

C L E A R P A T H

Healing Arts Center

EMDR in the Treatment of Intellectually Disabled (MH/MR) Clients

The following are case descriptions from therapists using EMDR in the treatment of Intellectually Disabled clients. Some are from articles, some from articles-in-progress, some simply anecdotal. Given the absence of research in this area, the intent is to encourage openness towards what clearly seems to be great potential for the use of EMDR with this population and hopefully to encourage future research.

It is important to note that EMDR has been successfully used with clients in general not only to process unresolved trauma and posttraumatic stress conditions, but to establish and reinforce internal resources as well as adaptive information and skills.

Excerpted from Greenwald, R. (1994). "Applying eye movement desensitization and reprocessing (EMDR) to the treatment of traumatized children: Five case studies. *Anxiety Disorders Practice Journal*, 1, 83-97. Full text available on line at www.childtrauma.com."

Abstract

Eye movement desensitization and reprocessing (EMDR) is a recently developed psychotherapy method which appears to increase efficiency in treating trauma-based psychological disturbance. Applications to child treatment were explored in five case studies of children suffering from post-traumatic symptoms several months after Hurricane Andrew. Subjects were treated with one or two EMDR sessions, until Subjective Units of Disturbance (SUDS) went to 0. Follow-up parent interviews at one and four weeks post-treatment found all subjects returning to pre-trauma levels of functioning, with additional improvement in some cases. Further study is recommended.

Subject #4: "Sam"

Sam was a mildly retarded 8 year old boy who was scared and uncomfortable during the hurricane, and experienced loss and displacement afterwards. His parents reported that he was having trouble sleeping, was emotionally volatile, frequently angry, and overactive as an expression of his distress. He had been traumatized two years earlier by a teacher who would frequently lock him in a closet for punishment, but since the hurricane his distress had roughly doubled. He was treated in a single hour and a half session. He was cooperative but inarticulate, and required special technical adaptations in order to maintain effective participation.

Treatment began with a nightmare, and during eye movements Sam was able to visualize using a sword to protect himself against the scary dream image. The sword was invoked periodically throughout the session, and he would occasionally smile and say, "Now I'm going to have a good dream with my sword." The hurricane material was treated next. Finally, experiences with the 'bad teacher' were addressed. At one point during the eye movements, Sam spontaneously visualized the teacher's face becoming a bad person with a sword, and having a swordfight with Sam winning. Asked what thoughts went with the image of the teacher's face, he said "I can't do anything [right]." Asked if he could do things now, he said yes, and that thought was used as a focus for eye movements. Later, asked whose fault it was that the teacher was mean to him, he said (during eye movements), "She told me it was my fault she was mean, but it wasn't. It was her fault."

At one week follow-up his mother reported that symptoms were around pre-hurricane levels, and that "he seems happier." At four weeks follow-up his mother reported that the symptoms were very low or gone, representing an improvement over the pre-hurricane baseline. In this period, the family had to leave their temporary lodgings, move into someone's backyard, and Sam had to change schools, leaving one he liked. His mother said "He's taking [the displacement] better than the first time." She also reported that Sam had become more responsible, and was dealing better with his problems. For example, "When he gets angry, he either avoids [the situation] or handles it [instead of acting out]."

From Sherri Paulson, M.Ed., CICSW (Ashland, Wisconsin:
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A female client now 18 was 16 when I began seeing her. She is in the Cognitively Disabled program at High School and also has a history of sexual abuse and suffers from ongoing depression which runs in the family. She was molested at age 8 and from that time on was hospitalized many times

for suicidal attempt and serious self-injury. When I met her, she was cutting on her hands and getting failing grades in school. She had no friends, was overweight, and demonstrated poor hygiene. She was on numerous medications. After developing a relation with her we began RDI (resource development installation) using eye movement. We also used eye movement to facilitate rehearsal of social situations. Over this period of time, she also used the protocol with some adaptations to process the abuse, and I found out that she thought she was in the hospital all the time because she was crazy, and didn't understand it was related in part to the abuse. We also used BLS (bilateral stimulation) to process this. In just a few months, all self-injury ceased and has not returned. She was able to stop some of the medications. Over time, again using RDI, her self-esteem and social skills increased. She made friends, found a boyfriend, lost weight and began taking interest in her appearance. She has had no more hospitalizations, and will graduate from high school in the spring. She returns periodically for therapy to check in.

From Mary Moser, M.A. (Chesapeake, VA.: accesscounseling@home.com)

I recall one MR client, whose drinking binges had interfered with his ability to keep a job. He was 21 years old, and had suffered flashbacks since age 13 when he found his beloved older sister murdered on their kitchen floor. I used EMDR to help him with that traumatic memory, and it worked. I recall that he was remarkably good at visualizing the scene.

I don't know if this is connected to his recovery from the trauma or not, but a few days after the one EMDR session we had, he suddenly recalled with much pleasure that he could read, where he had previously denied any ability to do so. His murdered sister had been his reading teacher, after the school gave up on teaching him.

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EMDR-therapy for MP, born November 1979

MP is a young woman who was born with an infantile encephalopathy of prenatal origin, which shows itself in motoric retardation, ataxia and diplegia. Her entire development has been retarded. Ever since childhood,

whenever excited, she makes bird-like movements similar to behaviors of autistic patients. She could sing earlier than speak and is extremely sensitive to the emotions of other people. Playing with children her own age was (and is) difficult: she wants very much to 'mother' them and wants to help her peers rather than play with them. Towards adults she is very demanding and in need of attention.

She typically talks loudly to herself in order to deal with present stressors or to brace herself for an anticipated event. When something is exciting or distressing for her, this self-talk intensifies and she repeats her questions about the source of her anxiety/excitement over and over. She is very dependent on clear place and time structures, as well as on clear agreements. Otherwise she becomes very restless. She has high feelings of inadequacy, her sense of autonomy is extremely insufficient, and her emotional level of functioning is that of a 4 to 5 year old child.

MP and her parents (all of whom knew me for a long time since MP had been in long-term residential treatment at our Institute for Mentally Disabled) were seeking help for the following in November 2001:

In March of 2000 her father, known as a problem drinker, was found unconscious after consuming a large amount of alcohol and ingesting sleeping pills. MP was in her parents' house at that time, observed from a distance how her uncle called her father by name three times, but got no reaction. The doctor arrived, and her father was transported by ambulance to the hospital where she visited him the next day and was very disturbed at seeing her father with various tubes stuck in him.

During the months following this stressful event, MP was very controlling of her father's drinking behaviors. Even when he drank a small amount, she would become upset and make her anxiety known in her usual demonstrative manner. This was distressing for her father and family, and the father-daughter relationship, once quite healthy, began to deteriorate. Although she normally visited her parents each weekend, her visits were now limited due to the stress on everyone.

(MP agreed to treat her fears with the help of EMDR...) She was able to describe the two most distressing pictures from the incident with her father: her father's lack of response to her uncle's calls and the image of her father lying in bed in the hospital with all the tubes in him. We started to focus on the first picture. Her negative belief was that it was partially her fault, because she and her father had argued a few hours before he had taken the pills and alcohol. Despite several interruptions, she processed the felt distress to zero (emotional intensity is rated on a scale from 0-10) and could

now believe that her father was fully responsible for himself and that a daughter is never responsible for the acts of a parent

During the next working session (she had become ill with the flu in the meanwhile), she was able to focus on the first image of her father not responding. After a brief use of bilateral stimulation (listening to music through headphones that shifts from one ear the other, back and forth, while attending to the disturbing event), she could smile about the situation. Then it additionally became possible for her to accept the belief that "I can also manage difficult things". Her mother later related that MP had been very relaxed at New Year's Eve celebration at home where several people, including her father, were drinking.

MP was, at that point, already living in a smaller residential facility since November. Her mother then cancelled MP's last appointment, stating that MP no longer had problems with her father and didn't want to expend energy returning to the former institution for EMDR sessions, most likely due to her desire to avoid her homesickness for a place she had very much liked and where she knew everyone. MP seemed more interested in focusing on her recent move to a small residence for mentally handicapped patients and on living there with greater independence and autonomy, no longer hampered by the past with her father, but now more directed towards the future.

In a phone conversation in May, MP's mother reported that MP was still doing very well and no longer displayed any difficulties with her father's appropriate social drinking.

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EMDR treatment of 'Boy', a 14 year old male inpatient ("Boy") with moderate mental retardation (IQ ca. 50), born 1985. Treatment began March 1999; sessions were at two week intervals.

The therapy took place in the presence of 'John', his former group worker. John knows Boy very well and was able to provide a sense of safety for the client as well as for the therapist, given the fact that Boy has at times displayed severe aggressive outbursts.

Motivation for the use of EMDR:

Boy is a teen that communicates in very simple language, mostly three to four word sentences. It was surmised that a fairly non-verbal treatment such as EMDR might help him.

Boy had recently become more and more restless and aggressive, possibly due to a recent and unexpected phone call from his father informing Boy that sometime within the year the grave of his deceased mother would be exhumed and that he would have the opportunity to visit the grave for the sake of closure. The staff at the institution thought it might be helpful to use EMDR to process Boy's memory of the death of his mother and little sister due caused by a fire in their home when Boy was 4 years old.

Boy had always been fascinated by fire. He would endlessly draw pictures of fires of all kinds. In an effort to process the traumatic memory of the fire using psychodrama, facilitated by an expert in the use of drama with mentally handicapped people at his level of functioning, he could very well focus on fires in general, but always stopped the moment he came too close to "the" fire of his childhood memory.

The actual conduct problems made it necessary to intervene directly: either through the use of psychotropic medications or via an investigation into the relationship between his behavioral problems and the phone call from his father.

We began therapy using EMDR, focusing on the fire at home when Boy was 4 years old:

Boy had been informed a bit earlier that he would be receiving help with some of the difficulties he had been recently experiencing. Boy accepted this offer. The first problem was that Boy didn't know me well. I was something of a stranger to him. Additionally, when I mentioned to him that as part of the treatment he would be listening to a music tape through a set of headphones, he was very resistive and wanted to leave the session. The group worker made the suggestion that Boy had to get to know me first perhaps by taking walks together in the institution's garden. Boy agreed to this as long as the group worker accompanied us. After this walk, Boy agreed to listen to the music, but only if he could do so while sitting underneath a table. The group worker saw this requirement as possibly resulting from Boy's shyness and possible embarrassment in being seen with headphones on. After another walk through the garden where we encountered many children who did know me, and after relating to Boy how

I used to walk in this same garden as a little child, he seemed more willing to put on the headphones, although still hidden beneath the table.

While the tape was running (BioLateral no. 4, of David Grands tapes, "A Simple Progression"), I talked to him about the fire. He told me that the memory created a pain which he felt in the cardiac region. He called it "heartache". He told me that his mother had died, causing him sorrow. He reported no anger, no anxiety and, with fierce insistence, no guilt. A few moments later he mentioned the death of his younger sister on the same occasion. This also caused heartache and sorrow. I asked him to demonstrate with hand gestures the subjective level of distress (SUD) by holding his hands somewhere between wide apart (maximum) and so close that not even the wire of the headphones could get between his hands (zero). The feelings were very intense, although not at the maximum, probably close to a SUD = 8.

When I asked him if he had ever visited the grave of his mother, Boy answered resolutely, "No!" I then mentioned the plan to possibly go to his mother's grave with his father and the group worker before the grave's exhuming. Boy replied, "Not with my father, because he will be there already. Only with John (the group worker)". Boy was able to be very specific about how he wanted this to happen and was also able to communicate that for him the evacuation would be very "creepy".

He was able to focus on this topic for a short while, but then seemed to reach his limit and wanted to return to his classroom. We stopped the session because we had discussed more than had been expected, and this seemed to be enough for the moment.

We continued two weeks later.

The second appointment

Before the start of the day ceremony at the institute, Boy came to the room where the session had been planned. After the ceremony Boy and the group worker waited at the door to the room. Boy let me know that he didn't want to do anything at all, but did enter the room. When in the room, he refused to put on the headphones, not even with the safety of not being seen under the table. I told him we wanted to help him with the heartache about the death of his mother and his sister, as well as with the anxiety that arose whenever he thought about the exhuming of the grave. When Boy continued to refuse wearing the head phones, I went over and sat on the floor in front of him which he tolerated and began to administer bilateral stimulation (BLS) by snapping my fingers with both hands next to his ears. He permitted

this and slowly became more involved.

Boy began to tell me how he had taken his baby sister out of her bed earlier that morning and had laid her down in the living room. Then he made a fire which suddenly ignited and went "whoemmmm". His mother remained asleep in her bed "Stupid, ahh..?" Boy stated. He and his father then jumped off the balcony from the seventh floor onto the lawn. "He was smart!" he said of his father. Boy had a broken arm, his father broken arms and legs. His little sister, however, was left behind in the room where the fire had been set. She died as did his mother.

Boy was then taken to a children's hospital. It was extremely chaotic there, lonely and not a very good environment for him. On one particular night he needed to use the toilet and found himself locked in the bathroom. He had to pound on the door and create a great deal of noise before someone came and got him out by using a crowbar to take out the entire door. He was not able to be with his father, nor even visit him, since the father had been sent to another hospital. After his release from the children's hospital, Boy was taken to another town, further away from his father.

In a subsequent session we discussed the future possibility of his living nearer his father, close to his father's home. He was told that efforts were being made to bring this about and that it would probably take one to two years to accomplish. He continued to live in a foster home, not something he found very pleasant. At times he was teased by other children. When I asked him if the other children taunted him about the fire, he shot back with, "They don't know anything about that!" I reassured him that there are only a few people who know about the fire, John and I being two of them.

During session Boy began to seek out more and more distractions. He would walk around the room, sometimes suddenly getting into a chair in the corner. I continued to administer BLS via finger snapping, but he turned his head away, preventing the treatment from continuing. At one point he put on a cap lying on the floor and followed that move by putting on the mask of a brown bear. I actually thought it was the mask of a wolf, but Boy corrected me adamantly. When I asked if the bear was angry or sad, Boy replied, "Yes, angry! Angry at everybody!" "Also at Boy?" I asked. "Yes, not allowed to make fire!" came the reply. I continued with the BLS by tapping his knees, a change he was willing to accept.

He then began to cough intensely. I didn't know if this was due to some emotional response or had a purely physical basis, but he wanted a drink of water and then busied himself with all sorts of things in the room. I thought we had done enough, and Boy hurried out of our room towards his

classroom to take part in making Easter eggs.

After the session his group worker told me that Boy was caught starting a fire outside last week. The group worker also related to me how struck he was at Boy's recounting of the fire in his home, as well as how lonely he was from the various outplacements.

Third session (two weeks later)

Before the start of the day ceremony, Boy stood by the door and greeted me in a friendly manner. Later his group worker told me that Boy had told him the day before that he absolutely did not want to proceed with therapy. Yet Boy came to the therapy room after the ceremony (actually to a room adjacent to the first room) accompanied by John. We were able to begin the EMDR treatment as soon as Boy had worked off his tension by playing vigorously with a Skippy ball.

Boy wanted to sit under the table again, and gave me information which tape of BioLateral is the one he wants this turn (Now it is Going to Wave Lengths). I reminded him of the problems we wanted to help him with. Soon after Boy related more details about the fire.

"Making fire, not allowed, huh?" He had used a lighter, and he demonstrated to me by gesture and by simple verbal description that it was not the sort of lighter where you have to turn a little wheel, but the sort where you simply have to push your thumb down. He had set fire to the paper packaging of a box of cookies which erupted into large flames. Then the table cloth caught fire, the carpet, the curtains, as well as the bench on which his little sister was lying since the bench was made of combustible material. When I asked why his little sister didn't get up and escape, he replied impatiently as if he found this to be a stupid question, "She couldn't walk at all! All she could do was cry, relieve herself and drink!" He told me that he had taken his baby sister out of her bed to bring her to the parents' bed, but that he paused, set her down on the couch, "...and then it went wrong". Why didn't his mother jump from the balcony? Boy said she burrowed further and further under the bed blankets. "Stupid, huh?" he commented.

At this point Boy asked if he could go and sit on the Skippy ball, then continued with the processing, at times sitting and at times skipping on the ball, but not as intensely. His engagement in the process was evident in the fact that he kept the headphones on during the entire time.

Shortly after mentioning the upcoming visit to his mother's grave (but nothing about his sister's grave), it looked as if it was time to stop the

session. Boy was becoming more and more distractible and wanted to go to his classroom. His affect was no longer explosive, and his behaviors didn't appear to be avoidant.

The fourth (and last) session.

Boy had to be reminded that he had another EMDR session. He had announced that he didn't want to go to "that therapy" and that he preferred to go to school since his class would be going on an excursion to the zoo. John, however, took the Skippy ball to the original therapy room, and Boy agreed to take part in the session without much difficulty.

While sitting on the Skippy ball, he let me know that I had put the wrong version of the BioLateral music in the Walkman. It had to be Going to Wave Lengths. He remained restless, joking and making large wave movements with his body to accompany the music, while repeatedly complaining that he was not interested in doing therapy. He stated that he didn't want to be helped and that he wasn't troubled by things from the past. For that very reason I assured him this EMDR session would only focus on his upcoming visit to his mother's grave and not the past, but that this would require continued attention to the fire, the death of his mother and sister, his anxiety and his heartache.

Boy said that he no longer was having any difficulty with those things. He was no longer frightened and sad about the fire and only experienced a little bit of heartache (he gestures a distance of about one centimeter between his forefinger and thumb) about his mother. He stated that his father had much more heartache about his mother's death than he had and that his father was often sad, and at times, angry. Using the pictograms of basic feelings hanging on the wall of the therapy room, Boy was able to indicate these different feelings.

Boy had not thought of the fire at all during the whole week. He experienced more heartache about the death of his sister. He gestures a 10 centimeter distance between his hands, then says, "from here to the ceiling", and then indicates nothing at all. He was obviously joking and it appeared that the memory was not weighing on him, but was in an appropriate, perhaps ambivalent, relationship to the experience of his mother's death. I would return to this later on in the session.

I asked him if he had been to his mother's grave. Boy answered, "Four times". When I asked how old he was when he was there, he answered: "Five, four, and six". He couldn't remember things clearly. I asked him if he could describe what the grave looked like. "Was there a flat stone or one

standing upright?" After some contrariness and distracting utterances, he let us clearly know that it was a flat stone. He had been to his sister's grave less frequently and showed more affect when thinking about her grave. He was able to tell us that the stone on his sister's grave was upright. When I asked him if he wanted to visit his sister's grave as well as his mother's, he clearly indicated that he didn't want to do that and that that would make things all the more difficult for him. The group worker then had to inquire of Boy's father as to whether the father intended to go the little girl's grave.

We stopped the session with the agreement that we would have another session shortly before the visit to his mother's grave. Also could be processed further the death of his younger sister.

The fifth session did not take place, because Boy was outplaced from our institution to another. He did visit the grave of his mother without any problems.

Boy obviously has an impulse control disorder that had already been present when, as a young child, he set fire to his home.

In the end result it is sort of miraculous that Boy was able in just a few EMDR sessions to tell the entire story of how he set the fire, whereas for years this had not been possible despite the efforts of many qualified professionals to bring up the issue of the fire.

Boy's treatment was of course not a matter of historical evidence, but more about the way he perceived the event that caused the death of his mother and little sister and led to his outplacement in a children's institution after he and his father were hospitalized, because his father was not able to take care of him alone.

Follow up four years later.

Boy's guardian relates that Boy's avoidant fears of fire and any mention of his mother's death have ceased since the EMDR treatment. He now displays simply a normal kind of hesitation when looking at photo albums of his early years. Additionally, he no longer demonstrates any unusual fear response towards fire or the sound of fire engine sirens.

Presently he lives in an assisted living residence for MH adults while maintaining a job in a sheltered workshop.