EXPERIENCES OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING IN PAEDIATRICS

Service Related Project

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Aim

• Background to the project
• Method
• ‘Emerging’ findings
• Reflections on research process
Background

- Living with a chronic health condition/ admission to paediatric hospital can lead to negative psychological consequences for children:
  - Higher levels of ‘internalising’ problems (e.g. anxiety, depression, low self-esteem) and ‘externalising’ problems (e.g. aggression, behavioural problems) (Lavigne & Faier-Routman, 1992; Rennick & Rashotte, 2008)
  - Results replicated across: asthma (McQuaid, Kopel & Nassau, 2001) juvenile diabetes (Dantzer, Swendensen, Maurice-Tison & Salamon, 2003); and cancer (Ruland, Hamilton and Schjødt-Osmo, 2009)
Background 2

- Child’s health condition/admission to hospital can have a negative impact on parents’ wellbeing:
  - Anxiety, depression, relational difficulties, insomnia, loss identified (Boman et al., 2004; Grootenhuis & Last, 1997)
  - Qualitative study showed that for parents the experience of their child being diagnosed with chronic health condition is “the most overwhelming experience of their life” (Van Dongen-Melman, Van Zuuren & Verhulst, 1998, p.189)
  - Meta-synthesis showed that parents are “carrying a burden” and are “living worried” as a result of their child’s health condition (Coffey, 2006)
Post-traumatic stress

- Most commonly discussed psychological presentation is post-traumatic stress disorder (PTSD)
- Children diagnosed with chronic health conditions/admissions to paediatric hospitals and their parents show elevated occurrences of PTSD (e.g. Landolt et al., 2003).
Psychological interventions are a vital part of paediatric health care (Department of Health, 2004).

Eye movement desensitization and reprocessing (EMDR) is a NICE approved psychological intervention for those with a diagnosis of PTSD.

Being used within paediatrics not only for PTSD— but chronic pain, needle phobia and procedural anxiety.

Case studies have explored the benefits of EMDR for physical health related difficulties but no qualitative research has been carried out in the area.
This study aimed to:

1. Explore experiences of EMDR within paediatrics
2. Explore the utility of EMDR within this population
Method

Design

• Individual interviews with up to 8 children and parent participants
• Thematic analysis (Braun & Clarke, 2006)

Participant(s)

• 1 parent
• 5 sessions of EMDR 12 months ago
• Mother of child with burn injury — admitted to ICU
• Experienced flashbacks, avoidance, poor sleep & anxiety.
‘EMERGING’ FINDINGS

WARNING: Initial thoughts – only reflect the views of one participant
‘Emerging’ findings

Therapeutic process in EMDR

• **Unexpected:** “it brings up different things that you didn’t expect to bring up in your head”; “I didn't know what to expect when you're sat there and, she was wiggling her finger”

• **Paradoxical:** “quite intense but then it’s relaxing”; “you’d feel a bit low…but better for saying stuff”; “dreaded it…and then fine”

• **Private:** “it’s going in your mind...in a way I suppose it’s a bit more private which is nicer”; “you could sort your own mind out”
‘Emerging’ findings

How does EMDR actually work?

• Clarification/understanding – “I think just the understanding and learning”

• Psycho-education: “the movement with the eyes is helping your brain process the memories or the images or the thoughts in your head…” VS.

• Processing: “you can process everything that’s happened and you learn to deal with them”

• Mystery? “I dunno how really but it must have worked a lot”; “for some reason it does just actually work in the end”
‘Emerging’ findings

Primary benefits:

• **Control:** “I think I can definitely control images in my head...now you can start blocking it”; “it does go over your whole body the feelings and that but you can control it a bit better”

• **Opening up:** “I would never open up so it helped”

Secondary benefits:

• **Application to later traumas:** “it’s literally relaying different things. It could be like what happened [medical trauma] or it could be when it happened to my sisters husband [suicide] I started sort of getting images...so just started to get my brain not to think of it”

• **Helps me help my kids:** “I knew I needed treatment to help [child]”; “it’s helped me with dealing with him [2nd child] in a different way”
REFLECTIONS ON RESEARCH PROCESS
Clinicin vs. Researcher

• As members of a ‘helping profession’ our skills give advantages and research assets to collect rich data BUT “we need to be attentive to crossing the boundary from pursuing inquiry to providing therapy”

• Difficult to balance: Personally found it difficult to ‘supress’ well established clinical interviewing techniques – feels unnatural, dismissive and invalidating – slipped up a number of times…

  “it’s quite good to hear that you used what you learnt you could you could take that with you” (praise?); “sounds like you’ve had an awful time” (empathy/validation?)

• CONSENT! “psychotherapy clients expect to experience personal change; research participants do not”

When things don’t quite go to plan...

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<thead>
<tr>
<th>PROPOSED TIMELINE</th>
<th>REALITY</th>
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<tr>
<td>• August-September – R&amp;D review &amp; Submit IRAS application</td>
<td>• Not as many participants to recruit from as thought</td>
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<tr>
<td>• September: Attend research ethics committee meeting &amp; amend proposal</td>
<td>• June 2013 Amended project design</td>
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<td>• September-December: Recruitment</td>
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<tr>
<td>• September – December 2014: Data collection</td>
<td>• October - amendments requested from service</td>
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<tr>
<td>• November 2014–January 2015: Data analysis</td>
<td>• October – IRAS sent to uni ethics for sponsorship</td>
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<tr>
<td>• August 2014-February 2015: Study Write up</td>
<td>• November – Amendments requested Signatures provided</td>
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<tr>
<td>• February 2015: Submission of write up to Lancaster University</td>
<td>• December – attended REC meeting Favourable approval given (christmas eve!)</td>
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<tr>
<td>• 2015: Dissemination of findings</td>
<td>• January – R&amp;D Approval received</td>
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1. Things NEVER go exactly to plan
Have a plan B (and C!!!)
Need to be flexible!

2. Things ALWAYS take longer than you think.
Don’t just start early; Chase things up – people are happy to help!
References