INTRA-TP
INSTITUTE FOR THE STUDY OF TRAUMA AND PERSONALITY DISORDERS

EMDR for treating traumatic attachment in Dissociative Disorders

Dolores Mosquera

EMDR EUROPE

CONFIDENTIALITY

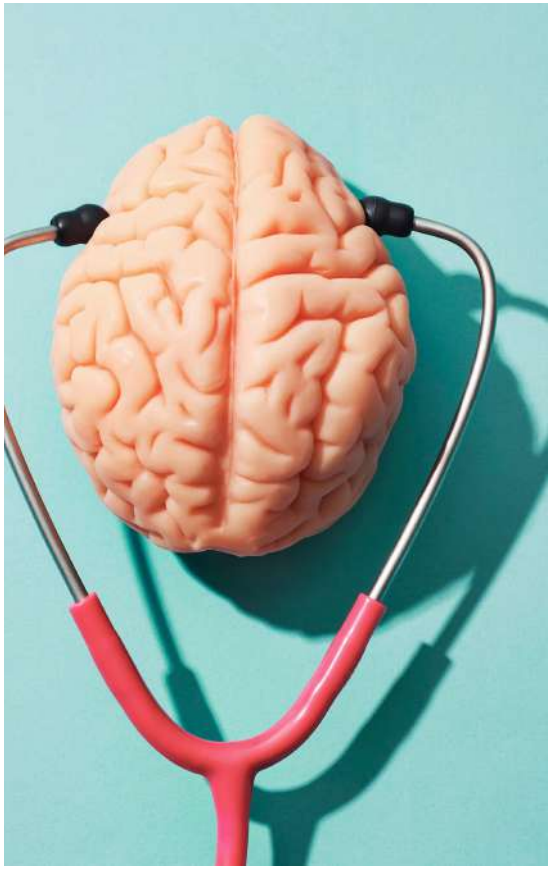
Client information is confidential and must not be discussed outside of this workshop/webinar.

EMDR

EM — Eye Movements

D — Desensitization

R — Reprocessing



EMDR THERAPY

EMDR offers clinicians a new way of thinking about pathology and therapeutic treatment, in addition to a comprehensive set of therapeutic procedures that have evolved from clinical applications consistent with the theory.

EMDR THERAPY

PRINCIPLES AND PROCEDURES

SHAPIRO, 2018

An example: if we allow our minds to scan back into childhood and bring up a humiliating incident, many of us find that we still feel the flush of the emotion, or that the thought that was there at the time automatically arises. We feel our bodies flinch.

According to the adaptive information processing model that guides EMDR therapy practice, we would say that this event has been insufficiently processed and that these automatically arising thoughts, emotions, and physical reactions may be inappropriately coloring our perceptions and actions in similar present circumstances.

We may react negatively to authority, groups, new learning experiences, or whatever aspects are evident in that memory. **These are not merely conditioned responses; they are responses inherent in the stored memory.**

EMDR THERAPY

PRINCIPLES AND PROCEDURES

SHAPIRO, 2018

When an event has been sufficiently processed, we remember it but do not experience the old emotions or sensations in the present.

We are informed by our memories, not controlled by them.

Clients with dissociative disorders are controlled by their memories *as if they were still happening* in the here and now.

Dissociative parts keep responding in the *here and now* in the ways that were needed to survive in the past.

EMDR Therapy Principles and procedures

Getting perspective

Shapiro, 2018

- For the practicing clinician, the important distinction between an adaptively processed and a dysfunctionally stored event is that in the former case, **adequate learning has taken place and it is stored with appropriate emotions, able to guide the person in the future**.
- The dysfunctionally stored memory still has within it some of the sensory perceptions and thoughts that were there at the time of the event.
- Essentially, **the childhood perspective is locked in place and causes the person to perceive the present from a similar vantage point of defectiveness** (e.g., "I'm unlovable/ not good enough"), lack of safety, or lack of control.

GETTING PERSPECTIVE –

A BIT MORE COMPLEX IN DISSOCIATIVE DISORDERS

- When the traumatizing events happen at young ages, are by the hands of adults that are supossed to be protecting and are frequent and long lasting what happens is even a bit more complex.
- In Dissociative Disorders the dysfunctionally stored memory still has within it some of the sensory perceptions and thoughts that were there at the time of the event but these have been even more isolated than in simple cases (often different parts having different experiences, perceptions and memories of the events). Like *islands of experience* that cannot come together so the client can survive in such environments.
- Therefore, the childhood perspective is *not only locked in place and causes the person to perceive the present from a similar vantage point* of defectiveness such as lack of safety, or lack of control but ***dissociative parts*** *can be stuck with different vantage points and beliefs that are not integrated and in conflict*. An example: a part might know what happened, another one might be convinced it did not happen and a third one might mimic parts of what happened in the internal system to protect and *keep things as they are*.

Principles and procedures

Getting perspective

- For many of our clients, it appears that simply processing these earlier experiences allows the appropriate cognitive and emotional connections to be made and adaptive behaviours to spontaneously emerge, along with insights and positive self-concepts. However, for clients who have been badly neglected and abused in childhood, it is also important to determine what developmental windows might have closed before important infrastructures were set in place (Shapiro, 2018).
- When working with dissociative disorders this is particularly important to keep in mind since building adaptive information is crucial and gradually bringing these isolated islands of experience part of preparation.

PRINCIPLES AND PROCEDURES

GETTING PERSPECTIVE

SHAPIRO, 2018

Did the traumatized child learn object constancy, or will it need to be taught during therapy?

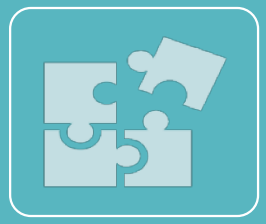
What will the clinician have to model for the client?

What experiences will have to be engendered to allow healthy relationship patterns to emerge?

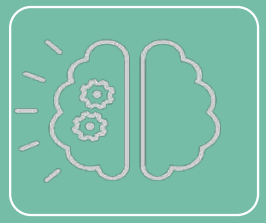
Once such positive interactions are forged within the therapeutic relationship, they too become stored in memory and can be enhanced through the EMDR procedures.

EMDR Therapy

A brief overview of the process for clinicians who are not trained in the approach or familiar with it

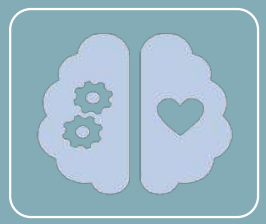


Eye Movement Desensitization and Reprocessing (EMDR) is an approach that allows people to heal from traumatic life experiences and consequences.



Clients will be exposed to bilateral stimulation through eye movement, sound, tapping or sensors, while processing painful memories.

EMDR helps process unresolved painful memories so that they no longer hold the same emotional charge.



Once the memory is processed and integrated, it can be held like other memories and not fragmented into pieces that intrude into the present.

EMDR Therapy An 8-Phase Therapeutic Approach

Phase 1

History taking and treatment plan: attachment type, resources, T and t traumas

Phase 2

Preparation: Understanding technique and process, emotional regulation, ability to maintain dual attention, resources, safety

Phase 3

Assessment and access: Different elements of the traumatic scene (image, cognitions, VOC, emotions, SUD, and body sensation).

Phase 4

Desensitization: Alternating bilateral stimulation of the brain. Associations take place until a positive or neutral element is reached.

Phase 5

Verification and installation of positive cognition

Phase 6

Body scan

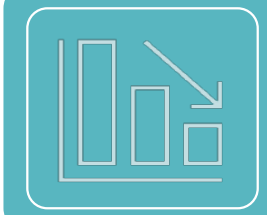
Phase 7

Closure

Phase 8

Re-evaluation

With EMDR, the information stored in a maladaptive way is processed, leading to:



Desensitization of the traumatic event, of the emotion.

Cognitive restructuring. Adaptive connections allowing to understand what happened (often a change of vision combined with positive feelings).

The history is "organized." The person becomes aware of what happened.

Unlike what happens with exposure therapy, the memory is reconsolidated and the characteristics of a traumatic memory become those of an ordinary memory.

EMDR Therapy for Traumatic Attachment

- In order to adapt EMDR interventions to traumatic attachment, clinicians (and clients) need to understand that developmental trauma is mainly about lack of safety and security in childhood.
- A child who cannot feel safe or whose environment is not predictable learns to use defensive (adaptive to the situation) strategies that will show up in future adults in diverse ways.
- Often individuals with developmental trauma have never had a safe place or relevant adaptive information that can help them understand what is happening or why.

EMDR Therapy for Traumatic Attachment

- Phase 1 allows clinicians to think about cases a bit differently and focused on understanding learned pathways that still trigger traumatic responses.
- When adaptive information is missing, in Phase 2 of EMDR Therapy pathways to adaptive information can be developed and reinforced (usually referred to as resources).

EMDR Therapy for Traumatic Attachment

- By developing existing information (or introducing it when it has not been learned) and reinforcing it with BLS (installing resources), clients will be able to expand adaptive information and therefore new options to cope with triggers, building the capacity to regulate (initially co-regulate), feel soothed, comforted and protected.
- As these capacities develop, clients can gain a sense of control, internal regulation which will in turn affect how they read what happens in the environment (from a more adult and healthier perspective).

EMDR Therapy for traumatic attachment

Developing adaptive information or positive experience gradually

It is important to understand that the client does not have to live positive experience to understand it and connect.

A good enough alliance, a safe setting and the right psychoeducation for the person as we understand difficulties are the building blocks to use other tools.

We can begin with top-down interventions; starting at a cognitive level and gradually building to aid experience safely.

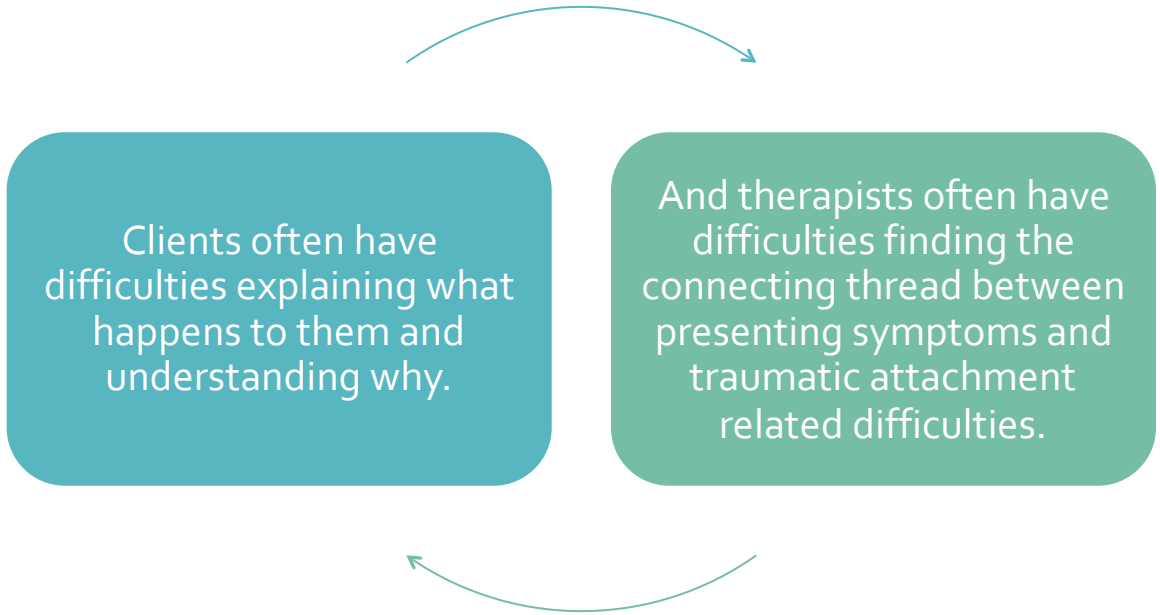
Visualization tools (working with imagination) can impact the individual and the brain just as lived experience does.

Why is it important to understand the effects of traumatic attachment in dissociative disorders?

Why is it relevant to understand the effects of traumatic attachment?

- In clients with a history of trauma, early attachment disruptions increase the risk of developing complex trauma disorders and the presence of diverse symptoms that are not always easy to identify, understand or treat.
- Also, disorganized attachment facilitates experiencing some situations as traumatic when the same situations might not be experienced as traumatic by other people.

Why is it relevant to understand the effects of traumatic attachment?



Why is it important to understand the effects of traumatic attachment in dissociative disorders?

- Adverse childhood experiences and early trauma can profoundly affect the developmental trajectory of children and future adults.
- Adverse and traumatic early experiences shape perception of self, others and the world in very complex ways.
- These perceptions become inner representations that are often in conflict with each other.
- In the more severe cases, they become developed dissociative parts (complex representations of how the client experiences what happens inside)

IMPORTANT TO KEEP IN MIND

Acts of omission

What should have happened or should have been available and was not: lack of care-also including food, clothing, play etc., attention, love, pride, stimulation, "being seen"…

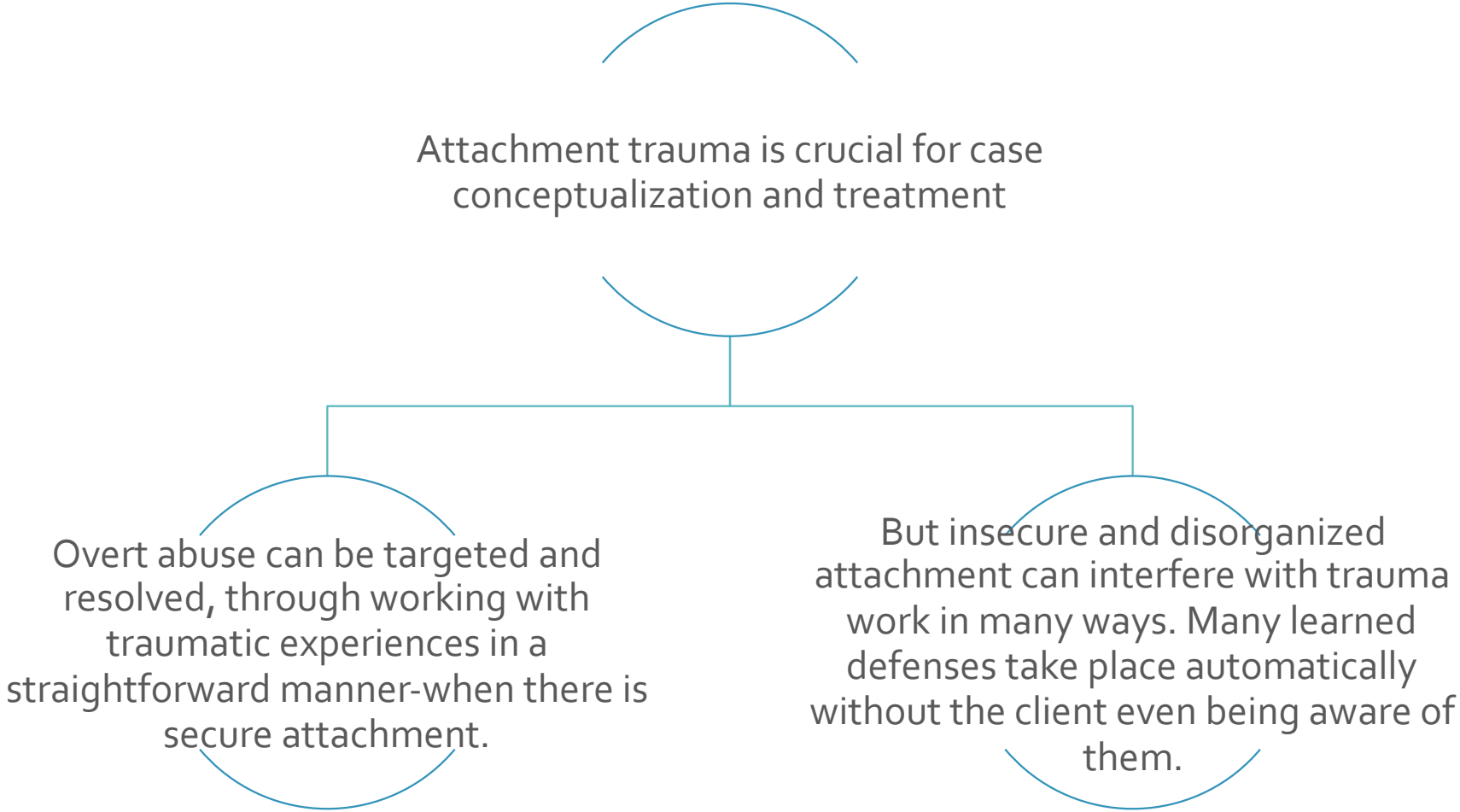
Acts of commission

What should not have happened (physical and sexual abuse, violence, witnessing threats and violence towards others)

Early childhood trauma
Acts of omission and commission (Spiegel)

- It is important to consider age of onset and duration of abuse.
- Effects of exposure to abuse and neglect are complex and can vary greatly from individual to individual.
- Due to these differences, in these cases there is a strong need for case conceptualization, which can make a huge difference in treatment outcome.

Why is it relevant to understand traumatic attachment when using EMDR?



What Makes Treatments Different for Dissociative Disorders?

The conflicts among dissociative parts regarding memory and other relevant issues.

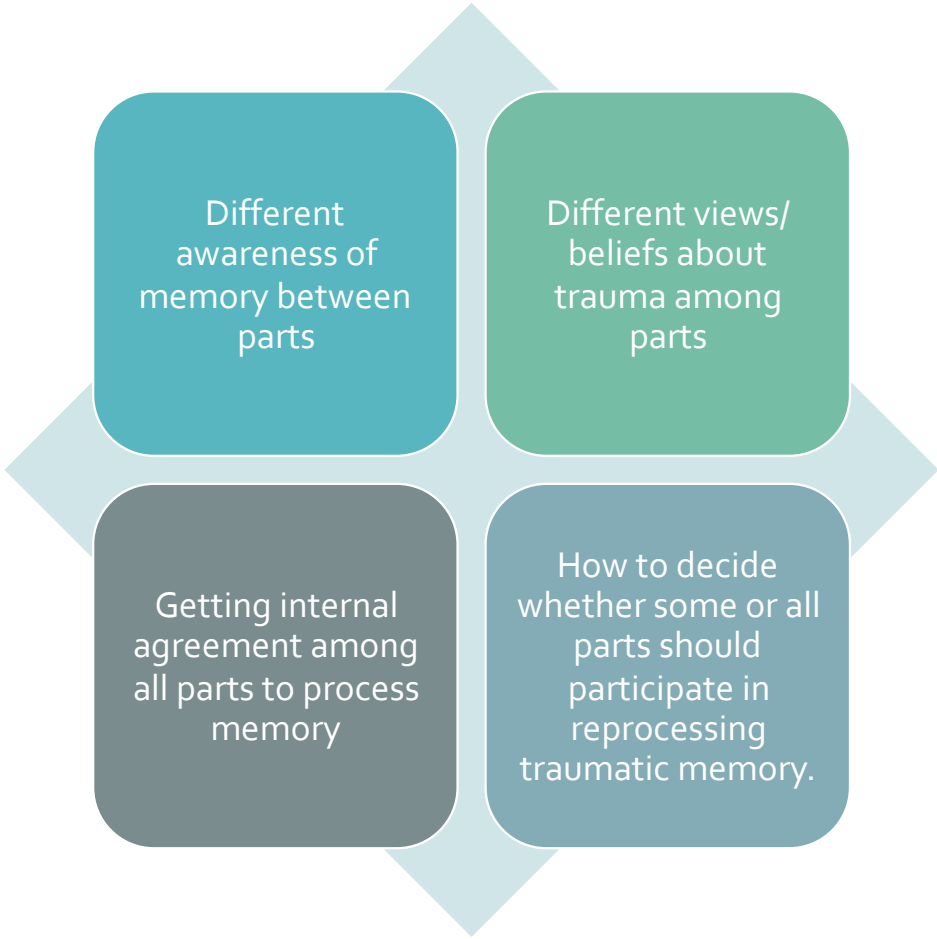
The extent to which dissociative parts (and their memories) are experienced as "not me."

The extent of the phobia for inner experiences and dissociative parts; degree of non-realization.

The need for the therapist to work with dissociative parts in memory reprocessing.

The need to gain cooperation of all parts prior to memory reprocessing.

What Makes Treatment Different for Dissociative Disorders?



What else makes Treatment Different for Dissociative Disorders?

Not knowing what is real or not; reality is very malleable- thoughts and states vary depending on the dominant emotion / part

Emilio Vercillo, 2022

The Therapeutic Relationship

The Relationship and EMDR

Deany Laliotis, 2019

- The therapeutic relationship is co-created by therapist and client.
- Creates the context for psychotherapy.
- The therapeutic relationship is the primary vehicle for change.
- EMDR generates corrective as well as reparative experiences of self in relation to the other.

The Relationship and EMDR

The therapeutic relationship offers an opportunity to repair a wounded attachment system.

EMDR facilitates working with empathic distance; not too attached – experienced as safer by clients with dissociative disorders.

The therapeutic relationship offers a method to overcome deficiencies with another system: cooperation (Liotti)

The therapeutic Relationship

Attachment between the therapist and the client is a specific emotional connection where the client can experiment a sense of useful safety as a safe base.

Based on this safety in the connection, the client may address his/her stressful experiences and traumatic memories.

It can help prevent drop out. Especially when we have a good enough alliance with all parts of the system when working with dissociative disorders.

Attachment versus Dependency

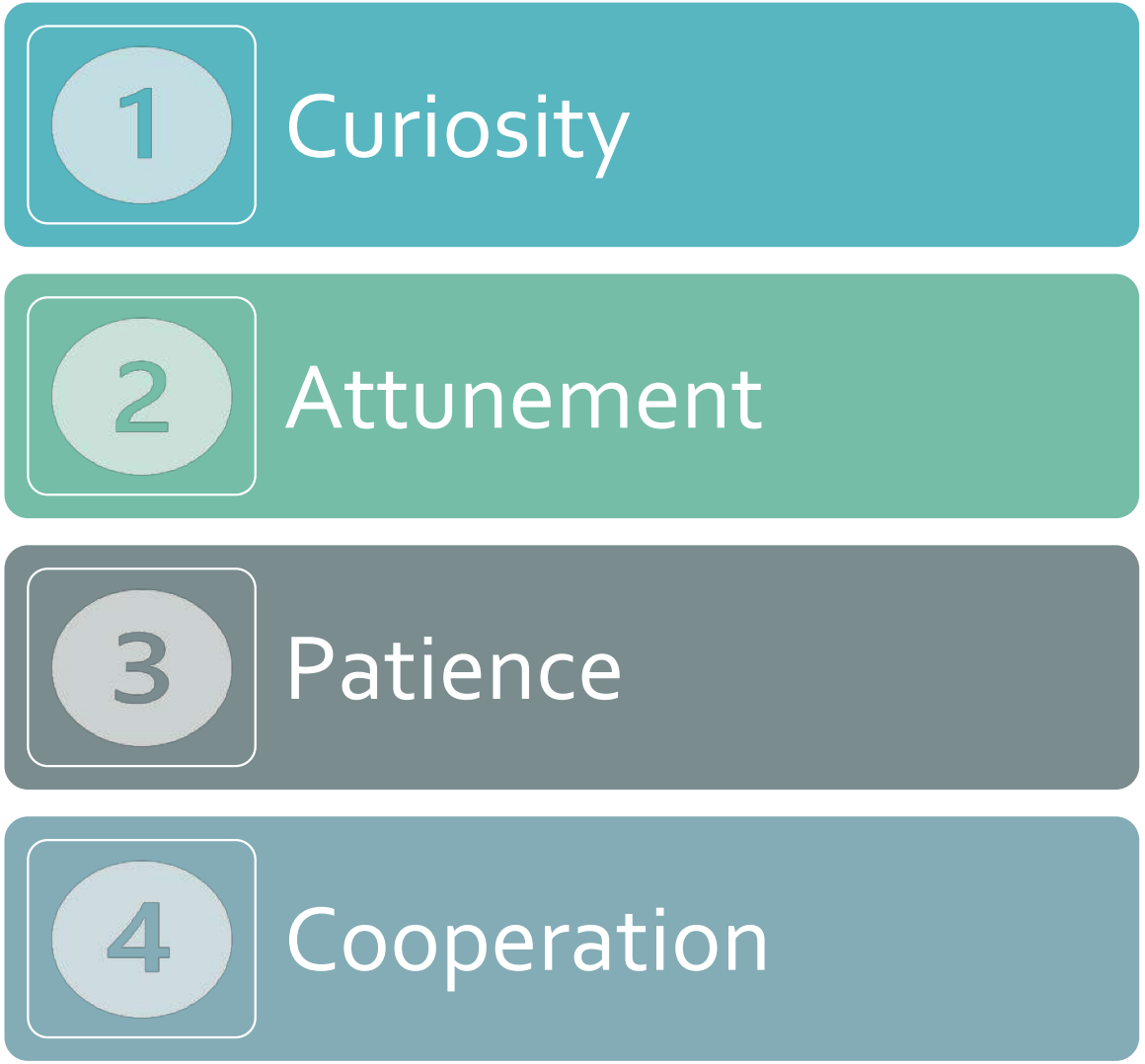
Secure Attachment

- Clear, consistent boundaries and treatment frame
- Boundaries supported by processing of experience
- Encourages collaboration in the moment
- Process painful emotions and wishes with words or somatic work and intersubjectivity
- Predictable but limited availability outside of sessions

Maladaptive Dependency

- Unclear, reactive boundaries and treatment frame
- Boundaries depend on what the patient wants or demands from the therapist
- Encourages dependency
- Relieves painful emotions and wishes with actions by the therapist
- Extensive availability that is often inconsistent

Some key ingredients for therapist in the work with Dissociative Disorders regardless of the approach



Some difficulties during the different phases

An overview

1. Asking for help and accepting it (it is experienced as a dangerous by some parts). Hope can be a trigger.
2. Trusting others, including therapists
3. Trusting their own memories and perceptions
4. Organized chaos - a system that had to organize to adapt to ongoing threats - parts stuck in trauma time have difficulties changed engrained ways of reacting and being with self and others)
5. Stabilishing goals and prioritizing what to work with first – dissociative parts can have different needs and perceptions that we need to understand to guide the treatment plan.
6. Identifying triggers due to the internal conflict, the frequent avoidance and defenses.
7. Stablishing the connecting thread between reactions, triggers and unresolved memories or lack of adaptive information
8. Identifying targets - Which can be addressed or not - Which to begin with so the system has a positive enough experience - Have protector parts as allies of the decision making and the pacing of trauma work.

SOME OF THE GOALS: REACTIVATING THE FULL RANGE OF DEFENSIVE OPTIONS

1. In many cases, it will be necessary to work with the **traumatic memories** that get triggered in the here and now. Titration will be needed in early phases of trauma work.

2. In most cases, it will be necessary to work with the dissociative parts that generate intrusions and that, in some cases, take control.

3. Due to the above, the therapeutic relationship should be more about structuring, not care taking.

Case example

THANK YOU FOR YOUR ATTENTION AND TIME!