

EMDR and beyond: using bodily interventions in combination with EMDR for (young) children and adolescents



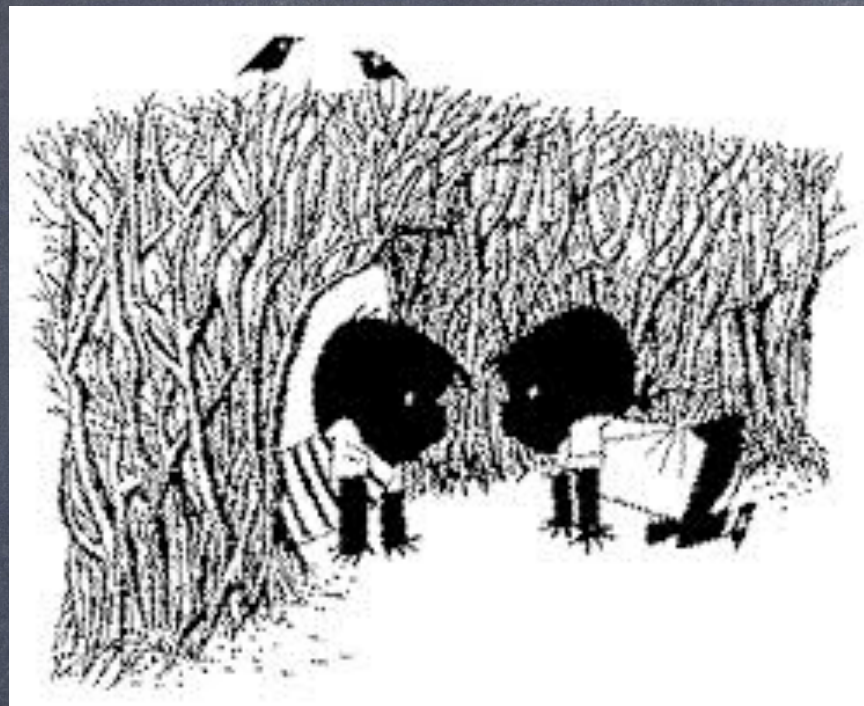
Praktijk voor
kinder- en
jeugdpsychologie

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we are very grateful to our Sensorimotor teachers and writers
particulary to the founder of SP dr Pat Ogden and the trainers dr.
Kekuni Minton, Lana Epstein, Tony Buckley, Esther Perez, dr. Bonnie
Goldstein, & dr. Janina Fisher

Finding a way in..



The hole in the Hedge -
on the power of contact

Jip & Janneke (picture)

EMDR and beyond

- ◉ Whilst most EMDR procedures are successful, some need more to be so
- ◉ Not always an image or story at hand
- ◉ Neurobiology teaches us that not only the mind but also the body remembers..
- ◉ Neurobiology teaches us that information processing and linking occurs at different parts of the brain

EMDR vs SP

- EVB-Guidelines: start with EMDR when child history has trauma
- However: if the trauma is in the body more than in the mind, how to proceed with EMDR?
- Body centered interventions also needed => go beyond EMDR to be even more effective?
Personalized practice - this presentation is therefore just an example of clinical work.

Trauma

Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity. (Pearlman & Saakvitne, 1995, p. 60)

Trauma

Trauma also means:

- reliving the traumatic experience , emotional responses, over or under arousal, (animal) defensive responses, the body mind cycle keeps trauma alive (Ogden, Minton, Pain, 2006)
- unintegrated in the life story and in the organism; unchanged over time (vd Kolk & vd Hart, 1991)
- In children you can see: behavioral changes (e.g. act out, withdraw, regression etc.) cognitive changes (e.g. poor verbal skills, memory problems, learning impairment) and physiological reactions (sleep, aches) irritability (www.nctsn.org/trauma-types/early-childhood-trauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma)

EMDR

- Focus on the memory of the traumatic event(s)
- Identify 'the target' → be specific
- Define SUD, NC, PC, emotion and bring it to the body
- Start procedure / BLS - process in in the image!
- Stick to it till SUD lowers - do not get side-tracked
- Install PC
- Check if all arousal is gone
- Close procedure

Sensorimotor Psychotherapy

(Ogden & Gomez, 2013)

- SP is a body oriented talking therapy
- By working with 'movement, posture, gesture, and sensation als primary targets of clinical intervention, it directly addresses the more primitive, automatic and involuntary physical and physiological responses of the subcortical brain that underlie traumatic and post traumatic responses' (Ogden & Gomez, 2013, p.251)

Some important elements of SP

(Ogden et al 2006)

!!!!not exhaustive!!!!

- **PRINCIPLES** : Organicity, Unity, Non Violence, Body-mind-spirit holism
- **RELATIONAL** - session takes place in embedded relational mindfulness (right brain to right brain)
- **PRESENT MOMENT EXPERIENCE** body tells the story
- **SKILLS-BASED** learned in training e.g. tracking
- **LESS IS MORE _ TRUST THE PROCESS**
- **SESSION in steps**: Contact, Accessing, Processing, Transformation, Integration

Example EMDR & SP

- trauma

Act of Triumph in 11 year old
adopted boy

start off with EMDR
track physical arousal in arm
use stick for Act of Triumph

Window of Tolerance

- Address the TRAUMA within the WOT
- **SAFE but not TOO safe** : PROCESSING AT THE EDGES OF THE Window

IT TAKES AN EXPERIENCE TO ANTIDOTE AN EXPERIENCE

Aim: change connections in the brain

Similarities EMDR -SP

- Window of tolerance as working frame: keep it safe but not too safe, work on the edges
- Work with here-and-now moment
- Rooted in trauma theory and neurobiology
- Intention to access and process the traumatic memory and change neurobiology
- Intention to integrate traumatic content on various brain levels

Differences

EMDR: Top Down

- Take the story
- Find the target in the story (NC)
- Get to the worst moment
- Create a full focus on the worst aspect of the traumatic memory in the here and now moment, whilst distracting through BLS (left right activation)
- Keep focus on target → task of therapist
- Use Bilateral stimulation
- Client does it all by itself
- Erase/overwrite the traumatic memory
- Shift in image, emotion and body follow
- Protocol focused: empower through self reliance

Sensorimotor: Bottom Up

- Build a safe relational container
- Contact the body
- Find the 'target' in the body (track!)
- Bring it all back to the body
- Sustain dual consciousness, full awareness (left right awareness)
- Embedded mindful relation facilitates the work
- Start with body, stitch core organizers in
- Shift in body, emotion and cognition follow
- Integrate the traumatic memory
- Relational - empower through shared joy

Resourcing EMDR & SP



Finding a somatic resource in
a 10 year old foster child

Set physical boundaries by using
materials

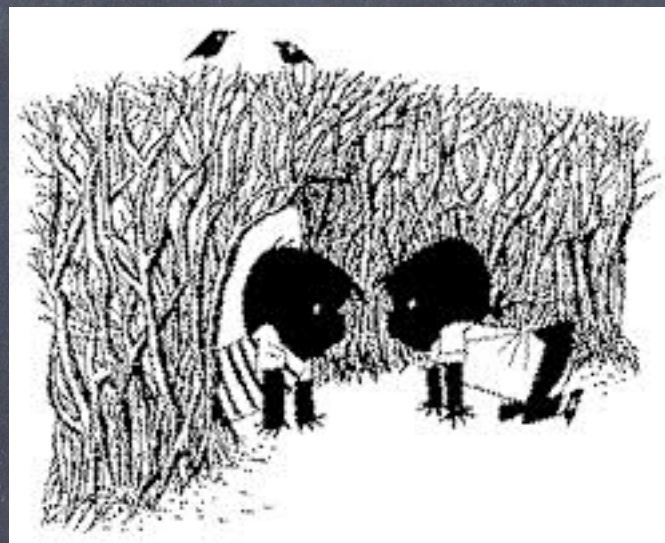
regulate through repetition and
Rhythm using the theratappers

Bilateral Stimulation

- BLS can help clients to get into the body, help them stick to the body
- BLS can help regulate
- BLS (tapping, auditory, eye movement) can facilitate SP processing (e.g. rhythm and repetition - Bruce Perry, keynote 18.6.2016)
- EMDR and SP can be combined - in practice it looks promising - but needs finetuning
- Personalized approaches make the combination possible

Finding a way in..

The hole in the Hedge



Thank you for listening
we just shared some clinical practice
and hope to have inspired you all

Acknowledgments

- We like to thank our clients for giving us permission to use their materials
- We like to express our thanks to the founder of Sensorimotor Psychotherapy dr. Pat Ogden and her colleagues, the trainers dr. Kekuni Minton, Lana Epstein, Tony Buckley, Esther Perez, dr. Bonnie Goldstein, & dr. Janina Fisher for teaching us this powerful method - which we are still learning to master.
- This presentation is merely a clinical sharing of integrated practice NOT a pure example or training in SP nor EMDR.

Questions/Contact?



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VERENIGING

EMDR NEDERLAND

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