

# **THE NEGATIVE IMPACT OF COMPLEX PTSD ON HEALTH:**

## **An EMDR/ EGO STATE TREATMENT PLAN**

**Workshop Presentation  
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### **Complex Trauma**

- Certain trauma victims enter therapy, seeking help for severe symptoms of dissociation, PTSD, depression, anxiety, and health problems.
- They are rarely victims of single incident trauma
- They have often experienced prolonged repetitive trauma in childhood and adulthood

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### **Complex Trauma**

- **These clients may more accurately diagnosed with Complex PTSD, or disorders of extreme stress (DESNOS)**
- **Typically will be diagnosed with a dissociative disorder and/ or an axis 2 disorder**

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### **A Trauma Typology Review**

- **Type 1 trauma.** Single incident event
- **Type 2 trauma.** Repetitive, usually beginning in childhood- may continue into adult life.
- **“Shock trauma”** can occur at any time in the life cycle: Natural disasters, (tsunami, floods, earthquakes). Or of human design: CSA, murder, terrorist attacks.
- **Developmental trauma:** tied to family of origin: neglect, chaotic attachment,

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**Core Issues For Complex Trauma Clients Related to Health Issues**

- **Often experience feeling strong self hatred, internal fragmentation, disconnection, alienation and fearful isolation**
- **Also present w/ typical PTSD symptoms).**
- **Lack of trust in others is significant factor.**

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**Core Issues Related to Health Issues**

- **Often detached from their body**
- **Many have longstanding health problems and no involvement with health care system**
- **Frequently self medicating, self-harming and presenting other destructive behaviors**

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**Core Issues**

- **Dissociated neural networks / fragmentation/ and dissociative disorders, cause serious problems in adult life.**
- **The adaptive information processing system is on hold for these dissociated fragments (parts/ aspects of the mind/ ego states)**
- **There may not be any co-consciousness concerning this fragmentation**
- **Real life issues can be neglected or ignored by this fragmented internal system**

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### **Core Issues**

- **Easily triggered by internal or external cues to which they can have extreme reactions: flashbacks, amnesia, losing time and place, psychosomatic symptoms.**
- **These reactions may be shaming, terrifying, humiliating, leading to further isolation, feeling crazy, refusing medical care, leaving therapy**

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### **Possible Preconditions For Complex Trauma Responses**

- **Family of Origin chaotic/unstable**
- **Parenting: Insecure, avoidant, disorganized attachment styles**
- **Losses/ Breaks in attachment in early childhood**
- **Emotional Deprivation/ Lack of parental attunement to child**
- **Abuse: Physical or sexual (long duration)**

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### **Possible Preconditions for Complex Trauma Responses**

- **Problematic attachment styles may impact ability to deal with later type 2 trauma.**
- **Family attachment styles affect the child: negatively impacting their development.**
- **Neglect: Poor/ or / lack of skills training (hygiene, social, emotional regulation) leading to malnutrition, other health problems**
- **Client's ability to respond to trauma/ loss and become responsible for their self care/ health may not have been taught or nurtured**

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### **Roots of Adult CT Health Problems**

- **Iatrogenic health problems in child or parent.**
- **Specific injuries, accidents, illnesses where family over/ under-reacted or ignored problems.**
- **Child may have been taken repeatedly to health professional for symptoms that are caused by abuse. No linking of symptoms with possible cause.**
- **Adult injuries/ illnesses/ negative medical experiences- more complicated reactions due to earlier dissociated problems.**
- **Regard these as possible targets!**

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### **Negative CT *Patient* Behaviors**

- **Non-compliance with medical procedures or lack of follow-through with medical procedures**
- **Oppositional behavior**
- **Self-medicating, under or over-medicating with either prescription or Non-prescription drugs**
- **Requesting frequent /unnecessary procedures and/or**

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### **Negative CT *Patient* Characteristics**

- **Identifies with roles/ of “ professional patient” and/or the sick one/ victim**
- **Hostile**
- **Avoidant**
- **Needy**
- **Question: How to reach the ‘parts’ who are enacting these roles?**

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### Negative Consequences

- These behaviors and characteristics may lead to a negative cycle.
- Physicians (who have no training re CT), may become avoidant and hostile to these patients
- Patient becomes aware of the external response but not of their own role.
- Patient may leave the practice without getting appropriate treatment
- Patient will be negatively reinforced about not trusting health care professionals.
- Regard these events as possible targets.

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### Frequently Reported Physical Complaints by CSA Survivors 1

- Complications of Pregnancy
- Pelvic Inflammatory Disease (PID)
- Chronic Menstrual Problems
- Chronic Pelvic Pain
- Vaginal Infections and Discharges
- Migraine Headaches
- Musculoskeletal Complaints
- Obesity/eating Disorders
- Pseudo-Neurological Symptoms

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### Frequently Reported Physical Complaints by CSA Survivors 2

- Asthma/Respiratory Disorders
- Dizziness and Fainting
- Cardiovascular Conditions
- Chronic Pain
- Chronic Fatigue/ Fibromyalgia
- Gastrointestinal Difficulties
- Irritable Bowel Syndrome
- Breast Disease
- Sexual Dysfunction
- Urinary Infections/ Prostate problems

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**Symptoms related to  
Developmental and Shock Trauma  
in Adult CT Clients**

- Somatic dissociation
- Many psychomatic problems
- Dermatological: hives, rashes
- Self- Harming, Pain inducing or pain maintaining
- Problems in Childbirth and other medical procedures.

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**Other Health Problems Experienced  
by  
Complex Trauma Survivors**

- Immune system problems related to abuse, neglect.
- Consequences of compulsive disorders (anorexia, bulimia, alcoholism, drug addiction) on the physical system.
- Sleep disorders

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**Intertwined Problems/ Vicious  
Cycle**

- Negative sequelae of developmental and /or shock trauma on physical and mental health
- CT survivors have serious difficulties addressing their health problems and accessing adequate health care.
- Good preventative and ongoing health care minimal or absent-exacerbating existing health problems
- Dissociation increases the complexity of this cycle.
- Regard these as possible targets!

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## Goals of Treatment

- **To provide phase oriented EMDR treatment to:**
  - **Prevent clients from being triggered, flooded and overwhelmed: in and outside of session and in healthcare settings**
  - **Help clients (and their internal dissociated neural networks or parts) find internal stability, resources and reconnection**
  - **Develop necessary skills to deal with trauma work and health problems**

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## Additional Goals of Treatment

- **To safely desensitize and reprocess trauma memories and eliminate need for dissociative and PTSD symptoms that impede CT patient from dealing with health issues**
- **Help client develop skills to function adaptively in their present life as effective self caring health consumers**

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## Phase 1 Diagnosis and Assessment: History Taking 1

- **Diagnosis and treatment planning based on extensive history taking, dissociative screenings, other scales**
- **With such clients, history taking needs to be detailed, but structured at clients pace to be as non-triggering as possible**
- **Therapist empathy, considerate questioning, important**

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## Diagnosis and History Taking 2

- **Explore current issues over time**
  - **Include mental health issues:**
  - **PTSD Symptoms, Depression, Anxiety,**
  - **Dissociative symptoms in the present**
  - **Present stressors/ triggers**
  - **Information about current support from family, friends, co-workers, clergy**
  - **Health issues**

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## Diagnosis and History Taking 3

- **Comprehensive Developmental history**
- **Information on early childhood and family history that includes family attachment styles relationships, and conditions in the home.**
- **Complete physical and emotional health history of the client beginning with infancy, as well as family members, (ex. The mother's physical and emotional health in pregnancy)**
- **Any history of compulsive disorders (for client and family)**

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## Diagnosis and History Taking 4

- **Over time, safely explore trauma history, interpersonal connections, inability to love, feelings of isolation, fragmentation of self, chronic stress responses, dissociative symptoms**
- **Essential to take trauma history that includes early losses and other situations that have been experienced by the client as traumatic (including health issues)**
- **Pace according to client's ability to stay present, call Time Out when necessary**

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### **Diagnosis and History Taking 5**

- **Eliciting this material often eliminated when the client presents with either recent incident or one major traumatic event (Type 1 trauma)**
- **Thus not getting the full extent of the big and small T traumas that influence growth and development**
- **With type 2 trauma clients, proceeding to target selection, desensitization etc. w/o this information may impede processing and/or be destabilizing**

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### **Treatment Planning Decisions**

- Determine if health issues are related to**
- A) developmental/attachment trauma**
  - B) shock trauma (including iatrogenic)**
  - C) Or Normal health issues that client:**
    - 1) is lacking skills to deal with**
    - 2) PTSD symptoms interfere with getting health care**
    - 3) Earlier illnesses, injuries, hospitalizations**
- Regard as possible targets**

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### **Phase 1: Overview of Stabilization Work**

- **Determine if the patient has features of complex PTSD and/ or dissociative disorder**
- **Define and select the appropriate ego state, somatosensory, dissociation, orienting, and affect management strategies to help such clients develop stability and safety to successfully process trauma, loss, and significant health problems**

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**Stabilization Phase: Initial  
Reconnection**

- **Provide psycho-education about dissociation and trauma, internal parts, normalizing trauma symptoms**
- **Develop mindfulness/awareness re: symptoms, emotions, physical sensations, and triggers**
- **Building of therapeutic relationship (with many pitfalls!)**
- **Introduce ego state/ parts concepts (Watkins and Watkins, Schwartz)**
  - **Meet the ego state system**
  - **Teach all skills to the system**

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**Positive Body Resource Exercise  
(P. Levine)**

- Imagine that you can gently scan your body and find the most relaxed, calm place
- Vocabulary for physical sensations of relaxation may need to be taught
- Size is not important: the place can be small or big
- When you find it, just notice the physical sensations of relaxation.
- Just keep your focus there
- Notice what is going on in the rest of your body

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**Positive Body Resource Exercise  
(con't)**

- When this exercise becomes routine for the client, it can be used to reduce stress and pain (either physical or emotional) through pendulation
- Pendulation: Focus on the positive body resource; then focus on something annoying, or distressing. Notice what that feels like. Go back to the positive body part. Focus. Return to distress, or distressed body part. Pendulation usually reduces the level of distress.

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### **Heartwork**

- **Heart coherence exercises (Heart Math, D. Servan-Schreiber)**
- **Take two slow deep breaths (focusing on your breathing)**
  - **Imagine breathing normally directly into your heart'**  
**as if the heart is in the center of your chest**
- **Focus on feelings of gratitude in your life:**
- **for your improving health, your relationships, the beauty of nature, spiritual connections etc.**

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### **Stabilization Phase Work**

- **Identify themes, blocking beliefs, that prevent the patient from attempting or completing exercises/ specific work/ dealing with health issues**
- **Also identify strengths, resources, supports**
- **Use bilateral stimulation for installation of resources, other stabilization phase activities, if safe**

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### **Stabilization Phase Work**

- **Work with ego state /parts system to problem solve, determine the blocks, specific skills, resolve conflicts and initially reconnect within the internal family**
- **Client needs ability to go back to earlier/ earliest/ touchstone events without dissociating. Focus on containment, distancing skills.**
- **May have fear of feeling emotions. Focus on developing awareness/ just recognizing feelings.**

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### **Stabilization Phase Work**

- Life goes on during this phase
- What happens if there is a need for medical/ dental visits prior to target development?
- How do we support client?
- Review containment/ stress reduction work
- Teach Constructive Avoidance.

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### **Constructive Avoidance**

- Goal: Teaching parts to stay in home base when “adult” has to do “Adult tasks”
- Dealing with major health stressors in current life  
may trigger traumatized parts- can lead to avoidance.
- Examples: Physical examination, Surgery, Meeting new physician
- Steps In Constructive Avoidance
  - Client explains upcoming situation to parts
  - Parts will stay at home base while adult client deals with the situation
  - Debriefs with parts afterwards
  - Rehearse in session/ use Bilateral Stimulation

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### **Establishing Readiness for Processing**

- Therapist works with client to understand resistance or client perceived inability to try, or complete the above exercises
- Explore:
  - Client may be testing therapy alliance for safety.
  - Therapist must be consistent about not imposing authority, need for control etc
  - Indicative of ego state system problems i.e.:
    - Multiple transferences
    - Lack of clarity about the work
    - Fear of change, loss of role/ job.
    - Fear of expulsion or death of a part.
    - Part may be listening for the first time

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### **Establishing Readiness for Processing**

- **There may be issues of undeservingness, lack of worth, self hatred, etc.**
- **Explore, reassure, provide information, conference/dialogues**
- **Use resource building if necessary**
  - **Bilateral stimulation used if helpful**
- **Forming alliances with parts, having the client ask directly what the part or parts need... soothing, being listened to, reconnecting, installing resources**
  - **No part is forced or coerced into participating, listening, working**

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### **Bilateral Stimulation**

- **Use clinical judgment**
- **Depending on the stability level of the client, many of these exercises can be enhanced by bilateral stimulation**
- **BLS Prior to trauma processing**
  - **Gain consensus from the parts**
  - **Use short sets at first**

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### **Phase One Rationale**

- **This extended preparation/stabilization phase provides time for client/ parts/ therapist relationship to develop**
- **If client has serious, chronic health problems, trust in therapist's willingness to work with them w/o being judgmental is imperative**
- **These clients often not believed, called hypochondriacs.**
- **Allows comprehensive preparation for next phase: Processing.**

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## **Establishing Readiness for Processing**

- **Target selection - When there is system agreement and readiness:**
  - **Select the appropriate targets by learning the main NCs and blocking beliefs and needs of the client/ and ego state system**
  - **Decision Tree: Which targets take precedence**
  - **Small t trauma clusters from earlier times**
  - **Current life issues**
  - **Large T traumas current./past**

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## **Target Selection**

- **Childhood health issues old troubling memories**
- **Current or early illnesses, injuries, hospitalizations related to:**
  - **developmental/attachment trauma**
  - **(memories of betrayal, abandonment, worthlessness**
  - **shock trauma (including iatrogenic)**
- **Current phobias, fears of examinations, blood tests, hospitalizations etc.**

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## **Phase One Report Card**

- **Over time, clients (and parts) report fewer dissociative symptoms**
- **Clients develop more empathy for parts**
- **Become able to utilize the trauma processing phase of the EMDR standard protocol**

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## Trauma Treatment Desensitizing and Reprocessing 1

Proceed as in the standard protocol with the following variations (as needed)

- A specific ego state may need its own target
- There may be different PCs, VOC and SUD numbers if more than one part is participating in session (Keep a score card)

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## Phase Two-Trauma Treatment

- **Helper parts sometimes necessary to support stability during this phase**
- **Certain responses necessitate return to stabilization work, (soothing, centering, positive body resource)**
  - Client reports feeling dissociated, terrified, feeling overwhelming physical pain, etc.
- **Then either return to target, close down, debrief**

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## Trauma Treatment

- Looping may occur due to the presence of another Part who needs to speak about old memory, an overwhelming feeling, remembered pain.
  - Attention must be paid
  - Then, if possible return to target
  - Note any future targets that this part (s) may bring up
- Other looping strategies: utilize body centered interweaves rather than verbal interweaves
- Need to titrate and fractionate work

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### Final Phase Two Work

- **Specific targets in addition to T and t traumas:**
  - Mourning past losses, missed opportunities, regrets and remorse about poor health, harmful habits.
  - Grief about lack of love, care, skills not taught, attunement to childhood needs
  - Fears about present and future due to permanent physical damage
- **Pay attention to Present triggers,**

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### Phase Three: Reconnection and Mastery

- Deal with any present relational and life mastery issues related to health maintenance
- Determine need for new skills
- Performance issues/ Rehearsals /Future Template
- If necessary, continue to develop new targets
- Complete healing work with parts/ system

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### Closure

- Longer treatment model
- Review goals met over time in relation to complex trauma problems and health issues
- Review work completed and skills gained

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