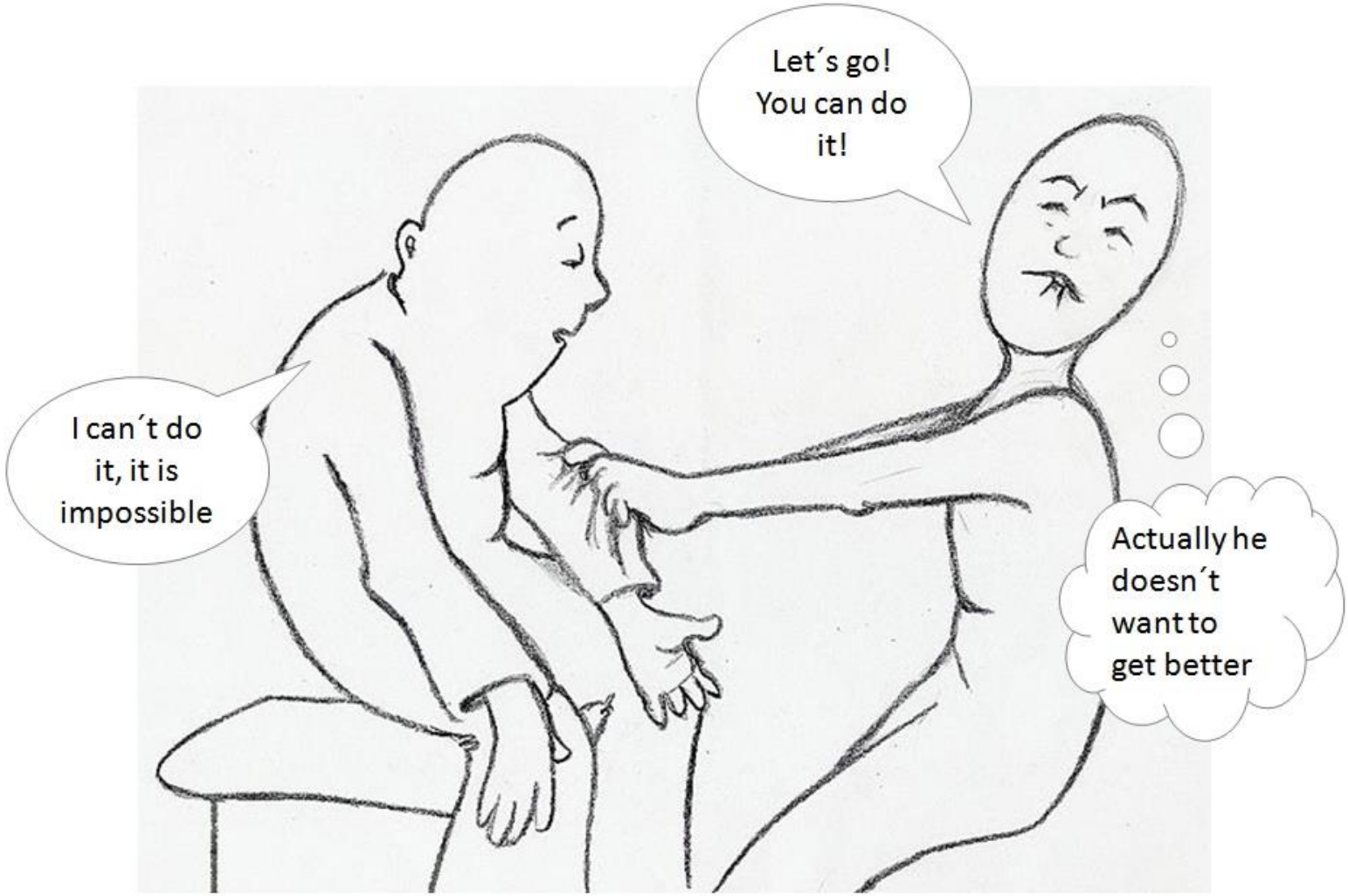
EMDR and Severe Mental Disorders

Reflections on the concept of therapeutic “resistance”

Anabel Gonzalez MD, PhD.

anabelgonzalez@outlook.com

Resistant patients or inadequate models?



Severe Mental Illness

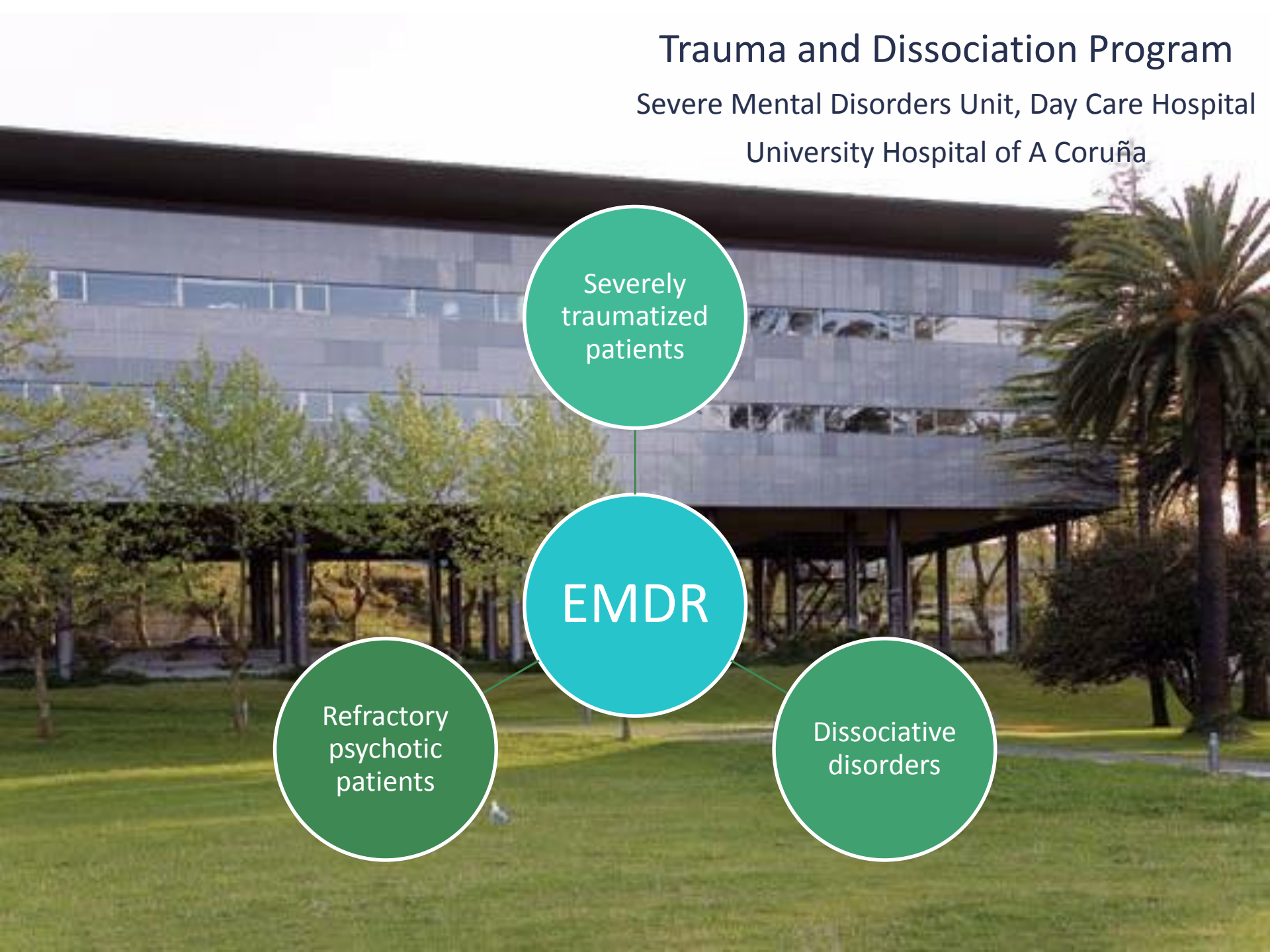
1992: The Secretary of Health and Human Services defined SMI in adults:

1. who currently or at any time during the past year
2. have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-III-R
3. that has resulted in functional impairment which substantially interferes with or limits one or more major life activities
4. all of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects

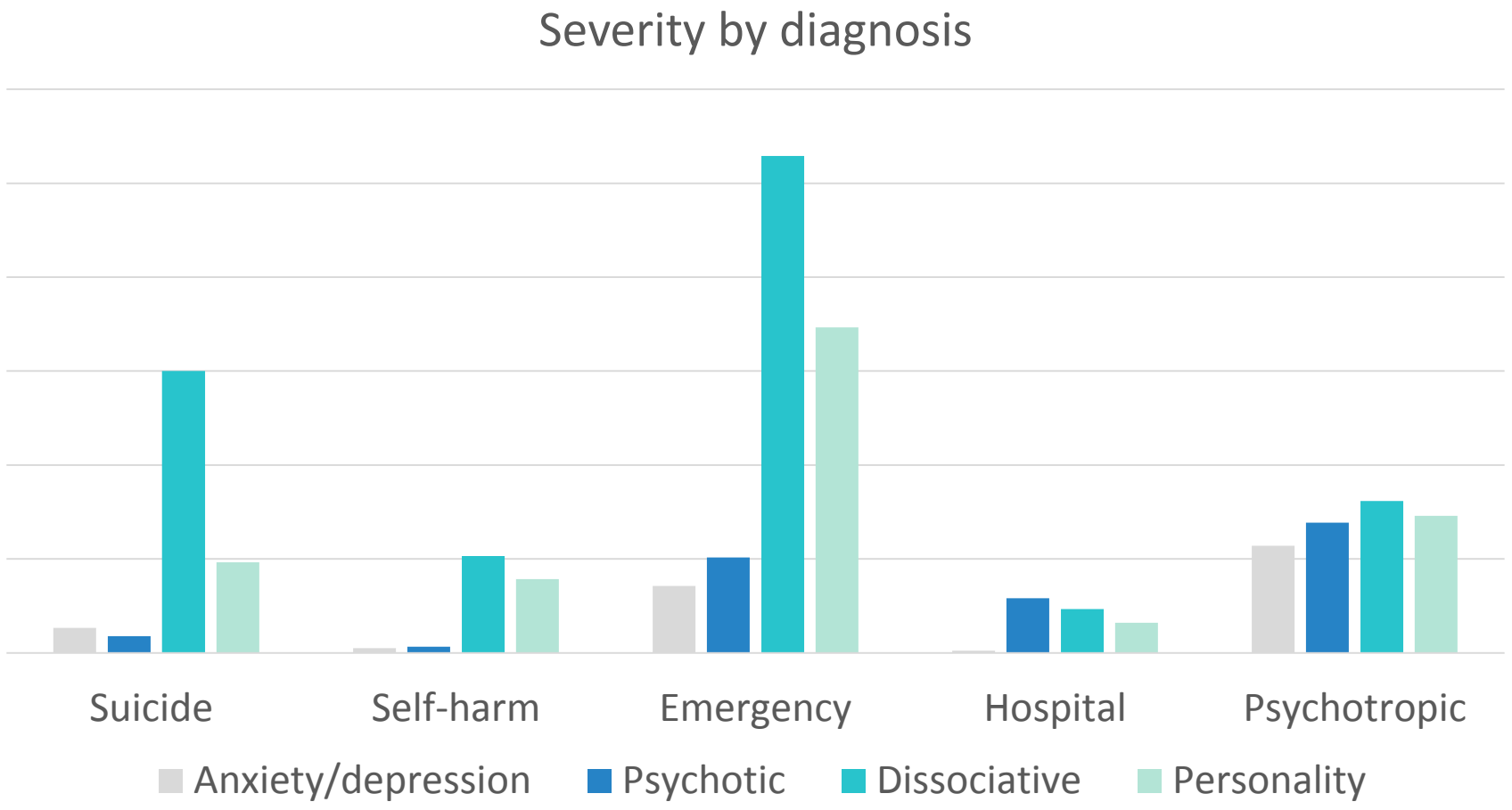
Trauma and Dissociation Program

Severe Mental Disorders Unit, Day Care Hospital

University Hospital of A Coruña



SMI: Psychotic, bipolar, dissociative disorder and complex trauma



Research group on prevalence of dissociative disorders (Natalia Seijo, Anabel Gonzalez & Miguel Angel Santed)

EMDR in a SMI Program

- Individual EMDR sessions in dissociative disorders and complex trauma
- Individual EMDR sessions in some cases of refractory schizophrenia
- Individual EMDR sessions in “I don´t know what else to do” cases
- Group psychoeducative sessions including EMDR procedures

Group psychoeducation + EMDR

"We are communicating better, but we are still not out of the woods."

Group therapy with complex trauma patients

EMDR can be used in a group format

But severely traumatized patients present different clinical presentations, that make necessary to adapt the procedures individually (some are more phobic of traumatic contents, some more disconnected from emotions…)

The patients in the group including EMDR procedures seems to improve more, but they valuated the sessions less positively. This may mean that EMDR work is challenging (but helpful) for them. Therapeutic work should be adapted to the patient timing and distress tolerance

(Research group of study on EMDR and group therapy for complex trauma patients: Anabel Gonzalez & Lucía Rodriguez)

Resistant Schizophrenia

Refractory or resistant mental disease

A refractory or resistant disease is a **medical condition that resists treatment**, more than is normal for that condition.

There is not a clear definition of resistance in psychiatric disorders

The concept it is directly translated from other medical treatments, and **it is mainly related to pharmacologic treatments**: “Drug resistance means any drug classified as an antimicrobial that has been compromised or has reduced or no activity when used to treat certain microbes (viruses, bacteria, fungi and parasites)”

Resistant Schizophrenia

Severity of (positive) symptoms and inadequate response to antipsychotics derived from a relative change in the representative scales (most frequently ≥20% decrease in the PANSS) and low global functioning.

APA guidelines recommend **2 or more treatment trials of atypical antipsychotics at adequate dosages**. Typical antipsychotics can be used for 4 to 6 weeks to screen for treatment-resistant schizophrenia, after which treatment with clozapine may be considered.

Between **20% and 60%** of patients have schizophrenia that is resistant to treatment (Shim, 2009)

Childhood trauma and psychosis

Childhood trauma seems to be a risk factor for psychosis (Schäfer & Fisher, 2011)

Psychotic patients with a history of childhood trauma tend to present with a variety of additional problems, including PTSD, greater substance abuse, higher levels of depression and anxiety, and more frequent suicide attempts

Trauma oriented psychotherapy as an alternative for resistant patients

1. Having in mind the relationship between early and severe traumatization, higher severity indexes and poorer outcome, it makes sense to explore **trauma-oriented psychotherapy** in those cases
2. EMDR may help us to understand the relevance of the “trauma factor”

Research ABOUT EMDR in shizophrenia and bipolar disorder

Van den Berg & Van der Gaag. (2015). Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: A randomized clinical trial. JAMA Psychiatry, Vol 72(3), pp. 259-267

Amann, B. L., & Landin-Romero, R. (2014). From eye movements to mood stabilisation: EMDR as a treatment for bipolar patients. Symposium presented at the 15th EMDR Europe Association Conference, Edinburgh, Scotland

EMDR therapy in psychotic patients

1. Is EMDR therapy in these cases limited to treat experiences from what PTSD symptoms have developed?
2. Could the disorder be globally understood from the EMDR perspective?
3. Can we work with EMDR on the specific symptoms of the disorder?

Different types of traumas in psychotic patients

The trauma of having the disorder

(Grief)

Biographical common trauma (simple and complex trauma)

Attachment

+

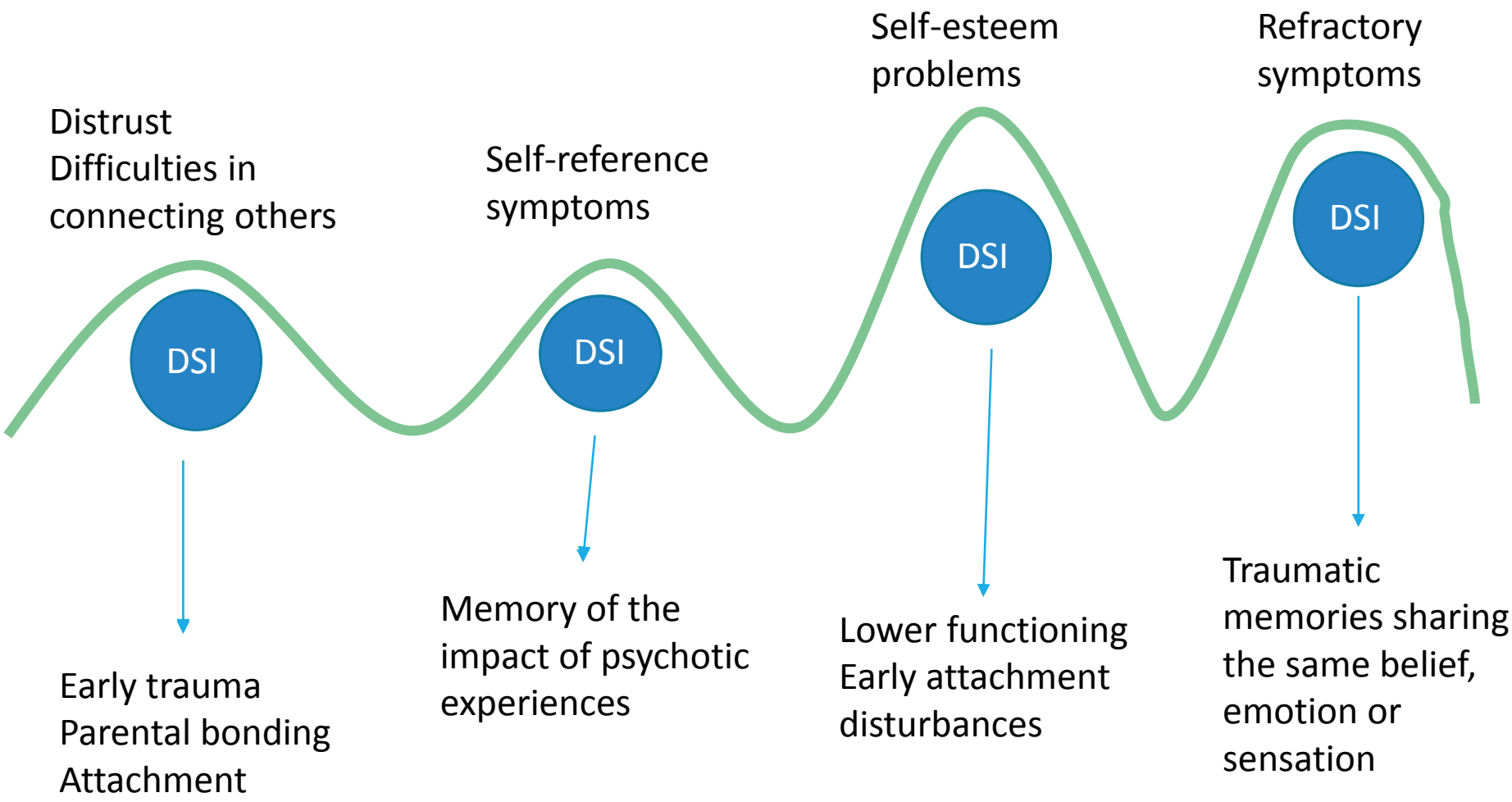
Minor subsyndromal symptoms in relatives

The traumatic experience of the psychotic episode

From trauma to psychosis

- Traumatic antecedents increase severity and comorbidity
- Traumatic experiences can be related to the triggering of psychotic episodes in a vulnerable individual
- They can also influence the content of hallucinations and delusions.
- Traumatic experiences could modify brain function or structure (Bremner, 2006), promoting the development or maintenance of psychotic symptomatology

Trauma may increase symptoms



EMDR therapy in psychotic patients

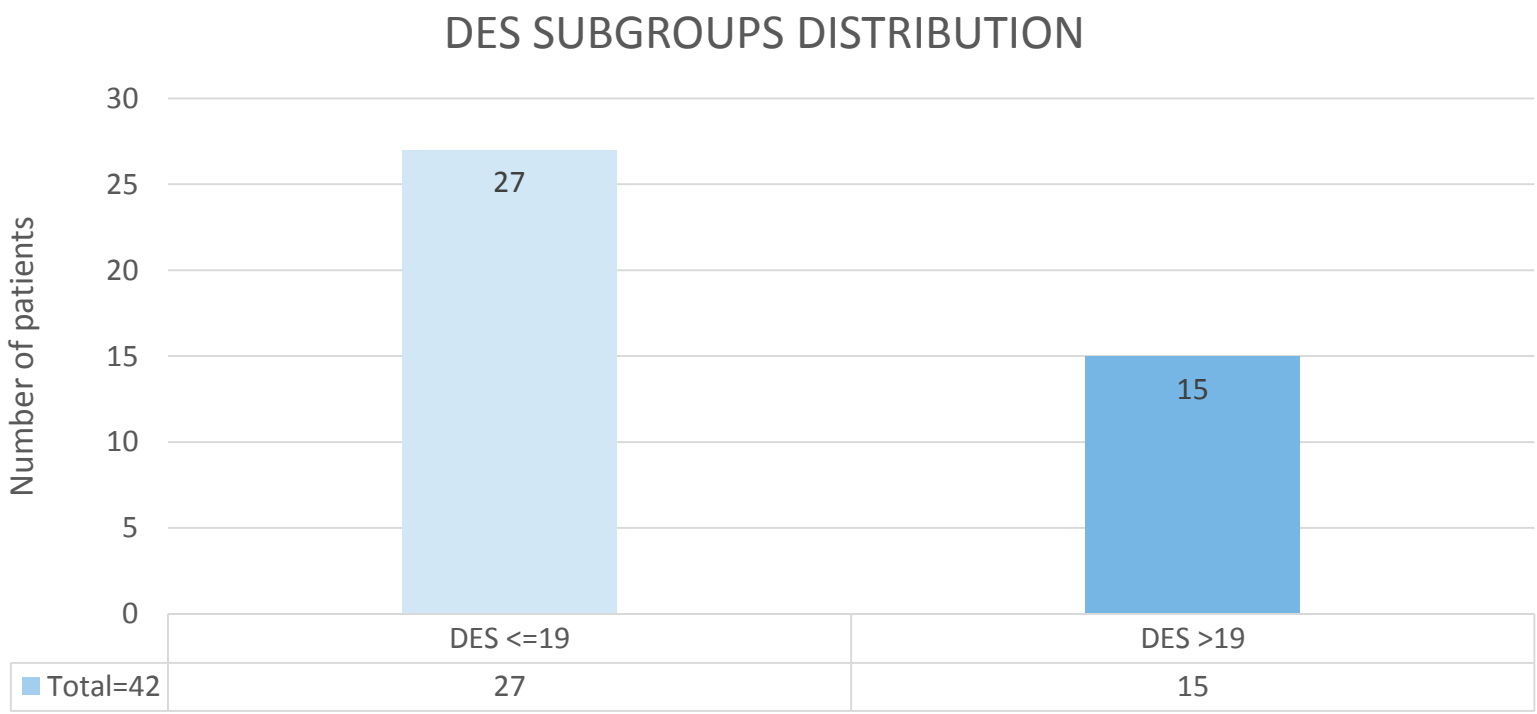
Should we adapt our procedures depending on the levels of traumatization and dissociation?

A complex relationship between dissociation and psychosis

The belief of being controlled by an external force, intrusive thoughts and hallucinatory voices that comment on one's thoughts or actions or that have a conversation with other hallucinated voices, are symptoms present both in dissociative and schizophrenic patients

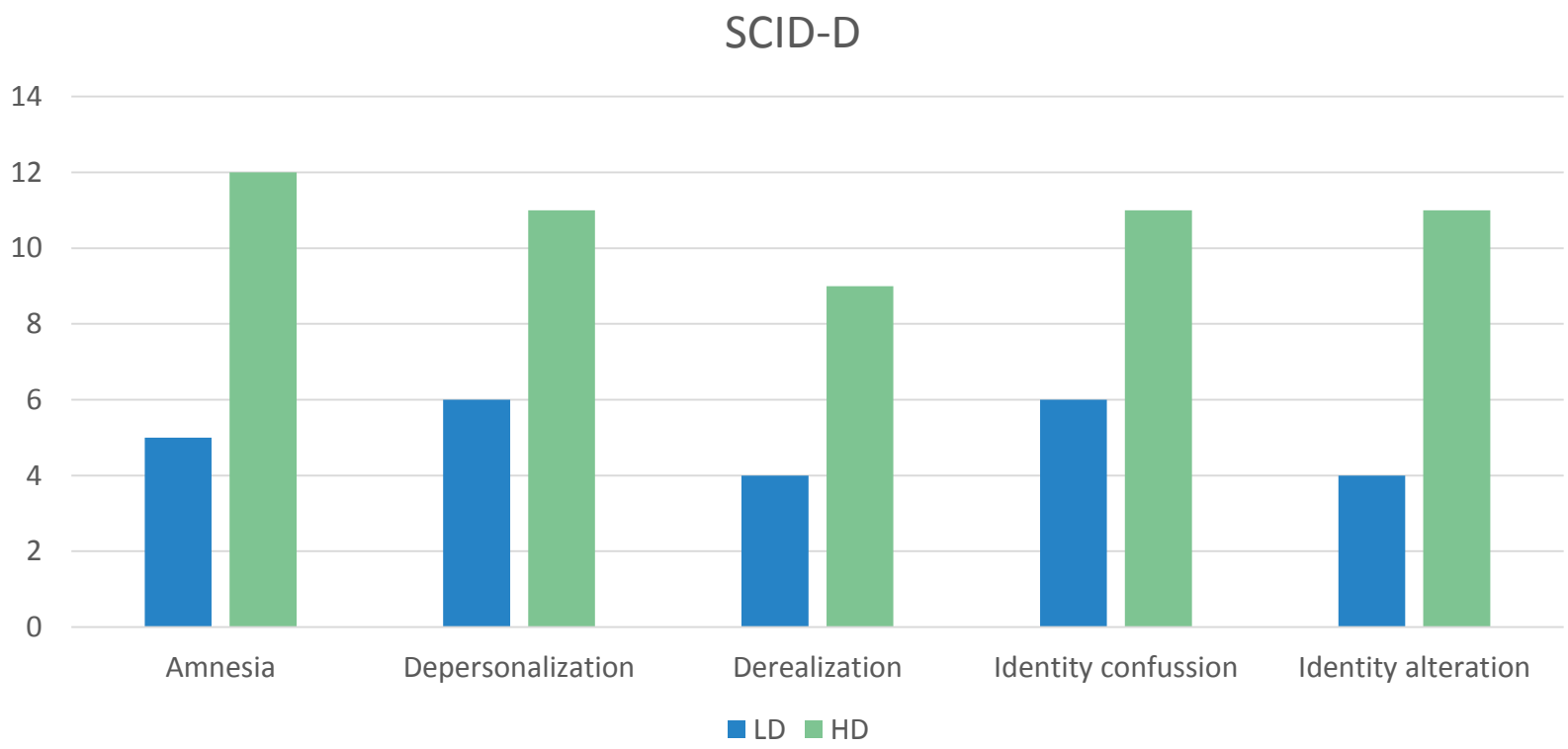
Patients having both dissociative and psychotic features can be treated with EMDR therapy, but the procedures may require relevant modifications from the standard EMDR protocols for PTSD (Gonzalez & Mosquera, 2012; International Society for the Study of Trauma and Dissociation, 2011)

Dissociation in schizophrenic patients



Ania Justo, Anabel Gonzalez & Alicia Risso, 2016 Presented at the Amsterdam ESTD Conference

Dissociative symptoms in schizophrenic patients



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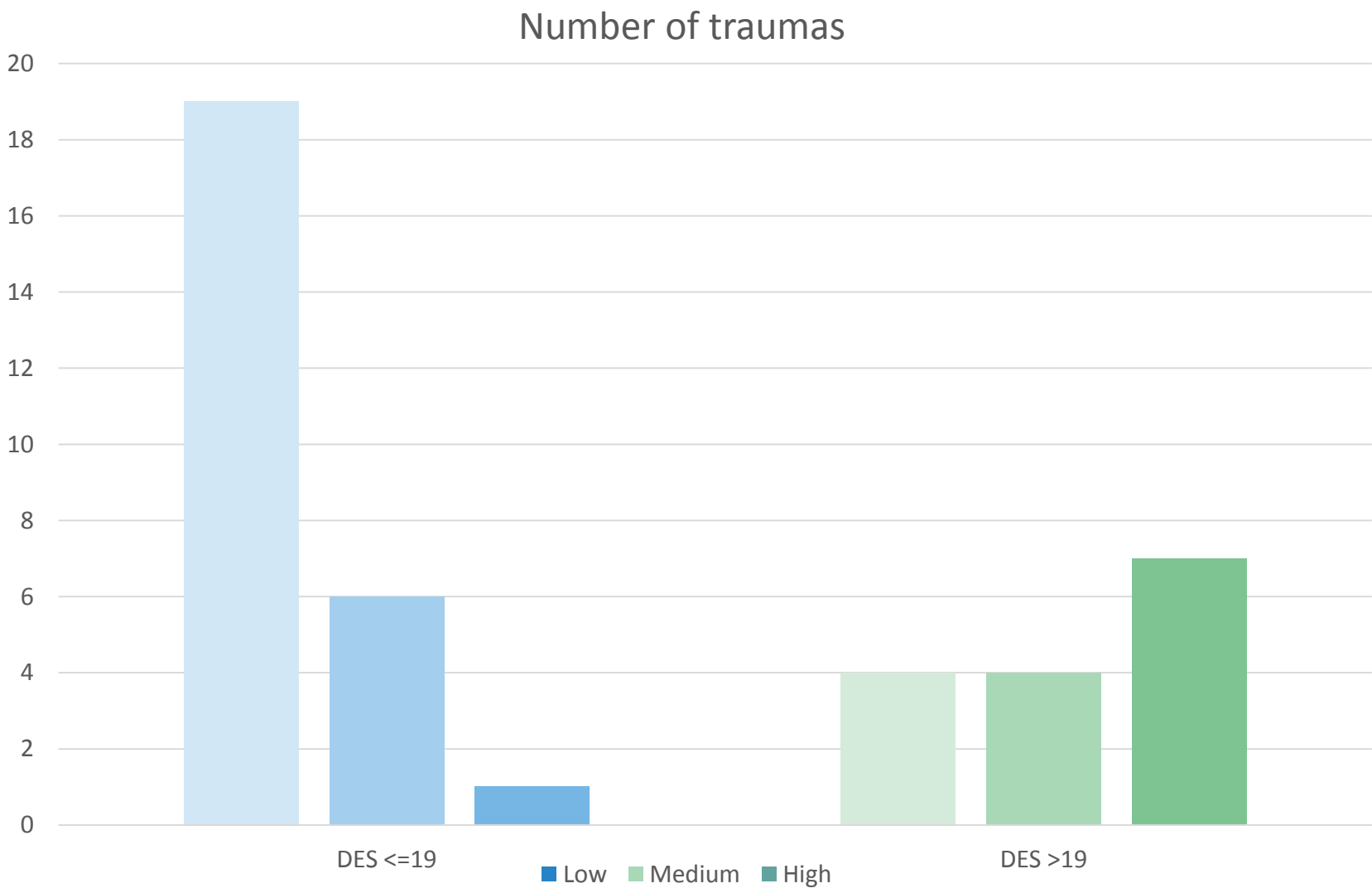

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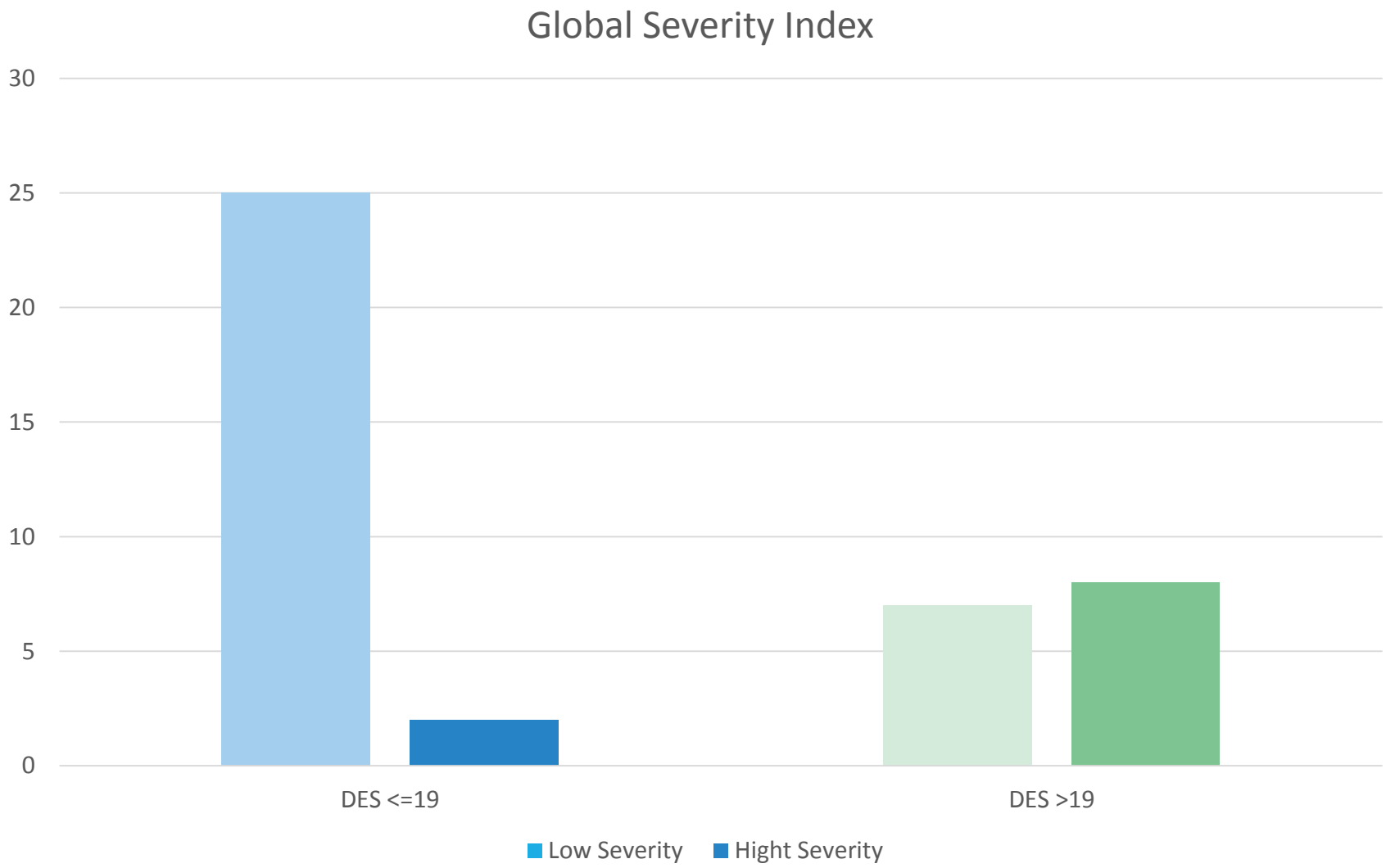

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Reflections:

Many schizophrenic patients have relevant dissociative symptoms, not only amnesia an depersonalization, but also identity fragmentation

Those patients have more traumatic events

The dissociative group in schizophrenia presents more severity indices

Dissociation is more present in schizophrenic subgroups from programs for chronic or severe patients than in outpatients clinics

They are the patients more needed from trauma therapy (more severe traumatization)

Reflections

Dissociation is not addressed in studies on EMDR in schizophrenia, but having in mind these data, should it be?

Dissociative **symptomatology** makes not necessary by itself the adaptation of EMDR procedures or a specific preparation phase (dissociative symptoms are frequent in complex trauma patient without a dissociative disorder), but it is often needed in patients who **meet criteria** for a comorbid dissociative disorder: they are reluctant or phobic to go into traumatic contents, they sometimes don´t remember core traumatic events, or present a relevant emotional disconnection (difficulty accessing traumatic memories)

The question is not only if working in every patient (having or not relevant dissociative features) with standard procedures is **safe** (a relevant question), but also if it is so **effective** than doing the more adequate preparation

Reflections for research

In the study on bipolar disorder headed by Benedikt Amman the selected patients had subsyndromal symptoms (more severity) and a more traumatic history

The EMDR therapists described that patients in the study were in their majority people with complex trauma profiles

So: Do we need to adapt procedures?

Contact:

anabelgonzalez@outlook.com

Remember: next year

18th EMDR Europe Conference

Barcelona

June 30th – July 2th 2017