

An introduction to EMDR for Children and Young People.

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Traumatic Stress Wales Workshop

23rd March 2022



**Straen
Trawmatig
Cymru**

**Traumatic
Stress
Wales**

Welcome and Introductions

- ❖ A very warm welcome from Tom, Jen and I
- ❖ Housekeeping – fire exits and rest room facilities
- ❖ Trauma trigger warning
- ❖ Take a break if needed, be self-aware, mindfulness, anxiety management and grounding strategies help to self-regulate and to self soothe. If needed, access supervision/mentoring or wellbeing services. Tom, Jen and I are here if you would like to speak to us.
- ❖ An introduction
- ❖ Workshop delegates

Health Boards

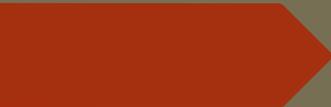
Education
Services

Local Authority

Cardiff
University

Public Health
Wales

Third Sector
Charitable
organisations



Warm welcome to all the Delegates



Goals for today's workshop

Working with Children and Young People, parents and carers – broad themes

What is PTSD and Complex PTSD, thinking broadly about traumatic stress symptoms

What is EMDR?

How can EMDR be adapted for children and young people

Through a mixture of teaching, videos, small group work (2's and 3's) and role play we will gently progress through the EMDR 8 phase protocol using a case scenario.

PTSD – what do we mean?

- ▶ **Traumatic event(s).** Where a child or young person has experienced or witnessed an event or events that have been “extremely threatening or horrific”.
- ▶ **Core Symptoms of PTSD** -Re-experiencing, Avoidance, Hyperarousal and reactivity.
- ▶ **Duration of time** - symptoms of at least several weeks.
- ▶ **Impairment and impact on functioning** -symptoms cause significant impairment in personal family, social, educational, occupational or other important areas of functioning.
- ▶ Traumatic events/experiences that are prolonged and repeated and which occur in early childhood are sometimes described as complex trauma or developmental trauma.
- ▶ These types of events usually occur within the child’s current relationships and at a time when the young brain is developing. Examples may be emotional, physical or sexual abuse, neglect, loss or abandonment. Other examples are those that may arise from chronic, repeated and severe exposure to community violence, racial trauma, refugee or war trauma.

Complex PTSD – what do we mean?

- A diagnosis of Complex PTSD is made when the criteria for PTSD are met **plus** 3 further set of symptoms which are called 'disturbances in self-organisation' or 'DSO'.
- **Core Symptoms of PTSD** - Re-experiencing – Avoidance - Hyperarousal and reactivity.
- **Plus disturbances in self organisation or DSO** - Difficulty regulating emotions - Negative self concept (such as feeling of guilt, shame and loneliness) - Interpersonal problems which impact on building and maintaining relationships
- Some children who develop CPTSD have experienced developmental trauma.

What is Complex PTSD?

CPTSD

- PTSD
- Plus 'disorders of organization'
- Attention
- Somatic
- Relationships
- Regulation of emotions



*Complex PTSD involves the core symptoms of PTSD plus additional groups of symptoms
source: ISTSS Expert Consensus Treatment Guidelines For Complex PTSD In Adults*

Task 1 How may traumatic stress symptoms present differently (10mins)

- In small groups of 2's or 3's please explore how traumatic stress symptoms may present differently in different age ranges
- In toddlers
- In Primary school age children
- In older teenagers
- Considering Re-experiencing, avoidance, hyperarousal and reactivity...
- Having an attachment informed & developmentally informed understanding helps us to adapt EMDR to meet the needs of the child.



Task 1 ...feedback(10mins)

- In toddlers. Clingy, regression, Sleep and eating, fretful.
- In Primary school age children Sleep, irritable and tearful, preoccupied, aches and pains, school avoidance or poor concentration
- In older teenagers more like the 'typical ' PTSD symptoms, Triggers leading to avoidance, hypervigilance, feelings of loss/sadness, disruption to learning



What is 'EMDR' – the basics concepts

- EMDR is Eye movement desensitisation reprocessing
- Francine Shapiro
- An 'integrative' therapy
- Not hypnosis
- EMDR has 8 phases
- Aims to eliminate suffering that happens from unprocessed traumatic memories that underlie current symptoms
- EMDR is an evidence based therapy for the treatment of PTSD in children and young people and in adults (NICE guidelines, ISTSS guidelines and Matrics Plant and Matrics Cymru evidence tables).



The 8 phase protocol



- Phase 1 History taking
- Phase 2 Preparation (stabilisation)
- Phase 3 Assessment
- Phase 4 Desensitisation
- Phase 5 Installation
- Phase 6 Body Scan
- Phase 7 Closure
- Phase 8 Re-evaluation
- (For infants, children and young people we give consideration to how the 8 phase protocol may need to be adapted to the needs of the child).

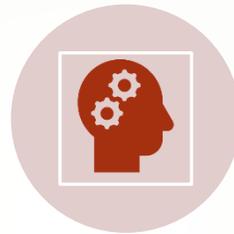
Francine Shapiro and the Adaptive information processing model/ AIP.



AN 8 PHASE PROTOCOL



THE ORIGINAL TRAUMATIC
EVENT HAS BEEN
INADEQUATELY
PROCESSED CAUSING A
BLOCKING OF
INFORMATION



THE PHYSIOLOGICAL
MEMORY INTERPRETS
INPUT/ TRIGGER EG A
RAISED VOICE AS A THREAT



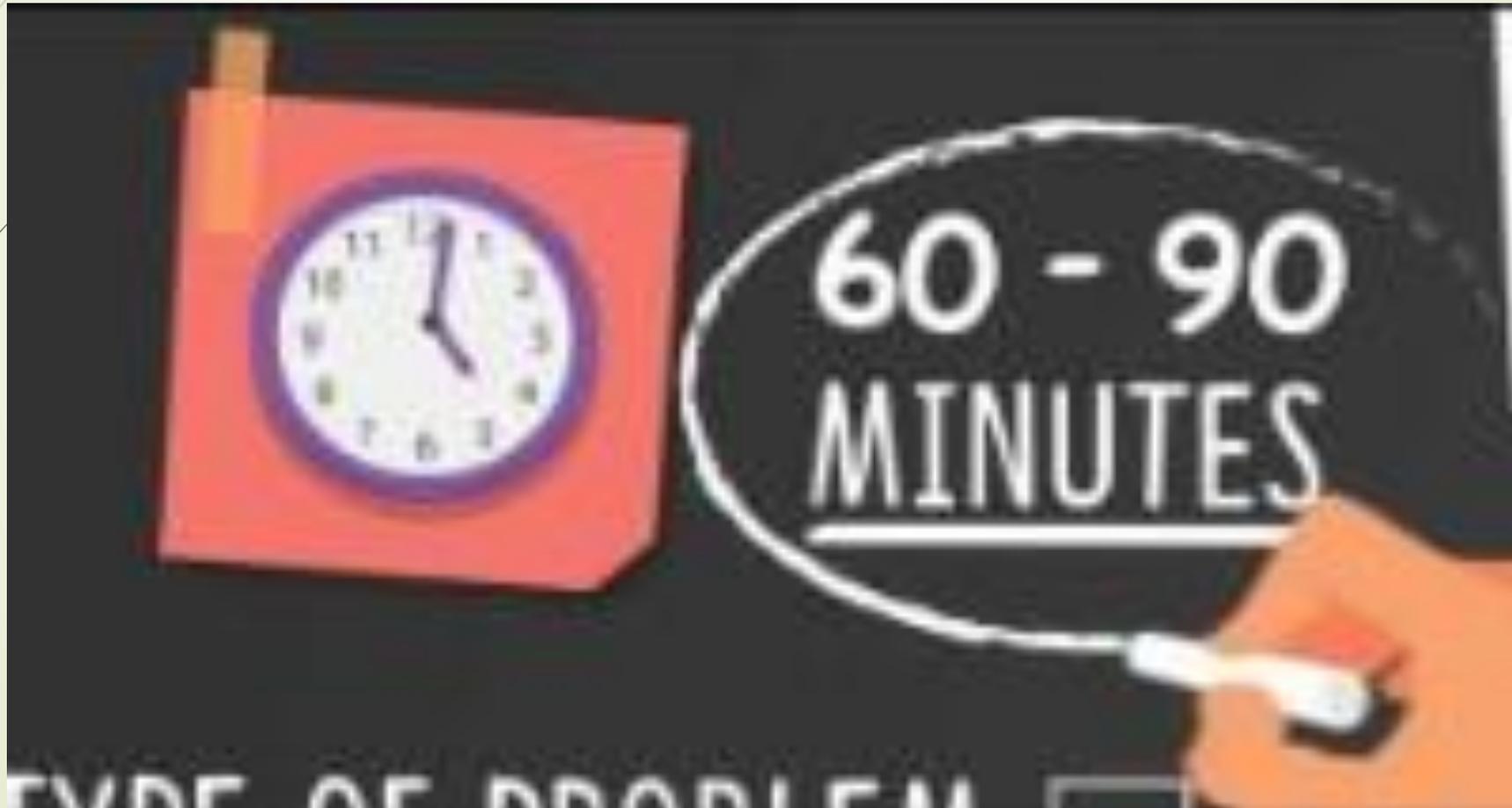
THE LOGICAL SIDE OF THE
BRAIN IS NOT CONNECTED
IN ORDER TO INTERPRET
THE CURRENT SITUATION



EMDR SERVES TO
RECONNECT THE 2 SIDES
THUS REDUCING DISTRESS

Natural tendency to move towards better mental health. EMDR allows networks to link adaptively and processing allows information to move towards resolution, causing spontaneous insight and change.

How EMDR works – A video from the EMDR association of Australia provides a summary of EMDR (we will look at child adaptations later)



Broader considerations when working with CYP

Being child centred,
building trust,
personalising support

Working with parents
& carers (who might
also be experiencing
traumatic stress
symptoms)

Working within
'systems' –
education, children's
services, third sector
etc.

Being
Developmentally
informed

Being Attachment
informed. Being
playful, empathetic,
curious & accepting

Formulation based,
competency driven, we
draw on multiple
frameworks & models
working in an integrated
manner.

Being aware of Safeguarding issues & the legal frameworks including the Children's act, Social services & wellbeing (Wales) Act, the Mental Health Act & Mental Capacity Act.

Second video from the EMDR UK Association looks at how EMDR can be adapted for children and young people



Adapting EMDR for children and young people

Intergenerational trauma. May need to teach affect tolerance.

Sometime need to work with parents/carers before we work with the CYP

Developmentally different

Adjust the length of the sessions, smaller sets

Consider attention span and verbal reasoning skills

For some, there may be no 'safe place'

CYP may want to give the 'correct' answers

Instead of SUDS, ask 'how big?'

Adapt our own language to avoid jargon

Use of story telling narratives and metaphors

Creative and playful approaches

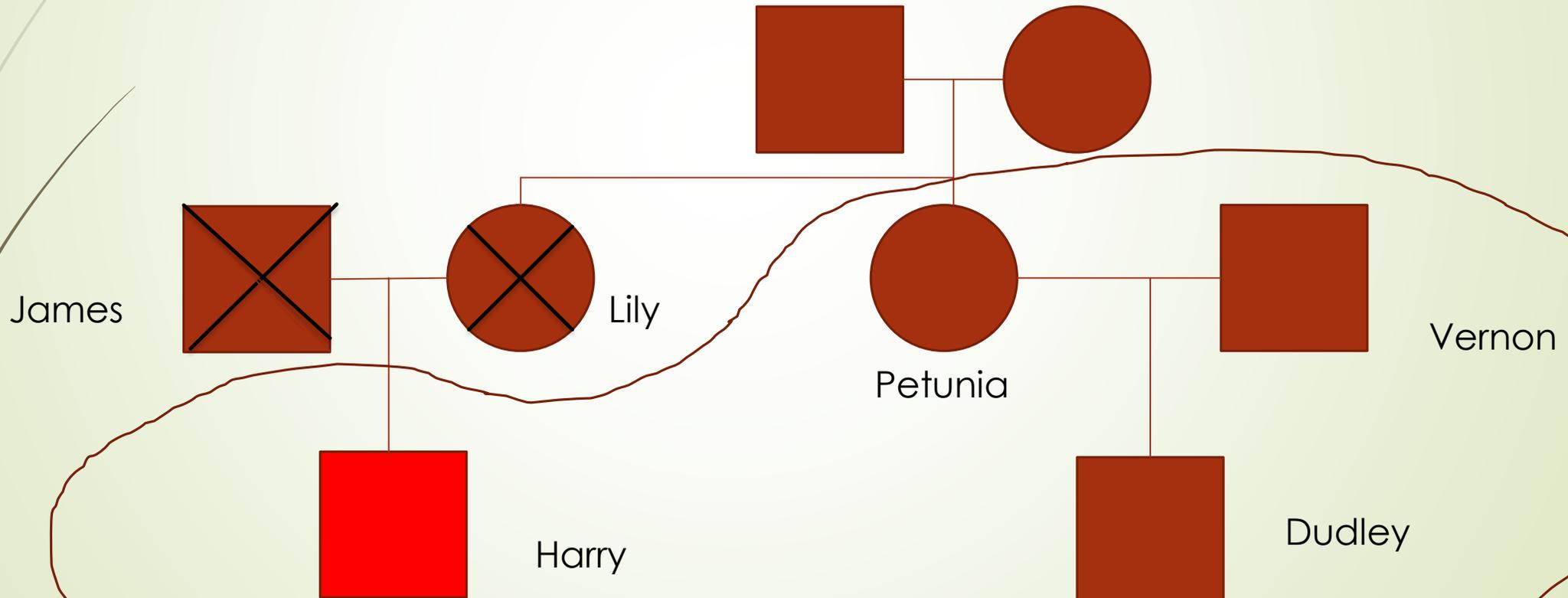
Puppets, animal cards, Sand trays, and in the use of interweaves

Affect regulation can include inventive distancing techniques eg magical cloaks, shrinking spells

Case study

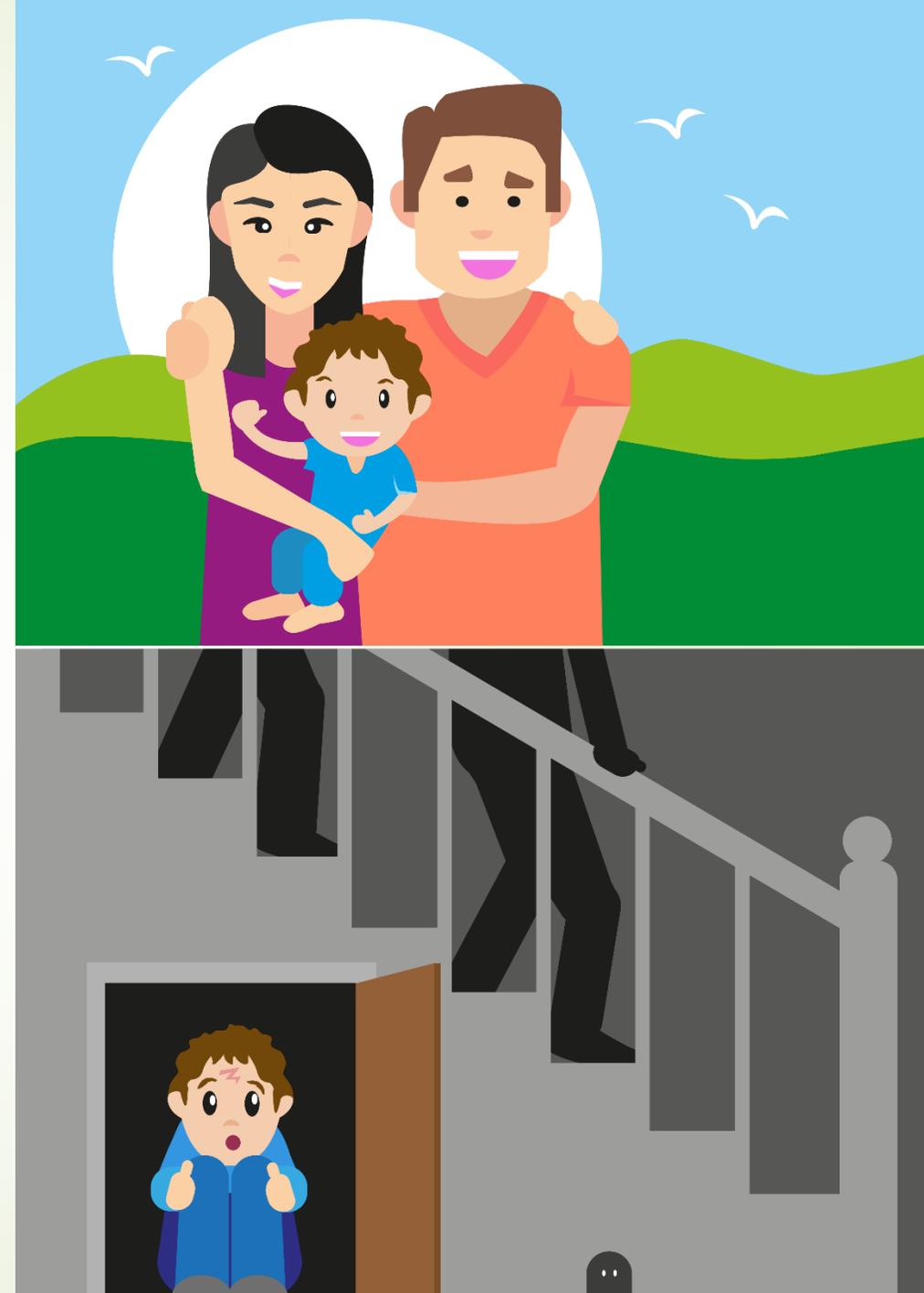
- Consider a case example to illustrate the 8 phases of the protocol
- Together we are going to move through the phases, by a combination of small group work and role play from Tom, Siobhan and myself
- Taking a developmentally informed, attachment informed, systemically informed and playful approach. Important also is the concept of the window of tolerance (S)
- Where many Children and young people YP with PTSD/CPTSD have experienced trauma through an abuse of power by a significant other, establishing a trusting therapeutic relationship is crucial when doing any evidence base trauma therapeutic work.

Introducing you to Harry (15 years) referred by a concerned Teacher...



History

- Witnessed parents murdered when an infant
- His parents loved him.
- Scarred
- As an infant went to live left with maternal aunty, her husband and first cousin.
- They were resentful of his inherited wealth and powers
- Begrudgingly took him in
- No overt affection (compared to biological son)
- Invalidated for his uniqueness and difference
- Made to sleep in a cupboard under the stairs
- Aunty and uncle display attitudes that could be considered as reactionary, prejudiced, narrow minded
- Age 11 goes to a boarding school for wizards, alone and friendless.



History

- Between 11 and 15, witnessed multiple deaths of loved ones – a friend Cerys, God father, beloved dragon Calon.
- Witnessed and participated in combat/violent acts
- Experiences nightmares of previous traumatic events, relives mother's death, feels restless, triggered by 'dementors' that give him flashbacks, has meteoric changes in mood and angry outbursts
- Makes friends and has trusted mentors



Task 2. History taking & treatment planning (10mins)

- ❖ In small groups explore what information you would like to gather from 15 year old Harry and /or others, knowing something of his background and past.
- ❖ Think of what resources are around him and what resources may need further development
- ❖ Think about the systems – any adults/carers/friends
- ❖ Are there any safeguarding issues here? Who has PR?
- ❖ Is he currently in a safe place?
- ❖ Is he able to stay within his 'window of tolerance' ie be 'grounded' and 'in the moment'?



Fast forward - history and treatment planning is now complete

- ❖ Over many sessions we establish a trusting therapeutic relationship.
- ❖ Harry has features of PTSD having witnessed traumatic events involving others, been involved in combat and violent acts, has features of traumatic stress symptoms
- ❖ He has a history of 'dissociation' (zoning out, being out of his 'window of tolerance')
- ❖ He has a number of resources, we have established a 'stable base' and we have engaged with a number of teachers and outside agencies to provide extra support.
- ❖ Safeguarding measures are in place.
- ❖ We assess that he needs further resources to be able to embark on the therapy and to enhance his 'window of tolerance'.
- ❖ We have identified together a number of traumatic memories that Harry wishes to work on – the first/earliest, the worst and the most recent.

(Phase 1) treatment planning

We have identified a number of traumatic memories that Harry wishes to work on – the first/earliest, the worst and the most recent. Without going into detail, he rates his distress using a subjective units of distress score (out of 10) for each one.

memory	Age	SUDS (out of 10)
Parents dying	infant	10
God Father's death	15	10
Dragon Calon's death	13	10

Harry wants to work on the memory of the death of his beloved magical dragon Calon.

(Phase 2) – preparation (can be extensive, important step)



- Explaining ‘trauma’ to Harry using various metaphors
- Explaining how EMDR helps with healing to Harry
- Introducing bilateral stimulation and choosing a preferred BLS
- Creating a ‘safe place’ exercise
- Agreeing a stop signal (for EMDR to pause)
- Creating a ‘container’ for Harry
- There are many different other resourcing techniques that we can use with Harry (beyond the scope of our workshop) which may include the ‘Heart jar’ exercise, ‘Whole resource’ world and ‘Compassionate figures’





Task 3—
preparation
(in your small
groups) – 10
mins

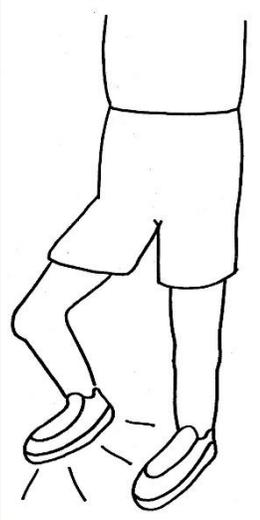
Think how you might explain 'trauma' to Harry using an appropriate metaphor

Think how you might explain how EMDR helps with healing to Harry

Imagine exploring with Harry which type of bilateral stimulation/ BLS he prefers

Agree a stop signal

**Bilateral
stimulation
BLS**



Fast forward -preparation is now complete (1 of 2)

- ❖ Harry now has an understanding of trauma
- ❖ He has an understanding of what EMDR is and how it might be helpful (linen cupboard)
- ❖ We have established his preferred BLS – ‘magic tappers’
- ❖ and a Stop signal (“STOP!”)
- ❖ We have created together an imaginary safe place so that Harry is within his ‘window of tolerance’



Preparation is complete 2/2

- ❖ We have needed to do some extended work developing and installing resources
- ❖ We have installed resources for Harry including compassionate figures (Hagrid), wise figure (Dumbledore), courageous figure (Hermione), loving figure (parents) – installed using slow BLS.
- ❖ Have created a container for Harry to put his worries in that he is not yet ready to work on.



Phase 3 – assessment – the traumatic memory

Calon the dragon was Harry's beloved magical friend.

She was killed trying to protect Harry

Killed by a magical spell intended for Harry

Harry was on the back of his friend Hagrid's broomstick fleeing from the evil wizard

There was a Flash of green light and Calon was struck by an evil spell

Calon screeched

She fell to the ground through the sky.



Phase 3 – assessment – the memory

- ❖ The memory – Dragon Calon's death
- ❖ Image – the green flash
- ❖ When Harry brings up the image he believes 'it's my fault'
 - Harry would like to believe 'I did the best I could' when he brings up the image, yet he believes this with a rating of 3/7
- ❖ When bringing up the image, he feels anger and shame, scoring this with a distress rating of 10/10 and he feels this in his stomach.

Preparing for Phase 4 desensitisation & reprocessing – now for some role play!

- Introducing you to Jen, our therapist and Harry aka Tom!
- The length of the 'sets' will be reduced for illustrative purposes and we assume we have progressed through phases 1 to 3 already.
- Jen prepares in advance for this part of EMDR, thinking about potential obstacles to processing and how to keep Harry 'in the room' and grounded, within his window of tolerance and maintaining 'dual attention'.
- Some of these considerations may include:-
 - Safe place exercise
 - Compassionate figures
 - Cognitive interweaves – invisibility cloak, magical shrinking spells ...

This approach could be adapted for different ages – for example...

- Bring in parent or carer to assist with BLS, help with resourcing or to construct narratives
- Can use drawings/sand tray/props to explore how the traumatic changes through processing
- Different approaches to use when processing becomes blocked
- Interweaves can be very creative / objects can be integrated playfully and at a developmentally appropriate level for example...
- Fast forward buttons
- Invisibility cloak/ magnifying glass, binoculars
- Magic shrinking spell



Role play ...



As Jen and Harry progress from phase 4 to phase 8 notice the change in the traumatic memory ...

- Change in negative cognition about himself
- SUDS have come down from 10/10
- Change in feelings and emotions, and physical sensations indicates processing
- Positive cognition (I did the best I could) still fits but Harry feels it more strongly
- In phase 5 Jen installs the positive cognition with the event.
- Strengthened by slow taps
- Phase 6, the Body scan reveals any residual tension
- Slow taps offer relief
- Phase 7 is closure
- Phase 8 – is re-evaluation



Thank you Jen and Tom!!!!



Recap - Goals for today's workshop

- What is PTSD and Complex PTSD?
- What is EMDR?
- How EMDR can be adapted for children and young people?
- Through a mixture of teaching, videos, group work and role play we have gently progressed through the EMDR 8 phase protocol using a case scenario.
- For those interested in attending accredited EMDR training we provide links at the end of the presentation.

Helpful links for further information

- ▶ emdrassociation.org.uk
- ▶ istss.org
- ▶ Link to Matrics Tables: <https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/psychological-therapies/resources-psychological-therapies/evidence-tables-evidence-tables-matrics-cymru/>
- ▶ nice.org.uk
- ▶ Traumaticstress.nhs.wales

Thank you

- We hope you have enjoyed the workshop
- We have thoroughly enjoyed the opportunity to be with you all today
- Any questions?



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