

## **Breaking the ACE\*/Poor Health Cycle with EMDR** (\*Adverse Childhood Events)

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In this workshop, EMDR treatment is presented as an effective clinical model for dealing with current health problems of trauma survivors, which are exacerbated by both the ACEs (Adverse Childhood Events) and lifelong PTSD.

Early attachment deficits impact the health of trauma survivors and the cycle of abuse, neglect, attachment deficits and ruptures have an additional negative effect on clients' health. Early experiences stemming from parental attachment styles and adverse childhood events, often lead to the adoption of behaviors which put the person at additional risk for health problems: i.e. substance abuse, eating disorders, smoking, and other compulsive behaviors. Further, early attachment problems can increase dissociation and vulnerability to PTSD. PTSD negatively affects the immune system. Research (reference will be made to the ACE Report) has shown that individuals with these issues have many negative outcomes.

Clients with PTSD, attachment deficits and dissociative symptoms often have issues with trust, self-hatred, & abandonment in addition to PTSD symptoms. They frequently have no consistent experience in providing comfort / self-soothing, management of affect, and additionally, frequently experience dissociative symptoms and flashbacks. Hygiene practices may not have been modeled or practiced. Medical care may have not been consistent.

There are several intertwined problems impacting the health of trauma survivors to consider for the provision of successful EMDR treatment.

There are specific negative sequelae directly related to adverse childhood experiences on the physical and mental health of adults. These often include serious illness, untreated medical or dental symptoms, untreated substance abuse and other health risk behavior

The specific health problems predominant in this population are often untreated because health care is avoided. These include MUS (Medically unexplained symptoms) and immune system problems. Another issue is that current accidents, illnesses, hospitalizations etc. may mimic earlier traumatic events. The symptoms, even though treated medically, may not have resolved.

This presentation will focus on the development of an EMDR Treatment plan including a focus on the disorders so prevalent in these patients. The importance of the therapeutic relationship, which offers positive reinforcement, validation, and attunement will be stressed.

Specialized techniques will be utilized in phases 1-2 to help the patient experience self-soothing, develop emotional regulation, manage any dissociative symptoms, and avoid re-traumatization in the health care setting. Phases 3-7 will emphasize specific work on past attachment ruptures as well as specific health issues. Skills development such as rehearsal, use of imagery and screen work will also be presented