

'We should stop taking ourselves so seriously'

Simon Proudlock is a Consultant Counselling Psychologist with Berkshire Healthcare NHS Foundation Trust and in private practice. Simon won the British Psychological Society's Division of Counselling Psychology Annual Award for Innovation in 2018 for his project using EMDR therapy with clients in acute care.

One person who inspired you

I had an amazing course tutor when I was at the University of Massachusetts called Dr Esmail Mahdavi. He had such a calm and controlled manner about him. Towards the end of my course I did a module on group psychotherapy, which entailed the whole cohort taking this and another intensive course residentially on the island of Nantucket. Dr Mahdavi was the course leader and the 'group' was the entire cohort – a great way to learn about group dynamics. He was also my personal tutor and supervisor, and I remember an early piece of advice... following a great formulation and treatment plan that I presented to him about a client with social anxiety, he said: 'And who's going to do all that with the client?' It seems I was. Since then, where applicable, I've tried to take the therapy out of the office and done sessions wherever seems best for the client – Reading train station being an old favourite.

One moment that changed the course of your career

My first training in EMDR therapy changed how I saw clients and taught me to take a trauma-informed approach, to a point where I now feel just about every mental health presentation is fuelled by some sort of trauma. Following the training, I used my newly learnt skills on a very complex client and within one session totally transformed her treatment. I was sold.

One book that you think all psychologists should read

Apart from anything I've written... Jonathan Diamond's *Fatherless Sons* is a great book tackling a much-ignored subject using narrative therapy. Keeping with a trauma-informed approach, Bessel van der Kolk's *The Body Keeps the Score* – both the paper from the 1970s and the more recent book are a must.

One thing that you would change about psychology/psychologists

We should stop taking ourselves so seriously. We are an amazing bunch of talented people but seem to get so caught up in our own ways of working that we struggle to promote psychology as a whole. I've always been very much an eclectic practitioner, taking the parts of therapy that work for the individual in front of me. We rely too

heavily on RCTs to 'prove' what works and sometimes miss the fact that people are wonderfully complex and one size does not fit all. For people promoting change in our clients, we struggle with change in our own practice. I've been honoured to benefit from an eclectic approach to supervision by having three varied experts – a consultant clinical psychologist, a mental health nurse consultant and university professor, and an EMDR consultant trainer who is a psychotherapist by tradition. Having different perspectives has really strengthened my work.

One nugget of advice for aspiring psychologists

Start looking for what has happened to your client rather than what is wrong with your client. And always plan as if you are going to write up every case for research – so much easier to get consent and psychometrics before you try and write the paper!

One cultural recommendation

Not sure it's a recommendation but I saw *Freud the Musical* as part of the Reading Fringe Festival. Billed as a 'One woman show about Sex, Madness and Medicine' in which Freud was portrayed as slightly unhinged and needing a line of cocaine between each patient. An interesting hour of my life...

One alternative career path you may have chosen

A really good friend and I always had plans to open our own restaurant and bar. To this end, when I was working in the USA, I took a week off my job and took a bartending course, learning all about cocktails and alcohol. It was a fantastic week. When I returned to the UK, I took a break from social care and psychology and went to work in a cocktail bar whilst we looked for a venue. No appropriate venue was ever found, but I had a great couple of years mixing cocktails and inventing new ones. Unfortunately, I soon came to realise full-time bartending is a young man's job and now spend my time on the other side of the bar.

One thing that makes me laugh

My children and their naivety of how the world works; their inquiring minds; their openness and honesty just saying it as it is. I know it's a little clichéd but when you've

had a full-on day, someone coming to sit on your knee to show you the hedgehog they made at nursery from play-doh and sticks changes how you see your day. However, not much laughing occurs when they wake you at 2.30am.

One of my greatest achievements

I'm really proud of my recent research on using EMDR therapy with patients in an acute mental health crisis. I was able to get an Innovating for Improvement grant from the Health Foundation which enabled me to treat patients who had a trauma picture who were under the care of a CRHTT or on an acute inpatient ward with EMDR. The results were outstanding – not only did it show that EMDR resolved the trauma and alleviated the associated anxiety and depression, but most importantly it reduced the desire for suicide. There is so little research on the psychological treatment of patients who are acutely suicidal – lots on assessment – but little on actual treatment. The whole project was born out of my frustration in working within a crisis team for the last 10 years – it seems that once someone has been suicidal no other service wants to see them for therapy. I got so tired of having referrals rejected I started to treat them myself within the crisis team.

One treasured possession

I have a mug from the very first Red Nose day for Comic Relief back from 1988. It makes me smile just looking at it and my morning coffee just tastes better in it. Although I've not gone as far as taking on holiday with me – yet.

One problem that psychology should deal with

The treatment of those acutely suicidal. There seems to be a myth that by doing therapy with someone who has just attempted or has clear plans will make them more suicidal, but there is no evidence to support this – probably the opposite. The EMDR project showed that. I've been teaching solution-focused tools and techniques to the crisis team for the last 10 years, and every practitioner from support worker to psychiatrist has found it invaluable as a way of working with those very risky patients.

One proud moment

I think getting over (well, nearly) my fear of speaking in public – something I'm having to do more and more of as people want to know about my work. I've always had a slight stammer, more so as a child/teenager, and to some extent at times still do. The majority of people in my life now don't even notice, although I think it's about 10 times worse and much more noticeable than it is. I saw a wonderful EMDR therapist last year who really helped and was able to put my whole lifetime relationship with my speech into better perspective. Ideally when I have more time I'd really like to focus my energy on the psychological treatment of speech problems.

One compliment from a client

A couple of months ago I was sitting outside having a beer in my local town when a young lady who was walking past



the pub said my name. I acknowledged her but apologised as I did not recognise her. She told me her name and then said, 'You saved my life.' It was one of the first people I had treated with EMDR and when I first met her in a group for people with emotionally unstable personality disorder she was very chaotic and regularly self-harmed. She went on to tell me a little about her life over the last 10 years and how EMDR had kept her out of mental health services. A very humbling experience, but my mate who I was with was very impressed!

One goal for the future

I really want to push my research of using EMDR with people in an acute mental health crisis further. In the write-up for the project I came across some work by Emily Holmes and 'Suicidal Flashforwards' and I'm interested to see if we can treat the suicidal image people have in an attempt to make them less suicidal.