



A Typical Psychological Treatment with EMDR

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Case Report

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Abstract

EMDR is a method of structured psychotherapy that facilitates the treatment of various psychopathologies and problems related to both traumatic events and more common but emotionally stressful experiences.

Keywords: Desensitization; Psychotherapy; Dysmorphophobia; Traumatic

Abbreviations: EMDR: Eye Movement Desensitization Reprocessing; SUD: Subjective Units of Disturbance; VOC: Validity of Cognition.

Introduction

Eye movement desensitization reprocessing (EMDR) is a form of psychotherapy developed by Shapiro [1,2]. EMDR appears to be a transdiagnostic integrative psychotherapy that has been extensively researched and there is a growing empirical basis for effective treatment of adverse life experiences [3]. Up-to-date EMDR therapy offers not only a model of pathogenesis and change, but also a variety of treatment plans and techniques to treat patients with various diagnoses [4].

Case Report

A 13-year-old patient presents for consultation after her second suicide attempt, in the psychobiography she does not present any anomaly until she is 9 years old when the COVID-19 pandemic begins. From this period due to social isolation, the modality of study at school changes from face-to-face to virtual, from this moment on he begins to manifest depressive symptoms, late insomnia and notable deterioration in the ability to relate to his peers and

dysmorphophobia, from the at the age of 12, she returns to face-to-face classes again with great difficulties in relating to her peers, she begins to perform cutting, a month later the patient has her first suicide attempt with 9 grams of paracetamol, requires hospitalization for 72 hours, begins psychological and psychiatric intervention without showing any improvement, 9 months later his paternal grandmother with whom he had a close relationship dies and he makes his second suicide attempt with 14 grams of paracetamol requiring hospitalization with surveillance for 72 hours, a week later he begins psychological intervention with EMDR. In the first session, the traumatic points to be treated are assessed: Social rejection, dysmorphophobia, cutting, death of her paternal grandmother, feelings of loneliness.

The psychological treatment with EMDR is started; the installation of the safe place is carried out successfully. In the second session, the disturbance is evaluated through the Subjective Units of Disturbance (SUD) with a result of 9 and Validity of Cognition (VOC) of 2, desensitization by rapid eye movements is initiated without any decrease in the SUD, so it remains at 9, ends the session with the return to the safe place.

In the second session, the evocation of the safe place begins again, as the next step the patient is told "what comes

up” which immediately connects with the events in which she managed to make friends instead of the social rejection suffered at school, as the next point connects with the support of their parents and relatives in the suicidal events instead of the suffering that they had caused with those actions. The subsequent point is related to happy moments with her grandmother and not to her death, once the previous point is overcome, the patient spontaneously connects with moments in which she felt that she was beautiful as opposed to dysmorphophobia, to finally remember when it was done cutting and her father did not judge her but rather supported her.

At the end of the session, the Subjective Units of Disturbance (SUD) was zero and the Validity of Cognition VOC 7.

In a third session the traumatic points were reviewed, which did not generate any type of disturbance, in a control session one month later the results were maintained.

Discussion

The COVID-19 pandemic, which has affected a significant number of people around the world, is generating serious mental health problems, the predominant symptomatology being related to isolation [5]. The symptoms presented by the patient were mainly triggered by the confinement due to the COVID-19 pandemic.

Eye movement desensitization and reprocessing (EMDR) therapy is a well-established therapeutic method among psychological therapies. However, how EMDR exerts its therapeutic action has been studied in many types of research but has yet to be fully understood [6]. In our case, the established protocol did not give the expected result; rapid eye movement desensitization of traumatic events did not produce any change in the subjective perception of the disturbance.

Narratives of autobiographical memories can be affected by adverse childhood experiences, leading to narrative fragmentation and higher levels of perceived distress. Eye movement desensitization and reprocessing (EMDR) proved to be an effective treatment to overcome traumatic experiences and promote autobiographical narratives [7]. In this case, the result of the desensitization was produced

based on the positive perspective change of the events without having to access the traumatic memories directly as indicated by the standard protocol, which is completely atypical. Therefore, it would be worth investigating the implementation of variants of the traditional protocol in refractory cases.

Conclusion

EMDR rapid eye movement desensitization therapy in this case was effective despite following the established protocol.

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