

EMDR

(Eye Movement Desensitization and Reprocessing)

& People with IDD

Effective Treatment for Trauma

**EMDR Humanitarian Assistance Programs, Inc.
(EMDR HAP) www.emdrhap.org**

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The Faces of Trauma

- John, age 55
 - Diagnoses: Bipolar Disorder, Generalized Anxiety Disorder, Intellectual Disability, moderate
 - Hx: sexual abuse from his biological father, perpetrator of sexual abuse to children, longstanding pattern of anxiety exhibited around adults
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John

- Lives in group home
 - Unemployed
 - Avoids peers, highly dependant on staff
 - Sleep disturbance, overweight
 - Highly anxious in public settings: clingy and lacks ability to use words to communicate
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Consider the possibilities:

- WHAT IF he received EMDR for the treatment of his trauma?
 - Could we have avoided the label as a sex offender?
 - Could the “line of sight” staffing been lifted – allowing him more freedom and privacy?
 - Could we have saved him from his intense anxiety and depression?
 - Could he have had more self-esteem?
 - Could he have been happier?
 - Could his quality of life have been improved?
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What, exactly, is trauma?

“Any event that has a lasting negative effect on self or psyche”

Francine Shapiro

Trauma is...

- A threat to the integrity of self or others
 - Intense fear or helplessness in response to an event
 - Disorganized or agitated behavior
 - Stress that exceeds normal coping capacity for the person
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STRESS is traumatic when...

- It is unpredictable
 - It is severe
 - The victim is vulnerable
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Trauma: a major event

- Sexual Assault/Physical Assault
 - Accidents
 - Natural Disasters
 - Catastrophic Illness
 - Loss of a loved one
 - Humiliation
 - Bullying
 - Geographic Moves
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Trauma: “ordinary” life events

- Feeling different
 - Not being accepted
 - Not being able to do what others do
 - Not being listened to
 - Being misunderstood
 - Failing at a task
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Disorders of extreme stress

- Unstable affect
 - Difficulty modulating anger
 - Self-injury
 - Suicide preoccupation
 - Risk-taking
 - Dissociation/amnesia
 - Inappropriate sexual behavior
 - Physical symptoms
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SPECTRUM OF TRAUMATIC STRESS RESPONSE

TRAUMATIC
EVENT(S)



OUTCRY (OUCH!)

OVERWHELMED RESPONSE
Symptoms lasting > 1 month = PTSD:

- Acute (lasting < 3 months)
- Chronic (lasting 3 months or more)

Onset after 6 months = Delayed PTSD

Involuntary re-experiencing:
Intrusive thoughts
Flashbacks
Traumatic dreams

Numbing/Avoidance:
Avoid situations or people who cause memories of events
Emotional anesthesia: feeling detached, reduced level of emotions
Levels of amnesia for event

Persistent increased arousal:
Hyper-vigilance
Exaggerated startle
Irritability

TREATMENT: Staged Processing of Trauma; e.g., EMDR, CBT

Adjunctive Rx: Pharmacology, Hypnosis, Body work

Resolution: Working through: Mourning/Meaning/Transcendence/Incorporating the trauma event into life/Health

How trauma affects the brain

- Brain Imaging
 - Areas of the brain and their functions
 - Stored memory
 - Changes in brains with psychotherapy
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The brain and trauma

- We can now view pictures of brains under different conditions with SPECT-single photon emission computed tomography
 - We can identify parts of the brain and their functions
 - Trauma memory is stored in the right hemisphere in a fragmented form, separate from the brain's language center
 - Memories unprocessed can remain in fragments, and not connected to other information in the brain for a very long time.
 - The conscious part of the brain has the job of keeping the self and the world from knowing pain
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Diagnoses and trauma

- ❑ Acute Stress Disorder
 - ❑ Post Traumatic Stress Disorder
 - ❑ Trauma Coping problems as part of another primary diagnosis
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Diagnosis and trauma

- PTSD can co-occur with
 - Autism
 - ADHD
 - Phobias
 - General anxiety disorder
 - Depression
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PTSD (Post Traumatic Stress Disorder)

- ❑ A psychological disorder that results from one or more traumatic events
 - ❑ Can be mild and transient or severely disabling
 - ❑ All trauma is stressful, but not all stress is traumatic
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Signs and Symptoms of possible traumatization

- Nightmares and flashbacks
 - Hyperactivity
 - Headaches, stomachaches, back pain
 - Sleeplessness
 - Over-alertness
 - Concentration problems
 - Appearance of being distracted, preoccupied
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Signs and Symptoms of possible traumatization

- Onset of bedwetting or bowel accidents
 - Changes in sleep and eating habits
 - Social isolation
 - Irritability
 - Lack of energy and enthusiasm for doing things typically enjoyed
 - Excessive fear of others, worries about who is working on specific shifts in the home or workplace
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Signs and Symptoms of possible traumatization

- ❑ Repetition of statements made about a certain event that may seem unrelated
 - ❑ Phobic mannerisms as the individual avoids situations that trigger unpleasant sensations or memories
 - ❑ Attempts at self-soothing behaviors, which might include alcohol, overeating, other addictive behaviors
 - ❑ A decline in in skill development where there were prior gains
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Signs and Symptoms of possible traumatization

- ❑ Questions about sexuality or reproduction that seem to come from nowhere
 - ❑ New, disruptive behaviors appears suddenly
 - ❑ Reoccurrence of previously displayed disruptive behaviors, or an increase in frequency of these behaviors
 - ❑ Attention seeking behaviors
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Triggers

- ❑ Old unconscious memories get triggered with cues from the present. Often this is without conscious awareness.
 - ❑ Parts of memories come up and get mixed with present day events.
 - ❑ This is how people can become distraught over events where the response seems bigger or more charged than most people would consider “normal”
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Effects of unresolved trauma

- Intrusive thoughts, feelings, behaviors
 - Avoidance of reminders of the event
 - Nightmares
 - Flashbacks
 - Body pain
 - Perceptual disruptions
 - Reactions to the external environment
 - Trauma reenactment
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Trauma and people with disabilities

- Trauma symptoms misinterpreted
 - Vulnerabilities
 - Lack of a language for coping
 - Diagnostic overshadowing
 - Lack of resources for help
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Effective mental health treatment

- Psychotherapy
 - Best practices, especially EMDR
 - Team approach
 - Therapeutic living situations
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EMDR – what is it

- ❑ EMDR works with a person's innate healing system. All are created with this healing system that moves us toward a state of equilibrium. All yearn for emotional freedom and human connection.
 - ❑ EMDR utilizes what is called the adaptive information processing that we all innately have within us. It works with neuro-networks in the brain to take raw unprocessed memories and sensory data, and moves it to an adaptive resolution.
 - ❑ The Adaptive Information Processing Model predicts dysfunctional stored trauma memory underlies many psychiatric disorders
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Eight phases

- Client History and Treatment planning
 - Preparation
 - Assessment
 - Desensitization
 - Installation
 - Body Scan
 - Closure
 - Re-evaluation
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Jane

- ❑ Mid 30's, no verbal language skills
 - ❑ Experiences verbal harshness from a staff person on the van.
 - ❑ When she saw a staff person, whom she trusts, on the van she screamed and became upset. She was being triggered by the staff person's presence.
 - ❑ Clinician used EMDR with Jane, reprocessed the trauma, and Jane no longer became upset when she saw the staff person.
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Promoting mental health in persons with intellectual disabilities

- ❑ Families as advocates
 - ❑ Families and caregivers heal their own trauma
 - ❑ Families and caregivers become trauma educated
 - ❑ Crisis prevention strategies
 - ❑ Stabilization techniques
 - ❑ Education programs for mental and emotional wellness
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Susan

- ❑ A young woman; sexually abused by her father
 - ❑ History of promiscuity and open displays of affection
 - ❑ Occasionally burned herself
 - ❑ Clinician completed six sessions using EMDR
 - ❑ Outcomes included increased calm, stabilized relationships with men, socially acceptable sexual boundaries
 - ❑ Staffing ratio has changed from a 1:1 to a 1:3
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Neil

- ❑ A young man who was sexually abused by his adoptive father
 - ❑ In jail for 18 months for trying to choke his mother.
 - ❑ No one knew about the sexual abuse – it came out in therapy after he began services with community agency
 - ❑ He was very high profile and had a 1:1 staffing ratio during the day
 - ❑ After 9 EMDR sessions he was able to calm down considerably and greatly reduce his anger
 - ❑ He went from a 1:1 staffing ratio during the day to a work crew with staffing at 1:8
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Joe

- ❑ Joe is a man in his 30's, released from prison to a provider agency
 - ❑ Joe is destroying property, hurting staff; has an intensive staffing ratio
 - ❑ Clinician working with Joe discovers that Joe had been traumatized by his mother
 - ❑ Clinician used EMDR to reprocess Joe's trauma
 - ❑ Joe stops destroying property and hurting staff
 - ❑ Joe's staffing ratio is decreased
 - ❑ Joe begins to form relationships with others
 - ❑ Joe's life gets better
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What is trauma resolution?

- ❑ An unpleasant, difficult, fearful, painful event is brought to mind, thought of as “bad” or “terrible” or “unfortunate” while the person remains physiologically calm.
 - ❑ This often includes thoughts of lessons learned, and other adaptive material subsequent to the event.
 - ❑ The event is integrated into the self, and into the person’s life story
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Books and Articles

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 - ❑ *PTSD and its treatment in people with intellectual disabilities, A review of the Literature*, 2009, L. Mevissen, A. deJongh
 - ❑ *Using EMDR with Clients with Mental Disability*, Andrew Seubert, EMDR Solutions: Pathways to Healing, Robin Shapiro, editor, 2005, Norton Publishing
 - ❑ *Persons with Developmental Disabilities Exposed to Interpersonal Violence and Crime: Strategies and Guidance for Assessment*, 2008, Ginny Focht-New, Paul Clements, Beth Barol, Martha J. Faulkner, Kathryn Pekala Service
 - ❑ *Persons with Developmental Disabilities Exposed to Interpersonal Violence and Crime: Approaches for Intervention*, 2008, Ginny Focht-New, Beth Barol, Paul T. Clements, Tammi F. Milliken
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Associations and Organizations

- ❑ EMDR Humanitarian Assistance Programs, Inc. (EMDR HAP), An organization whose mission is to build capacity for effective trauma treatment in underserved populations. www.emdrhap.org
 - ❑ NADD, An association for persons with developmental disabilities and mental health needs. www.thenadd.org.
 - ❑ EMDRIA, The EMDR International Association, a professional association where EMDR practitioners and EMDR researchers seek the highest standards for the clinical use of EMDR. www.emdria.org
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