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SELF EXPERIENCE OF EMDR THERAPY EFICACY – A CASE REPORT

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INTRODUCTION

An EMDR International Association (EMDRIA) approved EMDR Training provides trained clinicians with the knowledge and skills to utilize EMDR therapy, a comprehensive understanding of case conceptualization and treatment planning, and the ability to integrate EMDR therapy into their clinical practice. Also, an EMDRIA approved EMDR Training provides, at a minimum, instruction in the current explanatory model, methodology, and underlying mechanisms of EMDR through lecture, practice, and integrated consultation.

While the EMDRIA Approved EMDR Training Curriculum outlines the minimum requirements which need to be met, the developer of a specific curriculum can enhance or expand any portion as they see fit. These minimum training requirements include: 20 hours instructional material, 20 hours supervised practicum, and 10 hours consultation.

Supervised Practicum which need to be realized in 21 hours has the goal to facilitate the demonstration and practice of the EMDR therapy methodology by trainees as outlined in the Shapiro text, and the EMDR International Association (EMDRIA) Definition of EMDR therapy. To achieve the goals of the Supervised Practicum, practice may be done in dyads or triads. The role of the clinician is required, as is the role of clinical recipient. The role of "observer" is preferred but not mandatory; the number of participants will determine the availability of the Observer role during the supervised practicum. To help apply theory and practice, trainees will receive direct behavioral observation and feedback while they work on real life experiences. An additional EMDRIA Approved Consultant or Consultant in Training may help to facilitate the practicum under the consultation of the trainer. The ratio of practicum supervisor to trainees will not exceed 1:10 to allow for direct behavioral observation of each trainee. (https://dragonflyinternationaltherapy.com/pdf/EMDRTrainingTCs.pdf)

Trainees are required to obtain and read the Francine Shapiro's primary text (2001) prior to the beginning of the course. Trainees are also required to read Francine Shapiro's book (2012) for clients prior to beginning of the course. Additional recommended reading is A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants from Leeds (2009).

Thanks to the humanitarian non-governmental organization Trauma Aid UK (earlier it was Humanitarian Assistance Programmes UK and Ireland) in Bosnia and Herzegovina (BH), EMDR has been carrying out education for mental health professionals since 2010 (Hasanović et al. 2011, 2016, 2017) so that EMDR trainees in BH have benefits from EMDR therapy through practicing of EMDR eight phases protocol in mandatory supervised practicum.

CASE REPORT

The third cycle of EMDR therapy training was held during autumn in 2013. Then I was 44 and I was a specialist in neuropsychiatry, before that I went through the introductory part of the group analysis training where I had some experience of working with myself in a small group setting.

I applied for training in EMDR therapy because I had felt curious. I had a certain number of patients who did not answer properly to administrated psycho-pharmacotherapy and I did not know how to help them. The beginning of my EMDR education was unbelievably unusual and "funny". Regardless of the scientific foundation of EMDR principles, I still did not believe that "waving hands in front of the client's face" could change anything. I wondered what I was doing there until I experienced EMDR therapy on myself.

I've always had a fear of heights. I avoided going to such places, and when I had to, I felt very bad. I was deprived of visiting interesting places due to that fear. I would sometimes be exposed to high places to see if the fear was still there. With my family I was visiting the world's largest cave in 2013. When I was going from the cave to an "open area" where I could see how deep it was, about 30 meters, I felt a strange weakness, malice, nausea, and fear. I could not move or get out of that place. My kids were scared.

Fear also occurred when I look at tall buildings or any tall objects. As a child at the age of six I had a night urinating that coincided with the resettlement from where I was born in Sarajevo. At each departure from my parents' home, the situation got worse except when I went to my mother's parents where I grew up. Also, as a child I had nightmares that have been repeated for years. I could not help myself.

Processing

At mandatory practicum in EMDR we worked in couples/dyads and I was a client. I asked to make a choice of a traumatic event that was the most recent.

The image was: I was standing in that part of the pit. Negative cognition (NC) was "I'm weak", and positive cognition (PC) "I can be strong", a validity of belief in positive cognition (VoC) on a scale of 1-7 (where one totally inaccurate and seven absolutely accurate) there were two. Fears and helplessness came to my emotions. Subjective unit of assessment of disturbance (SUD) in that moment, on a scale of 0-10 (where zero is without disturbance and 10 greatest possible disturbances) was the highest score, 10. I had the general weakness and maladjustment as the accompanying bodily sensation.

With the bilateral eyes stimulation (BLS), the image I chose in the beginning, was frozen first and then it started to change. Firstly I saw a patient who "attacked me", then a picture of me on Pilatus (mountain top) appeared above the clouds, then only the fog, then the darkness. After that, an image of me appeared with an image from my nightmare, and then an image of me when I was about two years old, how I am standing in the yard of the house where I was born. I am looking at the huge house, standing there alone, with no one around me, and I am afraid. The session closes in this moment, because the time we had for the experimental part of the training had expired. Session was closed as unfinished.

Until tomorrow, when we had a continued training session, I felt very bad. My mind was "open", my whole life was "passing" in front of my eyes. I could not sleep. When I came to the lectures I began to cry and it did not stop until we continued with the treatment in the supervised practicum.

We started with remembering the last image I had from the end of the unfinished session, so we came back to that and then we continued with BLS. The picture of my grandfather, that I was very attached to, began to appear. An image of how I was reluctant to move to Sarajevo from our original home appeared and later an image of how I lost my loving grandfather appeared as well.

Returning to the starting image, I did not feel any disturbance. I felt better. The session ended here.

EPILOGUE

After my own experience of how the EMDR therapeutic protocol works on me, a mental health professional in the role of a client, I began to believe that EMDR really works, helping people get rid of long-experiencing trauma. Now I'm practicing EMDR therapy and applying it in my daily practice with my clients. Now I'm happy to share my experience with patients.

A month ago I was in a pit that is deeper than the one that was very stressful to me. I walked along the edge of an underground canyon about 50 meters deep with a narrow path and a wire fence. I can say that I was relaxed and enjoyed the natural beauty thanks to EMDR therapy.

CONCLUSION

EMDR therapies are efficient in dealing with early traumas in psychotherapists that are in the training process for an EMDR practitioner. Trained EMDR clinicians may understand their clients better when apply EMDR protocol in everyday clinical practice.

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Elvira Ališpahović-Gelo: conception and design of the manuscript and interpretation of data, literature searches and analyses, clinical evaluations, manuscript preparation and writing the paper;

Mevludin Hasanović: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

References

1. *Hasanović M, Morgan S, Oakley S, Richman S, Pajević I, Šabanović Š: EMDR training for Bosnia-Herzegovina mental health workers resulted with the founding of Bosnia-Herezegovina EMDR association, which became a full member of EMDR Europe in 2015. European Psychiatry 2016; 33:S694*
2. *Hasanović M, Morgan S, Oakley S, Richman S, Šabanović Š, Habibović S, Pajević I: EMDR Training's for Bosnia and Herzegovina Mental Health Workers Resulted With Seven European Accredited EMDR Psychotherapists and One European Accredited EMDR Consultant. European Psychiatry 2017; 41:S900*
3. *Hasanović M, Pajević I, Morgan S, Kravić N: EMDR training for mental health therapists in postwar Bosnia-Herzegovina who work with psycho-traumatized population for increasing their psychotherapy capacities. Acta Medica Saliniana 2011; 40:93*
4. *Leeds AM: A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants. New York: Springer Publishing Company, 2009*
5. *Shapiro F: Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures. (2nd ed.). New York: The Guilford Press, 2001*
6. *Shapiro F: Getting Past Your Past. New York: Rodale, 2012*

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