Eye Movement Desensitization and Reprocessing (EMDR) therapy for psychological trauma in adolescents

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29/04/19
Presentation Outline

• Overview of the basic principles of Eye Movement Desensitization and Reprocessing (EMDR)
• Outline how EMDR became part of SVHF
• Case study to demonstrate EMDR
• Benefits and Precautions of EMDR therapy
Basic Principles of EMDR therapy

• EMDR was first noticed by Francine Shapiro in 1987.
• Adaptive Information Processing (AIP) Model
• Time model - Past, present, future.
• EMDR is an 8 phase psychotherapeutic approach (History taking, client preparation, assessment, desensitization, installation, body scan, closure and re-evaluation).
• Bilateral Stimulation (BLS) and Duel Attention
• Pattern Matching
"It deosn't mttaer in waht oredr the ltteers in a wrod are, the olny iprmoetnt tihng is taht the frist and lsat ltteer be at the rghit pclae. The rset can be a toatl mses and you can sitll raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe."
SVHF- EMDR development to date

Service

Service Need – PTSD psychological treatment

Support from SVHF and NMPDU

EMDR C&A Trained + C&A EMDR Supervisor

Service Need - Multiple complex Trauma, Developmental need

Support from SVHF and NMPDU

EMDR Trained + EMDR Supervision

EMDR treatment option in SVHF
EMDR

16 Young People (over 2 and half years)

- PTSD due of an act of war
- Abduction and Physical Assault
- Sexual and physical Assault
- Severe Bullying
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<tr>
<th>EMDR Case Example</th>
<th>Ellen - 16 year old</th>
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<tbody>
<tr>
<td><strong>Presentation</strong></td>
<td>Low mood, anxiety, suicidal ideation, self-harm.</td>
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| **Trauma**        | • Physical Abuse from Father  
                      • Accidentally caused fire  
                      • Sexual & Physical Assault.  
                      (complex multiple trauma) |
| **Family**        | Insecure attachment to father |
| **Psychotherapy Treatment** | EMDR |
| **Create safety** | • Safe place  
                      • Resource installation (time she was in control i.e. playing football)  
                      • Ward Environment  
                      • Access to staff to talk |
| **Manage distress during memory processing** | • Slow sessions  
                      • Client has control of when sessions occur  
                      • Planned overnight leave  
                      • Bring teddy bear to sessions (grounding)  
                      • Perfume to sessions (grounding)  
                      • Walks with staff after session  
                      • Art (outside of sessions). |
| **EMDR sessions (twice weekly)** | 8 weeks |
| **PTSD scores before treatment** | PCL-5 score 70 |
| **PTSD scores after treatment (discharged to CAMHS)** | PCL-5 score 39 |
| **Summary of symptom reduction** | • 75% reduction in “Risk taking behaviour”  
                      • 50% reduction in “Avoiding external reminders of stressful experiences ie people, places, conversations)  
                      • 25% reduction in Nightmares  
                      • 25% reduction in Re Experiencing  
                      • 50% reduction in feeling startled and super-alert |
| **Outcome**       | Return to school |
## EMDR Feedback

<table>
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<tr>
<th>Compared to previous experience of psychotherapy</th>
<th>“It can be hard to talk about traumatic experiences and there is not a lot of talking in this therapy”</th>
<th>“I found I could understand more of what happened and feelings have changed towards the traumatic event. I also found it more useful that other therapies”</th>
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<tr>
<td>Young person Feedback</td>
<td>“I thought it was very helpful. It helped me process what was going on and helped me recover. It has reduced negative thoughts, nightmares etc”</td>
<td>I enjoyed it and found it helpful but personally found it difficult. I found EMDR useful as it helped me open up memories and how I am feeling”</td>
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<tr>
<td>Young Persons mothers Feedback</td>
<td>“I found EMDR so helpful and necessary for my daughter. She engaged and wanted to go to sessions because she knew she needed it. I am confident to say it was a positive experience and I am truly grateful. I think it give her some healing on what she was going through.</td>
<td>“She is doing really good. A lot better a few months back. I am really happy”</td>
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<tr>
<td>Suggested improvements</td>
<td>“To have someone to talk to after sessions”</td>
<td>“Regular walks and art work after sessions to reduce stress”</td>
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When considering EMDR as a therapy

Benefits
✓ Evidenced based and Recommended therapy (NICE, WHO, APA)
✓ A detailed description of the disturbing event is not required.
✓ There is little dialogue in sessions
✓ No homework is required
✓ Treatment is not dependent on language e.g. drawing can be used in the treatment of pre-verbal trauma and mutism.
✓ Shorter treatment period
✓ Low dropout rate

Precautions
• A thorough assessment is essential
• Stabilisation is essential
• Distressing, unresolved memories may surface
• Processing of memories can continue once EMDR sessions have finished.
• Possible legal implications
Thank you for listening

I wish to acknowledge again the support that I have received from St Vincent's Hospital Fairview (SVHF) Management and the Nursing & Midwifery Planning & Development Unit (NMPDU) in bringing forward EMDR to our service.
Recommended Reading

