain within a “window of affect tolerance” (Siegel, 1999; Ogden, 2006). EMDR therapist is quite active in pacing and co-regulating the EMDR processing. EMDR therapist must remain alert to the signs of dysregulation. EMDR therapist actively uses cognitive and other interweaves to keep client processing through to adaptive resolution.
‘RESPONSIBILITY’ INTERWEAVES

- Clients who present with extreme shame, self-blame, self-loathing and negative beliefs related to defectiveness/ unworthiness
- Interweaves focus on the issue of responsibility
- ‘I’m confused, a 5 year old is responsible for the behaviour of a 40 year old?” and then process with BLS the client’s response
Clients who present with a high level of fear and avoidance and ever-present sense of danger

Interweaves focus on the issue of safety

Orienting the client to the present and highlighting differences between then and now

“Well, did you survive, are you safe now?” and processing with BLS the client’s response
‘CHOICES’
INTERWEAVES

- Clients who present with extreme mistrust, helplessness and hopelessness and negative beliefs related to control or power
- Interweaves focus on choice
  - “As a child, you were helpless, you couldn’t choose, as an adult you can choose..” and process the client’s response
- The client moves through experiences of feeling trapped and victimised to a recognition of present-day choices and possibilities
‘Interweaves’ are normally used sparingly in EMDR processing. It is much more powerful for the client to reach an adaptive resolution in their own way. But Complex trauma clients dissociate and get stuck in the processing, so more interweaves are necessary to maintain the therapeutic processing. The EMDR therapist remains attuned to the client’s tendency to avoid and defend against core affects.
With complex trauma clients there is frequent looping and blocks to processing

The EMDR therapist needs to anticipate the emergence of immobilising defensive and inhibitory emotions

Familiarity with the range of blocks and patterns of defence experienced by one’s own client, helps the EMDR clinician to anticipate the types of interweaves needed to facilitate the processing to adaptive resolution
INTERWEAVES

- In addition to the standard cognitive interweaves of responsibility, safety and choices, therapists may use a range of other therapeutic interweaves as needed.
- To increase the supportive connection between client and therapist (‘You are safe here, I’m right here with you as you process this’).
- To resolve ego state conflicts related to blocked processing (‘Ask that protective part if it would be willing to step back for just a moment’).
INTERWEAVES

- To facilitate sensorimotor expression and completion of adaptive actions (‘Just let that arm hit out or push away’) and process this movement with BLS
- To access previously developed resources in the service of self-regulation and to establish developmental repair strategies (‘Just have your adult self (or big self) put your arm around your little self as he is feeling this’) or (‘What would (a positive attachment figure from the past) say to you now’) and process response
EMDR PROCESSING

- In EMDR processing, the therapist is giving attention to moment-to-moment dyadic regulation and modulation
- Titration, fractionation and modulation strategies
- Resource imagery for distancing
- Begin and end sessions with a focus on client’s ‘safe/calm place’ or resources
- ‘Frame-by-frame’ BLS gets the client frame by frame to the moment when the trauma is over and the client is safe, alive and in their body
For clients with strong avoidance urges, this avoidance defence may be the best point of access with EMDR targeting to the unresolved material.

The EMDR therapist targets the positive affect associated with the defence ('Just focus on how good it feels not to face this').

‘You must have a very good and important reason for thinking you’re to blame for your father’s abuse, what’s good about it?’ And process the response.
PHASE 3: RE-CONNECTION AND DEFLOPMENT OF SELF IDENTITY
PHASE 3 : RECONNECTION & DEVELOPMENT OF SELF-IDENTITY

- Coincides with Phase 8 (Re-evaluation) and Future Template work within the EMDR protocol
- The EMDR therapist re-evaluates current triggers and anticipatory fears related to change, contemplation of new goals and initiation of new skills and tasks
- A future (positive) template protocol is used to help the client imaginally rehearse and problem-solve in preparation for upcoming situations and encounters using BLS to process through difficulties and make adaptive changes
STRENGTHS OF EMDR IN THE TREATMENT OF COMPLEX PTSD
STRENGTHS OF EMDR FOR TREATING COMPLEX PTSD

- EMDR offers several unique advantages when treating complex PTSD
- EMDR is very client-centred and clients are given a huge amount of control over their treatment
- Exposure to feared inner experiences can be experienced in relatively short bursts
- EMDR dropout rates are generally low when compared with other active PTSD treatments and appears to be better tolerated, at least for some complex clients working on relational trauma
STRENGTHS OF EMDR

- EMDR also uniquely allows chronically traumatised clients to process material, if necessary, without detailed recounting and even, at times, without words.
- Facilitates the desensitization and processing of material that may have previously been inaccessible, intolerable or shaming.
- EMDR can be particularly valuable for clients who, despite significant improvements in their global level of function, continue to struggle with a core sense of defectiveness, shame and guilt.
Within the EMDR framework, the therapist meticulously searches for the constellation of experiences responsible for the categories of difficulties identified by the construct of complex PTSD.

Targeted memories or experiences may be chosen that are not obviously traumatic but capture the attachment rupture and relational trauma of early (often somatically stored) sensations and experiences that when processed lead to an enhanced and new sense of self.
When working with complex PTSD clients, EMDR practitioners place particular emphasis on identifying experiences that represent attachment disruptions and failures, neglect and experiences of profound aloneness, and unmet psychological needs.

EMDR focusses both on acts of omission and commission.

Because of the continual re-evaluation of past links to present dysfunction inherent in the protocol, EMDR treatment produces an increasingly clear picture of the material most in need of targeting.

This approach allows for a much deeper processing of shameful and dissociated material leading ultimately to not only ‘state’ change but also ‘trait’ change.
STRENGTHS OF EMDR

- Although EMDR is a manualised, protocol-based treatment model, practitioners carefully construct a case conceptualisation for each client and an individualised treatment plan.
- This treatment plan is continually re-evaluated and adapted as the clinical picture inevitably evolves over time.
- EMDR is very respectful of clients finding an adaptive resolution in the way THEY are able to rather than having an agenda-based plan and the job of EMDR therapist is to facilitate and navigate each client’s path to find a unique sense of self for who they are despite their traumatic past.
EMDR IN THE TREATMENT OF COMPLEX PTSD

A phase-oriented approach to the use of EMDR in the treatment of complex PTSD offers a comprehensive, flexible and effective model for treating this often difficult-to-treat population of trauma survivors.