Treating Complex PTSD and Dissociation with Integrated EMDR Therapy: A Resilience Informed Approach

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PTSD, Chronic PTSD, C-PTSD

- **Acute Trauma or PTSD**: single incident (crime, accident, natural disaster)
- **Chronic PTSD**: Repeated, prolonged trauma (domestic violence, war)
- **Complex PTSD (C-PTSD)**: Chronic, trauma, childhood onset, often interpersonal

Symptoms of C-PTSD

- Emotional Dysregulation
- Disturbing Somatic Sensations
- Cognitive Distortions (Inaccurate beliefs)
- Interpersonal Problems
- Avoidance
- Dissociation
- Health Problems (ACE)

Symptoms of Dissociation:

A range of symptoms:

- Disconnected from body, thoughts, or emotions
- Feeling fuzzy
- Having a hard time verbalizing their experience
- Feeling dizzy
- "Loss of control"
- Disoriented
- Lack of distinction between past and present.
- Lapses of memory or "lost time"
- Multiple parts or sub-personalities.

Dissociation and the Divided Self

- **Structural Dissociation Theory** (van der Hart, Nijenhuis, Steele, The Haunted Self)
- **Apparently Normal Part**: Focused on daily life but feels disconnected or as if "going through the motions"
- **Emotional Part(s)**: Holding the unwanted or unrealized emotions and memories from traumatic events
- **Defensive Part(s)**: Keeping the EP(s) away from awareness

Dissociation: Disorder of Perception

- **Client unable to realize**:
  - The traumatic event happened
  - That the traumatic event happened to "me"
  - The traumatic event is over
  - I am here and now (not then and there)
  - My body is part of me
  - The me of then is part of the me now
  - My actions in the present belong to me

The Challenge

Realities of working with Complex Trauma:

- Helplessness
- Hopelessness/Despair
- Isolation/Loneliness
- Injustice/Unfairness
- Suffering
- Rage
- Evil
- Meaning/Purpose put in question

Personal Inquiry

- What resources help you stay present with your clients as they experience helplessness, despair, suffering, uncertainty, disappointment, and loss?
- What meaning making, spiritual perspectives, or self-care practices help you attend to the weight of this work?

Defenses Maintain Dissociation

- **Repression**: "If I don't talk about or acknowledge my painful past it doesn't exist."
- **Denial**: "Yeah, I was abused but it wasn't a big deal"
- **Avoidance**: "If I just stay in bed and sleep I don't have to face reality"
- **Fantasy**: "If I just act like everything is okay then it will be okay."
- **Self-Blame/Idealization**: "If only I hadn't been so bad I wouldn't have been abused"

Phobias Maintain Dissociation

Phobia of:

- Traumatic memories
- Inner experience (arousal state, affect, body sensations)
- Parts of self that carry shame
- Attachment, relationship, and loss
- Adaptive risk taking
- Change
- The world

Treating C-PTSD

- **Increase your client's capacity to stay present with and effectively respond to (regulate):**
  - **States of mind**
  - **Emotions**
  - **Sensations**
  - **Interpersonal exchanges**

Develop Tolerance For:

- Uncertainty
- Ambiguity
- Disappointment and loss
- Conflict and Compromise
- Difference
- Competing needs and desires
- Conflicting ideas and emotions

Goals of Treatment

The client is able to say:

- I am aware of my past and how it affects me in the present
- The past is differentiated from the present
- I have a coherent understanding of my triggers and the parts of me that get activated.
- I can flexibly and resourcefully respond to my (internal and external) environment
- I have choices now about my thoughts, emotions, and behaviors
- I can orient toward the future

EMDR Therapy

- **A Theoretical Orientation:** Not an Intervention, 8 Phases
- **Adaptive Information Processing** (AIP Model): Inherent capacity in the person to heal given sufficient support

- **Dual Attention:** Client remains aware of the present moment experience while simultaneously addressing memories related to the traumatic event
- **Dual Attention Stimulation** (DAS): Bilateral Stimulation in the form of bi-lateral eye movements, pulsers, taps or tones that alternate between the left and right side of your body

8 Phases of EMDR Therapy

- **Phase 1 History Taking**: Develop case conceptualization of client within context of life, identify trauma history.
- **Phase 2 Preparation:** Establish therapeutic relationship, Stabilize and build skills, Resource Development Installation (RDI)
- **Phase 3 Assessment**: Target development, "light up" the traumatic event with the disturbing image, emotions, beliefs, and body sensations

- **Phase 4 Desensitization**: Uses DAS to process the disturbing material related to trauma target until the client reports no disturbance (SUDS)
- **Phase 5 Installation:** Strengthens positive beliefs that arise after the successful completion of desensitization.
- **Phase 6 Body Scan**: Release lingering tension
- **Phase 7 Closure:** Ensures client is resourced prior to ending the session, Containment
- **Phase 8 Re-evaluation:** Review of efficacy of treatment from previous session.

Integrative EMDR Therapy for C-PTSD

CBT:

- **Identify Negative Cognitions and Positive Cognitions**
- **Challenge "thinking errors"**
- **Develop more effective thoughts**
- **Cognitive Interweaves**

CBT in Action

Nurture a positive view of yourself and your life:

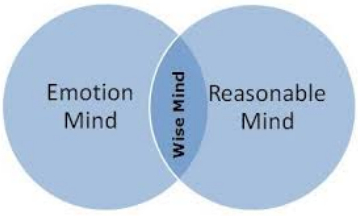
- Research indicates the human tendency to focus on the negative and the benefits of positive thinking. (Rick Hanson, Buddha's Brain)
- Reflect on five things you are grateful for in your life. Notice how you feel in your body.

Integrative EMDR Therapy for C-PTSD

Dialectical Behavioral Therapy (DBT):

- **Zen Buddhist** philosophy, contemplative practice
- **"Dialectical"** refers to a synthesis of opposites
- **Primary Dialectic**: Radical acceptance is a necessary condition for change and growth.
- **Skills**: Mindfulness, Interpersonal Effectiveness, Distress Tolerance, Emotional Regulation

Wise Mind



DBT Practice

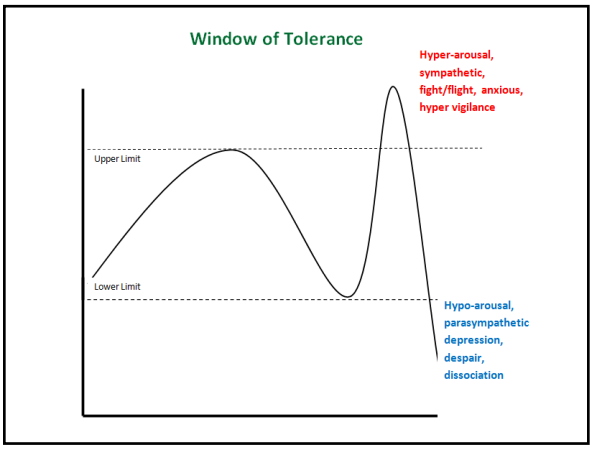
DBT Half Smile:

- Engage a "half-smile" to change your mental state and cultivate a serene feeling in the moment.
- Relax your face and slightly turn up your lips. As you smile, imagine your jaw softening and a relaxed feeling spreading across your face, your entire head, and down your shoulders.

Integrative EMDR Therapy for C-PTSD

Somatic Psychology: Body Centered Therapy

- **Embodied Self Awareness**: Attention to body sensations and breath
- **Grounding**: 5 senses (hearing, seeing, smelling, tasting, touching) anchor client in here and now
- **Regulation Model**: Physiological regulation with the Window of Tolerance
- **Sequencing:** Movement of tension out from the core of your body through arms and legs.



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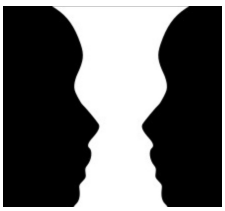
Mind-Body Therapies:

- **Complementary and Alternative Medicine (CAM)**
- **Nutrition**
- **Massage**
- **Acupuncture**
- **Trauma Sensitive Yoga**
- **Tai Chi, Qigong**

Integrative EMDR Therapy for C-PTSD

Ego States and Parts Work

- **Assessment of and treatment of dissociation:** subtle signs as well as overt symptoms (e.g. DID)
- **Parts Work :** IFS, Ego states, Structural Dissociation
- **Treatment of Preverbal memories**: Attachment trauma, Pre and Perinatal trauma



Parts Work

- Self
- Defenses
- Exiled emotions/memories

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Relational Work:

- **Explore Transference and countertransference**
- **Relational Interweaves:** Your task is to accept what the client cannot and to facilitate greater integration at a pace that the client can tolerate
- **Rupture and Repair**: Re-enactments, become aware of ruptures in therapy and repair when necessary

The Healing Relationship

- **Relationship is not just about the "other"**
- **Allow yourself to be moved, touched, and ultimately changed by the exchange**
- **"Receive the gift" of the client**
- **Cultivate a state of appreciation for who they are and what they have endured**

Love Sorrow
by
Mary Oliver

Integrative EMDR Therapy for C-PTSD

Emphasis on Self-Care

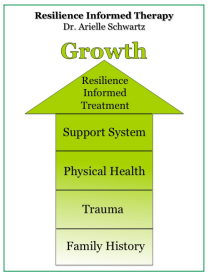
- Prevention of Stress and Burnout
- Clinician provides External Regulation
- Own embodiment and mindfulness practice
- Own supervision and/or therapy

Resilience Informed Therapy

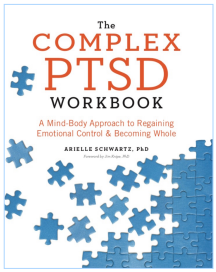
- **Biopsychosocial**: not Medical model (Doctor/Patient), Partnership and Collaborative
- **Strength Based**: What is already working?
- **Emphasis on Mindfulness and Embodiment**: Both clinician and client

Resilience Informed Therapy

- **Support Systems**: resilience factors (Social Connection, Self-Care, Exercise, etc.)
- **Health and Wellness:** ACE Factors, Collaborative Treatment
- **Trauma Treatment**: Single Incident, Chronic PTSD, Complex PTSD
- **Family History**: Understand the Roots of Symptoms (Childhood Development, Family history, Transgenerational trauma)



Stay in Touch…



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