

EMDR PROCESSING OF NIGHTMARES

EYE MOVEMENT DESENSITISATION REPROCESSING OF IDIOPATHIC NIGHTMARES: A CASE
STUDY



LITERATURE REVIEW

TREATMENT OF NIGHTMARES

TYPES OF NIGHTMARES

Idiopathic

PTSD-associated

CONSEQUENCES OF NIGHTMARE DISORDER

Impair Quality of Life

Sleep avoidance

Sleep deprivation

Insomnia

Daytime sleepiness

Fatigue

TREATMENT FOR NIGHTMARE DISORDER

Cognitive behaviour therapy

Image Rehearsal therapy

Lucid Dreaming therapy

**Exposure, Relaxation and Re-
scripting therapy**

Sleep Dynamic therapy

Systematic Desensitisation

TREATMENT FOR NIGHTMARE DISORDER

**Progressive Deep Muscle Relaxation
Training**

Hypnosis

EMDR

The Testimony method

CASE PRESENTATION

PRESENTING COMPLAINTS, HISTORY
TREATMENT SESSIONS



PRESENTING COMPLAINTS

Depressive symptoms with diagnosis of Depression NOS

Caregiver stress – son with ASD

History of presenting complaints

Sleep difficulties and nightmares for a 9 years in her 10 years of marriage

Content of nightmares

Hd's extra marital affair

Son with ASD goes missing

Treatment – Session 1

Target memory – nightmare images of “her son was bullied by his cousins and subsequently ran out of the door” (following Luber’s protocol)

Negative Cognition “I am useless”

Desired Positive Cognition “I can learn to help my son deal with the situation”, VOC of 6/7

Emotions of fear, SUDs at 8/10

Processing incomplete in first session.

Treatment – Session 2

Target memory – nightmare images of “Husband talking to another woman (with no face), laughing and chatting away while she is taking care of son who is throwing a tantrum”

Negative Cognition “I cannot trust anyone”

Desired Positive Cognition “I can learn to trust my loved ones”, VOC of 4/7

Exercises of dissociation, CUDs

Treatment – Session 3

Pt reported that dreams were still present, but they no longer affected her sleep

Dream content has become more routine

Reprocessed the target memory of husband's infidelity to attain SUDs rating of 0/10 and full VOC of 7/7

Checks made 1 month, 3 months and 5 months after psychological treatment

Measures to assess progress

**Outcome and Session Rating Scale
(Miller and Duncan)**

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

Relationship:

I did not feel heard,
understood, and
respected

I-----I

I felt heard,
understood, and
respected

Goals and Topics:

We did *not* work on or
talk about what I
wanted to work on and
talk about

I-----I

We worked on and
talked about what I
wanted to work on and
talk about

Approach or Method:

The therapist's
approach is not a good
fit for me.

I-----I

The therapist's
approach is a good fit
for me.

Overall:

There was something
missing in the session
today

I-----I

Overall, today's
session was right for
me

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Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____
ID# _____ Sex: M / F
Session # _____ Date: _____

Looking back over the last week, including today, help us understand how you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Individually:
(Personal well-being)

I-----I

Interpersonally:
(Family, close relationships)

I-----I

Socially:
(Work, School, Friendships)

I-----I

Overall:
(General sense of well-being)

I-----I

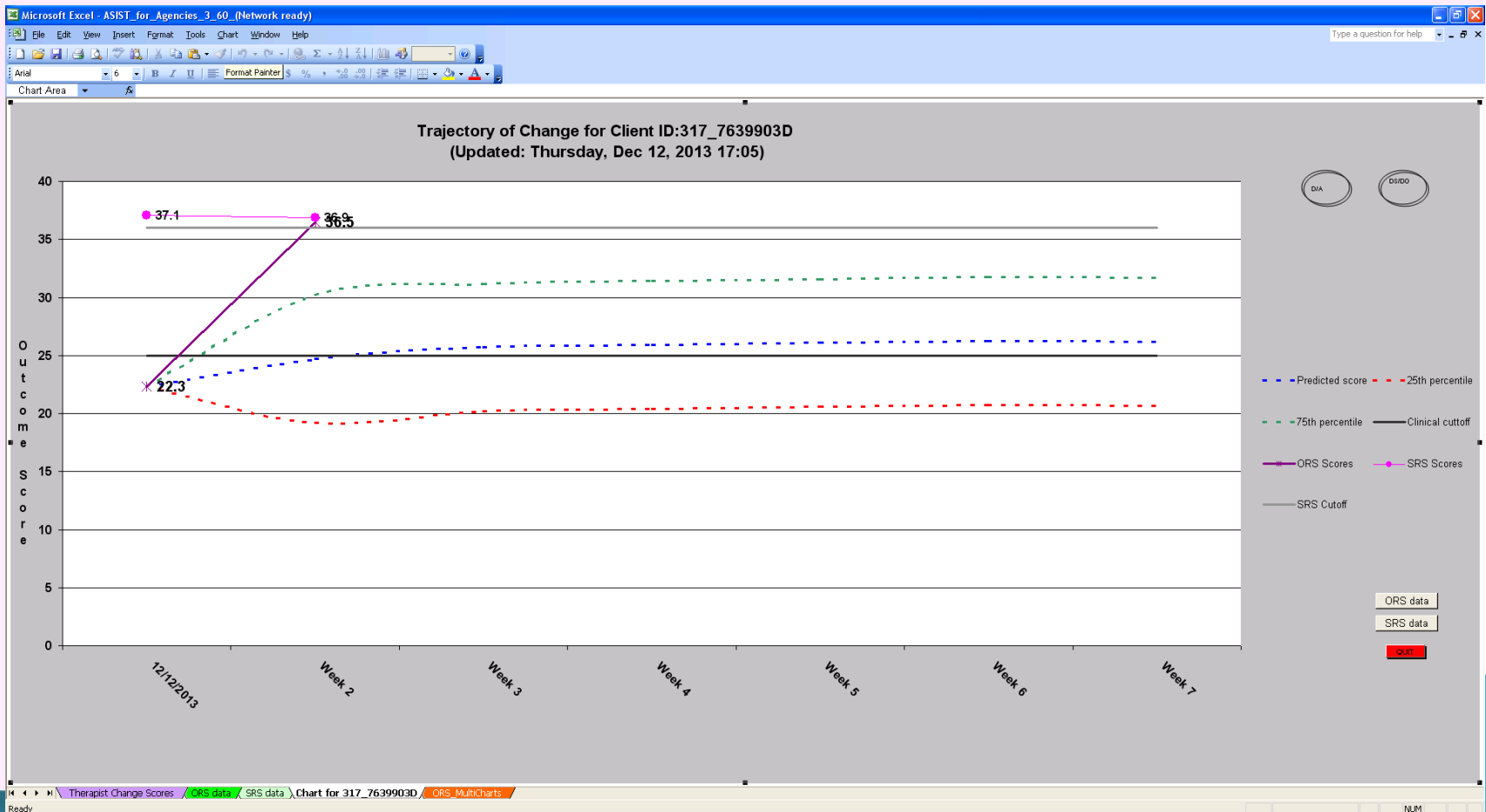
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Results

Outcome and Session Rating Scale (Miller and Duncan)



Discussion

- First article to be featured from Singapore
 - Relatively short history of EMDR in Singapore
- EMDR procedures applied across different cultures
 - Diverse cultural environments
- What is the reason for the quick progress?
 - Alignment of NC, PC structure with Asian collectivist thinking
 - Little process issues

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of the responsibilities held by each person. This includes your responsibility and the support to become empowered. You also have certain rights that are important to you, and I have a responsibility whose goal is your well-being. I should be aware of your rights. As a therapist, I should be aware of your rights.

The next is not a legal exception to your confidentiality. However, it is a legal exception to your confidentiality. However, it is a legal exception to your confidentiality. However, it is a legal exception to your confidentiality.

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not discuss anything you wish kept secret from your partner. I will remind you of this during such individual sessions.

- 1. If I have good reason to believe that you will attempt to inform that person and warn them of your intentions, I must inform the police and ask them to protect your intended.
- 2. If I have good reason to believe that you are a vulnerable adult, or if you are a parent or guardian of a child, I must inform Child Protective Services immediately.
- 3. If I believe that you are in danger of breaking confidentiality and do this, and would exploit the point you were unwilling to discuss with my team.
- 4. If you tell me of the breach of confidentiality, I will inform the provider that informs me that this is a breach of confidentiality, including yourself or b. is a breach of confidentiality, emotional, behavioral, or health protection. I will inform the licensing board at the WA Dept. of Health Services if you are my client and a health care professional. I will inform the law from this kind of breach.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, you will be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one at my internet service provider, they are, in theory, available to be read by the system administrator(s) you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I would like to discuss with you at some time when I think I will have to put these into effect.