A Vuelapluma:
Psychosis and trauma

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Psychological approaches to psychosis

Over the last thirty years, psychological therapy has brought about a profound transformation in the treatment options for people with psychosis. From cognitive behavioural therapy to mindfulness-based approaches, these interventions have shown small to medium effect sizes for those who engage in therapy, instilling hope and optimism in the field of mental health. As clinicians, we ask, where is the next generation of therapies for psychosis coming from? What interventions can have a greater impact, for more people? As well as focusing on current presentations, what approaches can address underlying psychological vulnerabilities?

Challenges

Evidence shows that trauma exposure, PTSD, and Complex-PTSD (C-PTSD) are common and often go undetected in people with psychosis. Trauma exposure is highly prevalent in psychosis populations, with a median of seven separate traumatic events experienced across the lifespan in people with a first episode of psychosis. Many people with psychosis report flashbacks, nightmares, hyperarousal and avoidance. Recent reviews highlight that C-PTSD is even more common than PTSD in people with psychosis, with a range of difficulties, including interpersonal problems, dissociation and attachment difficulties.

The causal pathways that lead from trauma exposure to psychosis have been researched significantly over the last number of years, highlighting the importance of emotional regulation, dissociation and attachment. Attachment trauma is defined as abuse or neglect occurring within the context of relationships with primary care-givers or other attachment figures. When people with psychosis identify traumas, the most commonly identified trauma is a loss/ loss of connection with a care-giver. Insecure attachment is disproportionately prevalent in psychosis populations, occurring in 76% of clinical cases, with a small but statistically significant correlation with positive symptom severity. Disorganised attachment may contribute to psychosis by intensifying dissociative processes, whereby thoughts, emotions, and experiences fail to be integrated into conscious awareness. The attachment literature indicates that disorganised attachment and dissociative mechanisms are central to the emergence of psychotic phenomena.

Dissociative experiences of depersonalisation and derealisation are exceptionally common in psychosis. Researchers suggest that dissociation is likely to disrupt episodic memory and alter its subjective meaning. Unprocessed and incompletely integrated memories may contribute to the generation of trauma-related hallucinations, which are sensory experiences that occur without

external stimuli and are related to past traumatic events. Trauma-induced alterations may result in emotionally vivid memory fragments being stored without the spatial, temporal, or sensory context of normative episodic memories. Dissociation predicts delusions, voice hearing, and other forms of hallucinations. Passivity experiences, such as believing that one's thoughts, feelings, or actions are not under one's own control, are strongly related to dissociation.

Traumatic dissociation and attachment-based explanations for psychotic symptoms are proposed to be central to current models of psychosis. While current clinical guidelines advocate CBTp as a first-line intervention for psychosis, standardised CBTp protocols often fail to adequately target the underlying trauma-related mechanisms of attachment, affect regulation, and dissociative processes, which are integral to psychotic symptom maintenance.

Eye Movement Desensitization and Reprocessing (EMDR)

Given the role of trauma in psychosis maintenance and presentation, and the high prevalence of co-occurring PTSD in psychosis, EMDR emerges as a promising treatment for trauma-affected psychosis populations. Its evidence-based status for PTSD and C-PTSD, along with its significant reductions in PTSD symptoms in people with psychosis maintained, provides support about its potential effectiveness.

While evidence for the use of EMDR in psychosis is still emerging, results support its safety and utility for individuals in both acute and stable psychosis, independent of co-occurring PTSD. The significantly low readmission rates, dropout rates, and sustained decreases in mental health service utilisation, lasting up to a decade, along with the reduction in psychiatric medication use, could have considerable positive effects on the health outcomes, functional ability, quality of life, and mortality rates amongst psychotic populations, encouraging a broader adoption of this treatment.

However, standard EMDR has several drawbacks. It is primarily focused on traumatic incidents. It doesn't focus on some of the mediators between trauma exposure and psychosis symptoms, such as emotional regulation, dissociation and attachment. A recent qualitative study reported patient feedback on the experience of psychosis. Participants were divided in terms of how they perceived their psychotic experiences and any links to past traumas. Many struggled to see the relevance of trauma, which limited their engagement with EMDR. Focusing on past trauma felt less relevant and invalidating compared to current difficulties. Standard EMDR can also move rapidly towards trauma targets, which some participants found overwhelming.

Attachment-Focused EMDR and Progressive Method

In recent years, one increasingly utilised development of EMDR, which integrates attachment-based modifications to the treatment of trauma, is Attachment-Focused EMDR (AF-EMDR) (Parnell, 2013). AF-EMDR integrates principles from both Attachment Theory and Shapiro's Adaptive Information Processing (AIP) model, recognising the significant impact of developmental trauma on psychological outcomes. Within this framework, emphasis is placed on addressing and resolving early childhood attachment trauma and embedding attachment-based resources and insights into the therapeutic process. As conceived by Dr. Laurel Parnell, AF-EMDR operates by five

principles: 1) foster client safety, (2) develop and nurture the therapeutic relationship to facilitate healing, (3) use a client-centred approach, (4) create reparative neural networks through positive imaginal attachment figures, (5) use Modified EMDR when client's needs indicate (Parnell, 2013). As a result of her work, most standard EMDR trainings now incorporate an increased emphasis on resourcing interventions. In addressing these needs, AF-EMDR integrates resource-strengthening techniques within therapy while prioritising the therapeutic relationship and right-brain to right-brain communication in the trauma processing (Parnell, 2013). This is in-line with neuropsychological findings indicating that right brain systems are integral to attachment, affect regulation, and developmental processes.

Dissociative

Research evidence has consistently highlighted the traumatic and dissociative nature of psychotic symptoms. Gonzalez, Mosquera and Morrison in "EMDR and dissociation: The progressive approach" uses EMDR to focus on voices, ego-states, and dissociative experiences, to help bring a compassionate attention to the these experience as important "messengers" rather than blocks to be overcome. Instead of being afraid of voices or something to avoid or support, she uses EMDR initially desensitize and then to integrate these voices with our clients. The focus of the "Progressive Approach" is to encourage clients to explore and listen to voices instead of avoiding them; to address the "voices' needs", which are of course unspoken needs in the client themselves. This approach focuses on slow pacing, without hurrying any trauma-processing work, and avoids the reprise of phobic blocks or triggered re-experiencing.

Conclusion

This is an exciting moment. The second wave of psychosis therapies are being tested in clinical settings. Trauma-focused therapy offers a pathway for the development of new psychological interventions for psychosis. EMDRp provides an acceptable and evidence-based approach to address PTSD symptoms. Innovative EMDR approaches focused on attachment and dissociation offer a paced, compassionate approach which targets the evidence-based models of psychosis symptom development and maintenance.

References

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