

The Girl in the Mirror

Jessica Woolliscroft

Friday 9 February 2018, 6.30pm – 8.30pm

Jessica is an EMDR Europe Accredited Consultant in private practice in Sandbach. She talked about trauma focussed psychotherapy in the context of changing physical and mental health diagnoses. This was a richly detailed and clearly structured case study which gave us an insight into her way of working. Her presentation was received with interest and warmth and generated a fascinating discussion. NB following NWRPA custom any personal client or therapist information has been omitted from this summary of the case study.

This case study was characteristic of trauma work. In this therapy Jessica attended to her client's experiences, and ways of expressing those experiences, that were chaotic and confusing. Her medical history followed this pattern. She had multiple conflicting and shifting diagnoses of her physical and mental health. Not surprisingly social, relational and intrapsychic conflicts, the transference, countertransference and parallel process all shared this chaotic and confusing nature. This is compounded because traumatised clients often suffer from hyperarousal. This hyperarousal can reduce during therapy sessions but then remain high outside therapy. This narrative of the client's life story is further confused by the client growing up with people who could not help her make sense of distressing experiences.

Faced with this chaos it helps to have a way of working that is relational as this provides coherence to therapy. However keep in mind that the therapist will have different relationships with different parts of the client.

As is common with trauma work this client had PTSD, was a victim of violence and suffered bereavement and had bad memories and nightmares and was vulnerable and exploited. As traumatised clients narratives follow these chaotic and confusing patterns she had powerful images which neither client nor therapist could be sure were experiences, memories or fantasies.

Traumatised clients often have chaotic relationships with professionals. They have inconsistent and incorrect benefits, inappropriate or neglectful medical care and bad or fractured relationships. This client's medical care was more consistent and effective after she had made progress in therapy. Self medication is common and being more settled can lead to clients having more control or seeking help from drug and alcohol services.

Jessica draws on the ideas of Blackwell when thinking of different levels of focus for therapy. There are **external forces** such as unfinanced services at NHS step 4 and the effects of social class in being fobbed off by services. **Interpersonal forces** such as being targeted by malicious people including clinicians. Then there is the **intrapsychic** world of dissociation, self neglect and vulnerability.

For Jessica a central part of the therapist's role is to protect the frame. She realised that as therapists we are better prepared to withstand intrapsychic pressures than external pressures. For a helpful therapy we also need to look to building a

therapeutic alliance, offering empathy, congruence, feedback and collaboration. Working with the countertransference can help make sense of a client's confusing narrative.

For people like this client Jessica will reverse the usual process for EMDR. She will work from present trauma, which is usually clearer, to the past traumas which are more confusing. In this process the client is a collaborating investigator.

The process of EMDR includes providing safety, the processing of trauma and consolidation of any gains made. This can involve quite a lot of psychoeducation. The processing is of past trauma, present trauma and the fear of future trauma. It involves the salient features of memory, body sensations, memories, beliefs and associations.

The bilateral stimulation, for which EMDR is noted, is an essential part of this processing and activates processing at a neurological level in the brain. Part of the process of EMDR is consolidation. This helps replace unhelpful client beliefs with adaptive ones and is also part of the neurological change. Effective therapy means that processing through the hippocampus means that the client is remembering trauma rather than reliving it.

Trauma processing should not be done in a standardised way. Every client processes trauma in their unique way. Jessica suggests that the therapist should make few interventions unless the client is stuck.

We all thanked Jessica for an absorbing, interesting and useful presentation which really held our attention.