THEORY & ASSESSMENT

SYMPTOMS

- 20 million people with depression in the U.S. (NIH/Medline)
- Symptoms (lasting 2 weeks +):
  - Sadness
  - Loss of interest or pleasure in activities you used to enjoy
  - Change in weight
  - Difficulty sleeping or oversleeping
  - Energy loss
  - Feelings of worthlessness
  - Thoughts of death or suicide

Porges: POLYVAGALTHEORY

Porges, S.W. Orienting in a defensive world: Mammalian modifications of our evolutionary heritage. A Polyvagal Theory. *Psychophysiology*, 32 (1995), 301-318. Cambridge University Press.

Unmyelenated Ventral Vagus Engaged (UVV): Threat or PTSD
- High Arousal: Body Tense, ↑ Heart Rate, Stomach Shut Down
- Flight/Fight/Freeze/Cling Response Engaged
- Social Engagement Off
- Brain Focused on Threat Detection, only
- Cognitions: "I'm not Safe." "It's not over."

- Myelenated Ventral Vagus (MVV): Engaged (Adaptive Resolution)
  - Medium Arousal: Relaxed Presence, Can Eat, Connect, Think
  - Capable of Social Engagement
  - Affect of Interest
  - Can make complex choices
  - Cognitions: "Yes, I can." "I'm okay. You're okay."

- <u>Dorsal Vagal (DV) Engaged: Bodily Depressed State</u>
  - Inhibition of Bodily and Mental Systems: Shut Down, Sluggish
  - Can be in response to unmyelenated ventral overload (PTSD)
  - Poor Social Engagement
  - Slow Thinking
  - Low Interest
  - Cognitions: "Why bother." "I'm bad." "I can't."
  - Depressed mood

ASSESSMENT

- Standardized Tests
- Medical screen for illness/hormonal/nutritional issues
- Seasonal Affective Disorder?
- Check family history for
  - Genetic mood disorders
  - Attachment disruptions
  - Abuse or Neglect
- Check trauma history through entire life
- Losses/Grief
- Current life situation
  - Social Engagement
  - Job Situation
  - Home life
  - Anything changed/changing?
  - Stress

TRAUMA-BASED DEPRESSION:

EMDR RESEARCH

"At 6-month follow-up, 75.0% of adult-onset onset versus trauma subjects 33.3% of child-onset trauma subjects receiving EMDR achieved asymptomatic end-state functioning [eradication of PTSD and depression symptoms] compared with none in the fluoxetine (Prozac) group." This was after only 8 weeks of on protocol treatment. The therapists thought that given more sessions, they could have been successful with most of the child-onset trauma subjects.

(van der Kolk BA, Spinazzola J, Blaustein ME, Hopper JW, Hopper EK, Korn DL, Simpson WBA randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: treatment effects and long-term maintenance. *J Clin Psychiatry.* 2007 Jan; 68(1):37-46.)

EMDR & POLYVAGALTHEORY

EMDR processing clears the Unmyelenated Ventral Vagus response, which releases the Dorsal Vagal response bringing clients to Myelenated Ventral Vagus capacity, an Adaptive Resolution.

EMDR TRAUMA-BASED TARGETS

Simple Trauma: Use Standard Protocol to clear specific traumas. Watch the depression lift. Don't forget to clear the trauma of having been depressed. And fear of the depression's return.

Complex Trauma: Use Standard Protocol to clear traumas. During this longer therapy you may use Future Templates to support use of

- **Social Supports/Social Engagement**
- **Omega-3 (fish oil) supplements**
- **Regular Exercise**
- **Light therapy and Vitamin D**
- **Reducing depressants: alcohol, marijuana, Reducing stimulants and ↑↓ roller coaster: caffeine, sugar,**
- **Short-term antidepressants, if client impaired.**

(Servan-Schreiber, David. 2004. *The Instinct to Heal.* New York: Rodale Press.)

With complex trauma, you may also need

- **Resource Installation**
- **Ego state work**
- **A longer therapy**
- **Focus on early targets**
- **Focus on attachment issues**
  - **In therapeutic relationship**
  - **In clients' early life**
  - **In clients' current life**
- **See Attachment-Based Depression (below)**
- **See Jim Knipe's Shame-Based Depression chapter in *EMDR Solutions II: Depression, Eating Disorders, Performance & More.***

ENDOGENOUS DEPRESSION

From *EMDR SOLUTIONS II: Depression, Eating Disorders, Performance and More.* R. Shapiro, Norton. In Press.

NON-TRAUMA CAUSES

(It's not all psychology!)

- Serious, Chronic or Long-Term Illness
- Hormonal Flux (Thyroid, Estrogen, Testosterone, etc.)
- Long Term Physical or Emotional Stress
- Seasonal Affective Disorder
- Grief (check for trauma)
- Nutrition (e.g. Vitamin D or Iron Deficiency)
- Sleep Disorders (e.g. Apnea)
- Pregnancy or Childbirth (check for PTSD)
- Drug or Alcohol overuse or addictive behavior

TREATMENT

- Medical Assessment & Treatment, if necessary
- Information about Depression and Treatment
- Assessment of Suicidal Ideation
- Supportive Tx: Don't Minimize the Awfulness!
- EMDR Targets:
  - Grief and Loss about what Depression has stolen (motivation, sex drive, sleep, or in worse cases: jobs, relationships, social standing)
  - "Who am I, if I'm depressed?"—Identity
  - Responses of other people: "Just lighten up!"
  - Distressing Affect: Anger, Despair, Depression itself
  - Fear of Chronicity or Return of Symptoms

Negative Cognitions	Positive Cognitions
It's my fault.	It's a disease. or It's physical.
I'm lazy.	I'm depressed.
I'm defective.	I'm acceptable and depressed.
I'm unlovable.	I'm lovable even when depressed.
I can't do anything until I'm not depressed.	
	I'm not waiting until I feel better.
I can't do anything.	I'm doing something right now. I'm doing a little at a time.

- EMDR's 3rd Prong: Future Templates to support treatment regimen:
  - Taking meds/Supplements
  - Exercising
  - Apnea machine
  - Light Therapy
  - Increasing Social Engagement
  - Short Term Antidepressants
  - Avoiding Depressants
  - Increasing self care

MOOD DISORDERS

EMDR

EMDR and psychotherapy can be "penicillin", a cure, for PTSD and trauma-based depression. For true Bipolar Disorder, genetic Major Depression, and genetic Dysthymia, EMDR, as "insulin", treats the symptoms of the disease, stabilizes clients, and helps them move forward with new skills.

Therapy as Insulin for Mood Disorders:

- **The containment of the therapeutic relationship**
- **Using the social engagement of the relationship in session to "reset" the client's biology**
- **Affect tolerance training**
- **Psychotropic medications**
- **EMDR Preparation techniques for state change and affect tolerance practice:**
  - **Resource Installation**
    - **Remembered support**
    - **Knowledge that it gets better**
  - **Train metaphor**
  - **Imagining moods as weather blowing through the body (with bilateral stimulation)**
  - **Functioning when too up or down is like driving on ice. Teach mindfulness techniques.**
  - **Containers for specific affects or thoughts**
  - **2-Hand interweave to distinguish**
    - **Current mood from unchanging identity**
    - **Current mood from a remembered better mood**
- **EMDR Processing Targets**
  - **Bad Spells**
  - **Fear of the next round**
  - **Medication issues**
  - **Despair (Don't argue it, target it!)**
  - **Other people's responses**
  - **Losses**

Positive Cognitions	**Negative Cognitions**
It's my fault.	**I have a disease.**
I can't do anything until I'm not depressed/manic.	
	I'm not waiting until I feel better.
I'm a hopeless case.	**I'm learning to manage this disease.**
I'm crazy.	**So what! I can have a good life.**
I'll always feel this way.	**My feelings change.**
I won't be able to keep this feeling. / I'll get it back.	
I'll never have a normal life.	**I'll have a good life.**
	I'll be better than I am now.
	I'm getting my life back.
	I have a controllable disease.
	I'm dealing with it.

BIPOLAR DISORDER

MAKE SURE IT'S REALLY BIPOLAR DISORDER!

"True Bipolar Disorder is genetic. Some "bipolar" processes are trauma based. Complex PTSD and DID are often misdiagnosed as Bipolar Disorder. Traumatized people may swing from an activated (red alert!) unmyelenated ventral vagal state to an all systems inhibited (depressed) dorsal vagal state for which EMDR *is* penicillin. Clear the trauma, and you stop the mood swings. People with extreme trauma and poor attachment may experience these mood states as ego states, for which EMDR tied with ego state therapy is the "magic pill." I've "cured" nearly twenty cases of misdiagnosed Bipolar Disorder with EMDR and ego state therapy." (R. Shapiro. Endogenous Depression and Mood Disorders in *EMDR Solutions II: Depression, Eating Disorders, Performance & More.* W. W. Norton & Company. In Press)

CAVEATS

- **Trauma Processing may set off a manic or depressive episode by**
  - **Stirring up too much affect**
  - **Causing sleeplessness with unprocessed material**
- **Before processing, the client and you must have**
  - **Stellar interpersonal engagement and containment**
  - **Emergency plans**
  - **Affect management and state change tools**
  - **Good medications/Good psychiatric back-up**

EMDR TARGETS

- **The Diagnosis:**
  - **Affect: Shame, Rage, Despair, Grief, Acceptance**
  - **Identity: Who am I, with and without the disease?**
  - **Cognitions: (See Mood Disorders, above)**
- **Medications, (if averse to)**
  - **2-Hand Interweave:**
    - **Life with and Life without Meds**
    - **The part that remembers the last manic, and the part that doesn't want to think about it**
  - **Rage and/or shame about the necessity**
  - **Fear about meds, especially with OCD/Bipolar**
  - **Fear about medicators**
  - **Past bad reactions to meds or medicators**
  - **Jim Knipe's "Level of Urge" to Be Manic.**(2005. Targeting Positive Affect. In R. Shapiro, ed. ***EMDR Solutions: Pathways to Healing.*** W.W. Norton & Co.)
- **Mania, when it has already triggered an abreaction from an old trauma.**
  - **Do continual bilateral tapping or butterfly hug.**
  - **Go straight to Affect and Body.**
  - **Lock into Eye Contact.**
  - **Coach Breathing and Grounding.**
  - **It usually brings quick relief.**
- **Distressing States:**
  - **If Bilateral Stimulation helps calm the manic states or ease the misery of the depression, have clients use the Butterfly Hug for home use.**
  - **Social Engagement helps balance affect. Have clients imagine circle of all who love them and Self-Tap while taking in the love and connection**
- **See Mood Disorder Targets & Cognitions, above.**

ATTACHMENT-BASED/ HUNKERED-DOWN DEPRESSION

CAUSES

Early Neglect – Abuse – Abandonment - Trauma – Critical Caregiver – Poor Parental Fit – Often "small t" traumas, only. Child gave up on having needs met.

SYMPTOMS

Codependence – Hypervigilance – Doesn't know own needs — Doormat – Dysthymic – Anxious – Avoidant - Passive – Caved in chest - "I owe the world a living."

TREATMENT

- **Assess Depression and Attachment History.**
- **Forge a strong relationship. RESPOND.**
- **Build body and affect awareness.**
- **Beware of over compliance.**
- **No trauma work until client can tell you the truth.**

EMDR TARGETS

- **Chronological from infancy to present** (M. Kitchur. 2005. Strategic Developmental Model. *EMDR Solutions: Pathways to Healing.* Norton.)
- **Care-givers' faces, when client was**
  - **An infant**
  - **A toddler**
  - **A naughty toddler**
  - **Saying no (even if client never did)**
- **Any remembered or known distressing interactions with parents or adults**
- **Floatback from current distressing encounters**
- **Floatback from body sensations**
- **Clear interactions until the present**
- **After teaching assertiveness skills, target Present situations of**
  - **Saying No**
  - **Asking for what client wants**
  - **Being Told "No"**
  - **Being Told "Yes"**
  - **And feeling a strong, connected body while doing so.**
- **Target Future Prongs:**
  - **Knowing what client wants**
  - **Asking for it**
  - **Saying No**
  - **Saying a full-bodied, unequivocal Yes!**
- **Positive Cognitions: I exist. I survived. I deserved more. I have a right to feel. I matter. I have needs. I know what I feel. I'm an adult. I have rights. I can see your needs and still have mine. I can disagree and still be good.**

All content came from the

EMDR & Depression Unit
of
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Robin Shapiro, Editor

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