# Preconference

# Children with developmental trauma and dissociation: troubleshooting to improve EMDR efficacy

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Writings on the use of EMDR in the treatment of children with developmental trauma and dissociation have increased during the last decade, suggesting adaptations which integrate specific steps inherent to the treatment of dissociation in children (Waters, 2016; Adler- Tapia & Settle, 2008), and adjunct approaches to enhance EMDR effectiveness along the 8 phases of the standard protocol (Gomez, 2013). The treatment of children with developmental trauma and dissociation can pose several challenges to the clinician, hampering the efficacy of EMDR. Chronic and repetitive interpersonal trauma within the caretaking system has the power to shape the developing self, impacting several domains such as affective and behavioral regulation, attention, interpersonal relationships and self-image (Silberg, 2013).

Within the interpersonal domain, attachment wounds may manifest in controlling patterns of behavior (derived from disorganized and disoriented attachment) with parents and therapist alike, and might also interfere with establishing new and stable bonds with adoptive parents. The shifting presentation of the child´s patterns of bonding can be confusing and discouraging, and caretakers might inadvertently engage in responses that will fuel the child´s experience of the adult as someone both needed and feared. Specific strategies to work with children and parents to deactivate these patterns will be discussed, in order to allow attachment trauma memories to be properly processed.

Children who have lived in abusive environments have learned to internalize negative messages about themselves; these negative messages make them look unmotivated for therapy. However, this attitude usually conceals a deep lack of hope in change. If behaviors derived from the traumatic experience fall in the range of aggression or sexual acting out, these children will feel a powerful shame that will lead them to active avoidance of self-image issues. As it happens with adult clients, posttraumatic avoidance at the service of escaping emotions, thoughts, sensations (Courtois &Ford, 2013) or any other reminder of the trauma, will also prevent adequate processing of traumatic memories if not recognized and properly addressed. Strategies to work effectively with shame and avoidance such as loving kindness, mentalization and processing of avoidance will be discussed.

Clinicians attending this preconference will learn to:

* Integrate EMDR case conceptualization with a developmental trauma and dissociation framework in the treatment of children.
* Recognize obstacles resulting from developmental trauma that might block EMDR processing.
* Recognize and process the child´s avoidance patterns and shame from an AIP perspective
* Identify controlling patterns of relationship and process attachment trauma memories to allow mourning for losses and new bonding.

Adler-Tapia, R. & Settle, C. (2008): EMDR and the Art of Psychotherapy with Children. New York, Springer Publishing.

Courtois, Ch. & Ford, J. (2013): Treatment of Complex Trauma. A Sequenced, Relationship- Based approach. New York, The Guilford Press.

Gomez, A.M. (2013): EMDR Therapy and Adjunct approaches with children. Complex Trauma, Attachment and Dissociation. New York, Springer Publishing.

Silberg, J. (2013): The Child Survivor, Healing Developmental Trauma and Dissociation. New York, Routledge.

Waters, F. (2016): Healing the fractured child. Diagnosis and treatment of youth with dissociation. New York, Springer Publishing.