

Helping Female partners of Sex/Porn/Love addiction disclosure by partners, to recover from trauma

Using EMDR, Recent Event or Group treatment to facilitate early recovery



Rationale And Objectives

The rationale for using group therapy is very similar to the reasons it is used for survivors of terrorism. It is based on the need and advantage for survivors of Sex/Porn/Love addiction disclosure to be seen as survivors (in every sense of the word). To allow them to be seen, noticed and helped. To be able to more openly (without be judged) join with others in therapeutic work when coping with victimization, the consequences of such things as isolation, alienation and diminished feelings from the trauma.

Group therapy seems quite appropriate for terrorism survivors and it works effectively. Female partners are (arguably) even more vulnerable to being and feeling ostracized from the larger society or even judged and blamed for their predicament. Bonding with similar others in a supportive environment can be a critical step toward regaining trust.

Adult trauma survivors share the same type of trauma as others such as terrorism survivors, combat veterans or adult survivors of child abuse. They equally benefit from:

1. Acknowledgment and validation of the traumatic experience;
2. Normalization of trauma-related responses;
3. Validation of behaviours required for survival during the time of the trauma; and
4. The presence of fellow survivors in the group.

Group psychotherapy is associated with favourable outcomes across a number of symptoms. PTSD and depression are the most commonly targeted, but efficacy has also been demonstrated for a range other symptoms, including global distress, dissociation, self-esteem and fear.

Post Traumatic Stress Disorder (PTSD)

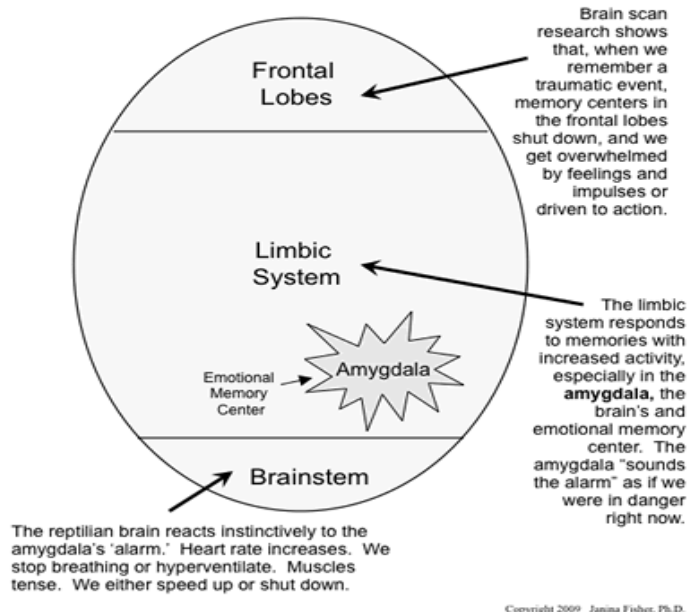
Trauma can be thought of as an impairment of integrative functions. The intrusive fragmented elements of the traumatic memory cannot be assimilated and metabolised by the mind. PTSD may be diagnosed when symptoms continue to be present beyond one month after the incident and the symptoms significantly disrupt the individual's daily routine and functioning.

The disorder is most often characterized by at least one of the following symptoms: intrusive thoughts or nightmares concerning the incident, flashbacks and physiological arousal at exposure to stimuli that resemble an aspect of the traumatic event. Other symptoms include avoidance behaviours, emotional numbing, an inability to recall important aspects of the event, increased startle, hypervigilance, irritability and outbursts of anger. Problems associated with PTSD may include depression, substance abuse or panic attacks.

There are various easy-to-use diagnostic aids that can be used during the session.

We remember trauma less in words and more with our feelings and our bodies

[van der Kolk & Fisler, 1995]



What other kind of problems can EMDR treat?

Scientific research has established EMDR as effective for post traumatic stress. Clinicians also have reported success using EMDR in treatment of the following conditions:

- Panic attacks
- Complicated grief
- Dissociative disorders
- Disturbing memories
- Phobias
- Pain disorders
- Performance anxiety
- Stress reduction
- Addictions
- Sexual and/or Physical abuse
- Body dysmorphic disorders
- Personality Disorders

What is the actual EMDR session like?

Eye Movement Desensitization and Reprocessing (EMDR) is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. It is well recognised by The World Health Organisation (WHO) and the National Institute for Clinical Excellence (NICE) as an effective treatment. It was developed by an American Clinical Psychologist, Dr Francine Shapiro, in the 1980s. It is a set of standardised protocols that incorporates elements from many different treatment approaches. EMDR therapy has helped millions of people of all ages relieve many types of psychological stress.

There are 8 Phases of Treatment when using (what is called – the standard protocol). The treatment session being offered here is a one session only approach using the Group protocol described below.

The 8 phase standard protocol: The amount of time the complete treatment will take depends upon the history of the client. Complete treatment of the targets involves a three pronged protocol (past memories, present disturbance, future actions) and are needed to alleviate the symptoms and address the complete clinical picture.

The goal of EMDR therapy is to process completely the experiences that are causing problems, and to include new ones that are needed for full health. "Processing" does not mean talking about it. "Processing" means setting up a learning state that will allow experiences that are causing problems to be "digested" and stored appropriately in your brain. What is useful to you from an experience will be learned and stored with appropriate emotions in your brain and be able to guide you in positive ways in the future.

The inappropriate emotions, beliefs, and body sensations will be discarded. Negative emotions, feelings and behaviours are generally caused by unresolved earlier experiences that are pushing you in the wrong directions. The goal of EMDR therapy is to leave you with the emotions, understanding and perspectives that will lead to healthy and useful behaviours and interactions. There would be decreased levels of distress; some of the thoughts and interpretations about the traumatic incident may be altered and you will begin to see what happened differently, with a new perspective; often in a healthier way.

Recent trauma Events protocol (R-TEP)

The Recent Traumatic Events Protocol was designed for use with single traumatic events that have occurred within two to three months (maybe longer) and in situations characterised by a lack of safety. Just like the Group Trauma Events protocol, they are all about early intervention. What Dr. Shapiro discovered when working with clients from the 1989 San Francisco Bay Area earthquake is that processing the most traumatic part of a memory did not necessarily generalise to other parts of the same memory.

As the clients were able to provide a serial description of the event, it was clear to Dr. Shapiro that the memory had consolidated at some level. Since the treatment effect did not generalise to other associative parts of the memory, they were not "integrally linked". Therefore Dr. Shapiro developed the Recent Traumatic Events Protocol to account for the differences in processing of a more distant memory versus a more recent one. After providing a narrative account of the event, the client will target each disturbing aspect separately using the standard protocol.

Group Trauma Events Protocol (G-TEP)

G-TEP was developed as a simplified adaptation of R-TEP for use in a group context. The goal is still to process each individual's trauma, but within a group framework, without disclosure of confidential information to other group members.

The original traumatic event, together with the traumatic aftermath is seen as an ongoing *traumatic episode* because the experiences are not yet consolidated, integrated or adaptively processed. Dr Shapiro later introduced a group application, the Group Traumatic Episode Protocol (G-TEP) in 2013. It is adapted from R-TEP for using with different age groups and populations who have experienced recent traumatic experiences or adverse events with ongoing impact (not necessarily recent).

The main goal is to use a group framework to process a Trauma Episode to reduce traumatic stress, promote adaptive processing, strengthen resilience and prevent post-trauma complications. Following larger scale potentially traumatic events, the Group Trauma Events Protocol was designed to accomplish the following main objectives:

- Be part of a comprehensive program (continuum of care) for trauma treatment.
- Identify those who need further assistance.
- Reduce posttraumatic symptoms.

- Confront traumatic material.
- Bring to conscious awareness those aspects of the trauma that were dissociated.
- Facilitate the expression of painful emotions or shameful behaviours.
- Offer the patient support and empathy.
- Condense the different aspects of trauma into representative and more manageable images.
- Increase perception of mastery over the distressing elements of the traumatic experience.
- Reprocess traumatic memories.
- Treat more clients for the same experience.
- Normalize the reactions: The clients can see that their reactions are normal since other patients are working on their memories in the same manner.

Advantages of the Group protocol are:

- Group treatment can be used in non-private settings such as under a mango tree, in shelters, open-air clinic, and so forth.
- Clients in the group do not have to verbalize information about the trauma.
- Therapy can be done on subsequent days and there is no need for homework between sessions.
- Protocol is easily taught to both new and experienced EMDR practitioners.
- Equally effective cross-culturally.
- People are treated more quickly, involving larger segments of the affected community.

Group EMDR is quick, efficient, safe, cost effective and culturally appropriate. It is a wonderful way to reach a large group of people and to provide mental health services within a non-mental health setting.

Kairos Therapy Services hosts workshops for female partners of male Sex/Porn/Love addicts. Using the Group Trauma Events protocol, a one only therapy session is offered to female partners who would like to benefit from the outcomes described in this document.

Event: EMDR – Helping Female partners of Sex/Porn/Love addiction disclosure by partners, to recover from trauma

Date: Saturday 16 March 2019 Time: 10am to 2pm

Venue: BADGER HOUSE, OLDMIXON CRESCENT, WESTON SUPER MARE, SOMERSET BS24 9AY

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