The beaten boy

A long-term case study with focus on the adaption and further development of EMDR to Dual Focus Work (DFW)

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Motivation for the study

- EMDR – a technique whose effectivness is profundly documented

Meta-Analysis: Davidson & Parker, 2001; Bradley, Greene, Russ, Dutra, & Westen, 2005; Seidler & Wagner, 2006; Bisson, Ehlers, Mathews, Pilling, Richards & Turner, 2007

- No existing studies concerning research of EMDR in longterm psychotherapeutic settings so far
- Interventions based on a guideline applied in a psychotherapeutic process of Integrative Gestalt Therapy (IGT) – an attempt of integration
- Observations in practise and recent research led to adaption and further developement of EMDR to Dual Focus Work (DFW)
- EMDR: high rates of dropout

Treatment of PTSD – what is efficient?

- Numerous empiric studies concerning therapy of PTSD (no other mental disorder holds as much research)

- 3 Meta Studies with PTSD (considerabel differences concerning the design of research):

  2012: Gillies, Taylor, Gray, O`Brien and D`Abrew compare CBT und EMDR (14 studies)

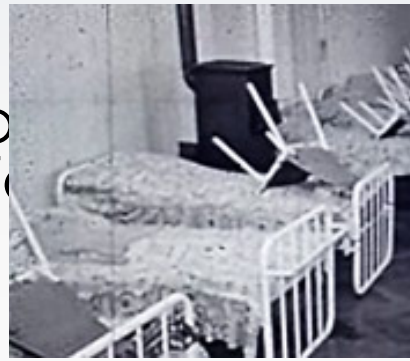
  2013: Watts, Schnurr, Mayo, Young-Xu, Weeks & Friedman survey PTSD-treatments (112 studies; all methods of PT und pharmacology; CT, Exposure Therapy and EMDR)

  2014: Jonas, Cusack, Forneris et al. (92 studies; CBT, EMDR, narrative exposure)

- Psychotherapy und Pharmacotherapy
  (Fluoxetin, Paroxetin, Sertralin, Topiramat, Venlafaxin, Risperidon)

Information about the patient

- Mister Friedrich, 60 years old, adopted by foster mother; 2 more adopted boys in the familiy; varying schools and children‘s homes; different unskilled jobs; early retirement; living alone
- Physical and psychological/mental violence of foster mother and aunt
- Sexual abuse and violence administered b members of the children‘s homes and by f pupils



- Medication at the beginning of therapy:

  Quetiapin 25mg, 1-1-2, Depakine 500mg 1-0-1, Thyrex 160ng 1 – 0 – 0

- No psychotherapeutic treatment by that time

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Symptoms and Diagnosis

- F62.0: Enduring personality change after catastrophic experience
  (according to ICD-10, Dilling & Freyberger 2008)
- Man-Made-Traumata Type 1 und Type 2
  (according to L. Terr, 1991)
- Symptoms:
  - Lively memories (mainly visual)
  - Flashbacks
  - Hypervigilance
  - Irritability and outbursts of anger
  - Social withdrawal

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Process of Treatment

- First Year: creating confidence, biographical work (Petzold, 1993); dealing with anger issues; cultivating/exercising impulse control; finding/reinforcing resources
- Second Year: first improvements, intrusive distressing memories of the traumatic events diminish in both frequency and intensity; first adaptions of the EMDR manual
- Third Year: ongoing treatment with DFW lead to further pacification of the traumatas; emphasis on the identity in the present

Difficulties starting with EMDR

- Mr. F. was squint-eyed as a child (strabismus, OP) – no frequent eye movements possible

- Tapping his thighs recalled physical violence and pain from the past

⇨ Forgoing EMDR or doing without it?

Or adaptions and enhancements of the technique?

Wich linking of attention is effective?

- Studies show that also vertical eye movements lead to equal therapeutic effects.
  (Van den Hout und Engelhard 2012)
- Other linkings of attention show similiar effectivness (counting, playing Tetris).
  (Holmes, James, Coode-Bate, & Deeprose 2009)
- In addition, positive memories are less intense after treatment with EMDR. ("Anchoring" positive memories is not only ineffective but "counter-effective").

„(...) not taxing WM or heavily taxing it during the recall does not change the memory, but taxing at a level somewhere in between does produce effects." (Van den Hout & Engelhard, 2012)

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Frequency of Dual Focus Work (DFW)

After 7 months: 1st EMDR treatment

On the whole 29 EMDR respectively DFW treatments in 3,5 years (170 sessions)

DFW session: 100 min.
Other sessions: 50 min
Frequency: weekly

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Adaptions of EMDR to Dual Fokus Work (DFW)

- Patient before protocoll
- Individualized work in process
- DFW methods
- Tuning
- "Overtaxing the Working Memory" as active factor framed by the therapeutic relationship
- DFW – reducing symptoms concerning other mental disorders and burdenings (??=strains??) (no specified manuals needed)

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Results

- From the client‘s point of view:
  total satisfaction : 88,75 %
  (Questionnaire Decker, 2010)

- From the client‘s and the therapist‘s perspective:

vast reduction and palliation of PTSD symptoms, intrusive memories reduced in frequency and intensitiy; reduced fears, flashbacks vanished, increase of impulse control, increase of selfvalue, increase of the possibility to distance oneself from others

- After 18 months no antipsychotic and antiepileptic treatment anymore

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Conclusions for practice

This adaption and development of EMDR to DFW turns out to be an efficient method of treatment of this posttraumatic stress disorder.

- It is not recommended to use EMDR to anchor positive cognitions
- The starting sequence of the EMDR manual is only used when the patient shows too little emotional involvement
- The methods for dual focus attention can/must be adapted to the individual patient

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Article to be found:

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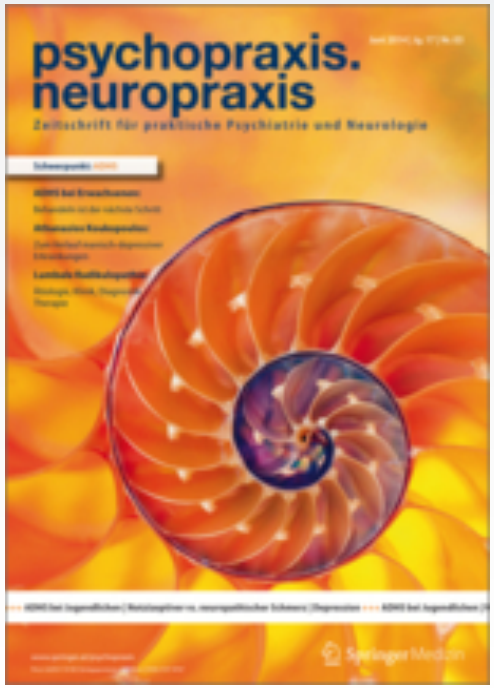

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Thank you for your attention!!

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