Workshop
EMDR & voice-hearing:
a protocol for target selection

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Parnassia
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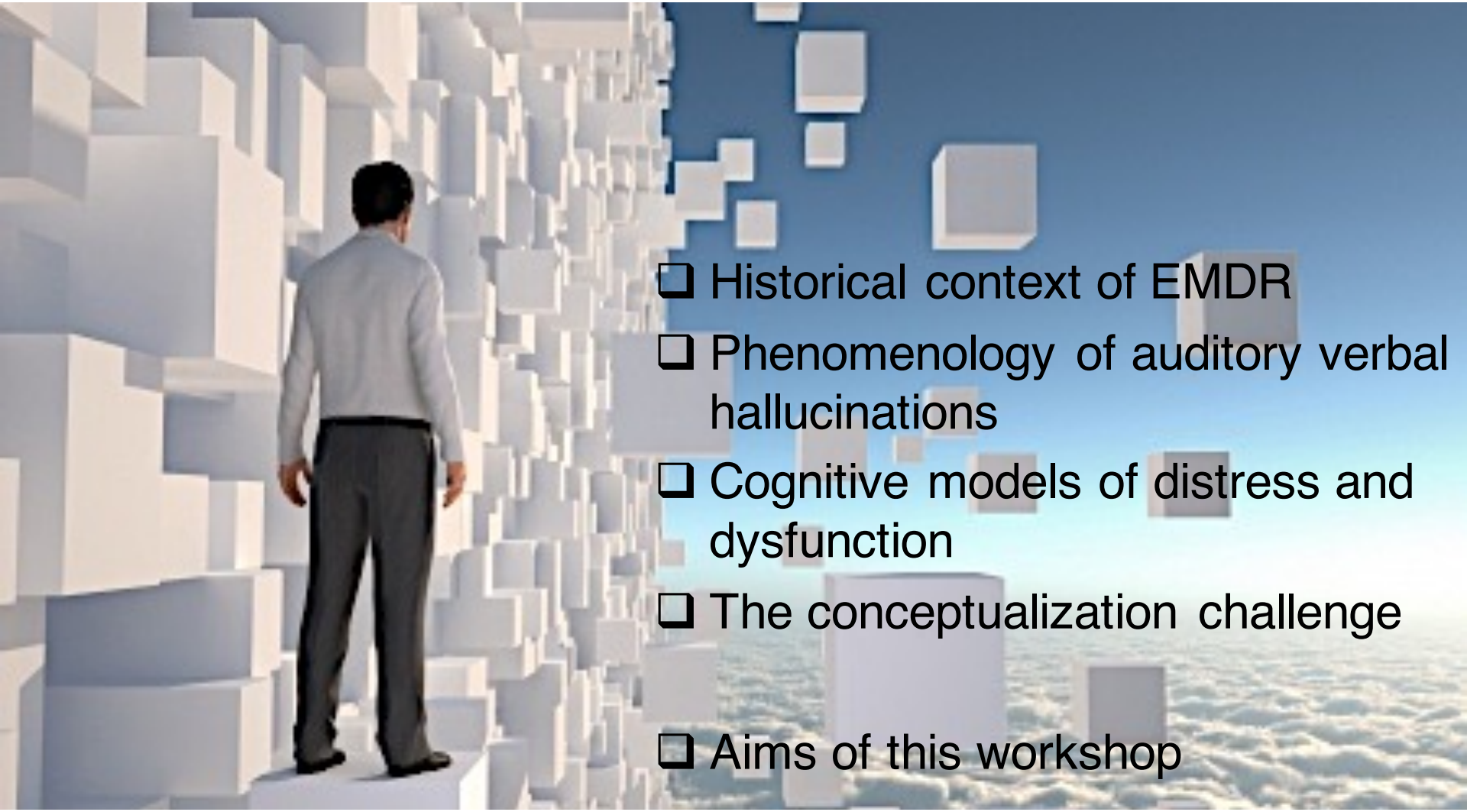
EMDR in auditory verbal hallucinations



- Historical context of EMDR
- Phenomenology of auditory verbal hallucinations
- Cognitive models of distress and dysfunction
- The conceptualization challenge

- Aims of this workshop

The Compliance Behaviour Cycle

Voice Activity

Power Beliefs

Identity "The Voice is ……. "
Control "I cannot control my voices…"
Compliance "If I don't listen to / do what my voices say…"
Meaning & Purpose "My voices intention is to ……."

Core Beliefs:

Self "I am ……"
Others "Others are ……."
The world "The world is…"

Emotional Consequences
Fear, Anxiety, Depression

Safety Behaviors Compliance

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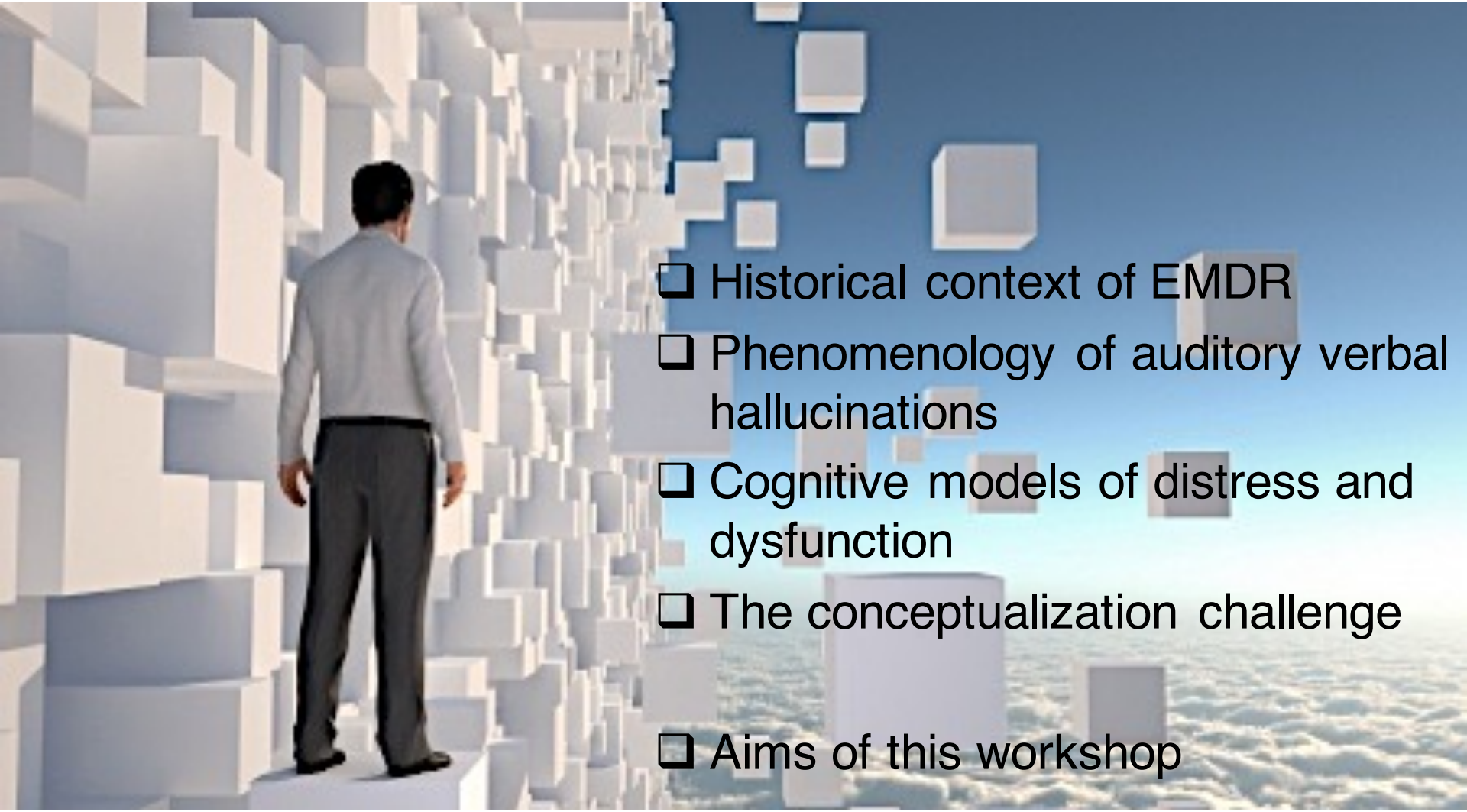
EMDR in auditory verbal hallucinations



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Exercise

- Read the case description
- Discuss with your neighbour which targets you would select

10 minutes

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Case example: discussion

- Which targets would you select and why?

Model for target selection

Inventarisation of voices

V

Inventarisation of trauma

V

Assessment of PTSD

V

Treatment of PTSD

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Model for target selection

Select voices & set goals

V

Direct target selection & desensitization

Direct link to memories, imagery, flash forward

V

First method target selection & desensitization

temporal link to voices

V

Second method target selection & desensitization

Indirect thematic link to voices

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Model for target selection:

Select voices & set goals

Decide what (group of) voice(s) to work on:

Most distressing / most negative impact on functioning

Set clear goals:

Reducing distress / improving social functioning

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Model for target selection:

Direct target selection & desensitization

Direct link to memories, imagery, flash forward

Target memories and imagery:

- Memories with direct content associations
- Flash forwards
- Voice related imagery

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Model for target selection:

First method target selection & desensitization

temporal link to voices

Target memories:

- Negative events after which voice hearing started
- Negative events after which the voices worsened

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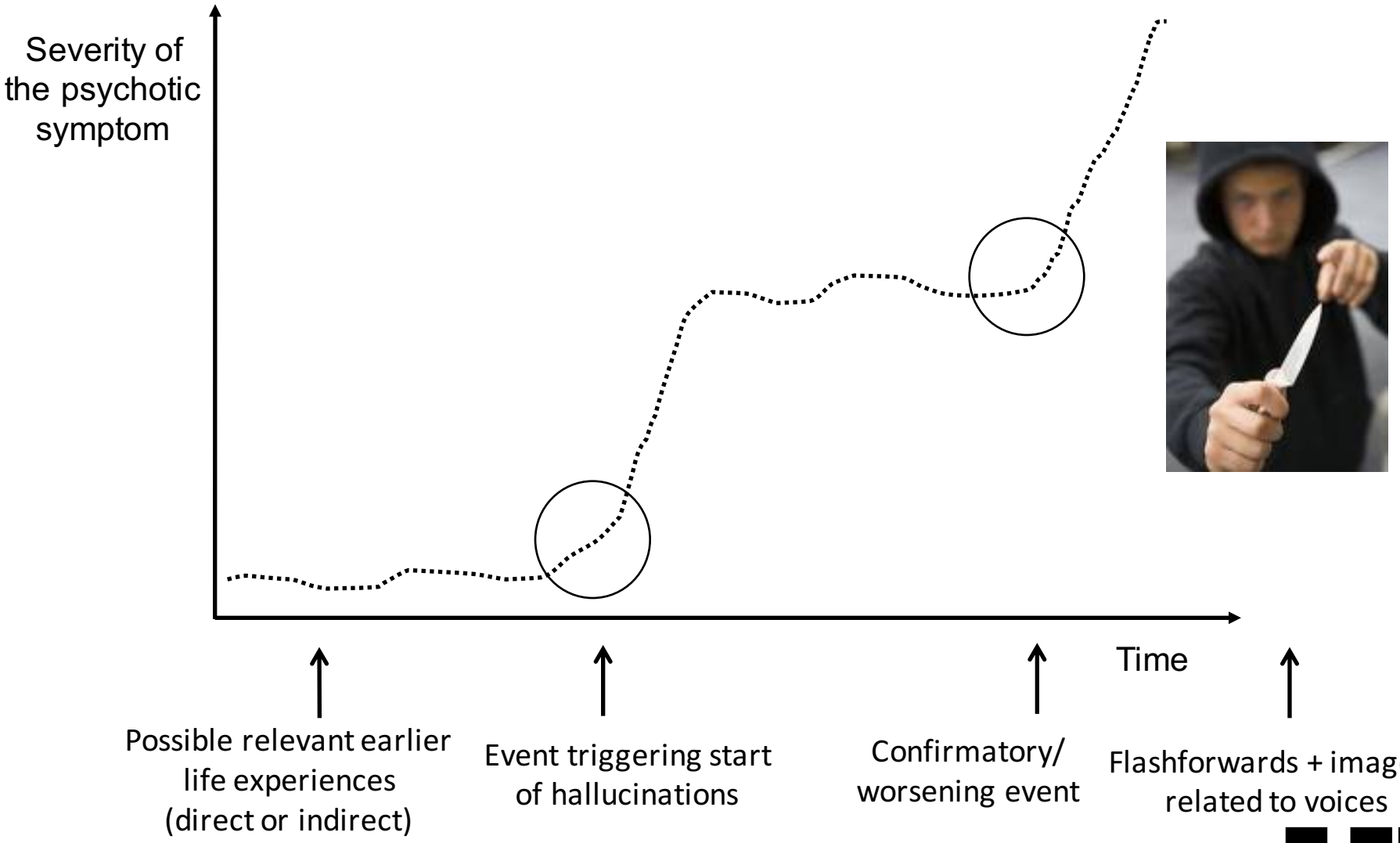
First method of conceptualisation



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T.TIP

Model for target selection:

Second method target selection & desensitization

Indirect thematic link to voices

Target memories:

- Negative experiences that resemble interaction with the voices
- Experiences that still proof negative self-beliefs triggered by the voices

Example of 2nd method case formulation in voice hearing

Traumatic events & Negative life experiences:

- *Foster homes*
- *Bullying*
- *Raped twice*
- *Blackmailed by boss*
- *Abusive relationship for years*
- *Many psychiatric admissions*

→

Negative/dysfunctional core beliefs and intermediate assumptions:

- Self
  I am weak
- Others
  Everybody hates me
- World
  The world is a dangerous place
- If….. then…..
  If people get to know me, they'll think bad about me

→

Activating event

▼

Voices say nasty things about me & tell me what to do

Dysfunctional interpretation

▼

- Thoughts
  They are right, I am a moron. Everyone hates me. I am weak. I must obey.
- Emotion
  Anxious & depressed
- Behaviour
  Obey, avoid criticism

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Questions / feedback?

EMDR FOR DISTRESSING VOICES
A CONCEPTUALIZATION SCHEME

GLOBAL INVENTARISATION OF VOICES
PHENOMENOLOGY, CONTEXT, AND RESPONSES

→ Use interviews (e.g. AHRS, AVHRS)

▼

GLOBAL INVENTARISATION OF TRAUMA
PHENOMENOLOGY, CONTEXT, AND RESPONSES

→ Use tests and interview (e.g. CTQ or ITEC)

▼

ASESSMENT OF PTSD (REEXPERIENCING) SYMPTOMS

→ Screener (e.g. TSQ, PSS-SR) and interview (e.g. CAPS) if above cut-off

▼

TREAT PTSD REEXPERIENCING SYMPTOMS
BASED ON HIERARCHY OF SUDs & FREQUENCY

→ Desensitize targets with highest SUD and frequency first
Use standard protocol

▼

SELECT WHAT VOICES TO WORK ON + SET GOALS
MOST DISTRESSING VOICES + CLEAR GOALS
TO REDUCE DISTRESS AND IMPROVE SOCIAL FUNCTIONING

→ Choose the voice (or group of voices) that is most distressing and impacts most negatively on functioning.
Set clear goals concerning reduction of distress and improvement of social functioning.

▼

DIRECT TARGET SELECTION + DESENSITIZATION
BASED ON HIERARCHY OF SUDs & DEGREE OF NEGATIVE INFLUENCE

→ Target memories and other imagery that are directly linked to the voices, i.e.:
- Memories with direct content associations
- Flash forwards
- Voice related imagery

▼

FIRST METHOD TARGET SELECTION + DESENSITIZATION
BASED ON HIERARCHY OF SUDs & STRENGTH OF ASSOCIATION

→ Target memories that have temporal links to the voices, i.e.:
- Negative events after which voice hearing started
- Negative events after which the voices worsened

▼

SECOND METHOD TARGET SELECTION + DESENSITIZATION
BASED ON HIERARCHY OF SUDs & STRENGTH OF ASSOCIATION

→ Target memories that have indirect thematic links to the voices, i.e.:
- Negative experiences that resemble the interaction with the voices
- Experiences that still feel as proof for the negative self-beliefs that are triggered by the voices, or experiences that are otherwise clearly related to these negative beliefs

Van den Berg & Van der Linden 2016
EMDR Europe conference

How did it end with Mounire?

Description interview

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Take home message

- Voice-hearing has high complexity (therefore target selection also)
- EMDR promising in treatment of voice-hearing, but EMDR is not a stand-alone intervention
- EMDR is safe

Thank you for your attention!

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Program

Trauma & psychosis

Voice-hearing features

Case example

Practice: target selection

Discussion

Take home messages

What this workshop is about:

- Some insights on voice-hearing, trauma & psychosis
- Practicing on a case example: target selection
- Discussion
- Model for target selection

Goals:

- To transfer enthousiasm on EMDR in voice-hearing / psychosis
- Experience complexity
- Learn about the model

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Goal of treatment

- Always: less burden

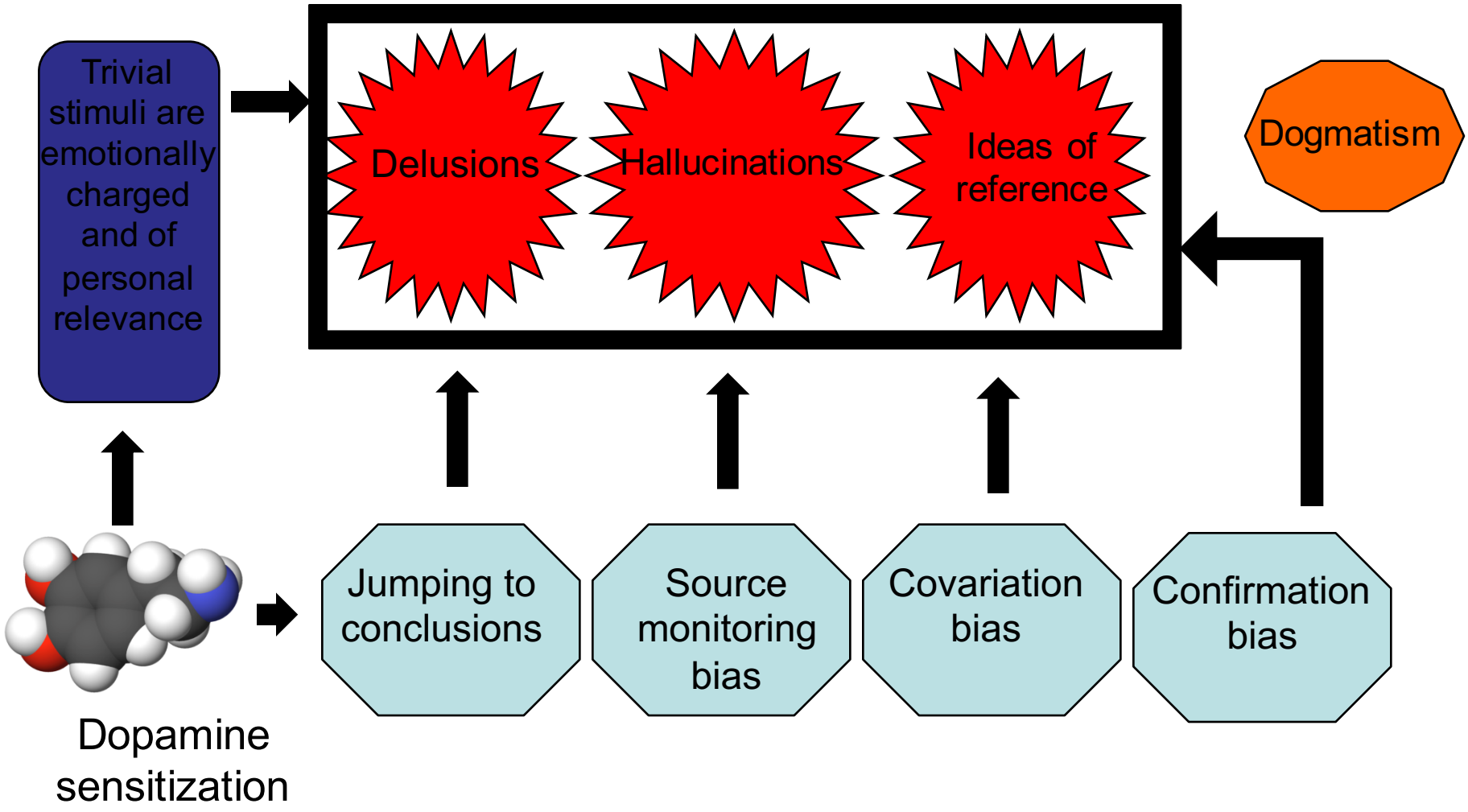
- Never: less psychotic symptoms

(might be a side effect)

Trauma & psychosis

- The psychosis population is a multi trauma population.
- Trauma is an important risk factor for psychosis.
  - Direct route: trauma → onset / exacerbation
    - e.g. assault → (even more) paranoid thoughts
  - Indirect route: trauma → core beliefs → onset/continuation
    - e.g. CSA → "I am defenseless" → subjugation to voices
      "people are cruel" ↗
- PTSD is common; PTSD and psychosis negatively interact.
- Hallucinations and delusions quite often have features or themes that can be traced back to traumatic experiences.

Cognitive biases and psychosis



CBT insights on voice-hearing

- compliance behaviour cycle:

Voices
→dysfunctional cognitions
(identity,benevolent/malignent, meaning/purpose, compliance, control, Self)
→Dysfunctional/problematic behaviour

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