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Conference case report

EMDR THERAPY IN ALLEVIATING PSYCHOLOGICAL CONSEQUENCES ASSOCIATED WITH CHILDHOOD MALTREATMENT - A CASE REPORT

Arta Dodaj[1] & Anita Dodaj[2]
[1]*Department of Psychology, University of Zadar, Zadar, Croatia*
[2]*Ministry of Internal Affairs of the Herzegovina-Neretva Canton, Mostar, Bosnia and Herzegovina*

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INTRODUCTION

According to the World Health Organization (WHO 2008), child maltreatment includes all forms of physical abuse, emotional abuse, sexual abuse, neglect or exploitation of children; which results in actual or potential harm to the child's health, survival, development or dignity. Recently, the experience of witnessing domestic violence as a child has also been included as a form of child maltreatment (according to Higgins & McCabe 2000, 2001).

Most empirical studies of child maltreatment have been focused on the incidence and prevalence of different types of child maltreatment. The results of these studies have shown that children who are exposed to maltreatment are rarely exposed to only one type of maltreatment, but instead are more often exposed to multiple forms of maltreatment (Hamby & Finkelhor 2001, Higgins & McCabe 2000, 2001, Saunder 2003, Sesar et al. 2008, Vranić et al. 2002). Furthermore, empirical studies indicate that victims of child maltreatment experience both short and long-term psychological effects (Courtois 2004, Finkelhor et al. 2005, Higgins & McCabe 2001, Van Der Kolk et al. 1996). Children exposed to maltreatment are most likely to develop posttraumatic stress symptoms, anxiety and/or depression.

These empirical studies provide a framework for developing effective psychotherapeutic interventions for work with abused children/adolescents (Health Canada 2001). Generally speaking, treatments for children and adolescents exposed to maltreatment include individualized or group therapeutical approaches aimed at desensitizing them to the traumatic event and strengthening their ability to cope with everyday challenges.

Studies to date have established that beside cognitive-behavioural treatments, Eye Movement Desensitization Reprocessing (EMDR) treatment is highly efficacious in alleviating symptoms related to traumatic experiences such as child maltreatment (Adler Tapia & Settle 2012, Bisson & Andrew 2007, Bradley et al. 2005, Shapiro 2014, Ribchester et al. 2010, Tarquinio et al. 2012). The standard EMDR protocol uses a structured eight-phase approach (Shapiro 2001, 2002, Hasanović 2014). The first two phases include history-taking and preparing the client for the treatment (building a relationship with the client, defining the goals, psychoeducation etc.). The third phase focuses on the target memory that underpins the dysfunctional responses of the client. For effective treatment, the therapist should identify the earliest traumatic event that set the foundation for symptomatology. The target traumatic memory consists of the following components: the image that represents the worst experience, a negative belief currently held (negative cognition), a desired positive belief (positive cognition), current emotion and physical sensation. The Validity of Cognition (VOC) scale is used to evaluate changes in the desired positive belief, on a 7-point frequency scale, from 1 (completely false) to 7 (completely true). To evaluate changes in emotion the Subjective Units of Disturbance (SUD) scale is used. The client assesses the intensity of an experienced emotion on a scale from 1 (no disturbance) to 10 (worst possible). After the assessment phase, the phase of desensitization is conducted in the form of repeated sets of eye movement, tones or taps. The fourth phase aims to elaborate the traumatic event through EMDR stimulation. In the installation phase, the image of the traumatic memory, emotions, and sensations are associated with desired positive cognition. After that, the body scan phase is accessed to verify and eliminate any residual somatic distress. If the client does not report any distress, the closure phase begins in which the client is stabilized and taught self-regulatory skills. The last phase is reevaluation during which the therapist evaluates whether the therapeutic effect has been achieved.

The aim of this study is to describe EMDR treatment in working with childhood abuse trauma, as well as to show the effectiveness of such treatment on a female adolescent exposed to multi-type maltreatment in childhood. Since the assessment phase of EMDR protocol is considered as the most important phase it will be described in detail in the paper.

CASE REPORT

Client data

The client is a 23-year-old female, a third-year tourism student. The client contacted the Student Counselling Service because of her depressive mood accompanied by a loss of interest in daily activities and

feelings of worthlessness and guilt. These symptoms started approximately two months earlier and since then had been appearing frequently. According to the client, the perceived traumatic event that preceded the occurrence of these symptoms is the death of a friend who committed suicide. The client reported having depressive symptoms even earlier in life. She was able to control those using pharmacological drugs since she had been undergoing psychiatric treatment from the age of 17. The client was diagnosed with posttraumatic stress disorder.

There is a diagnosed history in the client's family, a diagnosis of alcoholism in the father and borderline personality disorder in her brother. Early childhood was characterized by the father's strict parenting style, usually accompanied by physical and psychological abuse, as well as neglect. She often witnessed violence within the family where her father physically abused her mother or her two brothers. Family dysfunction contributed to her numerous school and behavioural difficulties during elementary and secondary education. The client states difficulties in interpersonal relationships, perceiving close relationships as inadequate and fulfilled with verbal and physical conflicts.

Target memory assessment

The client reported having experienced a number of stressful life events. Only those events that the client perceived to have the most significant impact on her life will be discussed. At the age of 11, she witnessed severe physical violence by her father towards her mother. At the age of 14, she found out that her older brother had been diagnosed with borderline personality disorder. This mental illness was diagnosed after her brother physically attacked and threatened an unknown woman. At 16, the client expressed suicidal thoughts and attempted suicide. After being abandoned, she decided to leave the family home and began living with her 20-year-old boyfriend who physically abused her. While studying for her bachelor degree, she experienced the death of her best friend who committed suicide.

The detailed history-taking revealed that the etiological event was witnessing the physical abuse of her younger brother by her father. This happened when the client was 10 years old. As a distressing intrusive image she reported the image in which her father physically beat her brother and threatened to kill him with a weapon. The father became visibly upset when the client attempted to call the police and began to show aggression towards her. When the police arrived in response to her call, she reported to one of the police officers that there had been no excessive violence in their home. The client said that because of repeated threats by her father as well as fear of him.

EMDR treatment

In relation to the target memory of the father's violent behaviour towards her brother, the client's negative cognition was "I am weak". Her positive cognition was "I am strong" with a Validity of Cognition Scale of 3. The level of disturbance measured by the Subjective Unit of Disturbance Scale was 7. The current disturbances were sadness and anger, while somatic sensations associated with those disturbances were in the stomach and throat.

During treatment the client was instructed to focus on the image, negative cognition, emotions and body sensations while simultaneously engaging in EMDR processing using sets of eye-movements or bilateral stimulation. After several sets of eye-movement, emotional disturbance increased and the client came up with new disturbing images (e.g. a picture of mother and father arguing, etc). With each new set of eye movements, the emotional disturbance decreased and the image changed.

The client received 9 sessions of EMDR, where 4 were related to the primary traumatic memory. We started with the installation phase after we noted that there was no disturbance regarding the primary traumatic event memory, that is, after the SUD dropped to 0. Positive cognition was paired with the primary traumatic memory and bilateral stimulation continued until the VOC of the positive cognition was 7. Then we implemented the body scan phase which revealed no tension. At the end of the EMDR session, we ensured client stability and verified whether it would be necessary to work on some other target memory.

Four months after therapy had begun; the client reported having significantly fewer negative thoughts as well as successful results in academic and social functioning.

DISCUSSION

By presenting this case study we wanted to examine the use of EMDR in helping a client exposed to multi-type maltreatment in childhood. In the client with multiple trauma experience, we showed that EMDR can be effective treatment. Using EMDR we managed to successfully resolve the event that lay at the foundation of the client's symptoms by desensitization to the traumatic event and cognitive restructuring. This treatment contributed to the alleviation of the client's symptoms related to posttraumatic disorders and to improving quality of the client's life.

The results from this study support the findings of meta-analytic data which have indicated the effectiveness of EMDR therapy in the treatment of trauma (Bisson & Andrew 2007, Bradley et al. 2005, according to Chemtob et al. 2000, according to Shapiro 2014). Furthermore, reviewing the literature, significant differences were found between EMDR therapy and cognitive-behavioural therapy in the efficacy of alleviating trauma symptoms by showing a higher efficacy of EMDR therapy compared to cognitive-behavioural therapy (Arabia et al. 2011, de Roos et al. 2011, Ironson et al. 2002, Jaberghader et al. 2004, Karatzias et al. 2007, Nijdam et al. 2012, Power et al. 2002).

This case study supports the findings of earlier studies and illustrates the importance of EMDR in helping youth exposed to negative life events. Future studies should evaluate the efficacy of EMDR therapy using standardized measurement instruments for trauma symptoms.

CONCLUSIONS

This case illustrates the importance of identifying an appropriate primary target in contributing to the successful EMDR treatment. By elaborating the primary target memory, other memories associated with stressor events activated. Desensitization activated other dysfunctional materials locked in the client's memory network associated with the image of the client's inability to help her mother during the physical and verbal attack by the father, the image of a verbal conflict between her and boyfriend, the image of the conflict between her and teacher because of low grade, etc. EMDR therapy successfully alleviated emotional distress and helped in positive changes in the client's cognition and behaviour.

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Contribution of individual authors:

Arta Dodaj: conception and design of the manuscript and interpretation of data, literature searches and analyses, clinical evaluations, manuscript preparation and writing the paper;

Anita Dodaj: made substantial contributions to conception and design, participated in revising the article.

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Correspondence:
Arta Dodaj, Psychologist
Department of Psychology, University of Zadar
23 000 Zadar, Croatia
E-mail: artadodaj@gmail.com