



# **EMDR in the Treatment of Chronically Ill Children**

**Daniela Lempertz**  
**Child and Youth Psychotherapist**  
[www.daniela-lempertz.de](http://www.daniela-lempertz.de)

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# Overview

- Conceptual Explanations
- Case Study: „Pain versus Lifelessness“
- Summary



# **The W.H.O. states that:**

*People with chronic illnesses tend to have much higher rates of depression and anxiety than average.*

***Empowering such people is one step towards better mental health.***



# Subjective Experience

It all depends on quality of life.

# Chronic Diseases of Childhood



- Diabetes, rheumatism, multiple sclerosis, epilepsy, asthma, neuro-dermatitis, cancers, congenital heart defects, intestinal disorders.
- Chronic Illness is less likely in children than in adults.
- **„Is that even possible? They are a child!“**

# Teaching Parents



Painful experiences, injuries, shock must heal, not just physically but also mentally.

(Illustration from "Emmas kleines Wunder", 2015, publisher mebes&noack ©)

# Possible Psychological Consequences of a Chronic Physical Disease



- Anxiety
- Hyperactivity (Hyperarousal)
- Aggression
- Mood swings
- Depression
- Problems Sleeping
- Eating Disorders
- Developmental Regression



# Diagnosis

- Patient history.
- Development of the child?
- Positive attachment figures available?
- Reason for consultation?
- Sometimes the psychological consequences are not the reason for seeking consultation, but they can be an "incidental finding" that sheds new light on the problem.





# Specific Diagnosis

- Primary concern.
- Was there, or is there ongoing, medical trauma?
- Individual or repeated event?
- Age of child at the time of initial trauma?
- Planned or emergency procedures?
- Was the event actually - or perceived to be - life-threatening? (+/- Symptomatology)

# Specific Diagnosis –cont.



- Were the parents present during the treatment?  
(influences on relationship)
- Was the parental role active/passive support or purely observational?
- **IES** (Impact of Event Scale, Weiss & Marmar) for the child and the parent/s.
- **PEDS-ES** (Pediatric Emotional Distress Scale-Early Screener, Saylor) for parents of children aged 6 or under.
- **CDC** (Child Dissociative Checklist, Putnam)



# Treatment Principles

- Processing takes place within the „Window of Tolerance“ (Ogden).
- „Safety first“ to avoid re-traumatisation.
- Resource seeking and building.

# Treatment Principles

## –cont.



- Development of Body Resources and focusing on comforting tactile sensations.
- Physical aspects: strength, capabilities and mobility, which weren't there in former times...
- Impaired range of mobility.
- Internal Safe Place with a strong somatic marker.



# Case study

"I have constant pain"

versus

"I feel so lifeless"

# Helpful for Practice



- Body Image
- „Five Columns of Identity“ © (Based on Hilarion Petzold)
- Awareness/Experiences with all senses: bodylotion, scent, food, beverages ...
- Tasks for home about „well being“ and „comfortable feelings“.
- **„Where does it feel good versus where does it hurt!“**

# Helpful for Practice –cont.



- Ball for kneading (Play-doh),
- Brushes, sponges, silk and so on .... to try/  
test what feels good,
- Tasks for parents to do with their children  
at home to reinforce comfortable body  
images: „Pizza-Massage“, „Weather-  
Massage“.



**It's about ...**

Improving quality of life.





# Summary

- Children can contract chronic disease.
- Loading: diagnosis, treatment, the prognosis, an uncertain future.
- Psychotherapy is tailored to the current capabilities and state of health.



# Summary – cont.

- Knowing and using different EMDR protocols.
- To keep in mind on her Bodily Resources and Self-Help Techniques.
- Creating new, comfortable bodily sensations means learning!
- **The brain always learns from new experience!**



# Summary - cont.

- Important: **Care for your own mental health!**
- Chronic diseases are difficult and draining for the patient and their surroundings!
- Peer-supervision, supervision and, eventually, diminishing sessions or referrals.

# If you have any further questions...



## [daniela.lempertz@freenet.de](mailto:daniela.lempertz@freenet.de)

