



Forensicare

EMDR in Forensic Settings

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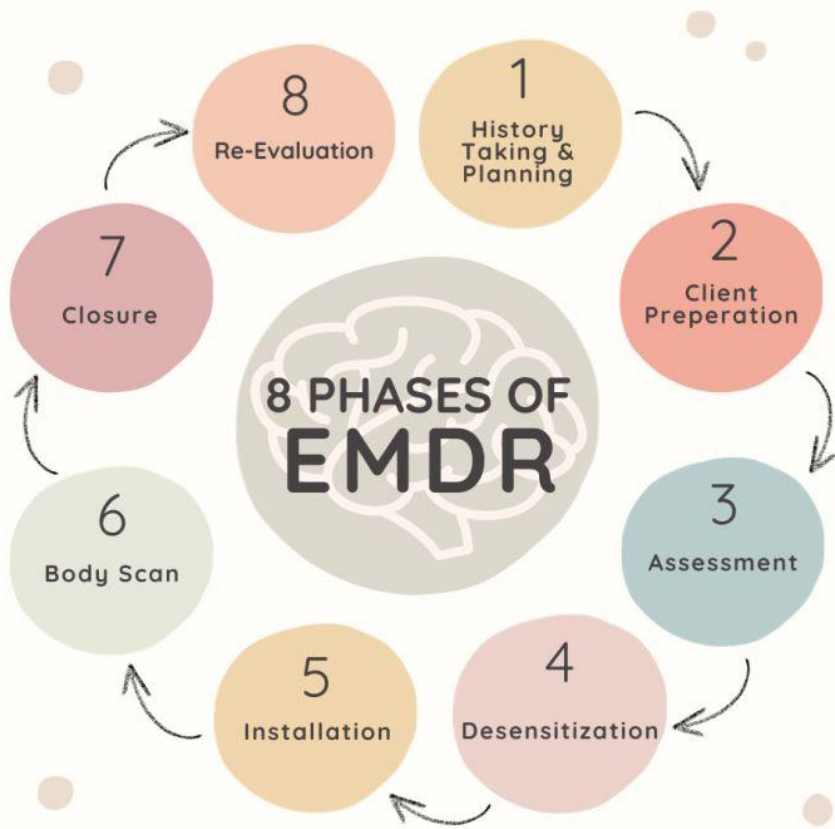
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Overview

- Introduction to EMDR
 - What is EMDR?
 - What is its evidence base?
- EMDR in forensic settings
 - Clinical need for trauma-focused intervention
 - Evidence base in forensic settings
 - Forensic-specific applications and opportunities
 - Challenges and considerations
 - Case Vignette
- EMDR in our forensic services - Evolving Practice
 - Development of Guidelines
 - Development of a Supervision / Case Consultation Framework
 - Future Directions



What is EMDR?



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“Eye Movement Desensitisation and Reprocessing (EMDR) is a psychological therapy originally designed to alleviate distress associated with traumatic memories...”

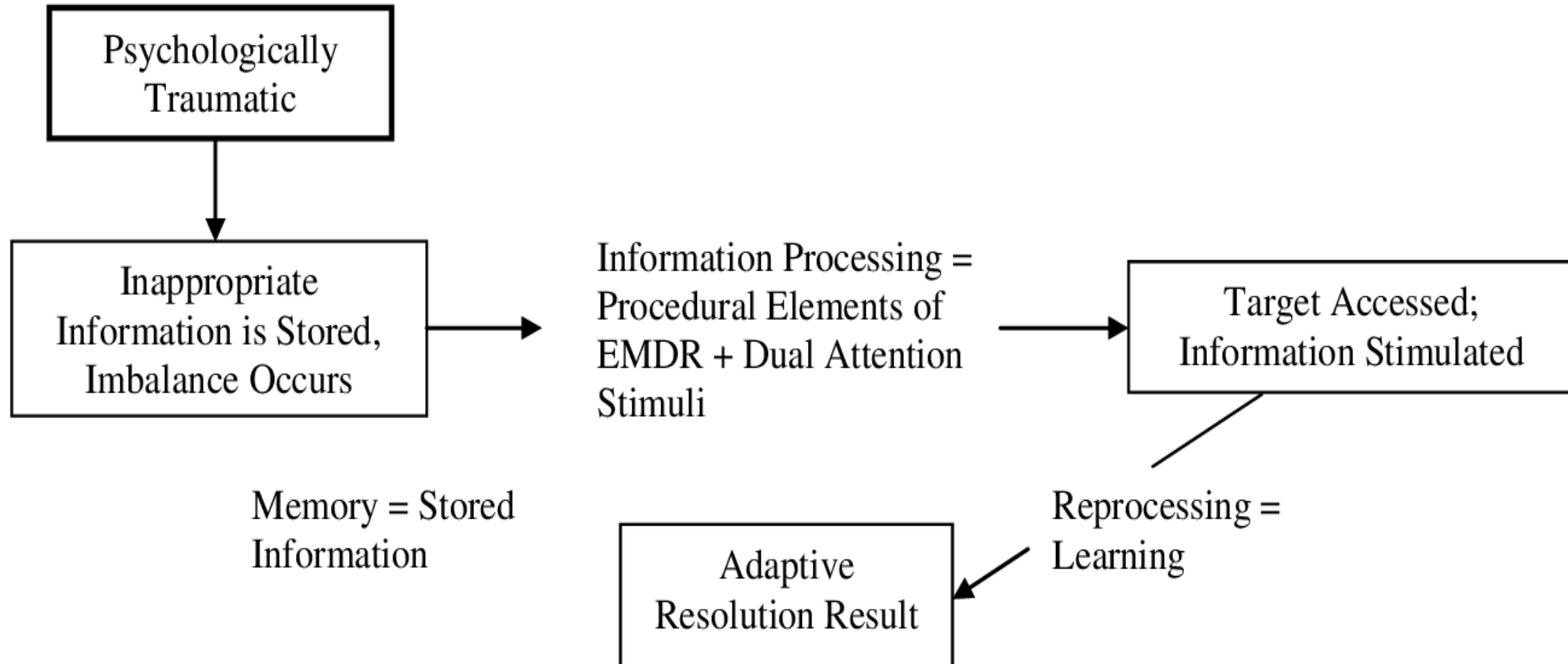
During EMDR therapy, the client attends to emotionally disturbing material in brief, sequential doses, while simultaneously focusing on an external stimulus” (EMDRIA)



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Adaptive Information Processing Model

Shapiro 2001



Hensley, 2009



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EMDR Evidence Base

- EMDR has strong empirical support with numerous studies (including RCTs and meta-analyses) demonstrating efficacy in treating psychological trauma
- EMDR has been recognised as an effective treatment for PTSD in a range of international practice guidelines
 - Phoenix Australia, 2020
 - US Department of Veterans Affairs / Department of Defence, 2020
 - UK National Institute for Health and Clinical Excellence (NICE; 2018)
 - American Psychiatric Association, 2017



EMDR in Forensic Settings

Clinical Need for Trauma-focused Intervention



- There are elevated rates of trauma exposure and PTSD in forensic populations
 - Prison - point prevalence of PTSD
 - 6.2% (95%CI 3.9-9.0) for men, 21.1% (95%CI 16.9-25.6) for women (Baranyi et al., 2018)
 - Forensic psychiatric inpatient settings - Lifetime trauma exposure
 - 63-100% (see McKenna, Jackson, & Browne, 2019)
- There is a link between PTSD and behaviours of concern in forensic settings (Facer-Irwin et al., 2019)
- Childhood adversity and trauma exposure have been linked to criminogenic needs in the RNR model (Willmott et al., 2023)



EMDR in Forensic Settings

Clinical Need for Trauma-focused Intervention

- Study of met and unmet need re: mental health disorders in London prisons - unmet need for mental health treatment for PTSD in 89% of cases (highest of all MH conditions studied) (Jakobowitz et al., 2017)
- A review identified few studies using interventions in line with accepted international guidelines for trauma treatment (Malik et al., 2023)
- 1 of 11 RCTs for PTSD treatment in forensic settings in a meta-analysis using a recommended first-line treatment for PTSD (van de Ploeg, Rameckers & van Emmerick, 2024)



Evidence base for EMDR in Forensic Settings



There is emerging evidence for the safety and efficacy of EMDR in forensic settings

- Case studies of EMDR in forensic settings (Clark et al., 2014; Ricci et al., 2006; Fleurkins et al., 2018; Shelton, 2023)
- Recent RCT comparing EMDR to TAU in adults with psychosis in forensic settings (Every-Palmer et al., 2023)

	Baseline CAPS	6 months CAPS
EMDR	40.5 (11.7)	21.8 (13.3)
Control (TAU)	40.0 (13.1)	31.5 (20.7)

p=.026



Forensic-specific applications and opportunities

- Offence-related trauma
 - A systematic review of offence-related PTSD identified prevalence rates ranging from 1.5% - 76.6% (8 of 14 studies found rates 33.3% or above) (Son, Tay, & Darjee 2023)
 - Index offence identified as primary trauma for treatment in 10/24 cases in Every-Palmer et al., 2023 study
- Only limited disclosure of details re: treatment target required
 - Relevant in a population that can be guarded, have expressive language difficulties, or memory impairments for the event,
 - If treatment target includes offence details, it does not require participants to share
- Does not require completion of homework or written tasks
 - Relevant in a population with elevated rates of cognitive impairment, learning disorder, and poor academic achievement (Every-Palmer, Ross et al., 2023)



Forensic-specific challenges & considerations

- Trauma processing in environments that may themselves be traumatizing
- Systemic challenges can lead to disruption or abrupt termination of treatment
- Limited understanding and misconceptions of EMDR among clinical, custodial staff and consumers
- Restrictions related to EMDR equipment in custodial settings
- Balancing risk / security concerns with therapeutic treatment needs



Recommended Practice in Forensic Settings

- Increased focus on psychoeducation as an intervention including the model, what to expect and explicit discussion of possible adverse effects (e.g. increased distress during session and period of treatment)
- Clear conversations with services users prior to treatment acknowledging potential for disruption or unplanned termination and engaging in explicit planning for managing these
- General education on EMDR and evidence-base to broader clinical and custodial team to enhance team capability for supporting consumers during treatment and challenging cultural barriers
- Encouraging consumers to inform select custodial staff where appropriate to better enable staff to support them and understand changes to behaviour during treatment
- Avoid processing of incidents related to outstanding legal matters



Case Vignette / Example

EMDR in statewide forensic setting

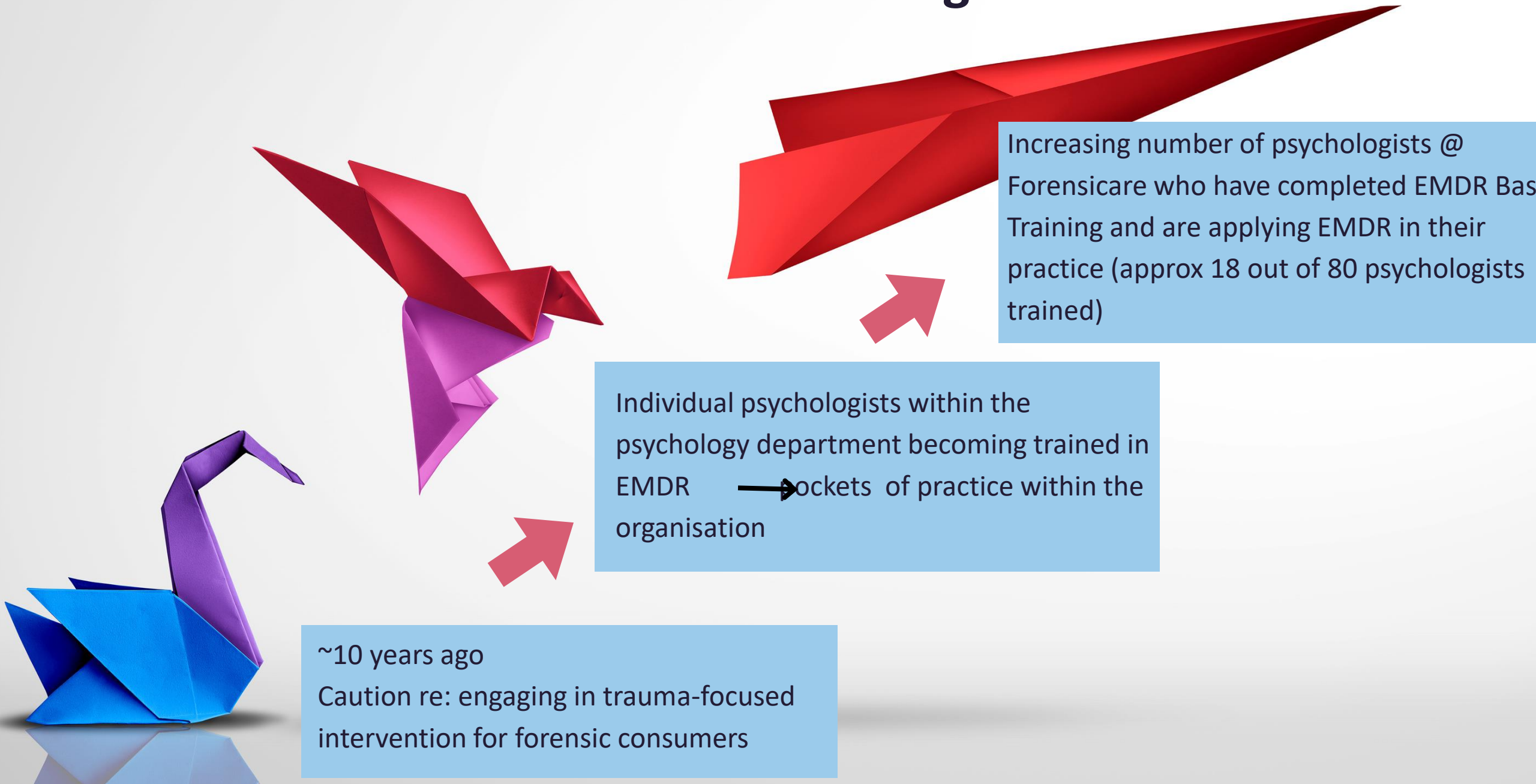
- Australian male on Supervision Treatment Order
- Referral - Prison transferred patient to forensic inpatient service for stabilisation due to acute mental health issues, non-compliance with medication and emotional/behavioural instability
- Revolving door admission - Multiple previous admissions and short sentences. Upon release, further offending quickly occurred leading to return to prison. In prison, mental health deterioration
- Trauma screening/assessment (LEC-5; Weathers et al., 2013) revealed sexual abuse history, including seeing face of abuser in other people, leading to assaults
- Psychology work over 4m month period - Resourcing, EMDR protocol and pre-/post-measures (IES-R; Weiss & Marmar, 1997) led to reduction in distress (SUDs = 0).
- Stabilisation in mental state/behaviour. No further admissions

EMDR within a statewide forensic mental health service



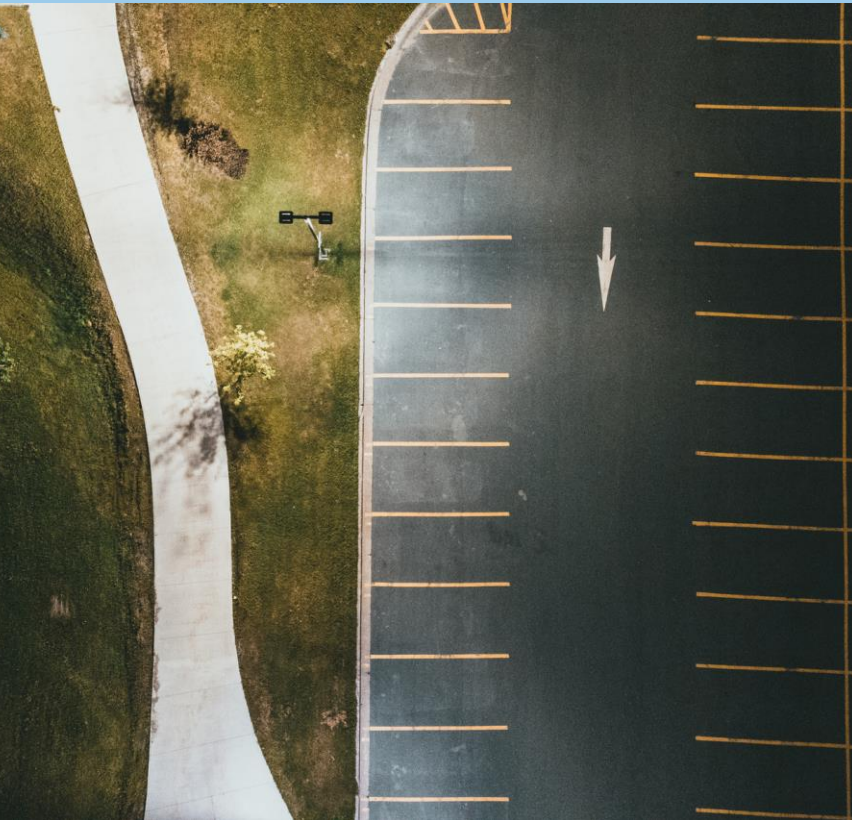
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EMDR in our forensic services - Evolving Practice



EMDR in statewide forensic setting

Evolving Practice - Developing Guidelines



- Developed Departmental (Psychology) Guidelines on Using EMDR at Forensicare (March, 2024) includes:
 - Recommended Practices when using EMDR in Forensic Settings
 - Guidelines for Psychologists Using EMDR at Forensicare (7 guidelines)
 - Broader Organisational Recommendations
 - EMDR Training Support
 - EMDR Supervision / Consultation Support
 - Development of an EMDR group consultation framework (with accredited EMDR consultant with forensic experience)
 - Support for developing internal expertise to provide EMDR consultation given the lack of EMDR Consultants with forensic experience

Future Directions

- With the introduction of group consultation, consideration of a centralised or hybrid model of trauma-focused intervention at Forensicare
- Evaluation of efficacy and safety of EMDR as a trauma-focused intervention at Forensicare
 - need for more research (including RCTs) of EMDR efficacy and safety (and all evidence-based practice trauma-focused interventions) in forensic settings
 - need for more research of EMDR efficacy and safety in individuals with SMI / psychotic disorders
- Evaluation opportunities for EMDR 2.0
- Evaluation of EMDR as an intervention for other mental health problems
- Further research needed in exploring EMDR as an adjunct for offence-specific treatment where indicated



Q&A



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