

Dilemmas of using EMDR in Time Limited Environments



Aim of this presentation

To look at some of the dilemmas of working with other than a simple trauma in time limited environments

Some Important Points

- What is the 'typical' client?
- Simple versus complex trauma
- What is a time limited environment?
 - University: ~4 sessions
 - Medico-legal insurers: 5-10 sessions
 - NHS: 12, sometimes up to 20 sessions

Predominant goals of short term work

- Symptom relief
- To help someone function better or be better integrated
- In the NHS 'IAPT' service where we work, the goal is to get clients into 'recovery'

Types of issues we have worked with in short term work using EMDR

- ❑ Complex grief
- ❑ Phobias
- ❑ Pain problems
- ❑ RTAs
- ❑ Traumatic childbirth
- ❑ Sexual, physical and mental abuse as child and/or adult
- ❑ Eating difficulties
- ❑ Fear of death
- ❑ Religious torture
- ❑ Post operative PTSD symptoms both as child and as adult
- ❑ Attachment difficulties
- ❑ Affect regulation
- ❑ Burglaries
- ❑ Physical attack
- ❑ OCD

Some key considerations

- Impact of association of the neural networks
- How do we adapt to the time constraint?

Risk factors / contraindications

- ❑ Severe risk factors
- ❑ Current environment instability
- ❑ Legal proceedings foreseeable or ongoing
- ❑ Physical health conditions
- ❑ Medication
- ❑ Dissociation
- ❑ Attachment difficulties
- ❑ Personality disorders

Group Exercise

Please form into small groups and take 10 minutes to identify what your main, typical dilemmas are.

Please nominate someone to speak on your group's behalf.

Do I start?

Phase 1 – history, planning, assessment

- Full history, float back & formulation
- Continuously assess
- Screening tools
- Goals & focus
- Signs of dissociation
- Stable enough?
- Attachment issues

Do I start?

Phase 2 – preparation/stabilisation

- Explain EMDR & give information
- Do a 'dry run'
- Access resources & manage affect
- Prepare the client

Where do I start?

Phase 3 – target assessment

- Standard protocol
- NC, PC
- Break down target memory
- Other protocols

I've started:

Phase 4-desensitisation

- Client centred
- Create safety and containment
- Create distancing & other techniques

I'm in Phase 4:

Help! – when 'problems' occur

- Abreactions
- Dissociation
- Processing blocks
- Stay calm, grounded & reassuring ...

Is that it then? – no it isn't!

The remaining phases

- New material surfaces
- Sticking to the protocol?
- Summarise and reflect
- Re-evaluate

Summary

- What might you not do?
- What will you need to do and be?
- Have faith!
- Attend workshops and conferences
- Questions?

Resources

- ❑ CPS guidelines on Provision of Therapy for vulnerable or intimidated adult witnesses prior to a criminal trial published 24/1/02
<http://www.cps.gov.uk/publications/prosecution/pretrialadult.html>
- ❑ Van der Hart, O., Nijenhuis, E. & Steele, K. 2006. *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatisation*. New York: Norton
- ❑ Fraser, G.A. 2003. *Fraser's "dissociative table technique" revisited, revised: A strategy for working with ego states in dissociative disorders and ego state therapy*. Journal of Trauma & Dissociation., 4 (4), 5-28
- ❑ www.getselfhelp.co.uk
- ❑ Ch 6 of Forgash, C. & Copeley, M. (eds.) 2008. *Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy*. New York: Springer.
- ❑ Ch 6 of Parks, P. 1990. *Rescuing the 'Inner Child'*. London: Souvenir Press
- ❑ Ch 6 The Two Handed Interweave by Shapiro, R. in Shapiro, R. 2005. *EMDR Solutions Pathways to Healing*. New York: Norton
- ❑ Parnell, L. 1999. *EMDR in the Treatment of Adults Abused as Children*. New York: Norton.