

Treatment by EMDR of a Dental Phobia in a Six-Year-Old Boy

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A, an intelligent 6-year-old, was referred by his mother due to dental phobia following a traumatic experience. It appeared that his sense of control had been shattered by a dentist's disregarding his signal to stop drilling, despite a promise to the contrary. After several unsuccessful attempts to resume urgent dental treatment, EMDR was the last resort before treatment with general anaesthesia. A's history was normal. He reported additional fears, some irrational. He also showed a strong need for control. A's mother, too, reported fear of dentists and general fearfulness and susceptibility to stress. There had been several other traumatic experiences in the immediate family.

A was cooperative and imaginative, and showed a gift for drawing. After installation of a safe place, we tackled a fear of a scary character from a TV cartoon series. This fear disappeared permanently in a single session.

We then began to process the dental phobia itself. A. described in detail and drew the traumatizing situation, and we used tapping for desensitization. Between sets of tapping A shared the contents of the "movies" he had visualized, and added various elements to his drawing. After his spontaneous addition of a dwarf, I suggested introducing figures that could help cope with the offending dentist.

This process continued over several sessions, during which A introduced various magicians, witches etc. who were to help overcome the fear and "teach the dentist a lesson." From session to session the offending dentist appeared less threatening, and the helping figures became more dominant. One drawing featured a magician dentist drilling on the teeth of the offending dentist. Bilateral stimulation was often provided by my standing behind A and tapping his shoulders. As I did this, I often chanted a spontaneous "song" including the contents being processed. A joined me and continued to "sing" about the content of his drawing as he drew and as I tapped his shoulders.

It was difficult to determine that the processing had been successfully concluded because A continued to report a high SUD. This report was dissonant with all other information, including mother's report as to A's behavior at home, and proved in retrospect to have been misleading. Despite the high SUD we proceeded after a number of sessions to visualize treatment by a "good dentist." We also play acted dentistry on each other's teeth. In addition, to counteract the possibility that the treatment itself had secondary gain for A, he was promised that he would continue sessions with me for a short time after he had successfully undergone the needed dental work.

A's mother located a dentist recommended for children who used laughing gas. A successfully underwent an checkup and meeting, and then started treatment. After each of these stages he came for an additional session at which we evaluated his progress, and since no further processing proved necessary we spent most of these sessions at free play.

During the period of treatment I had several individual meetings with A's mother, at which I tried to help her separate her concerns and fears from A's and project more faith in his ability to overcome his difficulty. One of the sessions included brief, but very effective, resource installation with tapping.

A concluded treatment after 14 sessions spaced out over about 5 months. He had successfully undergone a number of fillings, root canal work, extractions, and one surgical extraction.

This case illustrates the use of a child's creativity and imagination in EMDR. It also illustrates an ongoing interaction between processing and resource installation, as well as a difficulty characteristic of children in the use of the SUDs.