

Arun Mansukhani – Adapting the EMDR protocol and interventions for patients with adult attachment issues

Although initially developed to work with acute trauma and PTSD clients, because of its success, EMDR has been applied on a wider range of pathologies, proving to be successful in many cases and demonstrating that EMDR-AIP is a strong and solid therapeutic model to understand and treat different psychological and emotional disturbances. This also has led to the understanding of how pervasive trauma is in a large number of emotional and mental disorders (Ross 2000), and the crucial role played by implicit pathogenic memories in development of psychopathology (Hoffman and Hase, 2012).

At the same time, these new applications were testing the flexibility and the reach of the standard protocol (3 prongue / 8 phase approach). As difficulties started to arise, new specific interventions and different protocols have appeared that have enriched the EMDR-AIP model and its clinical applications. This has also brought the understanding of what acute trauma shares with other types of trauma (specifically attachment trauma) and in what aspects it is different, forcing us to adapt certain aspects of the standard protocol to patients under whose problems are hidden attachment trauma implicit memories.

In particular, patients with attachment issues often present some of the following problems for a standard intervention:

1. Phase 1, history taking, is disregulating and evocative (Steele 2016), destabilizing them at early stages of intervention.
2. They are not conscious of the situations that caused their current difficulties, due to the attachment blind phenomena (Siegel 2012) and are unable to present potential targets for processing.
3. They present serious problems with recall of past events, due to dissociative features, defensive states, controlling strategies, etc.
4. Present highly defensive or destabilized structures, with difficulties maintaining dual focus, being either too much in control or overwhelming.

Due to this, the application of EMDR in these patients requires certain modifications in the standard protocol. These patients also benefit deeply of a growing number of specific interventions within the EMDR-AIP working model.

In this presentation, my aim is to present a systematic way of working with patients with adult attachment issues as well as to offer a number of specific interventions with this population, always within the EMDR-AIP working model.

LEARNING OBJECTIVES:

1. Provide information that helps distinguish acute trauma (with hyper or hypo activation of survival defences) from attachment trauma (that hyper or hypo activates attachment defences).
2. Help integrate the attachment perspective into an EMDR-AIP model based intervention.

3. Analyze the different aspects of attachment trauma that can hinder or block processing and how to work through these problems with specific interventions.
4. Revise the 5 big groups of patients we can encounter in EMDR and the most appropriate approach for each of them within the EMDR-AIP model.
5. Discuss the modifications and particularities that we have to take in account while dealing with adult Attachment Trauma patients in the standard protocol and specific interventions we can use with these patients.