

EMDRAA PRESENTS

Mastering Complexity in EMDR Practice

SYDNEY | NOVEMBER 14-17 | 2019

ANABEL GONZALEZ

- Emotion Regulation and Alexithymia
- EMDR with Severe Mental Disorders (Psychotic, Bipolar and Severe Post Traumatic Disorders)

DOLORES MOSQUERA

- EMDR Therapy for Borderline Personality Disorder
- EMDR Therapy for Suicidal clients and Self-harming behaviours



ANABEL GONZALEZ,

MD. PhD. is a psychiatrist and psychotherapist, trained

in various orientations including Group Therapy, Cognitive Analytic Therapy, Systemic Therapy and trauma-oriented therapies. She has a PhD in Medicine and a specialization in Criminology. Anabel belongs to the Board of the European Society for Trauma and Dissociation (ESTD) and is Vice President in the EMDR Spanish Association. She works at the University Hospital of ACoruña (CHUAC), coordinating the Trauma and Dissociation Program, oriented to patients with severe traumatization. She is an active university lecturer and provides training on dissociative disorders, trauma, attachment and emotional regulation.

Anabel is an accredited consultant and trainer of EMDR therapy. She is a teaching collaborator in her hospital, where she coordinates the training in psychotherapy of the residents in psychiatry. She participates as a guest lecturer in the Master of EMDR Therapy in the Universidad Nacional de Educación a Distancia (UNED). At the level of research, Anabel directs several projects in the field of trauma and dissociation and the treatment with EMDR for various disorders. She has published numerous articles on dissociation, trauma and EMDR, and is author/co-author of the books:

Trastornos Disociativos, Trastorno de Identidad Disociativo, EMDR and Dissociation, the Progressive Approach, and EMDR and BPD. Her last book is ***I am not myself: Understanding Complex Trauma, Attachment and Dissociation. A Guide for Patients and Therapists.***



DOLORES MOSQUERA

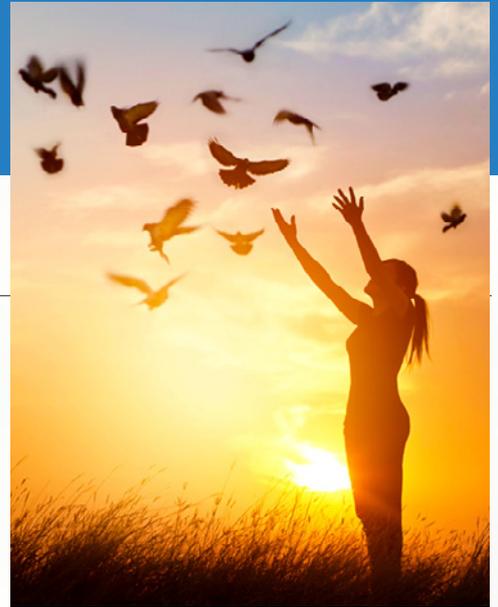
is a psychologist and psychotherapist specializing in severe

and complex trauma, personality disorders, and dissociation. She is an accredited EMDR Europe Trainer and supervisor. Dolores is the director of the Institute for the Study of Trauma and Personality Disorders (INTRA-TP) in A Coruña, Spain—a 3-clinic private institution initially founded in 2000. She collaborates with two different Domestic Violence Programs, one focused on Women Victims of DV and another one on Males with Violent Behavior. She belongs to the Spanish National Network for the Assistance of Victims of Terrorism, and also collaborates with an organization aiding victims of emergencies, accidents, violent attacks, kidnapping and other traumatic incidents.

Dolores has extensive teaching experience leading seminars, workshops, and lectures internationally. She has participated as a guest speaker in numerous conferences and workshops throughout Europe, Asia, Australia, and North, Central, and South America. She has published 15 books and numerous articles on personality disorders, complex trauma, and dissociation, and is a recognized expert in this field. She also teaches in several Universities and collaborates supervising Clinical Psychologists in postgraduate training programs in Spain. She received the David Servan-Schreiber award for outstanding contributions to the EMDR (Eye Movement Desensitization and Processing) field in 2017 and was made a Fellow of the International Society for the Study of Trauma and Dissociation in 2018, for her important contributions to the trauma and dissociation field.

ANABEL GONZALEZ

NOVEMBER 14, 15



Emotion Regulation and Alexithymia

EMDR is being used in a wide range of psychopathological conditions beyond simple PTSD. Complex traumatization and the presence of dissociative symptoms have been related with difficulties applying the standard protocol, and with the need of modifications in therapeutic procedures. This workshop will be oriented to understand the role of two other factors: (1) The influence of severe emotion dysregulation in EMDR treatment, and (2) The specific aspects to have in mind when we are working with EMDR in severe mental disorders, where biological factors are relevant to understand patients' problems.

Emotion dysregulation is a frequent feature in trauma-related disorders. Different kinds of regulation problems seem to be linked to particular psychiatric conditions, and there is growing evidence of the association between neurobiological correlates and those dysregulation patterns. Nevertheless, many of the recent findings from the field of the neurobiology have not been translated into clinical practice and are insufficiently contemplated in trauma-oriented therapies.

The aim of this workshop is to review recent developments in the field of emotion regulation, connecting these issues with the practical implementation of psychotherapeutic procedures in complex cases. The evaluation of emotion dysregulation patterns can guide decision making during the therapy independently to the approach, but there are some findings that can be especially useful for some concrete modalities of therapy.



THIS PRESENTATION WILL INCLUDE:

- How emotion dysregulation may influence eye movement desensitization and reprocessing (EMDR) treatment in trauma-related disorders.
- How different patterns of emotion dysregulation may influence EMDR treatment and procedures
- How the application of EMDR beyond non-dissociative PTSD should take into account the predominant emotion-regulation strategies in each patient.

EMDR with Severe Mental Disorders (Psychotic, Bipolar and Severe Post Traumatic Disorders)

Some psychiatric conditions have been included under the term 'severe mental disorders', as schizophrenia, bipolar disorder, severe dissociative disorders and extreme presentations of different psychiatric diagnoses. EMDR has shown good results in different research, but the treatment in these cases needs a comprehensive conceptualization of the cases, integrating biologic and

traumatic factors.

Different clinical cases will be presented to illustrate the theoretical concepts and to describe decision-making taking into account the specific emotion regulation problems that each patient presents, and interventions in different cases of severe mental disorders.

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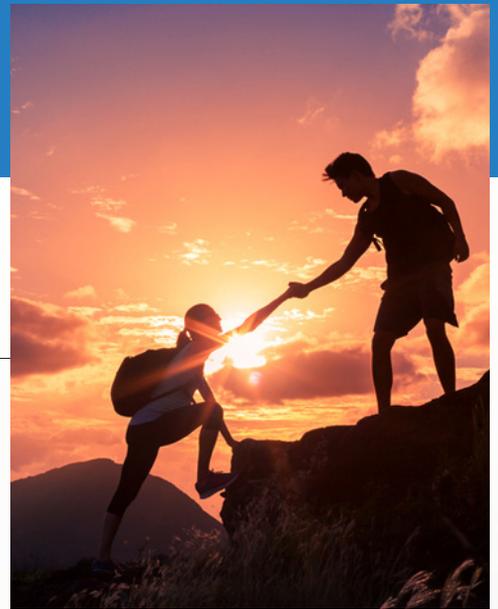
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EMDR Therapy for Borderline Personality Disorder

The DSM-5 establishes the criteria for the Borderline Personality Disorder (BPD) diagnosis, which includes frantic efforts to avoid real or imagined abandonment, identity disturbance, impulsivity, potentially self-damaging behaviours, affective instability due to a marked reactivity of mood, suicidal ideation and a history of - or risk of - suicide attempts, chronic feelings of emptiness, difficulties to control anger, and dissociative symptoms. This compound of symptoms has a reputation for being one of the most challenging disorders to treat.

Strong countertransference issues in clinicians and intense affect possibly generated by EMDR are two important factors that make it essential for clinicians to pay close attention to affect phobias, both in themselves and in their BPD patients, and to develop the ability to recognise the defensive responses that arise. Affect phobias will be crucial in selecting and applying treatment strategies for EMDR therapy with BPD.

This workshop helps understand Borderline pathology from the perspective of the Adaptive Information Processing model, as well as develop a sound case conceptualisation of BPD cases.



Through the use of educational videos and lectures we will highlight:

- How to adapt EMDR treatment for this specific population
- How to establish the connecting thread between the client's symptoms and their early childhood environments, characterised by a high rate of attachment disruptions, severe traumatic events, and other important elements
- How to identify and when to address the common defences that come up during EMDR procedures
- How to continue processing within the window of tolerance.

EMDR Therapy for Suicidal clients and Self-harming behaviours

Self-harm and suicidal ideation are two issues that present considerable relational challenges for therapists. The patient who self-injures or thinks about killing himself poses a complex situation at a relational level. Being aware of our emotional responses as clinicians is a central aspect of the intervention.

Some people confuse the terms suicide and self-harm and/or the intention of both. Many people who self harm do not want to die. In fact, this behaviour sometimes helps them tolerate their suffering and keeps them alive. But if patients do not have the resources to manage their emotions and solve problems, the chances of resorting to

suicide as a solution increase.

Self-harm is frequently a trauma-driven coping strategy that can be understood from the perspective of the Adaptive Information Processing (AIP) model and treated with EMDR Therapy (Shapiro, 1995; 2001). Suicidal ideation and self-harming behaviours are often connected with memories of adverse and traumatic life experiences.

In this workshop we will explore, within the AIP model and EMDR intervention, the assessment, conceptualisation and management of the different stages of suicidal and self-harming ideation and behaviours, and the attendant emotional dysregulation.

