



## EMDR and Ego State Therapy: Healing Complex Trauma & Dissociation

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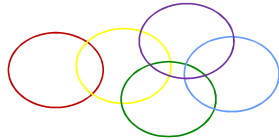
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### Learning objectives

- Challenging presentations
- Review of dissociation
- Understand the concept of ego state therapy.
- Learn how to access ego states in a controlled way.



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### Some challenging presentations

- Severe dissociative symptoms
- Unexplained somatic sensations + other health problems
- Self-harming / other destructive behaviours
- Severe PTSD
- Life in turmoil
- Hx of neglect, abandonment, abuse
- Obsessive compulsive features



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## Basic childhood needs

- Safety
- Predictability
- Love, nurturing & attention
- Acceptance & praise
- Empathy
- Protection & guidance
- Feelings & needs validated



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## Clinical Signs of Dissociative Disorders

Compiled by Gerald Puk, PhD

- Hx years of psychotherapy with little progress
- Symptoms of depersonalisation/derealisation
- Memory lapses
- Flashbacks and intrusive thoughts
- Schneiderian symptoms
- Somatic symptoms
- Sleep disturbance
- Depression



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## Screen clients for dissociation

**Dissociative Experiences Scale**  
(DES; Carlson & Putnam, 1992)

- 28 items
- What percentage of time do you experience .....
- Average rating
- Score of more than 20 = closer inspection



[www.sidran.org](http://www.sidran.org) for Child and Adolescent versions

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## Key questions on DES

- § In a place, no idea how got there
- § New things in belongings not recall buying
- § Standing beside self or watching self act
- § Told not recognise friends or family
- § Feel people, objects, world around them not real
- § Feels body not belong to them
- § Act in different situations like different people
- § Voices inside head telling to do or commenting



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## DES closer inspection

- DES-T (Waller et al, 1996)
  - Dissociation on a continuum in pop'n
  - Calculates probability Client dissociates pathologically
  - [www.isst-d.org](http://www.isst-d.org) – Excel 97 S/sheet (D Perry)
- SCID-D for in-depth assessment
  - 90 mins to administer
  - [www.rossinst.com](http://www.rossinst.com)
  - Book: *Dissociative Identity Disorder* – Colin Ross

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## Initial steps

- Take detailed history (Phase 1)
- Screen for dissociative disorder
- Stabilise client (Phase 2)
  - Self-soothing
  - Resources
  - Preparation for effect of BLS



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## Detailed history



- § Current difficulties e.g. relationships, shoplifting, DSH, sleepwalking
- § Coping strategies – e.g. alcohol, illicit drugs, sabotage good things
- § Life traumas e.g. threat, medical, abuse at home/school
- § Gaps in memory e.g. “ideal childhood”, no memory before mid teens
- § Significant dissociative experiences

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## Stabilise client

- Self soothing
  - Light stream, guided imagery, spiral technique, meditation
- Resources
  - Extended safe place, developing resources



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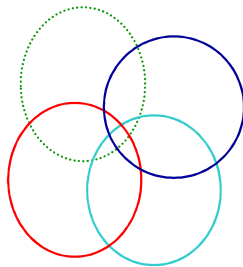
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## BASK Model of Dissociation

- B** behaviour
- A** affect
- S** sensation
- K** knowledge



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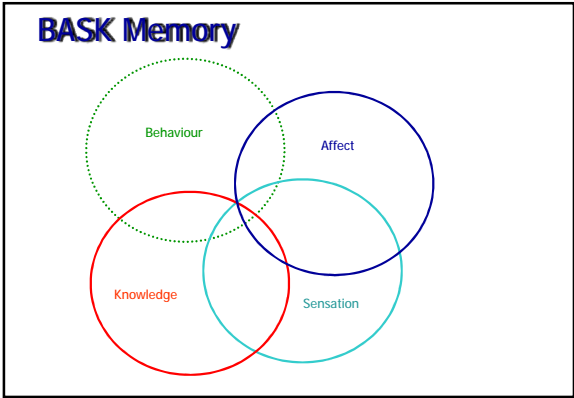
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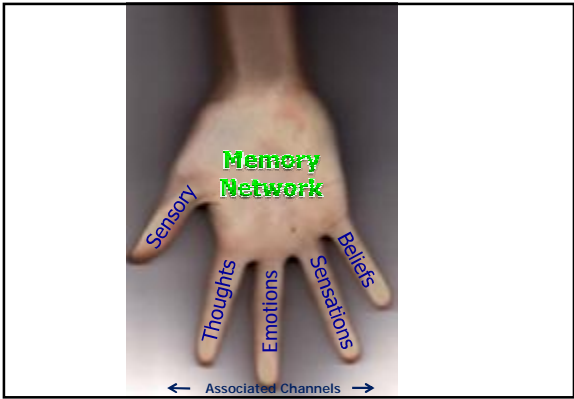
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### Types of dissociation

- **Primary**
  - Nightmares
  - Flashbacks
  - Intrusions
- **Secondary**
  - Depersonalisation
  - Derealisation
- **Tertiary**
  - Complex states separated by amnesic barriers

As I walked out the gate, I had the same odd sensation that I'd experienced for much of the afternoon: a dissociation from my actions. It was a kind of out-of-body experience, as though I stood watching at a safe remove while Schwarzkopf went back outside the perimeter, at risk of being blown away. But there was nothing eerie or mystical about it. I was kind of on automatic pilot.

Norman H Schwarzkopf, 1992

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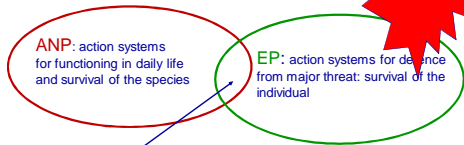
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## Primary Structural Dissociation



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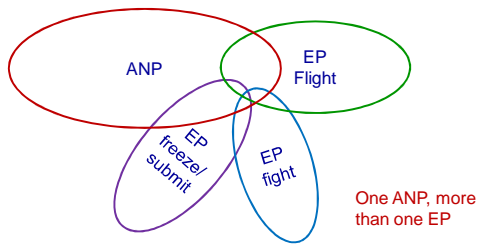
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## Secondary Structural Dissociation



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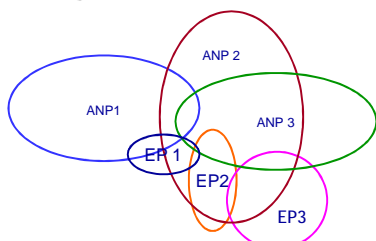
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## Tertiary Structural Dissociation



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## EPs – What are they?

Ego states

Alters

Part-selves

Schema modes



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## Ego states – background (1)



- Segmentation of personality due to normal differentiation, introjection or trauma
- Organized system of behaviours, and experiences
- States have varying boundaries
- May be organized to enhance adaptability in coping with specific events or problems.
- Some ego states delineated by time dimensions.

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## Ego states – background (2)



- Others delineated by function, trait or role
- Childhood ES may function maladaptively in present situations.
- Protect their roles and existence, even if counter-productive to the adult.
- Can conflict with each other over roles.
- Have capacity to change, combine, grow, and form adaptively in childhood, and adulthood.
- May have normative imaginal/creative functions; i.e. daydreaming.

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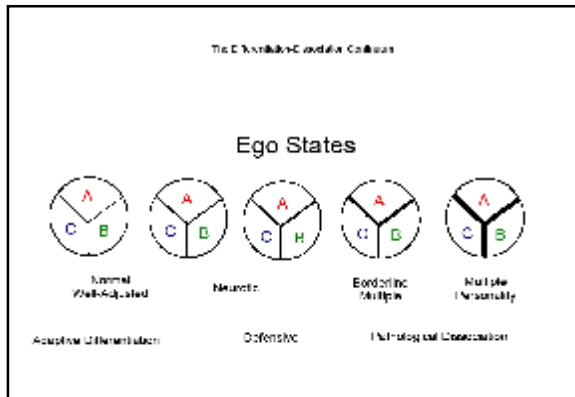
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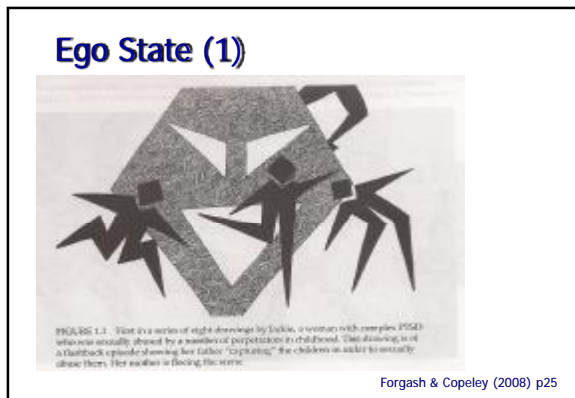
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### Ego State (3)

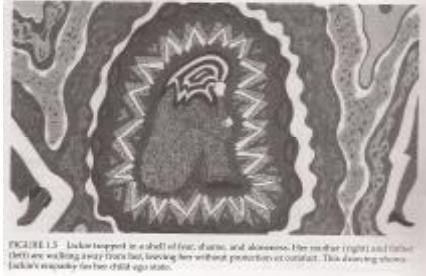


FIGURE 1.3 Lickor trapped in a shell of fear, of pain, and of awareness. Her mother (right) and father (left) are walking away from her, leaving her without protection or contact. This drawing shows Lickor's wish for her child ego state.

Forgash & Copeley (2008) p28

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### State switching

Video example

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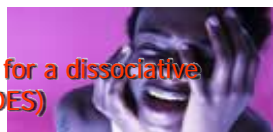
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### Disregard for Ego States

- At best – blocked processing
- At worst – fragmentation

**N.B. Always screen for a dissociative disorder (e.g. use DES)**



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## Accessing ego states



- **Guided Imagery**
  - Secure place
  - Communal area
  - Invite in ego states
- **BLS or hypnosis**

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## Accessing in structured way

Experiential exercise

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## Malevolent ego states

- The Critic
- The Saboteur
- The Abuser



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**Tip: Map the ego state relationships**

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**Margaret – A Case Example**

- ✓ Single parent aged 47 – never married
- ✓ Dx PTSD with co-morbid depression
- ✓ Resistant to allowing emotions out
- ✓ Guilt re past experiences
- ✓ Separate from family
- ✓ Hx of dissociation



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**Treating a Fragmented Personality**

- Schema-focused Cognitive Therapy (Young, 1994)
- Ego State Therapy (Watkins & Watkins, 1997)
- Cognitive Analytic Therapy (Ryle, 1998)

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## Margaret's Maladaptive Schemas

- Emotional Deprivation
- Mistrust / Abuse
- Social Isolation / Alienation
- Defectiveness / Shame

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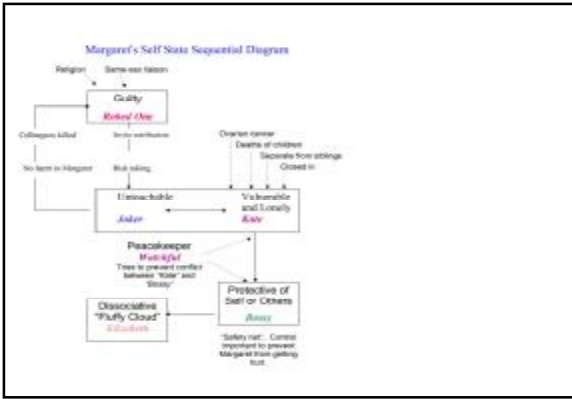
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## Identifying Ego States

Young Schema Questionnaire (YSQ S2)  
 (Young & Brown, 2003)  
 15 Schemas scored 1 (L) to 6 (H)

Schema Mode Inventory (Young et al, 2008)  
 124 items  
 14 possible states

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## The Ego State Session



- Aim – to allow client to function adaptively
- Access the secure place
- Invite ESs with knowledge of ... OR specific states
  - Can get image, sensation, presence
  - If nothing, use projective technique
- Identify role – is it adaptive for the present?
- What needs to happen/change to make things better?
  - Seek views
  - Don't kill off ego states – e.g. Dave
  - Agreement needed for change – systems
- Roll with resistance
  - Encourage ES to come up with solution – e.g. Socratic

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## Case example - Geraldine

- Age 35
- Professional
- Psychodynamic psychotherapy 4 years
- Wanting to please
- Appearance & getting boyfriend import
- Lonely
- Sad and tearful during day
- Perfectionistic, self punishing




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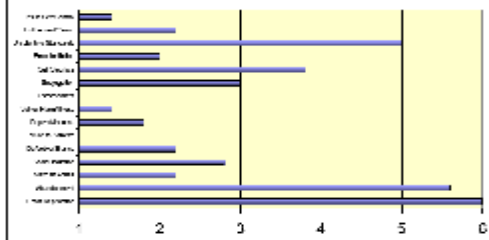
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Maladaptive Schema Scores - Geraldine




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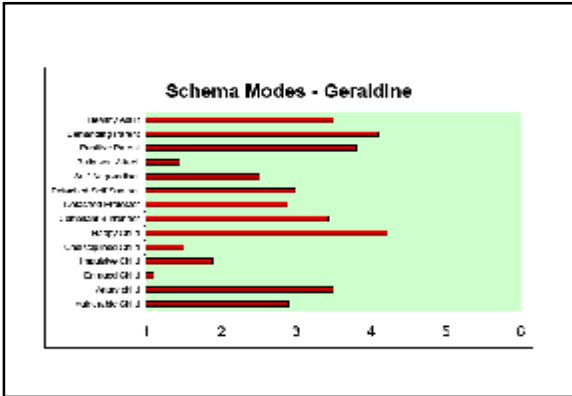
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## Ego State Therapy

Video - Geraldine

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### Practicum - Accessing ego states in a controlled way

- Childhood trauma experience – self (or client)
- Environment
  - Secure place
    - Conference table
    - Circle of chairs
- Ego states
  - Calling in the selves
  - Invite specific ego states
  - All serve a purpose – don't try to kill off!
- Dialogue
  - Roll with resistance
  - Suggest alternatives




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## Engaging malevolent ego states

- The Critic
- The Saboteur
- The Abuser



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## Malevolent ego states - Video

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## Recommended reading

Forgash & Copeley (eds) (2008) Healing the heart of trauma and dissociation with EMDR and Ego State Therapy. NY: Springer.



Van Der Hart, Nijenhuis, & Steele (2006) The Haunted Self. Norton



Watkins & Watkins (1997) Ego states: Theory and therapy. NY: Norton.



Boon, Steele & Van Der Hart (2011) Coping with trauma-related dissociation: Skills training for patients and therapists. Norton



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## Other References

- Ryle, A. (1998). Cognitive analytic therapy and borderline personality disorder: The model and the method. Chichester, England: Wiley.
- Watkins, J. G., & Watkins, H. H. (1997). Ego states: Theory and therapy. New York: Norton.
- Young, J. E. (1994). Cognitive therapy for personality disorders: A schema-focused approach. Sarasota, FL: Professional Resource Press.
- Young, J.E., Arntz, A., Atkinson, T., Lobbestael, J., Weishaar, M., van Vreeswijk, M and Klokman, J. (2008). Schema Mode Inventory. NY: Schema Therapy Institute.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). Schema therapy: A Practitioner's Guide. New York: Guilford Press.

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