Is 1:1 Resource Development (EMDR) more cost-effective than DBT lite as a waiting list intervention?

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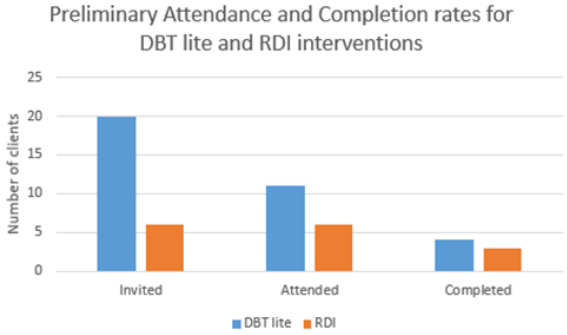
Background

When people are referred for psychological therapy, they face a wait of up to 2 years for individual therapy. In the meantime they are referred for group interventions such as DBT lite to help them develop strategies and skills to cope with their distress. The current ongoing pilot is a service evaluation to compare the efficacy of DBT lite to a brief 1 to 1 intervention called EMDR Resource Development Installation (EMDR RDI).

DBT lite is a 12-week group intervention which teaches mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness skills. EMDR RDI is provided on a 1:1 basis over 4 sessions. It is based on the principle of activating neural networks associated with confidence and mastery. There is no attempt to process trauma.



A problem faced by DBT lite is that as many as 80% of service users do not complete the course. This means that these service users are left without any intervention at all whilst they wait for longer term therapy. At current, this can be a wait of up to 2 years.

What happens in RDI

1. The starting point for RDI is: **"What situations would you like to handle better at the moment?"**
2. Examples of questions to elicit strengths e.g:
   "Tell me about a time when you have felt safe/empowered/confident…"
   "Tell me about some of the people who have been a source of support/encouragement/protection /compassion for you…"
3. 'Install' these strengths with the bilateral stimulation of EMDR.
4. Ascertain need for information/links RE. nutrition/exercise/sleep/ breathing/ mindfulness and provide as appropriate.

Brief methodology

RDI participants are seen for 4 sessions of up to 90 minutes duration, by one EMDR therapist. Resource development is tailored to their individual needs and draws on their individual strengths. A self-help pack intervention is emailed to participants in 4 instalments.

Assessment measures for all interventions (Core 34, IES-R, GAD-7, PHQ-9 and WSAS) are completed pre and post therapy. Semi-structured qualitative interviews are to be carried out post therapy. Data for DBT lite has been taken from groups run by the same team within the same service/locality.

Two case examples of RDI

Case Example 1

Client 1 came to therapy struggling with flashbacks and nightmares of chronic abuse from her mother. The four sessions of RDI enabled her to develop a sense of inner calm by activating a memory of being in the woods near her old house. She was also able to utilise her "healthy adult" strengths to step in to comfort and protect her inner child self. With these additional resources activated the client was helped to cultivate a "future template", in which she envisaged herself coping more confidently in the future. The client reported significant reductions in her levels of anxiety and trauma symptoms

Case Example 2

Client 2 had been a victim of domestic violence as an adult. In addition to trauma symptoms she was having difficulty sleeping and was consuming 10 cans of pepsi-max a day. She was particularly anxious about having to appear in court to testify against her attacker. RDI consisted of providing information about the effect on the nervous system of caffeinated drinks and exploring alternatives. We also explored sleep hygiene and recommended sleep-inducing apps. Her apprehension about the court case was helped by utilising future template strategies from EMDR including installing the quality of confidence from previous life experiences to help envisage how she would like to cope in the future. The client reported significant reductions in her levels of anxiety.

References

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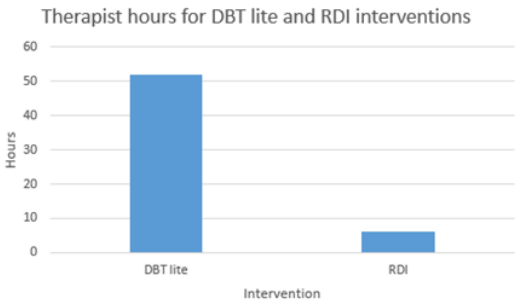
Some Preliminary Results

The DBT lite group required 2 therapists for 2 hours over the 13 sessions of the intervention. This equates to a total of 52 therapist hours (for 4 clients completed in the last group).

RDI required 1 therapist for 1.5 hours over 4 sessions. This equates to 6 hours (per client).

Due to the ongoing nature of the pilot, it has not been possible to compare scores on assessment measures. However, it is possible to compare therapist hours per client.



Preliminary Conclusions

Preliminary data suggests that 4 sessions of RDI is more cost effective in producing clinical improvement than the group based programmes. In DBT lite group, 4 clients completed the programme at a cost of 52 therapist hours, or 13 therapist hours per client. In RDI intervention so far, 3 clients have so far completed the program at a cost of 6 therapist hours per client. The RDI intervention therefore appears to be producing clinical improvements with 50% less therapist input per client.