The impact of Complex PTSD and Attachment issues on Personal Health: An EMDR Treatment Approach

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Presenter

Potential Client Populations
Client populations who may be helped with EMDR treatment:
- Those with chronic illness
- Those with current health problems based on early traumatic experiences or iatrogenic episodes
- Those with complex PTSD and Dissociation who have any of the above problems

Early Attachment Issues + Human Relational Trauma = Health Problems
Complex Trauma Survivor Issues related to Health

Articles on the correlation between poor health and sexual and physical abuse survivor focus on issues such as: anxiety, phobias, loss of control and powerlessness.
- Dissociation, generally thought to be typical for complex trauma clients and significantly related to treatment avoidance, has been absent from the literature until recently.
- Attachment issues are now to be seen as related to health problems as well.

Definition of Complex Trauma

*Complex Trauma = Early neglect +
Trauma of long duration +
Post Traumatic Stress Disorder +
Dissociative disorders +
Attachment problems +
Personality disorders*

Complex Trauma and Health Issues

- Complex trauma survivors seek help for severe symptoms of dissociation, PTSD, depression, anxiety, as well as illnesses, pain
- They have often experienced prolonged repetitive trauma in childhood and adulthood
- Attachment trauma plays a significant role
- Psychological and physical symptoms often misdiagnosed
- Correct Dxs: Complex PTSD, DESNOS, DDNOS, Personality Disorders, Disorders of Attachment
Attachment Problems in Complex Trauma Clients

- Family of Origin chaotic/unstable
- Insecure, avoidant, disorganized attachment styles
- Early losses/breaks in attachment
- Neglect: lack of skills training
- Lack of consistency with regard to health care and hygiene
- Abuse: Emotional - Physical - Sexual

Attachment Issues

- Dissociation in a parent is highly correlated with disorganized, disoriented attachment style in the child
- Insecure, avoidant, disorganized parental attachment styles predominate
- Inadequate attachment impairs the child’s ability to learn to regulate affect
- The cycle of abuse, neglect, attachment deficits and ruptures have a negative effect on clients’ health.
Attachment

- Early experiences stemming from parental attachment styles and adverse childhood events, often lead to the adoption of behaviors which put the person at additional risk for health problems:
  - i.e. substance abuse, eating disorders, smoking, and other compulsive behaviors

Health Issues in CPTSD Survivors

- Bio-psycho-social Issues
  - Clients with PTSD, attachment deficits and dissociative symptoms often have issues with trust, self-hatred, & abandonment in addition to PTSD symptoms.
  - They frequently have no consistent experience in having comfort / self soothing, no skills training in managing affect, and suffer from flashbacks.
  - Hygiene practices may not have been modeled or practiced.
  - Medical care may have not been consistent.

Frequently Reported Health Problems Among Trauma Survivors

- Untreated PTSD depresses the immune system.
- PTSD may be a result of ill health, iatrogenic events
  Typical problems:
  MUS: Respiratory, musculoskeletal, chronic pain, fibromyalgia, chronic fatigue, eating disorders, headaches, IBS, gynecological problems including pregnancy, regional pain syndromes, pseudo neurological symptoms, sleep disorders.
Roots of Health Problems in CPTSD Clients

- Specific injuries, accidents, illnesses - family over/under-reacted or ignored.
- Symptoms in child victims often caused by abuse. No linking of symptoms with possible cause.
- With adult, more complicated reactions due to earlier dissociation, often detached from body, different reactions to pain.

Specific CPTSD Survivor Health Issues

- CPTSD survivors do not always link current difficulties with treatment with previous trauma; resulting in greater re-traumatization in medical settings.
- Are mystified by their level of anxiety about healthcare.
- May dissociate &/or have flashbacks in the medical/dental/therapy office.
- May not be able to ask for help.
- May be confused/disoriented re problems.

CPTSD Survivor Issues

- Survivors often do not believe they deserve good health, have shame & guilt issues.
- They may have issues about authority figures (MDs & dentists).
- Many aspects of healthcare treatment are triggering
- There may be years of avoidance of healthcare treatment, resulting in serious health problems.
- Many Possible Targets for EMDR Treatment
Intertwined Problems/ Vicious Cycle

- Negative sequelae of trauma on physical and mental health
- Trauma survivors have serious difficulties addressing their health problems and accessing adequate health care.
- Good preventative and ongoing health care minimal or absent- exacerbating existing health problems
- Dissociation increases the complexity of this cycle.

DISSOCIATION

- Begins with poor attachment experiences,
- Exacerbated by relational traumas.
- Is a reasonable adaptation to the nearly unlivable world of the child
- Normal personality integration is impossible
- Needs to be understood/ worked with in EMDR Treatment

Dissociation/ Symptoms

- Symptoms: hyper or hypo-arousal/ numbing
- “Out of body” experiences
- Not present in body
- Losing time
- “Going Away” when stressed
- Depersonalization/ Derealization
- Looking “different” in session
- Hearing “voices”
Somatic Dissociation

- Perceptual alterations and somatic symptoms: shape, color, size, pain, change in functioning, postural changes, sensations, numbing.
- Depersonalization of body part
- Reflections of the experiences of the traumatic event that produced the pain or injury
- Current injury may be in the same area as earlier accident/traumatic event such as abuse
- May represent procedural memory in a dissociated body part
- Fear and terror regarding pain may be traumatizing

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Additional Issues For Consideration

- Cycles of negative emotions, stress, pain, self-defeating beliefs, perpetuate physical problems
- Multiple negative themes, cognitions
- ACE Study: The relationship of adult health status to childhood abuse and neglect. Childhood stressors are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan (Felitti and Anda)

ACE Study

Adverse Childhood Experiences Lead to Social, Emotional and Cognitive Impairment Adoption of Health Risk Behaviors Disease, Disability, and Social Problems Early Death

- Felitti & Anda
Complex Problems

Stress and Illness

Acute or prolonged stress increases cortisol production.
- Adaptive for acute trauma/
- Maladaptive for prolonged or chronic stress.
- If prolonged, impairs the immune system
  - Impairs healing
- Stress related illnesses:
  - GI Illness (ulcers)
  - Heart disease

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Complex Problems

Trauma and PTSD and Illness

- Cortisol levels are chronically decreased due to complex trauma
- These illnesses predominate
  - RA
  - Fibromyalgia
  - Chronic Fatigue Syndrome
  - Thyroid diseases
  - Crohn’s Disease
  - IBS

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Complex Problems

- Research exploring neuro transmitters, hormones; such as oxytocin
- These may be dysregulated by early human relational trauma and maltreatment
- May be involved with the development of dissociative, somatoform, and interpersonal disorders
Complex Problems

- Difficult to treat: get past history of tx, any traumatic events
- Including medications/surgeries
- Many current problems based on earlier traumas (including medical, accidents
- Site of current problem often site of earlier problem, or body memories of trauma.
- Must treat earlier trauma or treatment will be ineffective
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Complicated Problems

- MUS: Medically unexplained symptoms
  - Respiratory, musculoskeletal, chronic pain
  - Fibromyalgia, chronic fatigue
  - Eating disorders, headaches, IBS
  - Gynecological problems including pregnancy, regional pain syndromes, pseudo neurological symptoms, sleep disorders.
  - Co-morbity with PTSD very high.

Unique MH Problems and Themes in CPTSD Clients with Illness/ Pain/ Attachment Issues

- Lifelong conditions: *unmourned losses*
- Life threatening/ terminal illness: 
  - Loss of control
  - Loss of future
  - Unmet goals
- Illness/ accidents: *loss of power, efficacy*
  - Losses of income, self worth
- Secondary gains: *disability status, enhanced status as patient*
Maintenance of Fear - Anxiety - Dissociation In CPTSD Patient

Through Powerlessness and Embarrassment

VICIOUS CYCLE

Fear, anxiety, dissociation

Feelings of guilt and inferiority

Avoidance of shame and health care

Deterioration of physical problems

Goals of Treatment With CPTSD Clients with Complex Health Issues

• Using a Phased Treatment Approach as indicated to provide stabilization/ reduce symptoms of dissociation and affect management problems. Teach and practice many interventions. Teach appropriate skills.

• Then safely desensitize and reprocess trauma memories and eliminate dissociative and PTSD symptoms that impede CT patient from dealing with health issues. Titrate work.

Treatment Planning Decisions

Determine if health issues are related to

A) Developmental/ attachment trauma
B) Shock trauma (including iatrogenic)
C) Normal health issues that client:
   is lacking skills to deal with
D) Family illnesses/ patterns
E) Chronic health problems
F) Pain Issues

Do PTSD symptoms prevent patient from engaging with the health care system?

Joint decisions based on client needs.

Give back control
Phases of EMDR Treatment

- Phases 1-3
  - Introduction..History Taking
  - Psychoeducation
  - Preparation/ Stabilization/ Attachment work
  - Crisis work (Constructive Avoidance)
  - Focus is on normalization of symptoms
  - Repair of attachment
  - Building of rapport between
    Client/ internal system/ therapist

- Phases 4-7
  - Reprocessing
  - Reconnection/ Mastery/ Future
  - Template Work and Imagery

  *The length of these phases will vary with the individual client*

History Taking with
Focus on Attachment, Health, Illness and Pain

- Always explain the need for a Health and Trauma history for client and family members (A health genogram)
- Ask about sexual, physical, emotional abuse & neglect, medical & dental trauma/ abuse.
- Include serious illnesses, mental health, medical & dental problems, and deaths in family members particularly when client was young..may have affected attachment
History Taking

- Was patient taught hygienic routines, and were they consistent or sporadic, chaotic?
- Explore family attachment styles including breaks in attachment
- Always ask when last dental & medical exam took place
- Remember, some clients can be triggered during history taking. Therapist must be attuned. Slow may be best.

Case Conceptualization
Overview of Stabilization Work

- Determine if the patient has features of complex PTSD and/or dissociative disorder or complicated medical history
- Learn client’s supports, skills and strengths
- Use Dissociative Screening Interview
- Define and select the appropriate RD, self soothing, ego state, somatosensory, orienting, and symptom management strategies
- Help clients develop stability - including skills to process trauma, loss, and significant health problems/ manage dissociation/affect

Core Issues

- The dissociated neural networks (aka ‘parts’, ego states, alters) cause serious problems in adult life
- The information processing system is on hold for these dissociated fragments
- Little or no co-consciousness
- Easily triggered by internal or external cues with extreme reactions
- These responses = more shaming, humiliation
Consumer Health Consumer Information/ Psycho-education.

- Clients need basic information about their conditions, the psychosomatic issues, patient’s rights etc..
- Normalize attitudes and symptoms
- Convey that you are well informed about trauma/health issues and know why some people are reluctant health consumers.
- Have information about resources that help deal with illness/problems: also trauma issues

Psychoeducation/ Information

- Provide psycho-education re: dissociation, trauma, internal parts, patient rights, how to become pro-active as health consumer
- Introduce general concepts about improving health, stress and pain, normalizing trauma symptoms and their effects on health, stress reduction work.
- Discuss psychosomatic symptoms
- Explore goal setting, hopes and plans

Preparation / Stabilization

- Introduce EMDR concepts when appropriate
- Develop positive and healing resources with client for support and ego strengthening
- Help patient become mindful, to understand, notice, describe, visualize triggers and symptoms i.e. pain: if pain had a color, size, place in body, texture, weight, a voice and message (will also use in processing phase). Add in Lightstream as appropriate
Ego State Work in Stabilization Phase

- Introduce ego state/parts concepts when timely.
- Help client access ego state system through talking, mapping, drawing, listing
- Talk to whole system when possible

Stabilization - Ego state work

- Continue to normalize intrusions and other symptoms
- Help client develop skills to deal with them
- Orient ego states, ally with them
  Gives client system time to become cooperative, cohesive, develop connections with client and therapist
- This is a therapy-long process for client and therapist

Crisis Work
Immediate Need for Health Treatment In Any Phase

- Life goes on prior to processing
- What happens if there is a need for medical/dental visits prior to stabilization and target development?
- How do we support client?
- Review containment/stress reduction work
- Provide information.
Crisis Management

• Teach how to deal with a visit to the medical/health care provider office, and with medical and dental procedures, etc.
• Utilize imaginal rehearsal of an office visit if appropriate (may be repeated as future template work) Introduce and use DAS if safe.
• Postpone if triggering, or negative.
• If client is still avoidant....introduce Constructive Avoidance.

Constructive Avoidance

• Goal: Teaching parts to stay safe “when Client/ “Adult” has to do “Adult tasks” such as visit to healthcare provider. *Can be taught to all clients who become overly stressed in these situations*
• Dealing with major health stressors in current life may trigger traumatized dissociative parts- can lead to avoidance of treatment.
• Examples: Physical examination, Surgery, Meeting new physician

Constructive Avoidance

• Steps In Constructive Avoidance
  • I introduce ego state/ parts work informally with non dissociative anxious clients including children
  • Client explains upcoming situation to parts.
    • Parts will stay in a safe place while adult client deals with the situation
    • Rehearse in session/ use Bilateral Stimulation
    • Debrief with parts afterwards
    • Demonstration...is there a volunteer?
Stabilization

• Introduce dissociative and affect management strategies to help client stay in Optimum Window of Arousal
• Provide soothing activities, RDI, ego building activities
• Mindfulness activities
• Always teach strategies to the internal ‘family’ if using ego state work

Introduce Emotional Strategies

Safety and Support
• Self soothing and resources, practical measures. For some, safe scene doesn't work. May need picture/time when person felt in control, strong and effective or connected and supported

Reconnecting with feelings
• Learning how to control stressful feelings and pain
• Changing thought patterns
• Building Resilience, efficacy, control

Healing Imagery

• Imaging body and immune system, spiritual beliefs, and treatments as stronger than illness such as cancer. Able to fight off, or eliminate disease and heal (Simonton/Siegel)
• Imaging self as able to cope with pain, condition, losses
• Healing resources: guides, spiritual figures, tranquil and relaxing scenes.
• Cherished family members, pets
• May be where person feels some connection, support, control or efficacy in their life
Positive Body Resource Exercise (P. Levine)

• Imagine that you can gently scan your body and find the most relaxed, calm place.
• Vocabulary for physical sensations of relaxation may need to be taught.
• Size is not important: the place can be small or big.
• When you find it, just notice the physical sensations of relaxation.
• Just keep your focus there.
• Notice what is going on in the rest of your body.

Positive Body Resource Exercise (con’t)

• When this exercise becomes routine for the client, it can be used to reduce stress and pain (either physical or emotional) through pendulation.
• Pendulation: Focus on the positive body resource; then focus on something annoying, or distressing. Notice what that feels like. Go back to the positive body part. Focus. Return to distress, or distressed body part. Pendulation usually reduces the level of distress.

Egg of Light Meditation

• Picture yourself in a tranquil place.
• Notice that a beam of light from the sun, the universe, or spirit is wafting gently toward you. The light may be clear, or any color you like.
• See the light gently enveloping you like a cocoon.
• If you wish, let the light come into your body in any way you like. Permit the light to move throughout your body. You do not have to direct it.
• Notice how that feels.
• Stay with the light around and inside your body as long as it feels comfortable.
Heart Coherence Exercise

- Take two deep, slow breaths (Keep attention focused on these breaths)
- Breathe directly into your heart ..slowly and effortlessly
- Become aware of feelings of gratitude and warmth in your chest (for a person, object, and experience)
- Promotes coherence in heart rhythm and between the heart and emotional brain
- Stabilizes the autonomic nervous system
  - Heartmath/ D.Servan-Schreiber

Heart Soothing Exercise

- Place right hand over the heart
- Place left hand over the navel
- Hold in place while focusing on: the physical feelings
- Emotional state
- Keep breathing gentle and even
- Promotes soothing/relaxation

Safety / Distancing Work

- Containers
- Affect dial/Screen work
- Back of the Head Scale (J. Knipe)
- Journaling, drawing, mapping
Preparation Summary
Preparation/stabilization phase provides time for client/ parts/ therapist relationship to develop
• If client has serious, chronic health problems, trust in therapist’s willingness to work with them w/o being judgmental is imperative
• Develop team approach with health care professionals
• These clients often not believed, called hypochondriacs.
• Allows comprehensive preparation for next phase: Processing.

Target Selection
• When there is system agreement and readiness for CPTSD Clients, or as timely for all clients:
• Select the appropriate targets by learning the main NCs and blocking beliefs and needs of the client (and ego state system) regarding attachment issues, trauma, health, illness, pain

Target Selection
- Decision Tree: Which targets take precedence
- Small t trauma clusters- health & losses from earlier times
- Current life issues & illnesses
- Large T traumas current / past
- Recent incidents/ illnesses/ injuries
- Health problems related to similar/ earlier incidents
Target Selection

- Childhood health problems and traumas
- Issues of current/past neglect and avoidance re: health problems
- Current or earlier illnesses, injuries, hospitalizations
- Current phobias, fears of examinations, blood tests, hospitalizations etc.
- Pain and other symptoms

Possible NC’s

- The avoidance of treatment due to prior interactions with health care providers: I’m not safe - I’m not worth it
- History of being labeled and misinterpreted: It’s all in my head
- History of abandonment: I’m always going to be alone/ I’ll die alone
- Fear of exams/procedures provoking flashbacks/dissociation: I’m crazy. No one will understand me
- Chronic illness/pain: It will never get any better. I’m going to die
- Losses, including identity: I’ve lost too much

Link Present with Past

- With current health problems, link up with any past trauma memories, similar feelings, thoughts, beliefs.
- Treatment of current injuries/illness more effective if old related traumas are desensitized and reprocessed. (Scer, Grant)
- Otherwise, the symptoms may not resolve after medical treatment.
EMDR And Current/Chronic Illness

- Working with illnesses-
- Always look for earlier traumas that are behind current beliefs. Many serious life events emerge when person has to deal with life threatening illness
- Always work with medical team
- Always be attentive to client’s physical condition. Need to pace work carefully,
- End session with debriefing, soothing work

Desensitizing and Reprocessing

Proceed as in the standard protocol with the following variations

- For complex trauma / dissociative clients: dissociated ego states may need to work together on a target.
- Or, several ego states with the same issue may work together
- This promotes internal connection, cohesion

Reprocessing

- Specific targets in addition to T and t traumas may need to be reprocessed
- Mourning past losses, missed opportunities, regrets and remorse about poor health, harmful habits.
  - Loss of control and efficacy
  - Grief about lack of love, care, skills not taught, lack of attunement to childhood needs
  - Fears about present and future due to permanent physical damage or problems
  - Fears of being alone and unsupported
- Pay attention to present triggers
Future Template Work

• What skills need to be learned and practiced?
• Rehearsal of any projected future situation (Physical therapy, other rehabilitation, dx. Testing, family occasions, returning to work, becoming well again, etc).
• Performance issues/ Rehearsals / Future Template: Planning a visit to a new health provider. Recovery issues. Adjusting to changes

Reconnection and Mastery

• Develop new targets as needed
• Always do healing work with parts/ system (with CPTSD Clients)

Deal with any present relational and life mastery issues related to health issues

Work is not complete until client can tackle once feared problems, possible procedures, new tasks and goals

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