INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD
ISSN(O): 2455-0620 [Impact Factor: 7.581]
Monthly, Peer-Reviewed, Refereed, Indexed Journal with IC Value : 86.87
Volume - 9, Issue - 8, August - 2023 Publication Date: 31/08/2023

DOIs:10.2015/IJIRMF/202308028 --:-- Research Paper / Article / Review

A case report of a case of social anxiety disorder treated based on eye movement desensitization and reprocessing psychotherapy

Yanfu Heng
Center for International Education, Christian University, Manila, Philippines
Email - yanfuheng@126.com,

Abstract: *Eye Movement Desensitization and Reprocessing (EMDR) is an approach originally used to treat Post-traumatic stress disorder （PTSD）. However, it is now used in different treatment situations.EMDR is divided into eight stages of treatment; combined with a case report of a social anxiety disorder. The basic theory, treatment process and application of EMDR psychotherapy in social anxiety disorder and its efficacy are evaluated.*

Key Words: *Eye Movement Desensitization and Reprocessing, PTSD Social Anxiety Disorder Case Reports.*

1. INTRODUCTION:

Eye movement desensitization and reprocessing (EMDR), as a psychotherapeutic approach that integrates multidisciplinary perspectives from physiology, hypnosis, psychodynamics, behavior, and cognitive-behavioral science, constructs the theoretical basis of an adaptive information processing model through eye movement, desensitization, and reprocessing that to help restore the balance of the brain's information processing system, and its therapeutic goals are not limited to helping patients relieve trauma and anxiety, but also include eliciting positive emotions, evoking self-awareness, and changing beliefs and behaviors [1]. EMDR therapy is also seen as one of the most effective psychotherapies for patients with PTSD and other traumatized patients, which is safe, easy to administ-er, relieves patients of traumatic experiences such as flashbacks and hypervigilance, rapidly reduces patients' anxiety and depression, and is also widely used for phobias, test anxiety, and so on [2], and further improves patients' self-confidence [3].

2. Basic Theory of EMDR:

EMDR, also known as "rapid eye movement therapy", was founded by American psychologist] Francine Shapir in 1991, and its main concept has evolved from a simple desensitization method to reduce anxiety to a holistic and integrated reprocessing concept [4]. The theoretical foundation of EMDR has been constructed through four main periods, namely from a simple technique (eye movement therapy), an early procedure (eye movement desensitization), and a process and holistic view of treating a single condition, to the theoretical foundation of an adaptive information processing model [5]. a simple technique (eye movement therapy), an early procedure (eye movement desensitization), and a process and holistic view of treating a single condition, to the theoretical basis of an adaptive information processing model [5].Shapiro [6] argued that, in addition to symptoms caused by organ deficits, intoxication, or injuries, mental health disorders are based on unprocessed memories about early life experiences, and that it is the negative life events that induce a of hypervigilant states that cause primitive emotions, somatic sensations, and beliefs to be stored in memory; flashbacks, nightmares, and intrusive thoughts in PTSD patients are responses triggered by these memories, and EMDR's bi-directional eye movement and reprocessing programmed treatments can help patients to restore the balance of the brain's information processing, to find adaptive solutions, and ultimately, to achieve self-recovery. Therefore, Shapiro [7] believes that the therapeutic goal of EMDR is not only to help patients reduce anxiety, but also to elicit positive emotions, evoke self-awareness, and change beliefs and behaviors. Currently, people tend to explain the principle of EMDR from two perspectives: physiology and psychology; physiology believes that the effect of EMDR in treating trauma-related symptoms is to integrate and increase the communication between the right and left hemispheres of the brain through functional neurological changes; Stickgold [8] believes that bilateral stimulation used in EMDR therapy can trigger a rapid eye movement-like brain state, which in turn promotes the response to trauma. brain state, which in turn facilitates the reorganization of traumatic memories. The psychological perspective is mainly interpreted from four aspects: hypnosis, psychodynamics, behavior, and cognitive-behavioral; psychodynamic free association suggests that dual stimulation in EMDR can lead to an increase in the patient's affective, somatic, and cognitive associations and further uncover associations between unrecognized personal memories; and behavioral

suggests that it can be achieved through systematic desensitization of structured self-control techniques (e.g., progressive mental relaxation training and imaginal exposure therapy) to reduce the associations between the patient's hypervigilant state and the traumatic stimuli, and thus attenuate his or her responses when confronted with these stimuli, thus systematic desensitization and prolonged imaginal exposure therapy were absorbed into EMDR as treatments for PTSD; cognitive behavioral science further added an information processing model to the classical conditioning of behavioral science, and believed that the cognitive-behavioral model of affective information processing was the recognize the core of the standard model of EMDR [5], so it was applied in this case to quickly reduce the helpers' fear and help them to be able to study normally as soon as possible .

3. Procedure for EMDR [9]:

1 History Taking

During the history-taking phase, the therapist needs to discuss and complete case conceptualization and treatment planning with the patient. The goals of this phase are to establish a therapeutic relationship, collect a medical history, develop treatment planning and case conceptualization.

2 Preparation phase In the preparation phase, the therapist introduces the patient to the principles and goals of treatment and uses a series of stabilization techniques (e.g., safe house, safe deposit box, etc.) to help the patient reach a stable state; the goals of this phase are to obtain informed consent, to practice stabilization techniques, and to develop an understanding of the patient's needs.

The goals of this stage are to obtain informed consent, to practice stabilization techniques, and to strengthen the therapeutic relationship.

3 Assessment phase In the assessment phase, the therapist guides the patient in selecting targets to be reprocessed (e.g., images, emotions, somatic sensations, and negative perceptions of the traumatic event and the positive perceptions that the patient should hold) and obtains baseline parameters for the targets, i.e., Subjective Units of Discomfort (SUD) and Validity of Recognition (VOC), which are the parameters that the therapist uses to assess the patient's cognitive and emotional state and to determine whether the patient is in a state of stabilization. validity of recognition, VOC) scores: SUD refers to the degree of psychological pain or distress experienced by the patient after the traumatic event, divided into levels 0-10 (0 points for no distress, 10 points for maximum distress); VOC refers to the patient's evaluation of positive cognition after the traumatic event, divided into levels 1-7 (1 point for completely untruthfulness, 7 points for complete truthfulness); the goal of this stage is to establish the target and obtain a baseline test parameter for the target, i.e., Subjective Units of Discomfort (SUD) and Validity of Recognition (VOC) scores. The goal of this stage is to establish targets and obtain SUD and VOC values .

4 Desensitization stage

The desensitization stage is mainly realized by eye movements and is also called the eye movement stage. Because the desensitization, resource implantation, and body scanning phases of EMDR all involve different forms of bilateral stimulation and are designed, along with other procedural elements, to enhance the patient's processing of information, they are collectively referred to as the re-processing package; bilateral stimulation takes the form of bilateral eye movements, bilateral tones, and bilateral taps on the knees or shoulders, among other signals; the goal is to bring the target experience to a state of adaptive resolution. reprocessed to an adaptive solution.

SUD is scored as 0.

5 Resource Implantation In the Resource Implantation phase, the therapist guides the patient to remain aware of the target event and adaptive beliefs (i.e., desired positive cognitions) while providing several independent bilateral stimulation manipulations, and then assesses the VOC parameter; the goal of this phase is to continue to reprocess the target and integrate the adaptive beliefs into the memory network, with a VOC of 7 points.

The goal of this phase is to continue to reprocess the target and integrate the adaptive beliefs into the memory network, with a VOC score of 7 or an "ecologically appropriate state.

6 Body Scan The Body Scan is the final reprocessing phase of the standard EMDR treatment process, which involves focusing the patient on reprocessing all residual somatosensory sensations through several sets of bilateral stimulation; the goal of this phase is to verify that any residual target-related disturbances are all correct.

The goal of this phase is to verify that any residual target-related distress has been completely reprocessed until the patient experiences only neutral or positive somatic sensations.

7 Closing phase In the closing phase, the therapist briefly discusses the effects of the treatment with the patient and informs the patient that he or she should continue to keep a self-observation journal between sessions, and that stabilization techniques will be used, if necessary, to ensure the patient's stability and current state of adjustment; the

goal of this phase is to ensure the patient's stability and state of adjustment at the end of each session of the reprocessing treatment.

8 Reassessment phase During the reassessment phase, the therapist reviews all targets, checks the patient's overall functional status and SUD parameters, and adjusts the treatment plan based on the patient's logbook report, if necessary; the goal of this phase is to verify that all components of the treatment plan have been processed in order to ensure a stable treatment outcome.

4. General information :

A help-seeker, female, 18 years old, a one-year student at a higher education institution, with farmer parents and a younger brother at home. Physical health, no major diseases, general mental outlook.

Complaint and Personal Statement In the last year, she had to cover her face with her hair in class, and was afraid to make eye contact with her teachers and classmates, sometimes accompanied by violent twitching of her face, knowing that her behavior was unreasonable, but unable to control it. No fearful behavior with friends and people with friendly attitudes.

I was brought up by my parents, and my mother spoiled me, and I grew up small and timid, afraid of bugs and so on. As a child, my parents fought a lot. I had good grades before high school, high school because of things at home learning regression, learning regression after I began to become unconfident.

There have been visits to psychiatric hospitals, anxiety medication, counseling and nothing has worked. This semester the situation has worsened with increased school work, every day in class I would sit in the back row, cover my face with my hair, try not to make eye contact with others, worry about looking unnatural, and be afraid of social activities. I hope to get help.

5. Case Conceptualization:

The therapist observed the basic situation of the help-seeker The therapist observed that the help-seeker was wearing generally clean and tidy clothes, slightly nervous and shy. During the conversation, she thought clearly, without hallucinations or delusions, and had a strong desire to seek help.

Past history: healthy since childhood, no major organic diseases, no surgery, no infectious diseases, no history of blood transfusion allergy, no history of high fever and convulsions and trauma coma; no history of mental illness.

The physical examination before entering the school has been done and no obvious physical disease has been found. Entered our school. He is introverted and only socializes with his dormitory mates.

According to the therapist's assessment and diagnosis as above, after consensus with the client, the two of them jointly formulated the following treatment goals. Immediate treatment goal: to alleviate the avoidance of strangers through eye movement desensitization and reprocessing (EMDR) and to enhance the client's interpersonal skills. Long-term treatment goal: to help the client improve her mental health and develop her personality through motivational counselling.

6. Therapeutic process:

Stage 1: Diagnosis and assessment of the client by the psychotherapist and establishment of a therapeutic relationship between the two parties (Session 1)

Purpose: ①The therapist understands the basic situation of the client; ②The therapist establishes a good therapeutic relationship with the client; ③The therapist is helped to determine the client's main problems; ④The therapist is helped to explore ways to solve the client's problems.

Methods: The therapist conducts psychological interviews and tests with the client.

Process: ① therapist to fill out the treatment registration form, patiently introduce to the client the relevant matters and rules of the treatment process; ② therapist to the client to implement the subjective Units of Discomfort (Subjective Units of Discomfort, SUD) and cognitive validity of recognition (validity of recognition, VOC) scores; ③ measurements come out of the results The therapist feedbacks the test results to the client; ④The therapist collects as much complete information about the client's condition as possible through patient communication with the client, and provides the client with basic psychological knowledge;

Stage 2: The therapist conducts the psychotherapy stage with the client (9 sessions in total)

Purpose: ① Strengthen the therapeutic relationship between the therapist and the client;

(ii) The 2nd-6th sessions are given by the therapist to the help-seeker eye movement desensitization therapy;

(iii) The 9th session was given by the therapist for motivational psychological interviewing.

Process: (1) After this case entered the treatment period.

① Assessment. Help the client to find out the most feared person in her life and rate them.

② Desensitization. Conduct eye-movement desensitization intervention for the target person on the visitor to deal with the negative experience. The psychotherapist stretches out two fingers and swings them regularly in front of the client's eyes, and the client imagines that his or her most feared person is standing in front of him or her while his or her eyes are moving with the fingers, a process of 1-2 min. and then scoring. The score drops, and the previous behavior continues to be repeated. Wait for the fear score to drop five points to the end of the first desensitization. ③ Deep implantation period. End of desensitization, strengthen the visitor's positive cognition, solidify the connection between the target memory and the new positive self-beliefs and experiences.

④ Closing. At the end of each session, ensure that the visitor returns to a calm state. After two desensitization sessions, the fear score dropped to about 3. (2) Motivational Interviewing: After two sessions of EMDR, the client no longer needed to cover her face with her hair in order to attend class, but she still did not dare to socialize with others and was filled with low self-esteem, so she continued to be treated. ①The 7th session, experiencing emotions. The main purpose of this session was to use dialog to guide the client to discover the good things in life and to form positive emotional experiences. The homework assignment after each session is to record the good things in your life during the week. ②The 8th session is about finding positive resources. Help the client discover his or her own strengths and find the power to solve problems. ③The 9th session is about building positive relationships. Let the client discover the strengths of others and take the initiative to get in touch with them. Open up and communicate with others. Participate in others' group activities. The weekly assignments after each session were to discover the good qualities of a roommate, to take the initiative to get to know someone, and to communicate deeply with someone once (this assignment was done 2-4 times).

The third stage: the therapist conducts psychotherapy with the client to end and consolidate the stage (2 times) (1) Method: Talks. (2) Process: ① Feedback on the therapy work and discuss with the client the effects and gains of the previous therapy; ② Summarize the strengths of the client and guide him/her to apply them in the future; ③ Conclude the therapy. 9 Evaluation of the treatment effect ① Assessment of the client: Through the treatment, she dares to sit in the front row in class and answer questions. She not only gets along well with her roommate, but also makes other friends. The treatment is not only good for her roommate, but also for her friends, and she has confidence in her future. ② Assessment of the client's teachers and classmates: There is no problem in socializing with others. ③Therapist's assessment: Emotions are calm and even full of joy, self-evaluation has improved significantly, and academic performance has gradually become normal.

7. Conclusion:

EMDR techniques are currently mainly applicable to stressful traumatic events that have already occurred, and whether they can be used in the management of future social anxiety disorders remains to be empirically tested.

REFERENCES:

1. SHAPIRO F. Eye movement desensitization new treatment for post-traumatic stress disorder ［J］. J Behav Ther Exp Psychiatry, 1989, 20（3）: 211-217. DOI：10.1016/0005-7916(89) 90025-6.
2. Gosselin P, Matthews WJ. Eye movement desensitization and reprocessing in the treatment of test anxiety: A study of the effects of expectancy and eye movement. J Behav Ther Exp Psychiatry 1995;26:331-7.
3. Van den Hout MA, Engelhard IM, Beetssma D, et al. EMDR and mindfulness. Eye movements and attentic onal breathing tax working memory and educe vividness and emotionality of aversive idea-retion[J]. J Behav The Exp Psychiatry,2011 , 42 (4) :423 -431.
4. Maxfield L,Hyer L. The relationship between efficacy and method ology in studies investigating EMDR treatment of PTSDJ1.J Clin Psychol,2002,58(1):23-41.
5. Leeds AM. A guide to the standard EMDR protocols for clinician's supervisors, and consultants [MI]. Berlin: Springer Publishing Co Inc,2009 :1-10.
6. Shapiro F. The role of eye movement desensitization and reprocessing(EMDR)therapy in medicine: addressing the psychological and physical symptoms stemming from adverse life experiences[J]. Perm J.2014 18(1).7177.
7. Shapiro F. Eye movement desensitization and reprocessing: basic principles, protocols and procedures M . Version 2.New York: The Guilford Press,2001:117 121.
8. Stickgold R.F MDR: a putative neuro biological mechanism ofaction[J].JCI in Psychol, 2002,58 (1):61-75
9. De Bont PA, van de en Berg DP, van der Vleugel BM, et al. A multi-site single blind clinical study to compare the effects of prolonged exposure, eye movement desensitization and reprocessing and waiting list on patients with a current diagnosis of psychosis and co morbid post trauma tic stress disorder: study protocol for the ran- domized controlled trial Treating Trauma in Psychos sis [J]. Trials,2013 ,14 :151.