EMDR AND ATTACHMENT

Clinical experience, as well as the results of the research regarding attachment dynamics, highlights the importance to evaluate and work on attachment issues.

In this perspective there is the need to use an approach which is able to intervene in the reprocessing of traumatic memories related to attachment issues: the EMDR.
EMDR AND ATTACHMENT

The EMDR protocol is a well validated approach and many studies have demonstrated its efficacy. In recent years, in the filed of attachment some researchers have conducted studies regarding the application of EMDR with attachment dynamics.

In particular, in their three case studies, Wesselman and Potter (2009) utilized the EMDR approach with three patients and observed positive changes in attachment status according to the AAI classification.

In another case-study, Wesselman, Davidson, Armstrong, Schweitzer, Bruckner and Potter (2012) described how EMDR and family therapy integrative model improved attachment status in adults and children with a history of relational loss and trauma. These findings support the idea of increased access to adaptive information related to distressing memories and a decrease of negative beliefs related to self-worth and vulnerability, thanks to the reprocessing of early relationship memories with EMDR.

In the same direction, Zaccagnino and Cussino (2013) reported evidence of positive changes in the mother-child relationship and her representation of the caregiving system directly measured through the Parent Development Interview scoring (Slade et al., 1993) after EMDR treatment.
THE ATTACHMENT PROTOCOL

The main objective of this protocol, therefore, was to provide a **theoretical background** and **guidelines** for clinical practice that permit the clinician to deal with these clients and reduce their suffering.
WORKING WITH ATTACHMENT ISSUES WITH EMDR THERAPY: THE ATTACHMENT PROTOCOL

M. Zaccagnino & A.R. Verardo

THE ATTACHMENT PROTOCOL

PHASES OF THE PROTOCOL

Phase 1: Assessing patient’s life history (history of disorder, history of attachment, mourning and/or traumatic experiences, caregiving; target identification – present, past, future; therapeutic relationship and treatment planning)

Phase 2: Preparation (Treatment instructions – Psychoeducation, safe base exercise, resources installations)

Phase 3: Assessment
Phase 4: Desensitization
Phase 5: Installation
Phase 6: Body Scan
Phase 7: Closure
Phase 8: Re-evaluation
Main focus must be the **activation dynamics of patient’s attachment and caregiving system** by asking questions included in the Adult Attachment Interview and Parent Development Interview (for example, about **relationship with mother** and about periods of **parent-child separation**, in order to verify the exploratory system dynamics.). In order to gather the most complete information about patient’s psychological state and the significant events in his/her life, it is useful to use other measures: the Adult Attachment Interview (George, Kaplan e Main, 1985), the Parent Development Interview (PDI, Aber, Slade, Berger, Bresgi, 1985; Slade et al., 2004), the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), the Adverse Childhood Experiences Questionnaire (Felitti, 2012) and the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986).
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

HISTORY TAKING

History of disorder

- What is the problem in question?
- What are its characteristics?
- When did it begin?
- What events triggered it?
- What was happening when it all began?
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

HISTORY TAKING

History of attachment

- I’d like to ask you to choose five adjectives or words that reflect your relationship with your mother/father starting from as far back as you can remember in early childhood.
- Can you think of a memory or an incident that would illustrate why you choose to describe your relationship as.. (insert adjective chosen by patient)?
- When you were upset or worried, and/or in emotional difficulty as a child, what would you do? And how did your parent react? Can you tell me about some specific incident?
- When you got hurt physically what would happen? Can you think of any particular incident?
- Do you remember the first time you were separated from your parents? How did you react? And how did they react? Can you think of other significant separations?
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

HISTORY TAKING

Episodes of rejection
Did you ever feel rejected as a child? How old were you when you had that feeling and what did you do then? Why do you think your parents behaved like that? Do you think they realized how you felt?

Episodes of neglect
Do you remember any times when your parent/s was/were physically present but absorbed in his/her own thoughts and therefore emotionally unavailable?

Episodes of pressure to achieve
Do you remember experiences where you felt pressured to achieve in school or athletics that resulted in considerable anxiety about failure?

*DISMISSING PATIENTS: If dismissing clients are generalizing or unable to get to specific memories, ask them to bring in photographs or tell some of the family stories.
Did you experience the *loss of a parent or other close loved ones* while you were a young child? Could you tell me about the circumstances?

- How old were you at the time?
- How did you react at the time? - Was this death sudden or was it expected?
- Can you remember your feelings at the time? Have they changed since then?
- Are there any other experiences that you consider might have been traumatic?
Caregiving behavior

- Can you describe yourself as a parent?
- What is it that gives you the most pleasure in being ________ (state the child’s name)’s parent? What causes you the most difficulty or pain in being ________ (state the child’s name)’s parent?
- Has anything ever happened that caused a setback in your relationship with ________ (state child’s name)?
- What happens after you have been separated from ________ (state child’s name) for a period of time?
- Are there times when you experience a sense of hopelessness when parenting ________ (state child’s name)?
- Are there times when you experience a sense of hostility when parenting ________ (state child’s name)?
Caregiving behavior
If not a parent, ask about another relationship with a significant person in the client’s life:

- **Can you describe yourself as a significant partner in a relationship?**
- **What is it that gives you the most pleasure in the relationship with ________ (state the significant other’s name)?** What is the most difficult part in the relationship with ________ (state the significant other’s name)?
- **Has anything ever happened that caused a setback in your relationship with ________ (state significant other’s name)?**
- **What happens after you have been separated from ________ (state significant other’s name) for a period of time?**
- **Are there times when you experience a sense of hopelessness when in relationship with ________ (state significant other)?**
- **Are there times when you experience a sense of hostility when in your relationship with ________ (state significant other)?
PHASE 1: ASSESSING PATIENT'S LIFE HISTORY

HISTORY TAKING

Resources identification
Client is asked to think of his life events in which he activated goal-achieving strategies with a sense of self-efficacy. Therapist may ask to focus on a memory of an episode where client was able to ask for help, feeling entitled to do so, by concentrating on the emotions, thoughts and physical sensations associated with this memory.

If the patient is not able to remember any memory of positive interaction, it is possible to focus on the question of how he would have liked to be cared for.

When you think of this situation, what is it that you would have most?
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

TARGET IDENTIFICATION AND TARGET SELECTION FOR ATTACHMENT-RELATED ISSUES

Present

Ask present situation in which client activates his **attachment system**, and then proceed with the **floatback technique** in order to identify in the past history every target related to the present difficulties that needs to be reprocessed.

1. Try to think of some situations where **you felt you needed help**? What were they? What did you do? How did you ask for help?
2. What do you do when you feel **you are all alone and you are afraid**?
3. What happens **if you ask for help**? How do you react when somebody responds to your request for help? What do you feel emotionally?
4. What happens when you are asked to do something for your _________ (state name of partner)?
5. What happens when _________ (state name of partner) does something for you?
6. What happens when _________ (state name of partner) and you are a way from each other for a bit of time?
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

TARGET IDENTIFICATION AND TARGET SELECTION FOR ATTACHMENT-RELATED ISSUES

Past

Identification of client’s past history targets by using floatback or the affect bridge techniques. Gather information about client’s AF parents’ responses in moments of difficulty, each parent’s specific reactions in response to closeness and comforting, by eliciting patient’s memories of specific episodes (see the AAI questions above). Help client identify links between the past and the present by focusing on his emotional experience, on the dysfunctional cognitive schema, and on the physical sensations occurring when thinking of these episodes.

*Dismissing clients* have difficulties in remembering specific episodes due to their generalization tendency as well as firmly believing of not having a memory. Looking at pictures or telling family stories may help gain more access to the memory network.
Future
Address future concerns and desired adaptive behaviors.
Ask client to visualize a time in the future when he may feel the need for help (e.g. when feeling alone, sad, tired, ill, or in danger) and focus on the abilities he will need to achieve his objectives.

- Try to imagine the next time you will feel the need for help _________ (state an example as when the client feels alone, sad, tired, ill, or in danger).
- What would be the abilities that you would need more of to handle this situation?
PHASE 1: ASSESSING PATIENT’S LIFE HISTORY

The Therapeutic Relationship

To begin EMDR treatment, it is important to establish a client-clinician alliance based on trust by creating a climate of security within the therapeutic relationship. This allows the client to feel safe and strong enough to explore his memories, while maintaining that double focus of one foot in the past and one foot in the present. It is important that the clinician respond appropriately to this request, by considering the importance of the appeal for help that has been addressed to her.

Treatment Planning

After target identification treatment plan is outlined with therapeutic goal-setting and organizing identified targets in a past-present-future sequence.
PHASE 2: PREPARATION

EXPLANATION OF THE METHOD - PSYCHOEDUCATION

In this phase, the clinician explains the subtleties of the relational problems the client has described. It is important to make sure the dynamics of activation and de-activation of the attachment and caregiving systems are fully understood.

The role of any past traumatic events in the development of subsequent difficulties must be made clear. The psychoeducation phase is essential for enabling the client to **increase his self-awareness**, to better **understand his own Internal Working Models operational dynamics**, and to bring him closer to the exploration and enactment of **new and appropriate coping strategies** in the management of disturbing events.

Then, **EMDR Therapy is explained**.
PHASE 2: PREPARATION

SAFE BASE EXERCISE

The main aim is to familiarize the client with the EMDR method by means of positive material, in order to make the processing of subsequent material quicker and simpler. In addition, this exercise can help the client to develop his/ her ability to manage stress generated by incomplete sessions, as well as deactivation at the end of each EMDR session.

- Recall a past memory when an adult figure was receptive and cared about you, providing help and satisfying your needs, even if it was just a material need. Try also to focus on the emotions and sensations associated with this memory. What are you remembering?
PHASE 2: PREPARATION

SAFE BASE EXERCISE

If the client is unable to recall any episodes from his childhood, the clinician can ask him to think of some occasion in his adult life when a significant figure was receptive and provided help.

Perhaps there is a time you can recall in your adult life when a significant person was receptive and provided you with help. Please tell me about it.

Please focus on that time that you have remembered and the associated positive images, sensations and emotions evoked and __________ (state BLS using).

It is important to install the safe base with brief bilateral stimulation sets to enhance imagery and sensations linked to the positive emotions.
For Resource Installation, go back to the resources identified in Phase 1 of the protocol that related to those moments when the client was able to ask for help and felt worthy of receiving it and install these as resources, focusing only on the positive connections.

Now think about that time when you felt able to ask for help and worthy enough to do it.
Focus on this experience and try to concentrate on the emotions, the thoughts, and the physical sensations associated with this memory.
Go with that.
PHASE 3: ASSESSMENT

After target identification within client’s history, clinician may move on to the next phases of the EMDR standard protocol.

Begin addressing client’s past moving on to current triggers and ending with the elicitation of future scenarios. This is useful to address every main aspect of the target memory in a structured way: the most disturbing image connected to the event, the negative and positive cognition referred to self-perceptions, the VOC (how true client feels the positive cognition to be), the emotions associated with the target event, the SUD scale and where he feels it in the Body.

Phase 3 – 8: are according to the Standard EMDR Protocol.
SECURE / AUTONOMOUS STATE OF MIND

NARRATIVE: Describes both positive and negative experiences that are consistent, with concrete memories, and fit into context. Capacity for free exploration of thoughts and feelings and aware of the effects of past experiences upon present state of mind. Show a strong identity and aware of the importance of attachment relationships and experiences. Even when describing difficult, dramatic or traumatic events, can maintain balance, a high level of coherence in answers, good reflective functioning, and use of compassion and humor. In clinical setting collaborative and able to re-think past experiences and see them from a different viewpoint. Difficulties in their discourse are confined to the unprocessed upsetting event. Pay particular attention to those questions that have to do with loss and/or abuse and to work on those experiences; often, by transcribing the client’s answers in order to be able to identify the indices of irresolution.

EMDR THERAPY: Focus work on possible traumatic experiences and help reprocess these events and support internal and external resources and resilience. Traumatic memories from past experiences can be reactivated when caring for their own children, which generates feelings of confusion and alarm and can lead to a disorganization in the attachment of the child. Intervening appropriately with EMDR therapy on those issues makes it possible to interrupt the dysfunctional cycle of intergenerational transmission of the trauma.
DISMISSING STATE OF MIND

NARRATIVE: Uses an idealizing narrative in contrast to negative memories, such as, “My mother was always there; always loving,” that is not supported by concrete evidence, confirming such a positive description. Narrative is spare, and often provides too little information and generalizes in absence of specific memories. Tries to limit attention to attachment relationships or experiences, and to affirm independence. Minimizes negative effects of early experiences (SUD will be very low or zero) and attempts to portray attachment-related experiences in a positive light. When asked about issues or past history will respond with phrases like, “I don’t remember; anyway it’s over now,” or “It was a long time ago.”

EMDR THERAPY: In dismissing cases, the Standard EMDR Protocol is not applicable, at the beginning there are no memories at all. Therefore, it is necessary to activate the networks in such a way that the information that they hold is connected and integrated in an adaptive manner. This helps to re-synchronize the hemispheres, by reducing the predominance of the cognitive aspect -which is more active in dismissing clients- and encourages connection with the emotional experience (Pagani et al., 2012). Can use photographs, tell family stories to gain access to the mnestic network. Start to work on episodes of idealization and on the generic representations (semantic memory) relative to the attachment figures presented. Using long sets of BLS stimulates the memories needed to work on these defensive strategies. It is only when the memories start to emerge that the clinician can begin to work on them, taking them as targets and applying the Standard EMDR Protocol. This type of work often requires a very long time. To stimulate these memories ask about the image of the parental figure and the positive words used by the client, such as, “She was always there,” and then use BLS.
PREUCCUPIED STATE OF MIND

NARRATIVE: These subjects show IWMs that oscillate between positive and negative representations of the attachment emotions concerning themselves and others. Narrative is inconsistent, not pertinent and often with irrelevant or vague details and/or too much information. Appear angry, passive, or preoccupied with early attachment or attachment-related experiences. During the discussion of past experiences the subject often refers to the present and highlights that these issues still generate discomfort and anger at the present time. Departs from interview topic, for example, by using free association.

EMDR THERAPY: Focus on episodes regarding past traumatic experiences in the context of attachment relationships and explore, in particular, episodes of anger which still generate complaint. In the Phase 1 and 2, focus on their resources to enhance empowerment and activate the cooperative system.
UNRESOLVED STATE OF MIND

NARRATIVE: Fail to monitor discourse and reasoning, during discussion of past traumatic experiences (loss or abuse). Show specific indices of irresolution such as referring to a dead person as living, or reporting extreme behavior (such as attempted suicide, prolonged depression, development of alcoholism or other substances) after a past traumatic episode. Important to understand the severity of the client’s reaction; one must get the sense that the client is not yet able to reorganize himself after the event; and that he continues to experience terrible pain, which is interfering with his ability to function.

EMDR THERAPY: Focus on episodes of loss and abuse and try to identify indices of irresolution in narratives in order to verify if the event is well reprocessed or not. Use unprocessed memories as target and apply Standard EMDR Protocol.
‘PARENTS AD A CHILD‘ EXERCISE

Try to imagine yourself as you are now, meeting your ________ (state name of caregiver) as a child. Try to focus on how you imagine it; on how old ________ (he/she) is, what ________ (he/she) is wearing, and on all the details that can help you bring more clarity to the image.

Pretend you are standing in front of ________ (him/her) and ask how ________ (he/she) is feeling. Concentrate on the emotions you, the adult, are feeling in that moment.

Ask your child’s ________ (state mother/father) what has happened?

Why is ________ (he/she) feeling like that?

Why did ________ (he/she) act like that towards you?

Try to ask your child’s ________ (state mother/father) what you can do to help
EMDR EFFICACY ON INTERNAL WORKING MEMORY OF ATTACHMENT: PRELIMINARY DATA

Zaccagnino M., Cussino M., Callerame C., Verardo A., Fernandez I.

GOALS
To Measure changes in Internal Working Memory evaluated with Adult Attachment Interview (George, Kaplan, & Main, 1985) and Reflective Function Scale (Fonagy, Target, Steele, & Steele, 1998), after past traumatic experiences processing with EMDR.

HYPOTHESIS
- Hypothesis is that EMDR will decrease unresolving of mourning and traumas significantly (classification U at AAI) as well Wesselman and Potter’s studies are showed (2009).
- Hypothesis is that through EMDR treatment will confirm an increase of Reflection Function and coherence of narrative.
- In a significative percent of sample Unresolved state of mind changing (U) to other classifications.

SAMPLE: 20 adult women, between age 18 and 42 years. They initiated outpatient psychotherapy because of parenting and relational problems. All 20 patients present an insecure state of mind with respect to attachment representations, 50% of the sample were classified as Unresolved.

Adult Attachment Interview Reflective Function Scale

36 EMDR sessions
EMDR EFFICACY ON INTERNAL WORKING MEMORY OF ATTACHMENT: PRELIMINARY DATA

Zaccagnino M., Cussino M., Callerame C., Verardo A., Fernandez I.

RESULTS

**t1** (post treatment EMDR) is observed a total **decrease** of number of **patients** earlier classified as primary or secondary

Changing in principal **scores at AAI** pre e post treatment with EMDR

<table>
<thead>
<tr>
<th>AAI 9-point scales</th>
<th>Pre-EMDR (mother scales)</th>
<th>Pre-EMDR (father scales)</th>
<th>Post-EMDR (mother scales)</th>
<th>Post-EMDR (father scales)</th>
<th>t-test difference between pre-and post EMDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealization</td>
<td>Mean 2.78 (SD 2.32)</td>
<td>Mean 3.50 (SD 2.37)</td>
<td>Mean 2.00 (SD 1.491)</td>
<td>Mean 2.21 (SD 1.619)</td>
<td>(df = 18) 3.71**</td>
</tr>
<tr>
<td>Anger</td>
<td>Mean 3.05 (SD 2.04)</td>
<td>Mean 2.60 (SD 1.93)</td>
<td>Mean 1.95 (SD .970)</td>
<td>Mean 1.79 (SD 1.134)</td>
<td>4.25***</td>
</tr>
<tr>
<td>Derogation</td>
<td>Mean 2.10 (SD 1.99)</td>
<td>Mean 1.70 (SD 1.59)</td>
<td>Mean 1.37 (SD .761)</td>
<td>Mean 1.26 (SD .653)</td>
<td>2.47*</td>
</tr>
</tbody>
</table>

* p<.05  ** p<.01  *** p<.001
EMDR EFFICACY ON INTERNAL WORKING MEMORY OF ATTACHMENT: PRELIMINARY DATA

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RESULTS

Change in

- Narrative coherence
  pre and post EMDR treatment

- Reflective Function
  pre and post EMDR treatment
EMDR EFFICACY ON INTERNAL WORKING MEMORY OF ATTACHMENT: PRELIMINARY DATA

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RESULTS

As we hypothesized, we found that EMDR approach increased patients’ narrative coherence and RF. The effect on the resolution of loss or trauma was well supported by the significant decrease of participants classified as unresolved. These findings have implications for conceptualizing the mechanism by which EMDR treatment may contribute to change the attachment status and the resolution of early relational traumas.

As Wesselman and Potter found in their three case studies (2009), EMDR reprocessing of early relationship memories allows for better access to adaptive information related to distressing memories and a decrease in negative beliefs related to self-worth and vulnerability.

Applying EMDR treatment to early traumatic memories or unresolved grief produces a shift in the state of mind, mainly secure.
THANKS FOR YOUR ATTENTION.

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