Using EMDR Therapy with Individuals in an Acute Mental Health Crisis

Simon Proudlock, Consultant Psychologist / EMDR Europe Accredited Practitioner, Consultant and Facilitator
Reading, England, UK
Acknowledgements

‘Using eye movement desensitisation and reprocessing (EMDR) with patients with acute mental health difficulties’ is part of the Health Foundation’s Innovating for Improvement programme.

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
Crisis Resolution and Home Treatment Teams (CRHT)

- Set up in the NHS in England to act as gatekeepers for inpatient admissions and to manage people of risk of suicide in the community in order to reduce admission rates.
- CRHT’s are primarily focused on risk assessment and using medication to stabilize people.
- The teams operate a RAG system which is weighted on how much a risk a person is of taking their own life.
- Initially people are taken on a red status or seen daily by a practitioner with visits decreasing over time as people move to an amber status, or being seen every other day, and then a green status which is being seen once per week before being discharged back to either their GP or Community Mental Health Team.
Adult Acute Inpatient Psychiatric Wards

- Places for short term admissions of people who are at risk to themselves or others.
- Primary function is to reduce risk through use of medication and then discharge to CRHT/Community.
- Limited evidence base for psychological therapies on inpatient settings due to difficulties researching it in this setting.
- Therefore, generally limited access to any psychological therapy in these settings.
- Hard to deliver long term psychological therapy as most patients only admitted for a short time.
How Does EMDR Fit in an Acute Care Pathway?

- Limited evidence base for doing therapeutic work with individuals in a crisis situation.
- Often it has been thought that doing any therapeutic work with people at the time of crisis may elevate risk and increase suicidality, particularly in relation to trauma work.
- However, EMDR has advantages that it can be a focused short term invention on trauma.
- From our experience, pinpointing the traumas that fueled the suicidal desires whilst installing hope that they could change, significantly reduced risk - contrary to the current evidence base.
- Clients also have a high degree of motivation whilst in crisis to solve the problems that have brought them there. This is particularly helpful with considering the AIP model and the brains desire to process trauma memories - defragging the brain allows normal problem solving abilities to return.
Past...

- Building on the paper by Rose, Freeman and Proudlock (2012) ‘Despite the evidence why are we still not creating more trauma informed mental health services?’
- Summary of the case series published in EMDR Journal of Practice and Research Feb 2016
- Examined how EMDR Therapy can be used with individuals in an acute mental health crisis who may be suicidal
- Showed how it is possible to take positive risks with individuals who have a trauma picture and treat them safely in a relatively short space of time
Present...

- 15 month study funded by the Health Foundation – Innovating for Improvement
- Started November 2015
- Aim was to see 50 patients with a trauma picture from CRHTT or an acute ward and treat them with EMDR Therapy
- No previous research using EMDR with patients who are suicidal
- Need to demonstrate that EMDR makes a difference to patient care and can lead to cost savings for the NHS
Innovation Grant

- Psychometrics – HADS, IES-R, Mental Health Confidence Scale, Joiners Interpersonal Needs Questionnaire
- 3, 6 and hopefully 12 month follow-up
- Audit of Rio notes to identify level of contact before and after treatment
- Plan to get project funded long term
The Team...

- Project lead - Consultant Psychologist and EMDR Europe Consultant, Supervisor and Facilitator
- Assistant Psychologist
- 2 x EMDR Level Three Therapists

Additional patients seen by
- Principal Psychologist within CRHTT (EMDR level 3 trained)
- Consultant Psychiatrist (EMDR level 1 trained)
- ST6 Psychiatric Trainees (EMDR level 3 trained)

Recent help from an Honorary Assistant Psychologist
Referrals

- Inpatient wards: 27
- Crisis resolution and Home Treatment Team: 75
- Other: 3

Total: 105
# Types of Traumas Treated

## Simple Traumas
- Male and female rape
- Single traumatic grief
- Armed Robbery
- Recent and historical RTA’s
- Physical assault
- Trauma from being an inpatient
- Physical injury
- Death of a child

## Complex Traumas
- Childhood sexual abuse
- Domestic Violence
- Bullying at school / workplace
- Complex traumatic grief
- Combat trauma (armed forces)
- Torture
- Childhood physical and emotional abuse
Number of treatment sessions

- Less than 12 sessions: 45 clients
- 12 - 20 sessions: 5 clients
- 21+ sessions: 3 clients

Number of clients vs. Number of sessions
Impact of events scale

Score range 0 – 88. Scores less than 33 are not clinically significant.
What our patients told us…

“I’ve been cured of my nightmares and PTSD in three sessions”
Hospital Anxiety and Depression Scale

Score ranges:
0-7 Normal       8-10 Mild       11-14 Moderate       15 - 21 Severe
What our patients told us…

“I stopped taking all anti-depressant medication soon after the EMDR course finished and haven’t looked back. I’m a depression and anxiety free zone now!”
Interpersonal needs questionnaire

Score range 9-63
Mental Health Confidence scale

Score range 16-96
<table>
<thead>
<tr>
<th>Psychometric measure</th>
<th>T0 (Pre-treatment mean score)</th>
<th>T1 (Post-treatment mean score)</th>
<th>t-test (t value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety (HADS)</td>
<td>16.06</td>
<td>7.59</td>
<td>10.86***</td>
</tr>
<tr>
<td>Depression (HADS)</td>
<td>13.13</td>
<td>5.</td>
<td>9.11***</td>
</tr>
<tr>
<td>Trauma symptoms (Impact of events scale)</td>
<td>61.07</td>
<td>21.78</td>
<td>13.51***</td>
</tr>
<tr>
<td>Mental health confidence scale</td>
<td>41.15</td>
<td>69.1</td>
<td>-9.74***</td>
</tr>
<tr>
<td>Perceived burdensomeness (suicidality - Interpersonal needs questionnaire)</td>
<td>43.16</td>
<td>22.67</td>
<td>9.26***</td>
</tr>
<tr>
<td>Thwarted belonging (suicidality – interpersonal needs questionnaire)</td>
<td>41.78</td>
<td>22.72</td>
<td>7.93***</td>
</tr>
</tbody>
</table>

*** Statistically significant at p<.001
Treatment pathway after project

- Discharged from MH
- Referred for further therapy
- Referred for support
- Referred for CMHT care coordination
- Continued to receive support from CMHT
“Treating the client so quickly has stopped a chronically unwell patient from constantly re-presenting to services and without a doubt prevented another admission”

Senior Mental Health Practitioner, CRHTT
“Despite intense support by a Care Co-ordinator and Crisis Team, hospital admission was considered and highly likely if she had not been able to commence EMDR work under the innovation project.”

Senior Mental Health Practitioner, CMHT
Outcomes

Overall the initial aims of the project have been met and in some cases exceeded. We have been successful in:

- Treating 70 patients and demonstrating a strong case for the use of EMDR therapy with clients in an acute mental health crisis.
- Revealing that therapy with this client group does not increase clinical risk but in fact reduces the desire for suicide, anxiety, depression and PTSD symptoms to a *clinically significantly level*.
- Demonstrating an increase in clients’ confidence in managing their mental health resulting in a reduction in reliance on services, with the majority of patients treated being discharged from Mental Health services.
- Providing a cost saving of over £100,000 by reducing the need for inpatient beds, CRHTT support and further psychological therapy.
Difficulties Encountered

- Too inclusive referral criteria – in hindsight we probably would have refused to accept referrals from those whose personality disorder is interfering with treatment and those who are clearly dissociating
- Accepting referrals for those whose current MH crisis is not linked to their trauma
- Clients with complex trauma / personality disorder struggling interpersonally following treatment despite a reduction in trauma symptoms. Follow up measures, therefore, have not been consistent from this client group
- Difficulty in obtaining follow up measures
How we used EMDR Therapy...

- Positive Risk Taking – Joiners Model
- Intensive Treatment – 2 or 3 sessions a week
- Shortened phase 1
- For most limited phase 2 – safe place and for some their adult self
- Majority straight into phase 3 and 4 within the second session
- Targeting of memory related to the desire to harm themselves – floatback to the first time they felt that way as well as processing the current trigger
Joiner’s Model – A useful way of thinking about risk of suicide

How we used EMDR Therapy..

- Recent Events protocols – sometimes used when it wasn’t a ‘recent’ event
- Ego state work for those who dissociated
- Jim Knipe’s tool kit
- Grief protocols
- Blind to therapist protocols
- Fantastic supervision!
Why the Project has worked..

1) *Speed of treatment from referral*

Generally patients were seen within a week following their referral and in the majority of cases treatment started immediately.

2) *Intensity of treatment (twice / three times a week)*

The majority of patients were seen two or three times a week, dependant on their availability and availability of their therapists. There is a growing amount of evidence to suggest that for some people more intense EMDR Therapy is effective at processing the trauma.

3) *Treatment on the cause of MH problems not the symptoms*

By taking a trauma focused approach we have been able to treat the root cause of the mental health problems in an attempt to alleviate the symptoms of anxiety, depression, self-harm, suicidal ideation, etc.
Why the Project has worked..

4) Continuity of treatment from Ward to Community / CRHTT to Community (and continuation of treatment if they go back to ward or CRHTT)

5) Containment of the ward and in some regards of CRHTT

For some patients the containment of the ward and additional support from CRHTT has allowed the EMDR Therapist to take positive risks in treating the patient. Any trauma focused therapy can be destabilising for some patients and the additional support provided by CRHTT and ward staff has proved to be helpful when it is needed.

6) Patients more motivated

Patient engagement has generally been excellent with a low DNA rate. Offering treatment to patients at their point of entry into services seems to lead to better patient engagement.
Future – Dissemination and taking this research forward

- Outcomes presented to the CEO & Trust Business Meeting
- Current data strong enough to be seen as a feasibility study - Applying for further funding for an RCT in conjunction with the Clinical Trials Unit at University of Reading
- Successfully applied for a Small Scale Spreading Improvement award from the Health Foundation
- Internal presentations within local NHS Trust
- Presented at EMDR UK and Ireland Annual Conference in London and British Psychological Society annual Conference
- Finalist for the HSJ Value in Healthcare Awards
Summary and Implications

- Taking a trauma focused approach seems to be an important intervention to help individuals experiencing a mental health crisis.
- Data from this research indicates it can have a *clinical significant effect in reducing the desire for suicide*.
- Huge cost savings for the NHS in terms of the price of a night in hospital, saving in medication, saving in further treatment and emergency service costs, as well as the most important huge savings in the emotional costs to the client once they are successfully treated.
- EMDR Therapy used in this environment has provided a new care pathway for acute mental health services and help prevent a revolving door service for some patients.
Contact Details

Simon Proudlock – Simon.Proudlock@Berkshire.nhs.uk

References:
Rose S, Freeman C & Proudlock S (2012) Despite the evidence why are we still not creating more trauma informed mental health services? Journal of Public Mental Health 11, 1, 5-9

Proudlock, S. & Hutchins, J. (2016) 'EMDR Within Crisis Resolution and Home Treatment Teams' Journal of EMDR Practice and Research, Volume 10, Number 1