Adapting EMDR for managing complex PTSD

An ability to draw on knowledge that complex PTSD manifests itself through:
all the features of PTSD, accompanied by evidence of disturbances of self-organisation including:
problems of affect regulation
persistent negative beliefs about oneself
difficulties in sustaining relationships
An ability to draw on knowledge of the three phases of treatment:
a) safety, stabilisation and symptom control
b) reprocessing the trauma
c) reintegration (reclaiming a life)

Adaptations of the standard procedure

An ability to adapt the standard EMDR protocol and alternate between stabilisation and reprocessing in order to maintain the person within a 'window of tolerance' (neither hypo- nor hyperaroused)

An ability to routinely screen for dissociation at the assessment stage using standardised questionnaires as well as clinical observation
An ability to engage the client in psychoeducation about the implications of trauma, attachment and dissociation in relation to the treatment plan

An ability to help the client identify links between present and past trauma by helping them trace back current disturbing thoughts, feelings and sensations to their origin in identical experiences from the past (referred to as 'floatback' or 'affect scan')
An ability to address fear of connecting to emotions using EMDR strategies
An ability to help the client recognise and tolerate different emotions:
using psychoeducation about the function of emotions
helping them build an emotional vocabulary and observe emotions from a distance without getting caught up in them, and combining this with bilateral stimulation
An ability to integrate stabilisation techniques within processing, whenever there are signs of dissociation
an ability to balance stabilisation and processing (delivering not too much of one or the other)
When high levels of dissociation are present, an ability to 'titrate' processing (e.g. dealing with smaller [discrete] aspects of a trauma before processing an entire traumatic event)

An ability for the therapist to recognise and manage the interpersonal impact of poor attachment on the therapeutic relationship, in particular the risk of being drawn in to unhelpful negative reactions