

EMDR TREATMENT OF PHOBIA OF THIRTEEN YEARS OLD GIRL - CASE STUDY

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INTRODUCTION

Fear and anxiety in childhood, although unpleasant, can be looked upon as an adaptive mechanism and as markers of progression in cognitive development. The evolution from transient, concrete fears of animals to more elaborate fears of supernatural phenomena in children signals a welcome progression in the capability for abstract thought (Davis et al. 2009). However, when these fears are persistent, strong, and lasting for more than 6 months and are accompanied by intense physiological symptoms and avoidance of the source of distress can be typified as the development of a specific phobia. Davis Ollendicki & Ost (2009) report that, depending on which type of data is considered, representation of the specific phobia in children is from 5% of children in community samples, up to 10% of children in mental health settings, 17.6% of children when data are based on parental reports, and up to 22.8% of children when data are gathered from child reports.

Joel Sherrill finds that early interventions for debilitating fears could improve children's overall mental health (Dingfelder 2005). Research suggests that clinically significant phobias can lead to the development of other disorders, such as anxiety and depression. Taking this into consideration seems important to determine which therapeutic procedures are adequate and effective for resolving children's specific phobias.

EMDR is a focused therapy, oriented towards the present, which uses the latest research findings in the area of neurophysiology (Shapiro & Forrest 2002). The core concept of the EMDR therapy is founded on Francine Shapiro's Adaptive Information Processing model (AIP) (Shapiro 1995, 2001; according to Morris-Smith & Silvestre 2014). According to this model, information is stored in memory networks containing related thoughts, emotions, and sensations. In the case of overwhelming trauma, the physiological response interferes with adaptive processing. The information processing theory postulates that this blocked information processing is facilitated by alternating bilateral stimulation. The bilateral stimulation is done by using eye movements, sounds, or taps whilst the individual is mindful of the present and also their negative cognition, emotional response, and sensation about the frozen memory.

EMDR therapy enables the finding of adaptive information and enables the individual to forge new associations within and between memory networks. The individual develops new spontaneous insights and changes in their emotional and physiological responses which then lead to changes in their behavior and adaptive healthy interaction with their environment.

Francine Shapiro as the founder of EMDR therapy differentiates big "T" traumas and small "t" traumas. The big "T" traumas are events that are usually considered trauma, or events that are distressful for almost everyone and are beyond our common coping capacities and result in intensive fear, extreme sense of helplessness, and a complete loss of control. A person experiences these events as a direct life threat or is a witness of them (e.g. war events, criminal cases, natural disasters, car accidents, illness, difficult medical procedures, sudden loss of a person that has provided trust and social security). On the other hand, a small "t" traumas represent events that are caused by fear, humiliation, embarrassment, shame, and helplessness. This article deals with a small "t" trauma that was supposed to be a trigger for the development of a specific phobia. EMDR therapy research effectiveness on treating children's specific phobias are few and ambiguous.

The case study aims to examine EMDR therapy efficiency in the treatment of children's phobia.

CASE REPORT

The mother referred for psychotherapy because of her daughter's sleeping problems. The problems had started 2 years earlier. The girl mentioned nightmares that were wakening her up and she could not fall asleep again. Because of these problems, after some time, she started sleeping with her mother and left the room which she shared with her brother. During the clinical interview, she revealed the conviction that her room was causing her nightmares and that she couldn't fall asleep there. The girl is an excellent student in the seventh grade. According to her mother statements, she had started sleeping in her room from the second grade. The girl didn't have problems with separation from parents and occasionally she slept with her grandparents. She mentioned a fear of the mirror placed in the closet in her room.

The complete EMDR treatment consisted of 7 sessions. The standard eight-phase protocol could have been used as this was the case of a thirteen years old girl. In the anamnesis phase, during the conversation, the girl revealed that she had got scared before a year of some an older man whom she thought to be a drug addict. The incident had happened at night while she was returning home after socializing with her friends. After she had dropped her money she bends to pick it up and then she saw the needle on the pavement. Then, the man pulled her shoulder and shouted at her saying what she was doing there. However, the girl marked this event low on the Subjective Units of Disturbance Scale (SUD=2) thereafter it was supposed that this event wasn't the main cause or trigger of her problems. She revealed that she had the feeling that somebody was watching her during the night. Because of this, she was turning her face towards the wall while she was sleeping. After questioning in a detail why a mirror provoked the strongest unease, she remembered a scary story, which her cousin had told her two years before, about Bloody Mary who comes out of the mirror at midnight. Her cousin also told her that she managed to invoke Bloody Mary in a way in which some try to invoke magical spirits. The depression scale for children was applied and revealed depressive symptoms at a mild level. In the preparation phase, she was introduced to the exercise "Internal safe space" and she continued to apply it at home.

In the assessment phase, this event was chosen for the initial target. The scariest picture is the moment when Bloody Mary comes out of the mirror. Negative cognition (NC) from the area of control is the most suitable in the case of EMDR therapy for treating phobias (De Jong 2012). However, this case was an exception. While searching for the most suitable negative cognition (NC) she mentioned three sentences: "I am weak", "I am a naive person" and "I am stupid". She finally selected "I am stupid" as a negative cognition. She explained her choice by saying "It doesn't exist and I imagine it". She selected the sentence "I am clever" as a positive cognition. The girl assessed the validity of positive cognition on the Validity of Cognition Scale (VoC) as VoC=3. She reported feelings of tension and unease. She assessed SUD=8 on the Subjective Units of Disturbance Scale (SUDS). She placed these feelings caused by the event in the body in the stomach and skin.

Eye movements and taping were used as bilateral stimulation during the phase of desensitization and reprocessing. The girl reported about body sensations as itches in the whole body and shivers through her spine, as well as emotions of fear and anxiety. She reported also that she adopted the ritual of waiting for midnight. After all material was processed the validity of cognition was checked on the Validity of Cognition Scale and it was VoC=5. This value confirmed that she didn't believe in positive cognition completely. The girl reported that she only wanted to believe that she could

distinguish real from unreal. After additional processing, VoC reached maximal value VoC=7. As the mirror was the only trigger in the present, the standard eight-phase protocol was also used in this case. It was determined that there was no need for a flash-forward procedure. Eventually, the future template was installed.

Upon completion of EMDR protocol the girl could sleep peacefully in her bedroom with her brother, she didn't have nightmares and abandoned the ritual of waiting for midnight and even went to bed earlier.

DISCUSSION

Davis Ollendick & Ost (2009, 2019) consider that treatments for child anxiety work through diverse processes such as counterconditioning, extinction, habituation, change in catastrophic cognitions, development of coping skills, increased self-efficacy, emotional processing, and changes in expectancies and perceptions of dangerousness. They consider that there are alterations in one or more of the components of the tripartite phobic emotional response-physiology, behavior, and cognition. EMDR therapy usually tries to integrate these three key elements.

In the research of Muris et al. (1998) included two therapy outcome measures for childhood spider phobia and showed that EMDR made a significant improvement but only on self-reported spider fear, it failed to make a significant improvement on behavioral avoidance.

De Jongh, Broeke & Rensen (1999) report that both uncontrolled and controlled studies on the application of EMDR treatment of specific phobias demonstrate that EMDR can produce significant improvements within a limited number of sessions. In some studies EMDR has been found to be less effective than exposure in vivo. The Muris et al. research (1998) is one of this kind that studied children's spider phobia. This research included two therapy outcome measures of children's spider phobia and showed that EMDR made a significant improvement only on self-reported spider fear but didn't make a significant improvement in behavioral avoidance. De Jong et al. (1999) suggest that EMDR therapy can be used in cases in which the approach of exposure in vivo is hardly doable. EMDR therapy may be particularly useful for phobic conditions with high levels of anxiety, accompanied by a traumatic origin and with a clear beginning, and for which it is possible to expect that resolving the memories of the conditioning events would positively influence their severity (De Jong 2012).

Treatment of a fear or a phobic condition cannot be started if the therapist is unaware of the factors that cause and maintain the anxiety response (De Jong 2012). The anamnesis phase was also important in this case study. In the beginning, it seemed that a sudden encounter with a strange man at night for whom the girl assumed to be a drug addict could be a very important situation. However, after detailed analysis, it was

determined that the mirror in her room disturbed her most and it was supposed that a fantasy story which she had heard could be the cause of her symptoms.

The case of a thirteen-year-old girl with phobia caused by the story of her cousin about Bloody Mary seemed suitable for testing the efficiency of EMDR therapy in the treatment of this disorder. Although, fear of fantastic creatures is common at her age, its persistence, strengthening with time, adopting of avoidance behavior which consequently caused organizational changes within the family (parents sleeping separately because the girl demanded sleeping with her mother) required a clinical intervention. It is possible for children that only listening to frightening stories or watching frightening content on a TV, internet or other media could cause overwhelming fear and thus have a trauma “t” effect. In this case study, listening to a frightening story about the possible appearance and invoking of Bloody Mary was a trigger for a phobia development. A relatively small number of sessions were needed to eliminate present symptoms. The girl started to sleep again in the room which she shared with her brother, and her parents after a long time could sleep together in their room. The psychological following of the girl showed that the effects of the treatment persisted after three months upon completion of the EMDR protocol.

CONCLUSION

Upon completion of EMDR treatment, initial symptoms disappeared and the girl began to sleep in the room which she shared with her younger brother. Psychological following showed that the effects of the treatment persisted even after three months. Positive examples of EMDR treatment for a girl with a specific phobia should encourage its further use in the treatment of this disorder.

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