THE EFFECTIVENESS OF TREATING A TRAFFIC ACCIDENT TRAUMA WITH EMDR AFTER FAILED PSYCHOFARMACOLOGICAL TREATMENT - A CASE REPORT

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INTRODUCTION

Car accident victims can suffer from an acute stress reaction and post-traumatic stress disorder.

In the therapeutic method of desensitization and reprocessing with eye movements (Eye Movements Desensitizing Reprocessing - EMDR), trauma with a large "T" includes events that a person perceives as a life-threatening. These events are so saturated, stressful, that they can overcome our usual capacity to fight (Herman 1992).

They result in intense fear, extreme feelings of helplessness, and complete loss of control. Symptoms of post-traumatic stress disorder (PTSD) manifest in two types of simultaneous and diametrically opposed behaviors. In one type, the traumatized person cannot escape their trauma, they are forced to get rid of the original event through intrusive symptoms such as flashback episodes, nightmares, panic attacks, and obsessive thoughts. In the second, they, again, must not approach trauma: they are completely isolated from the recollection of trauma by avoiding symptoms and anything that can be associated with the event, such as social isolation, emotional stiffness, and substance dependence. Victims of trauma also have physiological reactions such as insomnia, hypervigilance, and a tendency to be easily intimidated by any recollection of an event, such as a single sound or touch (Shapiro 1997).

In the approach to the treatment of PTSD, physicians most often opt for psychopharmacotherapy by combining antidepressants such as selective serotonin reuptake inhibitors, anxiolytics, mood stabilizers, hypnotics, and atypical antipsychotics (Hasanović et al. 2011, 2013).

The relative short-term efficacy and long-term benefits of pharmacological and psychotherapeutic interventions have rarely been studied for posttraumatic stress disorder (PTSD).

Different types of psychological therapy have been proposed in the treatment of trauma, including exposure therapy, cognitive therapy, psychodynamic therapy, and EMDR. EMDR is currently an effective psychological treatment, recognized and recommended as the first line of trauma treatment in a number of international guides (Boccia et al. 2015).

In Bosnia and Herzegovina, education for mental health workers EMDR was organized in 2009, and in 2014 Association of EMDR Therapists in Bosnia and Herzegovina was established (Hasanović et al. 2018, 2021).


The aim is to show the case of a patient who responded favorably to EMDR therapy but did not respond favorably to pharmacotherapy and superficial supportive treatment

CASE REPORT

The patient arrives for the first time in 2016, at the age of 38, due to the symptoms that appeared after the traffic accident at the beginning of 2013. She was healthy until the accident.

She is the firstborn child in her family. She is married, has no children. Marital relations are harmonious. During her pregnancy, she moved to Sarajevo from a small town because her husband got a job, she is unemployed. She is a second-year college student which she neglected due to the disturbances she has (she is studying in another city and has a fear of driving).

She has been treated by pharmacotherapy since 2013, and with superficial support psychotherapy. She took anti-depressives and anxiolytics for about a year. She did not feel better. An acquaintance advised her that she becomes pregnant because that will help her in
overcoming her hardships – she does. She became pregnant soon after her therapy was prescribed.

During pregnancy, she felt a bit better, but she still had nightmare dreams in which she kept losing her child. In the eighth month of pregnancy, she gave birth before her term due to the child having a malformation. The baby was immediately operated on and unfortunately, died on the fifth day after birth.

After the explanation of EMDR therapy and informed consent, scaling is done in order to assess her condition: Beck's anxiety and depression scale and the Mississippi questionnaire, and dissociation assessment. The scales showed a high degree of anxiety, moderate free her from the fear of driving, and to free her from feelings of sadness and helplessness due to child loss.

In the first phase, we decided to work on the traffic accident. We set positive and negative cognition, assessed the validity of true cognition (VoC) as well as the degree of anxiety (SUDS) and emotions and bodily sensations.

We did EMDR therapy following protocol.

During the first session, she experienced pronounced somatic symptoms in the form of dizziness, nausea and the urge to vomit, so she stopped the process twice. The session ended as incomplete because her picture of the accident did not change.

After the second session, the color of the image turned gray and nothing else changed. About 15 days passed between the sessions.

During the third session, things started to change because we changed the picture. After the session was over, she felt much better. SUDS was 2 and VoC 6. That session ended as incomplete. After a month, we saw each other again. After checking the image, the validity of the positive cognition, and the body scan, there was no disturbance. Installation was done.

The patient then came for check-ups. She is now more relaxed when driving, and there is almost no fear. She is more careful. We planned to work on losses of her child, but unfavorable life events (her husband's problems at work in which she was invested) did not allow her to work on another trauma until a few days ago. Further treatment is planned.

CONCLUSION

EMDR therapy reduced the patient's symptoms of trauma caused by a car accident. The patient became more functional and more relaxed in driving. But due to the complete resolution of the symptomatology, more work is needed regarding another traumatic event. Another "T", the loss of a child.

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Elvira Ališahović-Gelo: conception and design of the manuscript and interpretation of data, literature searches and analyses, clinical evaluations, manuscript preparation and writing the paper;

Mevludin Hasanović: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

References


The effectiveness of treating a traffic accident trauma with EMDR after failed psychopharmacological treatment - A case report

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