



# Eye Movement Desensitisation and Reprocessing (EMDR)

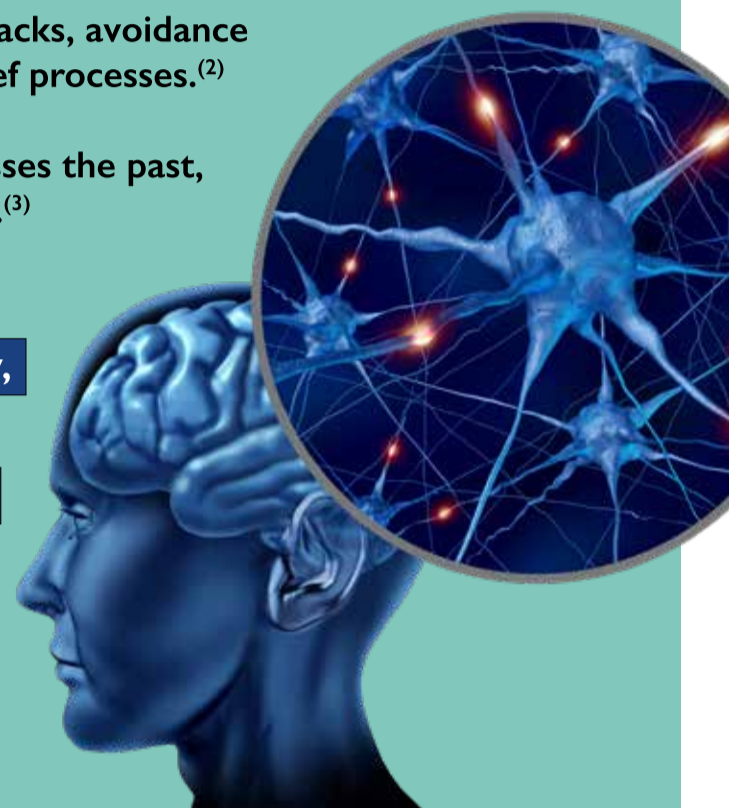
The traumatic or sudden death of a person can result in symptoms of trauma for people close to them. Symptoms include nightmares, flashbacks, avoidance and hypervigilance.<sup>(1)</sup> These symptoms can disrupt natural grief processes.<sup>(2)</sup>

EMDR is an eight-phase, evidence-based therapy that addresses the past, present and future impact of traumatic memories.<sup>(3)</sup>



EMDR equipment is used including a light tube, handheld pulsators, and headphones

EMDR works by activating a memory, then stimulating that memory through bilateral stimulation such as eye movements, physical sensations or auditory tones in order to desensitise and reprocess the memory.



This process allows the memory to move from the present to the past where it belongs, moving from “re-experiencing to remembering”.<sup>(4)</sup>

EMDR and the Adaptive Information Processing (AIP) model suggests that memories stored in a dysfunctional way can block our mind’s natural capacity to recover. The Family Support Team at St Richard’s Hospice see a lot of clients experiencing symptoms of trauma as a result of the traumatic death of someone close to them. NHS mental health services are unable to respond in a timely way.<sup>(5)</sup> Our aim was to explore the provision of EMDR within a hospice setting.

## How did we do this?

**September 2021 to August 2022:** Two Family Support Counsellors were trained to Level 4 in EMDR.

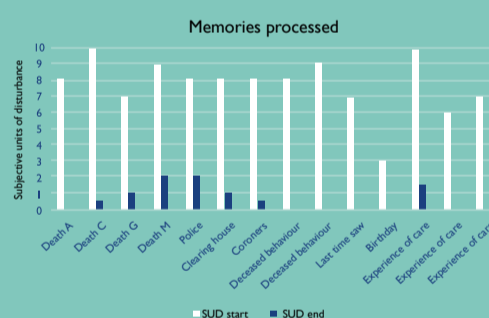
**August 2022 to present:** EMDR was delivered to bereaved clients experiencing symptoms of psychological trauma.<sup>(1)</sup>

## What are our results so far?

Between February 2022 and April 2023 17 clients were assessed for EMDR. A total of 10 clients completed active trauma processing phases one to eight. During this period four were in phases one to two which relate to history taking and preparation only.

One client who had significant dependent alcohol use was offered additional stabilisation and safety work.<sup>(6)</sup> We also identified four clients with high levels of dissociation so EMDR was not offered within our short-term context.<sup>(7)</sup> Across the 10 clients who began active processing, 14 memories were processed with an average Subjective Unit of Disturbance (SUD) of 7.4, based on a scale of 0 to 10 where 10 is the highest disturbance possible. After EMDR processing with trained hospice counsellors, this came down to an average of 0.7. As memories were processed, reported disturbance reduced, flashbacks of those individual

memories stopped. Clients felt ready to be discharged and were able to grieve in peace.



## What have we learned?

Our evaluation of EMDR shows a significant positive contribution to the wellbeing of bereaved clients. Client feedback is universally positive:

*“EMDR helped me rapidly reprocess past traumatic memories that were deeply disturbing my present, gave me a different perspective for the future and ultimately changed my life.”*

This was the case even where EMDR could not be delivered in a time-limited setting of the hospice due to the presence of a high degree of dissociative symptoms.

Systematic use of outcome measures and a planned piece of research would strengthen the evidence for the provision of EMDR in a hospice setting.

The learning we have experienced with bereaved families has informed our understanding of trauma informed palliative care.<sup>(8)</sup>

This poster is written with gratitude to those clients whose courage allowed us to learn this way of working and begin to think how this could be offered to patients with serious, progressive conditions. You are welcome to join a platform where professionals meet to share ideas and support each other in working towards trauma informed palliative care: <https://trauma-informed-palliative-care.mn.co>

## References

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