**Psychotrauma in Psychosis: Is EMDR an answer?**

**A Descriptive study of use of EMDR in a patient with Schizophrenia**

By

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**Abstract**

Patients with Psychosis in Pakistan are traditionally treated using anti-psychotics. NICE guidelines suggest that patients with psychosis should be assessed for PTSD as they are likely to have experienced a traumatic or adverse event at least once in their life. Studies conducted on PTSD in patients with Psychosis have shown promising results of EMDR as a treatment option. To the author’s knowledge, **no study** investigating the effectiveness of EMDR as a treatment for co-morbid patients of Psychosis has been conducted **in Pakistan**. The case study discussed, explores the efficacy of EMDR as a treatment for PTSD in a patient of Psychosis and its effect on treatment outcomes. A total of 16 weekly EMDR sessions were conducted using ‘hand tapping’. Assessment of PTSD was conducted pre and post treatment and at three and six month follow-up using a PTSD checklist. Post EMDR, patient’s PTSD score on the PTSD checklist reduced and clinical improvement was seen in psychotic symptoms when assessed by two independent psychiatrists. The results of the case study provide hope for non-pharmacological interventions for patients with psychosis to improve overall treatment outcomes in Pakistan. This study also highlights the need for assessment and treatment of PTSD using EMDR in patients with Psychosis.

**Overview**

* Schizophrenia has a worldwide prevalence of 0.7% (Van Os J &Kapur, 2009)
* According to a meta-analysis of 38 studies- Prevalence on trauma exposure exists in 80% of patients with SSD (Dallel, Cancel &Fakra, 2018)
* PTSD is a co-morbidity often ignored and unexplored
* Assess for post-traumatic stress disorder and other reactions to trauma because people with psychosis or schizophrenia are likely to have experienced previous adverse events or trauma associated with the development of the psychosis or as a result of the psychosis itself [NICE, 2014].
* The role of adulthood trauma in schizophrenia is not well known and current practices don’t often address this issue during treatment.
* PTSD and Schizophrenia often have overlapping symptoms (flashbacks, hyper vigilance, hallucinations,…)- Zubin & Spring (1999)

**Phase 1: History Taking**

* The client was a 24 year old male, Canadian- Pakistani, diagnosed with Schizophrenia and currently in remission with the help of medication. During his first year in medical school at age 21, he became a victim of a severe bullying incident. This incident was a one-time occurrence but the effect of it was so severe that he could no longer cope with his studies or concentrate and eventually had to quit university. He became increasingly paranoid and hypervigilant and started to feel that his bullies were spying on him and planning to kill him. Over the course of three years he started to isolate himself and remain in his room, afraid that they were following him and everyone around him were informing them of his whereabouts. after which his parents brought him to Pakistan for a psychiatric consult.He also believes that it is because of the incident that he has now become sick, a view that was shared by his family. He became hyper aroused and would jump every time he received a notification on his phone. He avoided all kinds of social media.
* With the help of medication, he became less paranoid but was having terrifying nightmares that kept him up at night and had flashbacks of the event during the day. He quit all studies because it is too distressing to continue.
* He had a high IQ and had a very supportive family, especially his mother who would accompany him to sessions every week.

**Phase 2: Preparation**

* Explanation of EMDR and instructions
* Failed to create a safe place
* Progressive muscle relaxation
* Deep breathing exercises
* Positive beliefs and evidence exercise
* Goals of therapy discussed
* After a trial of eye movements, decided on tactile hand tapping

**Phase 3: Assessment of Target Memory**

* Target issue: Bullying by classmates during first year at medical school
* Target image: Standing on a beach getting pushed around and people calling him names
* Negative cognition: I can’t trust anyone
* Positive cognition: I can choose whom to trust
* VoC: 2
* Emotions/Feelings: Fear, unsafe, sad and angry
* Subjective Units of Distress (SUD): 10
* Location of Body Sensation: back (where they had pushed him) and tightness of chest

**Phase 4: Desensitisation**

* ‘it’s too scary, I cant think about it’ – urged to continue
* Faces of bullies became more and more scary, became demonic
* Initially SUD reduced from 10 to 9 but when the faces became demonic, SUD went back to 10
* Sizes of people increased and the faces morphed
* Had insight that it wasn’t actually true when stabilised but SUD did not reduce
* Visibly distressed and blocked processing
* Images of putting issues in a container till next session for incomplete sessions

**Interweaves**

* Imagined setting the ‘demons’ on fire
* Demons returned to normal people, SUD reduced but image still recurring
* ‘What would help to reduce its power?’ ‘By deleting the image’
* Modulated image by pixelating it and processing it pixel by pixel
* SUD reduced to 6 then 3 then 0 overtime
* Cognitive interweave: identifying mother as ‘someone I can trust’

**Phase 5: Installation**

* VoC increased with processing
* Body scan was clear and closure was achieved
* Client’s emotions and SUD was checked during Re-evaluation and remained unchanged at three month and six month follow-up
* Client enrolled in a short six month Business diploma and was able to meet one or two classmates, socially

**Phases 6-8: Body Scan, Closure and Reassessment**

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**Implications for future**

* Psychotrauma and Psychosis can co-exist and may worsen each other
* Psychotrauma symptoms may be considered delusional and thus discarded by clinicians
* Attempts at treating trauma with conventional antipsychotic measures are bound to fail
* EMDR as an intervention alongside management of psychosis can result in better clinical outcomes
* Research on detection of Psychotrauma in Psychosis and response to EMDR is needed for improved prognosis in clients