

Dilemmas of using EMDR in Time Limited Environments



**(By Time Limited we mean a limited
number of sessions!)**

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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 including phantom limb pain
- 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

Do I start?

Phase 1 – history, planning, assessment

- Full history, float back & formulation
- Continuously assess
- Screening tools
- Goals & focus
- Ringfence - Carolyn
- Stable enough?

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 / led
- 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://ww.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 Traumatization*. 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.