A Story of Rough Weather & Stormy Seas: Abused Children & EMDR

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Focus of this talk...

- We aim today to help clinicians choose a map in abuse cases to avoid crashing on the rocks & to sucessfully navigate between the child, the parents and the perpetrator.

- Work is to be seen from a complex point of view interweaving the relational & individual perspectives.

- How to assess risk factors and safety both within the family and child including self harm & suicidal thinking

What is abuse?

- Abuse is defined as clinically witnessing violence, emotional or physical neglect, sexual abuse and emotional abuse resulting in actual or potential harm to the child's health, development of dignity in the context of a relationship of responsibility, trust or power (WHO 1999)

Family Risk Factors for Abuse

- Poverty, mental health problems, low educational achievement, alcohol & drug misuse, having been maltreated oneself as a child, family breakdown or violence between other family members have all been shown to be important risk factors for parents abusing their children.

- Evidence-based systemic interventions that improve parenting strategies & family functioning may be more effective & economical than attempting to treat the wide-ranging deleterious health outcomes in adulthood that arise from maltreatment in the early years of life.

Norman et al (2014)

Navigating between family work & EMDR

- When considering using EMDR with children who have been abused the family context is essential to treatment planning.

- In clinical practise interweaving family work with EMDR therapy (EMDR-FT) is a significant adaptation broadening the therapeutic perspective for children who have suffered severe abuse.

- Whilst this interweaving has been in clinical practise for a considerable time, this integrative approach has only recently started to be reported in the literature (Shapiro et al 2007; Silvestre 2010; Field & Cottrell, 2011; Morris-Smith & Silvestre, 2014).

Mapping The Therapeutic Route

Event
single,
chronic,
multiple
abuse: outside/
inside family
time since event

Current safety
Family; risk factors
Child; risk factors
Legal issues

Past & current family functioning style & attachment qualities:
adaptive
disengaged
enmeshed
Incongruent family hierarchy

Safety for family & child

- The more damaged the parent may be, the less likely they are going to be able to offer constructive support for the child.
- EMDR-FT starts with an assessment of the above and then separate tracks of therapy for the individual family members may be necessary to stabilise the individuals before the family therapy component may start.
- Family therapy may only develop as they learn to tolerate and respect each other's integrity as a separate entity.

Risk assessment of Child

- Is there deliberate self harm occurring?
- What forms does this take?
- In what circumstances does this occur:
  - the method
  - the timing
  - frequency, history & interventions tried
  - communication or not about actions
  - triggers/stated intent & future intent
  - degree of preparation

Risk Assessment of Child

- Sleeping patterns/reduced appetite
- Drug & alcohol abuse
- Mental health
- Co-existing medical problems
- Known to other agencies e.g. social services
- Family/carer history & support networks
- Response of parents/carers
- School/Peer relationships
- Safety of environment

Treatment opportunity window

Food, water, shelter
Safety
Connection
Information
Calming

Traumatic events
Collecting the narrative
Witnessing
Resource building
Butterfly hug
Skills developing
R-TEP
Attachment work

EMDR therapy, specific protocols
Past traumatic memories
Educational, cognitive, emotional, sensory interweaves
Current triggers
New skills
Developmental catch up
Attachment repair
Developing of the narrative
Titrating treatment for dissociation
➔self actualisation
➔ Integration
➔ Family story

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Treatment Goal

- To enable therapists to establish **realistic treatment plans** to guide them
- To help them to put these into practise interweaving therapy for both the traumatised family structures and relationships as well as the individual child's traumatic memories and developmental needs.
- To help them handle the wind and reduce the sails just enough to keep a steady pace to the therapy to carry the child, the family and the therapist to safety.

Therapeutic route…

Assessment of parental/carer capacity and abilities to contain the child to soothe & re-regulate the child
Treatment or not for parents/carers
Moving from stablisiing parents/ carers to the child

→

Assessment of Child
Developmental level, chronical age, tempermental characteristics, attachment secure/insecure/ disorganised dissociative tendencies
Are they protective / dysfunctional?

→

Treatment plan
Who to see?
Family/individual parent/carer?
Child with/without parent/carer

Perpetrator/Family?

- There are fundamental differences between those children who have suffered abuse from a member of the family & those who have suffered abuse from an external perpetrator.

- When abuse is within the family there is a greater tendency towards discrepancies between the explicit content of the family narrative & the internal emotional & non-verbal interactions in the messages between the family members

Two different Ways to approach treatment

If abuse is being done outside the family

- The family can be seen as a resource to help the EMDR treatment
- Large vision, the family relationships facilitate & contain the EMDR work

If abuse is being done within the family

- The family is seen as a problem for the EMDR treatment
- Narrow vision, focus on the child only. The family is not safe to help the child

Charlotte, victim of sexual abuse outside the family

- Little girl, 4 years old
- She lives at home with her parents and 2 older sisters (11 & 8years old)
- Family was referred to me through social services after parents filed a complaint for sexual violence.
- Victim of sexual abuse anal & oral by a neighbor, family friend, during 4 months
- Presenting symptôms: enuresia, nightmares, doesn't want to sleep alone in her bedroom, refuses to go to school

Charlotte's treatment plan

- Evaluation of the family functionning
  - Quality of attachment
  - Parents ability to contain
  - Family Narrative of what has happened
- Parents alone: they are wounded & stressed
  - Possible emdr within the couple
- Then EMDR with Charlotte within the family session
- And EMDR with the 2 sisters
- Then work with the couple: tension /separation?
- EMDR with Charlotte within the family
- Re-evaluation
- Treatment lasted for 8 months, 2 sessions/month

Alan, victim of sexual abuse outside the family

- 6 years old
- Multiple sexual abuse by father of a friend & sexual exploitation
- lives at home with his parents & older sister
- Referred by social services after police identification of video in paedophile crime investigation
- Presenting symptoms: very withdrawn child, chronic soiling, agitation, fear of separation, nightmares, problems getting him to school or to go out at all, terror of vampires & anything new change. Query of whether he is autistic

Alan's treatment plan

- Family seen together first, stressed closed down & incomplete narrative (sister does not know)

- Parents alone, traumatised by what has happened, shock & guilt interferring with ability to contain Alan
  - Work with couple – blaming each other
  - EMDR for each of them
  - Father had similar but more chronic experiences as child & leads to over-identification of child's experiences
  - The parents together , building a realistic narrative of what has happened
  - Then Alan seen with parents for EMDR with narrative
  - Next EMDR session with Alan & father in EMDR adding educational interweaves normalising his physical responses etc – abreaction which father able to soothe healing for both
  - Further session of EMDR with Alan & both parents present
  - Sessions for sister & parents
    Session for family & narrative & butterfly hug and family hug
  - Re-evaluation Alan much happier more confident lost his fear of separation, more sociable at school & more explorative. Soiling ceased. Interested and curious about new things.Therapy over 7 months

When the abuse is perpetrated by an outsider the EMDR-FT is conceptualised as such

Trauma events outside the family

- Sexual abuse
- Physical abuse
- Emotional abuse including

  witnessing violence

Family members /foster parents

- Victims
- Every family member can be hit by the trauma wave, delayed time response, traumatised relationships

Child Is a victim

Key points treatment plan

- Restoration of attachment qualities & respect for each other's integrity & separate identity
- Change of family dynamics
- Repair of parents ability to contain and re-regulate
- EMDR for the child & other family members (siblings), together or separately

Emma: victim of sexual & physical violence within the family

- Little girl of 4,5years old
- Was placed in a shelter at 2,5years old for 9 months
- Was placed with a foster family at 3,5years old
- Her 8years old sister & 6,5 years brother also are in foster home
- Domestic violence from father to mother & the children; victim of violence from her older siblings
- Sexual violence from father
- Presenting symptoms: nightmare, masturbation behavior, very agitated, difficulties in school

Emma's treatment plan

- 1st session with social worker & foster parents to prepare a narrative story
- Then EMDR work with Emma & foster mother
- Attachment qualities
- Safe place & stop signal
- Narrative done by foster mother about what has happened to her & tapping
- Then work on what is bothering her when she thinks about what foster mother had said
- After 3rd session foster mother reports Emma is asking a lot of questions
- After 5th session, Emma sleeps better & has stopped masturbating behavior
- After 7th session, she is much more at peace & starts to write her name in school
- Treatment is still going on

Brian: Victim of physical violence within the family

- Now 9 years old
- Was physically abused by mother between ages of 2 years – 5 years whilst in her care & also when visiting
- Was placed with father when 3years old as abandoned by mother. Did not see her for a year then contact started. All contact ceased when he was 5 years old.
- Mother abused drugs & alcohol. Mother was violent to father witnessed by Brian.
- Presenting symptoms aged 7 years with nightmares, staring fits, violent fits, aggression, poor concentration, peer problems, agitation, fears mother will kill them
- Medical assessment of fits recommended & took 18 months to conclude some fits epilepsy & medication given

Brian's treatment plan

- Assessment of Brian put on hold until epilepsy treated some fits diagnosed as non-epileptic
- 1st session father, Brian & social worker; Father not traumatised
- Good healthy attachment with father just sad & wanting to help heal him
- Identification of target , fear of mother killing them – mother hitting father when he was holding baby brother & father not defending himself
- Safe place & stop signal; Picture of when she hit him….lead to another image
- She showed him with dol, knife & tomato ketchup what would happen if he said anything. Educational interweave did he know father was a special forces soldier & knows how to defend himself & children & much stronger than mother & chose not to do anything
- 10 sessions –dissociative barriers down – being burnt with spoon, vomiting, cupboards etc
- We are safe it is over, we can look after ourselves, I am older and know how to call for help if I should see her again, she cannot hurt me any more
- Good school progress, changed concenration, lost his aggressiveness to his peers, no longer fears unexpected physical contact, physical growth.

When the abuse is perpetrated by a family member the EMDR-FT is conceptualised as such

Trauma events inside the family :

- Sexual abuse
- Emotional, physical neglect & violence
- Domestic violence

Family members /foster parents

- **Family member(s) seen as perpetrator or victims**
- ➔chaos in the family functioning, traumatised & shattered relationships

Child is a victim

Key points treatment plan

- **Safety for the child**
- Boundaries issues, rules & structures
- Attachment disruptions
- **Responsibilities : who is the victim/ perpetrator? Legal issues**
- Issues of power & control
- Reconstruction of traumatised family dynamics
- EMDR for the child, the other victims
- Self esteem and self worth building
- Developmental catch-up opportunities

Ideas for Treatment

- Remember the windows of tolerance are likely to be very small ➔ So work slowly.
- Complex multiple trauma is like working with a jigsaw & is put together by titrating the targets to manageble overwhelming
- Work from past to present when possible
- When things are very sensitive then working backwards from present to the past – the reverse protocol
- Prepare to be give the child developmental interweaves for information that is lacking & developing recognition of body sensations and an emotional vocabulary to facilitate integration & new associative channels
- Be aware of the child's needs have available things that can also help to soothe for example water, chocolate snacks, temperature of the room.

Stabilisation, resources, resiliency

- Safety
- Resources
- Affect containment & regulation
- Skill development
- Psycho-education
- Development of emotional & sensory awareness & vocabulary
- Coherent narrative

Resourcing during EMDR

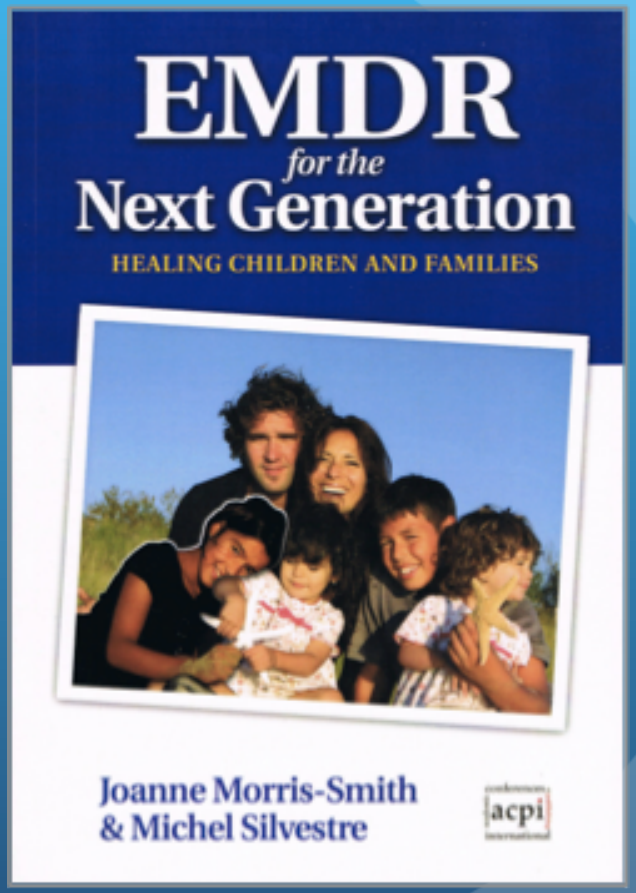
- Can be done in preparation phase
- Can also be done during therapy
- Need to include pain
- Resources for any specific sensory modality that comes up including smell
- Hunger, cold neglect and internal triggers
- Identifying external triggers – often every day things e.g. chip shop

Regulating EMDR sets

- Shorter & slower sets to slow down associative material that could be too hot
- Use your voice to calm & to help to keep a foot in the present
- Longer sets & faster for the material that is not generating affect
- **Be aware to start slowly & not to overwhelm the child**
- Take time to anchor the child if rhythm becomes too rapid or overwhelming

Therapeutic intervention check list

- **Event**
  - Single, chronic, multiple
  - Abuse: outside/inside
  - Time since event
- **Current safety**
  - Family; risk factors
  - Child; risk factors
- **Past & current family functionning**
  - Family Attachement qualities:
  - Secure/insecure/desorganised
  - Rebuilding or new attachment
- **Current symptoms**
  - Family/carers
  - Child/children
- **Treatment plan: who to see**
  - Family/one parent/carer
  - Child with/out parent/carer
  - Moving from stabilising parents/carers to EMDR for the child

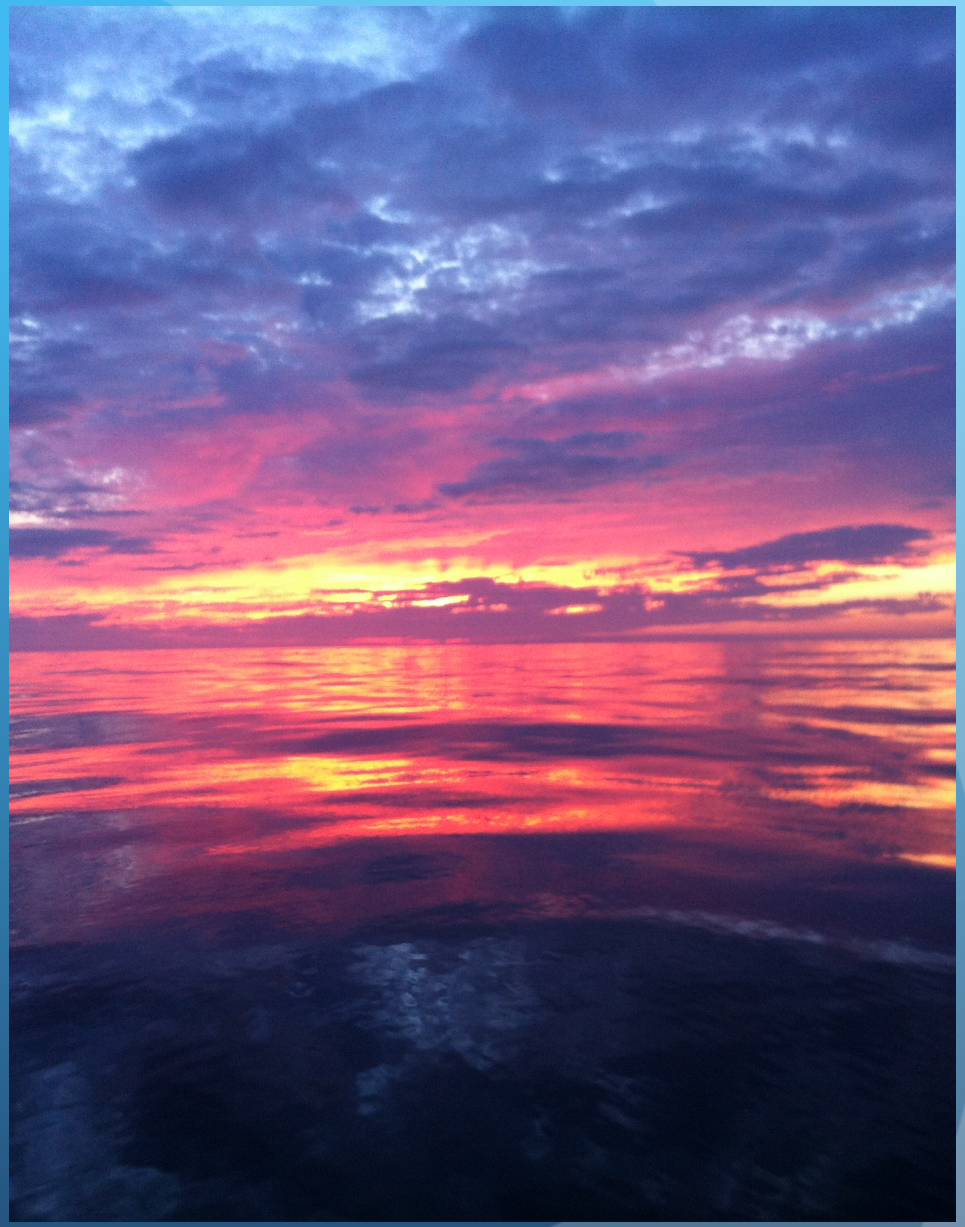


Conclusion

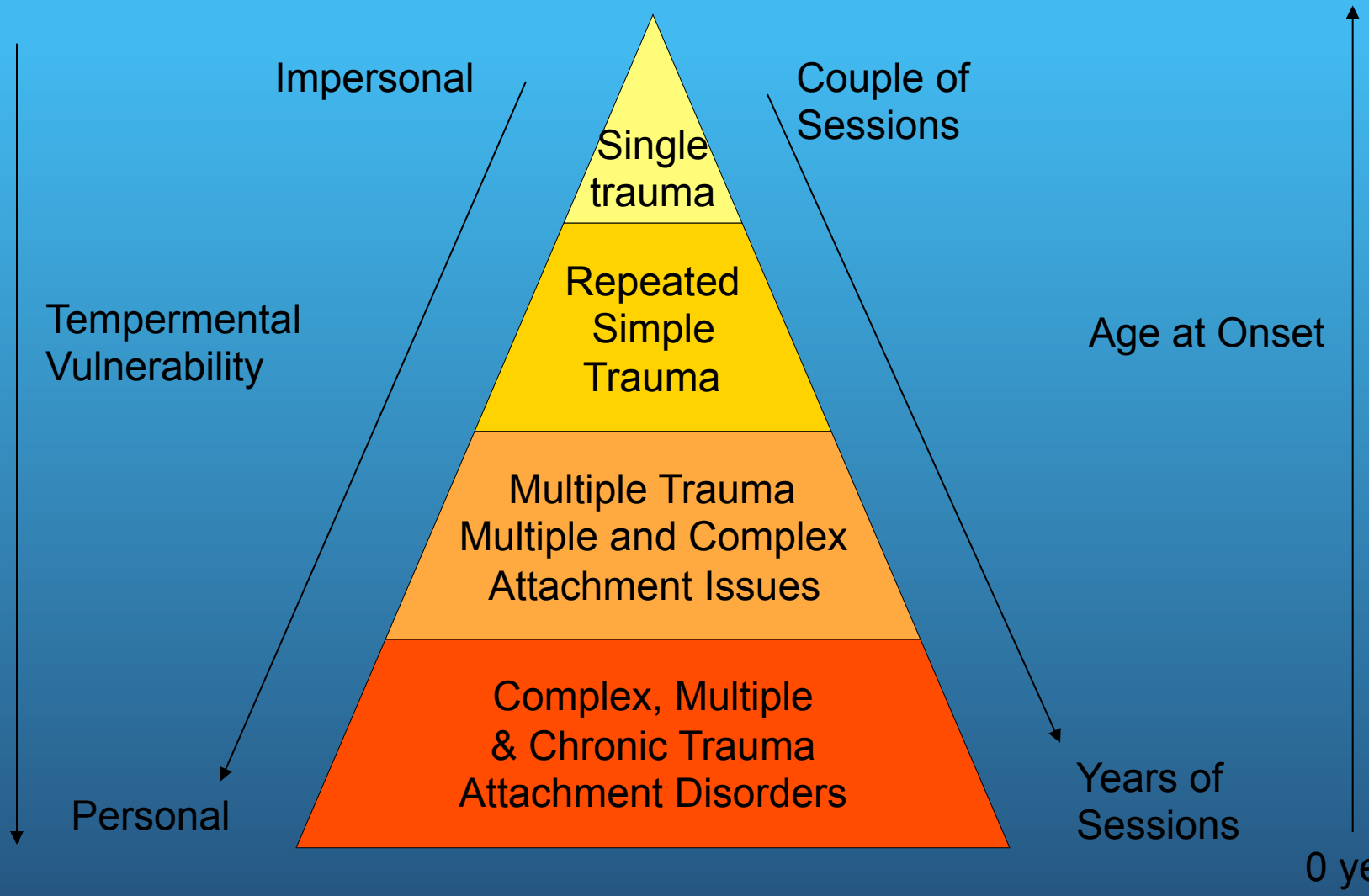
- **The more complex is the psychopathology, the more a contextual approach will be necessary to keep the largest possible therapeutic perspective.**
- The ability to move up & down the family system allows the therapist to make the implicit messages explicit in order to treat the family dysfunctional dynamics and to help the development of a healthier narrative allowing the child to free himself from the traumatisation.

Have a good sailing now…

Thank you



Treatment Duration using EMDR



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