Treating Complex PTSD and Dissociation with Integrative EMDR Therapy: A Resilience Informed Approach to Trauma Treatment

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PTSD, Chronic PTSD, C-PTSD

- **Acute Traumatic Stress:** Normal response after exposure to a traumatic event that includes panic, grief, and somatic symptoms.
- **Post Traumatic Stress (Disorder)**: Symptoms continue to interfere with individual's life beyond 4 weeks after a traumatic incident(crime, accident, natural disaster)
- **Complex PTSD (C-PTSD)**: Symptoms are related to repeated, prolonged exposure to traumatic events that often have a childhood onset and are often interpersonal (domestic violence, childhood abuse or neglect).

Symptoms of C-PTSD

- Intrusive Memories
- Avoidance Symptoms
- Emotional Dysregulation
- Interpersonal Problems
- Cognitive Distortions (Inaccurate beliefs)
- Health Problems (ACE) and Chronic Pain
- Dissociation

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: Disorder of Perception

Challenge in recognizing that:

- 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

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
- Parts of self that carry shame
- Attachment, relationship, and loss
- Inner experience (arousal state, affect, body sensations)

Working with C-PTSD:

Evokes feelings of:

- 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?

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:

- The trauma happened to me
- I am aware of my past and how it affects me in the present
- The past is differentiated from the present (It is over now)
- I can be mindful of the present moment
- I can sense and feel my body now
- I have choices now about my thoughts, emotions, and behaviors.
- I can orient toward the future

EMDR Therapy

- Not an Intervention—A Theoretical Orientation
- Dual Attention State (DAS)
  - Bilateral Stimulation
- Resource Development Installation
  - Safe place, Containment, Grounding, Allies
- Body Based and Present Centered
  - Nervous system regulation, Pendulation
- Emphasis on Relationship
  - Rapport, Transference and countertransference, Contact statements, Relational Interweaves

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

Effective trauma treatment involves a balance between the regulating function of top-down processing and the accessing function of bottom-up processing (van der Kolk, 2003)

Top-Down or Bottom-Up Interventions

Top-Down Interventions:

- Engages upper brain centers in the neocortex to provide regulating, conscious, thought-based tools for addressing trauma symptoms.
- Pressing on the brakes-slows down processing

Bottom-up Interventions:

- Engages the lower brain centers in the limbic system and brain stem to help the client access emotional and sensory components of traumatic material.
- Pressing on the gas-speeds up processing

Top-Down Interventions

- Psychoeducation (e.g. teach somatic vocabulary)
- Mindfulness
- Cognitive interventions such as identifying negative and positive beliefs or challenging thinking errors
- Resourcing interventions (grounding, establishing safety, developing containment)
- Talking about traumatic events
- Conscious Breathing

Bottom-Up Interventions

- Focus on body sensations (e.g. body scan)
- Sequence or discharge tension out of body
- Invite movement to facilitate somatic release
- Follow movement impulses
- Titration: experiencing small amounts of distress with the goal of discharging physical tension
- Pendulation: an oscillation between feeling distress and feeling safe or calm in the present moment
- Conscious Breathing

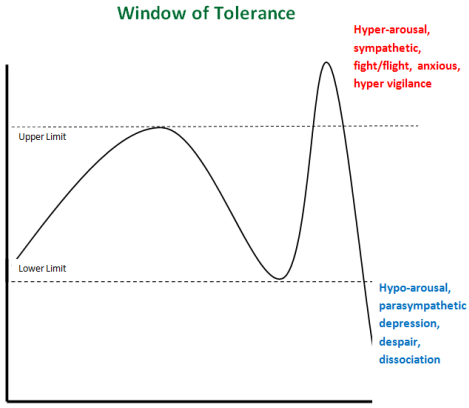
Somatic Psychology

- **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 periphery of body.
- **Pendulation and Titration:** Alternating between resource and distress

Somatic therapies are not just a set of interventions for the client, they are the foundation for the attuned presence of the therapist.

Working within the Window of Tolerance

- **Window of Tolerance:** an optimal zone of nervous system arousal where clients are able to respond effectively to their emotions and sensations (Siegel, 1999)
- **Above the Window:** Feeling anxious, overwhelmed, or panicked is a sign that the client is hyper- or over-aroused.
- **Below the Window:** Feeling shut down, numb, or disconnected is a sign that you are hypo- or under-aroused.



Integrative EMDR Therapy for C-PTSD

Mind-Body Therapies:

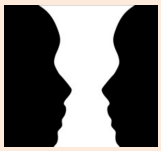
- **Complementary and Alternative Medicine (CAM)**
- **Nutrition**
- **Massage**
- **Acupuncture**
- **Trauma Sensitive Yoga**
- **Tai Chi, Qigong**

Preverbal and Nonverbal Memories

- Earliest attachment memories are stored as representations of motor patterns and sensations
- Traumatic stress can impair the brain structures involved with explicit memory (van der Kolk, 2015) in which memories are stored as fragments of disconnected sensory and bodily experiences.

Ego States and Parts Work

- **Assessment of and treatment of dissociation:** Look for subtle signs as well as overt symptoms
- **Observe cues of parts**:
  - Voice tone
  - Body posture
  - Changes in eye contact
  - Repetitive movements, such as hair twirling, skin picking, or nail biting
  - Changes in breathing patterns such as holding the breath
  - Body symptoms such as the onset of a headache, nausea, dizziness, or pain



Parts Work

Apparently Normal Self (ANP): persona, superego

Defenses: perfectionism, control, idealism, addictions

Exiled Part (EP): emotions, sensations, or memories

Mutual Regulation and Relational Work

- Your task is to accept what the client cannot and to facilitate greater integration at a pace that the client can tolerate
- Explore transference and countertransference
- Re-enactments are inevitable
- Ruptures and repair provide opportunities for new learning

Embodiment in Mutual Regulation

- Therapist and client mutually influence each other throughout therapy.
- When therapists attune to their own embodied awareness during sessions, they can sense subtle changes that may provide insight into the experience of the client.

Emphasis on Self-Care

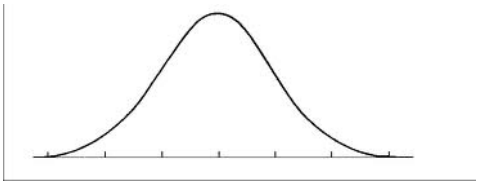
- Prevention of Stress and Burnout
- Clinician provides External Regulation
- Own embodiment and mindfulness practice
- Own supervision and/or therapy

Resilience Informed Therapy

- **Biopsychosocial**: Not a medical model (Doctor/Patient), Partnership and Collaborative
- **Strength Based**: What is already working?
- **Resilience:** Resilience is adapting well in the face of adversity-bouncing back from difficult events
- **Post Traumatic Growth:** Improved self-perception, enhanced relationships, and a strengthened life philosophy that occur after exposure to a traumatic event. "I'm stronger as a result"

Trauma Recovery and the Bell Curve

PTSD | Resilience | PTG



(Martin Seligman, Positive Psychology)

Questions of Resiliency

- Why do some people respond better to traumatic experiences than others?
- What coping strategies and behaviors are associated with the greatest **adaptation** to traumatic life events?
- What are the most effective means of integrating these strategies into our lives?

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and practiced.

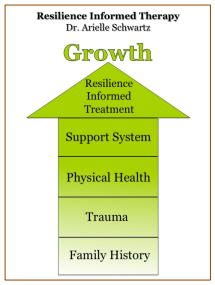
Factors of Resilience and PTG

- **Challenge**: Believing that growth and wisdom are gained from difficult or challenging experiences.
- **Control**: Rather than lapse into passivity and powerlessness; the belief that with effort you can influence the course of events in your life
- **Commitment:** The ability to stay involved; staying engaged in ongoing events rather than isolating.

(Salvidore Maddi, The Hardiness Institute)

Resilience Informed Therapy

- **Support Systems**: Resilience Factors (Social Connection, Self-Care, Exercise, etc.)
- **Health and Wellness:** Build a Collaborative Treatment Team
- **Trauma Treatment**: Single Incident, Chronic PTSD, Complex PTSD, ACE Factors
- **Family History**: Understanding Symptoms in Context: Childhood Development, Family history, Transgenerational Story, Culture



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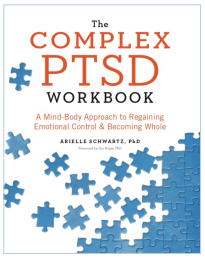

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