



EMDR within families



Trauma & Neurodiverse Populations Conference

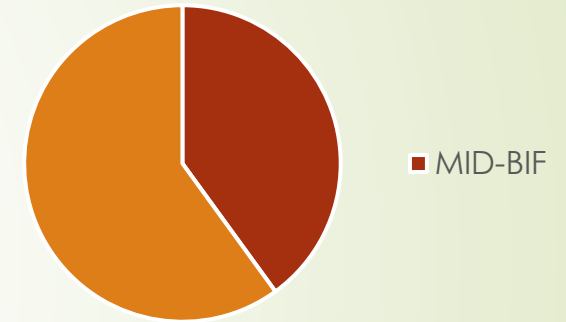
Dec 6th 2022

Liesbeth Mevissen, PhD

MID-BIF: vulnerable (Nieuwenhuijs et al., 2017, 2019)

➤ 40 % of the MHC population (N= 565) has MID-BIF

Mental Health Care

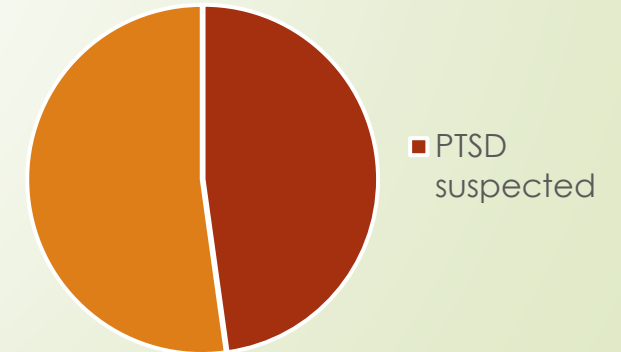


➤ Significant more traumatic experiences (TSQ) (N=570)

OR: 1,75 (MID) – 1,89 (BIF)

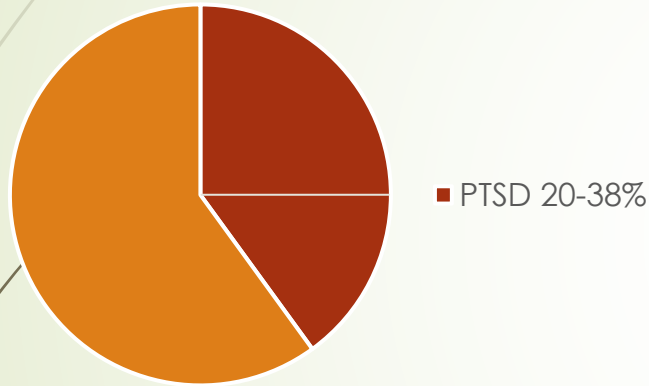
➤ 47,8% suspected of PTSD

MID-BIF

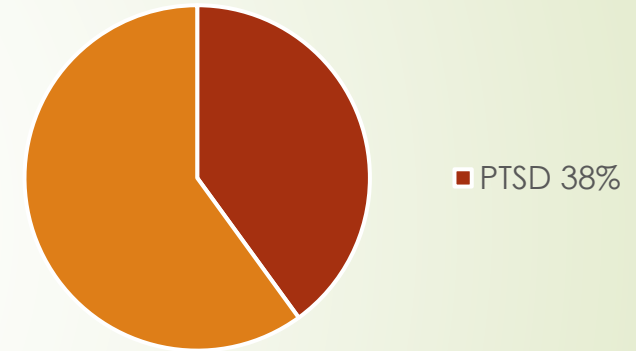


PTSD rates in MID-BIF patients

Children (N=80)



Adults (N=106)



CLINICAL RESEARCH ARTICLE

Assessing posttraumatic stress disorder in children with mild to borderline intellectual disabilities

Liesbeth Mevissen^{1*}, Robert Didden², Hubert Korzilius³ and Ad de Jongh^{4,5}



Journal of Mental Health Research in Intellectual Disabilities

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Assessing Posttraumatic Stress Disorder in Adults with Mild Intellectual Disabilities or Borderline Intellectual Functioning

Liesbeth Mevissen, Robert Didden, Ad de Jongh & Hubert Korzilius



ID and psychopathology

(Wieland, 2016)

- ▶ Often receive less treatment
- ▶ Often receive medication instead of psychotherapy
- ▶ Do not benefit sufficiently from mainstream interventions in mental health

Trauma within families

(Lambert et al., 2014; Mc Gaw et al., 2017; Movisie, 2015; van Ee, Kleber, & Jongmans, 2015)

- ▶ Low IQ
- ▶ Witnessing domestic violence as a child

Increased risk of intergenerationally transferred violence

- ▶ PTSD in parents

- ▶ Less emotional availability as an educator
- ▶ A more negative view of the child
- ▶ Damages the social-emotional development in the child (distress, behavioural problems)
- ▶ Unsafe home environment



Families with MID-BIF: a high risk group

(Tøssebro et al., 2017; Vervoort-Schel et al., 2018)

Parents with MID-BIF:

- ▶ 20%-25% of all custody cases

Outplaced children with MID-BIF:

- ▶ 49 % traumatized (≥ 2 ACE's)
- ▶ ACE's in parents related to number of ACE's in children

KINGS-ID: a prospect for families with ID?

(child in healthy system)

- ▶ Multi-problem families
- ▶ MID-BIF in parents and/or child
- ▶ PTSD diagnosis (DITS-ID) in at least one child and one parent
- ▶ Outplacement or threatened outplacement child(ren)
- ▶ History of intensive out-patient home support
- ▶ Out-patient trauma treatment drop-out or not do-able



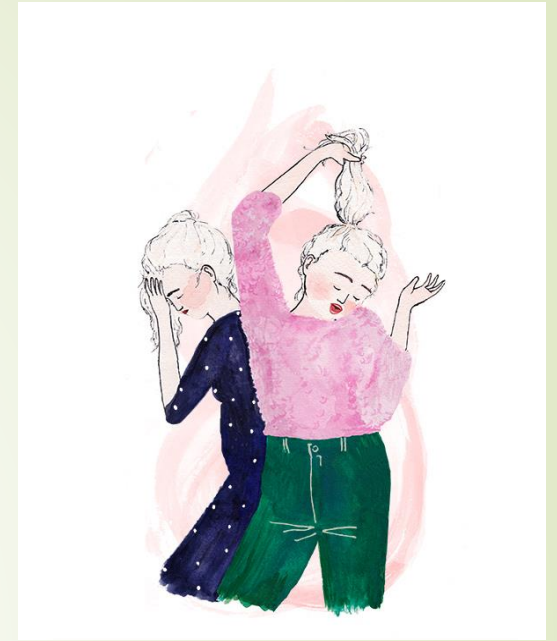


What interfered with effective treatment?

- ▶ Belief that talking about traumas would increase symptoms
- ▶ Too much to worry about
- ▶ Practical/organisational issues (e.g. No travel money, difficulties planning and organising, forgetting appointments)
- ▶ Feelings of guilt / feeling a failure/ shame
- ▶ Bad experiences with previous professional help
- ▶ Fear of outplacement
- ▶ Intellectual Disability??

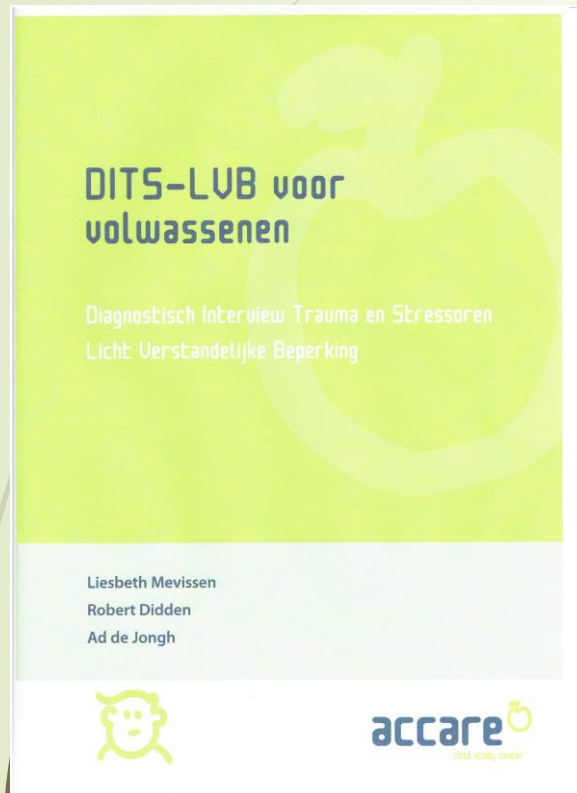
Conclusions PTSD and EMDR in persons with ID (Mevisse, 2017)

- Higher prevalence rates (1:3 in samples)
- Underdiagnosed and under-treated
- No atypical manifestation; fits developmental age
- Can be diagnosed: “Diagnostic Interview Trauma and Stressors-Mild Intellectual Disability” (Dutch)
- Can be treated with EMDR (tune to developmental age)
- First clues for effectiveness of EMDR for PTSD in ID



Diagnostic Interview Trauma and Stressors – Mild Intellectual Disability (DITS-MID)

(Mevisen, Didden, De Jongh, 2018 in Dutch)



- Child version
- Parent version
- Adult version

Valid and reliable for DSM-5 PTSD
(IQ 50-85; age ≥ 6)

Concrete language
Visual support



CLINICAL RESEARCH ARTICLE

Assessing posttraumatic stress disorder in children with mild to borderline intellectual disabilities

Liesbeth Mevisen^{1*}, Robert Didden², Hubert Korzilius³ and Ad de Jongh^{4,5}



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Assessing Posttraumatic Stress Disorder in Adults with Mild Intellectual Disabilities or Borderline Intellectual Functioning

Liesbeth Mevisen, Robert Didden, Ad de Jongh & Hubert Korzilius

EMDR-therapy in MID-BIF _ children

- Feasible and potentially effective in children (Mevisen et al., 2017)

Accepted: 13 January 2017
DOI: 10.1111/jar.12335

ORIGINAL ARTICLE

WILEY | ARID

Eye movement desensitisation and reprocessing therapy for posttraumatic stress disorder in a child and an adolescent with mild to borderline intellectual disability: A multiple baseline across subjects study

Liesbeth Mevisen¹ | Robert Didden² | Hubert Korzilius³ | Ad de Jongh^{4,5}

EMDR + IE

Research in Developmental Disabilities 117 (2021) 104030



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Intensive clinical trauma treatment for children and adolescents with mild intellectual disability or borderline intellectual functioning: A pilot study

Marjolein Ooms-Evers^{a,*}, Stephanie van der Graaf-Loman^a, Neomi van Duijvenbode^b, Liesbeth Mevisen^{b,c}, Robert Didden^{b,d}

EMDR-therapy in MID-BIF_adults

- Feasible and potentially effective in adults

(Karatzias et al, 2019; Penninx Quevedo et al, 2021; Verhagen et al, 2022)

Received: 20 February 2018 | Revised: 6 December 2018 | Accepted: 6 January 2019
DOI: 10.1111/jar.12570

Check for updates

ORIGINAL ARTICLE

WILEY | JARID

A mixed-methods, randomized controlled feasibility trial of Eye Movement Desensitization and Reprocessing (EMDR) plus Standard Care (SC) versus SC alone for DSM-5 Posttraumatic Stress Disorder (PTSD) in adults with intellectual disabilities

Thanos Karatzias^{1,2} | Michael Brown³ | Laurence Taggart⁴ | Maria Truesdale¹ | Chammy Sirisena⁵ | Robert Walley^{1,6} | Susan Mason-Roberts¹ | Aoife Bradley¹ | Douglas Paterson⁷

> Res Dev Disabil. 2021 Oct;117:104044. doi: 10.1016/j.ridd.2021.104044. Epub 2021 Aug 23.

EMDR therapy for PTSD symptoms in patients with mild intellectual disability or borderline intellectual functioning and comorbid psychotic disorder: A case series

Rosita Penninx Quevedo¹, Ad de Jongh², Samantha Bouwmeester³, Robert Didden⁴

Mental Health Research in Intellectual Disabilities

Journal of Mental Health Research in Intellectual Disabilities

Routledge
Taylor & Francis Group

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Safety, Feasibility, and Efficacy of EMDR Therapy in Adults with PTSD and Mild Intellectual Disability or Borderline Intellectual Functioning and Mental Health Problems: A Multiple Baseline Study

Inge Verhagen, Renate van der Heijden, Ad de Jongh, Hubert Korzilius, Liesbeth Mevissen & Robert Didden

Intervention: KINGS-ID

Adaptation of KINGS [child in healthy system] (Wanders & Ploeg, 2017)
for MID-BIF families

-preparation 6-8 weeks

(each family member: baseline measurements, setting goals, home visit)

-6 weeks in-patient family treatment: intensive EMDR parent(s) →intensive EMDR child(ren) → parental skills training

Running own household / family caregiver in office adjacent to family unit /
therapy sessions in central building / trauma sensitive environment

-2 weeks family support at home

Professionals: EMDR Europe Practitioners therapists and CBT/trauma/MID-BIF trainend caregivers (Accare/Ambiq)



How can intensive EMDR be organised (2)?

EMDR Case conceptualisation

- ▶ Standardised
- ▶ Prepared with the client
- ▶ On paper for the client
- ▶ Time-line DITS-MID is starting point
- ▶ Paper rotates between therapists, signed off by client

Results parents

Table 1. Combined values of TAU across parents.

Measure	Baseline- treatment (n=9)		Baseline-post-treatment (n=7/n=6) ¹		Baseline-follow-up (n=7) ²	
	<i>Tau-U</i>	<i>CI 90%</i>	<i>Tau-U</i>	<i>CI 90%</i>	<i>Tau-U</i>	<i>CI 90%</i>
Number of trauma symptoms parents	-0.92*	-1<>-0.69	-0.90*	-1<>-0.59	-0.90*	-1<>-0.59
Daily life impairment parents	-0.91*	-1<>-0.68	-0.86*	-1<>-0.54	-0.83*	-1<>-0.51
General psychopathology parents	-0.88*	-1<>-0.65	-0.78*	-1<>-0.46	-0.83*	-1<>-0.51
Experienced parenting load	-0.91*	-1<>-0.68	-0.78*	-1<>-0.44	-0.87*	-1<>-0.56

*Significant at $p < 0.001$.

¹For two parents one respectively two posttreatment measurements could not be taken. For 'Experienced parenting load' $n=6$ (for one parent one posttreatment measurement was missing).

² For two parents two respectively three follow-up measurements could not be taken.

Large, significant effect for all measures

Results children

Table 2. Combined values of TAU across children.

Measure	Baseline-treatment (n=6) ¹		Baseline-post-treatment (n=5) ²		Baseline-follow-up (n=6)	
	<i>Tau-U</i>	CI 90%	<i>Tau-U</i>	CI 90%	<i>Tau-U</i>	CI 90%
Number of trauma symptoms children	-0.68**	-0.96<>-0.40	-0.60*	-0.98<>-0.23	-0.80	-1<>-0.45
Daily life impairment children	-0.74**	-1<>-0.46	-0.73*	-1<>-0.36	-0.74	-1<>-0.40

**Significant at $p < 0.001$. *Significant at $p < 0.01$.

¹Considering mental age, for four children the child version of the *DITS-ID* could not or only partially been administered.

² For one child two posttreatment measurements could not be taken.

Table 3. Combined values of TAU across children as reported by the parent.

Measure	Baseline-treatment (n=10)		Baseline-post-treatment (n=8) ¹		Baseline-follow-up (n=9) ²	
	<i>Tau-U</i>	CI 90%	<i>Tau-U</i>	CI 90%	<i>Tau-U</i>	CI 90%
Number of trauma symptoms children	-0.69*	-0.90<>-0.47	-0.79*	-1<>-0.50	-0.81*	-1<>-0.53
Daily life impairment children	-0.62*	-0.84<>-0.41	-0.93*	-1<>-0.63	-0.82*	-1<>-0.52

* $p < 0.001$.

¹For two children two posttreatment measurements could not be taken.

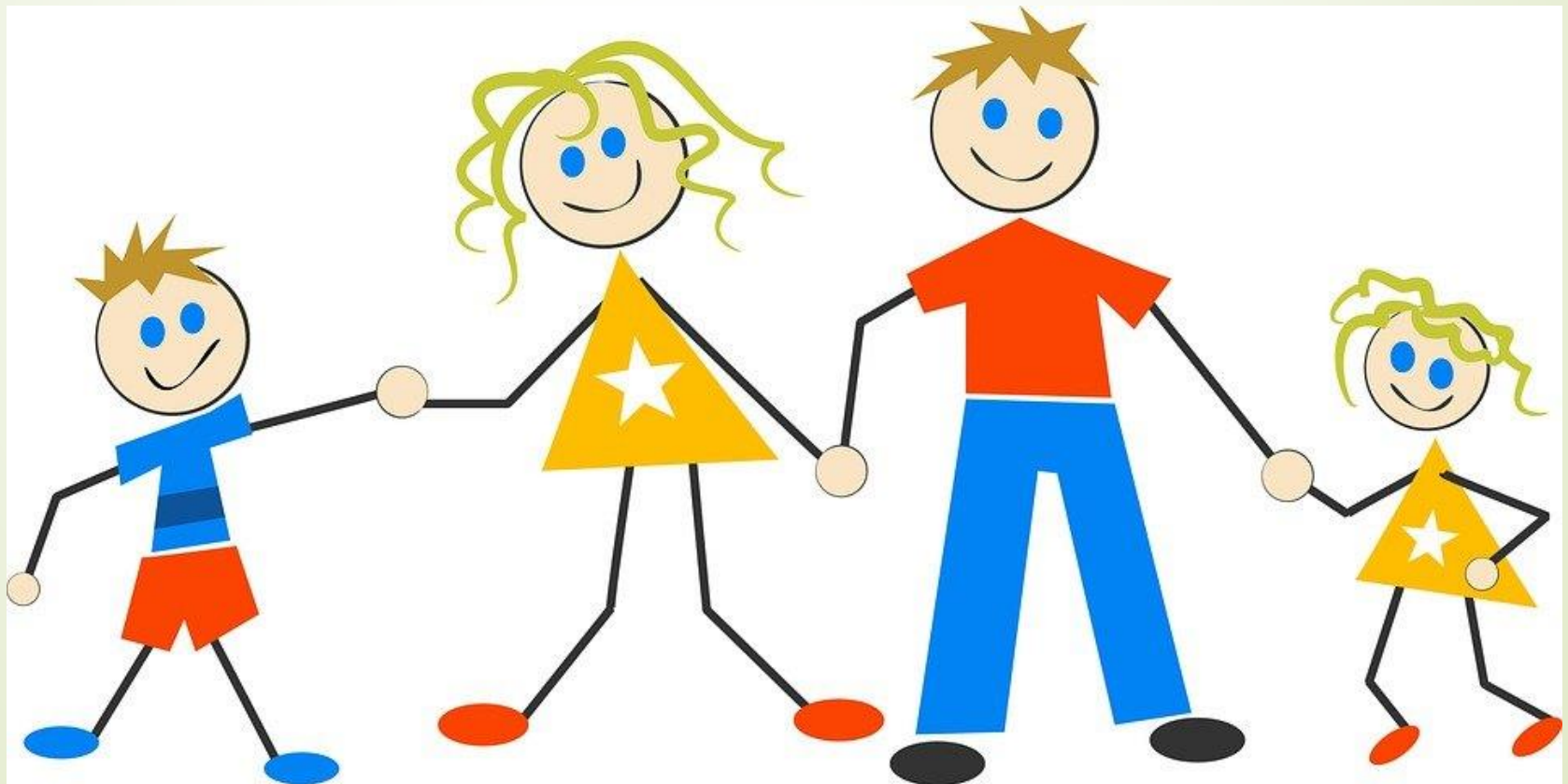
² For one child two follow-up measurements could not be taken.

Significant improvement for all variables

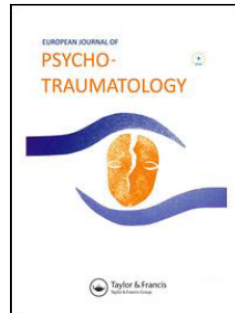
Moreover....

No drop-out

In 5 of 6 families parents able to raise their child(ren) at home



More detailed information:



European Journal of Psychotraumatology



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/zept20>

Feasibility and potential effectiveness of an intensive trauma-focused treatment programme for families with PTSD and mild intellectual disability

Liesbeth Mevissen , Marjolein Ooms-Evers , Marike Serra , Ad de Jongh & Robert Didden

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