

## EXPERIENCE OF AN EMDR PRACTITIONER IN EMDR EDUCATION: CASE REPORT

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### INTRODUCTION

EMDR is a psychotherapeutic intervention that is based on the reprocessing and desensitization of symptoms related to traumatic stress experiences during bilateral stimulation (Shapiro 1995). According to Carrere (2013), approximately 150 000 clinicians have been trained in EMDR within the worldwide since 1995. EMDR training as a practitioner is traditionally organized in a two-level model, which consists of basic training completed in few days of training and supervision training with a minimum period of 20 hours after completion of basic EMDR training (Shapiro 1995). The two components of training do not overlap and there should be a minimum period of 1 year after completing basic training and supervision before seeking EMDR accreditation as a practitioner. This process enables the practitioner to incorporate the theoretical basis of EMDR and use EMDR as a part of comprehensive therapy intervention (Farrell & Keenan 2013). In reality, we see that a variety of internal and external circumstances in the life of practitioners influence the training process which is reflected in shorter or longer pauses during the training. It might be more precise to talk about many individual factors of practitioners that do have significant influence in a formal qualification.

In this article, we will present the experiences of practitioners from basic and supervision EMDR at the humanitarian non-governmental organization Trauma Aid UK in Bosnia and Herzegovina (BH) (Hasanović et al. 2018, 2021).

### CASE REPORT

The practitioners have started the course during the 2013-2014 years. At that point, they completed the basic training course and the part of supervision training. The present article focuses on both parts of training, which was an important learning experience for practitioners both because of its specific learning outcomes and specific constellation.

Participants were two EMDR practitioners from two different training groups in BH. The first practitioner has been participated in basic training from the summer of 2013 to the autumn of 2013 that had meetings two

times over a few days. The second practitioner started the basic training one year later with the constellation applied to the first practitioner. Both of practitioners were graduate psychologists who undertook an introductory and supervisors course as a part of their will for mainly professional development. A more detailed description of the motivation for attending the courses will be offered below.

Data for practitioners consisted of their introspective course feedback during and after the training. By using the introspective method, we might understand the experiences and perspectives through the eyes of practitioners who have unique contributions to future EMDR training courses. It should be noted that the introspective data were mostly related to practitioner's motivation to enroll in the course, their experience of basic and supervision courses, their experience of EMDR therapy in practice, and their perceived problems related to the EMDR therapy course.

Both practitioners had explicitly decided that they wished to undertake a basic EMDR course. Practitioner A1 found out about the beginning of the Basic EMDR training course, that was hold in Sarajevo during 2013 years, from her colleagues. She decided voluntarily to participate in the training course. Although she had some knowledge from reading the literature about EMDR therapy, the main reason to start EMDR training course Practitioner (A1) cited novice experiences and acquainting skills as professionals. Additionally, Practitioner (A1) stated: "What mostly motivated me to engage in the courses was the fact that it has a neurobiological theoretical basis as a possible mechanism of action of EMDR. Although I perceived EMDR as a relatively young approach without less empirical support, I found it very interesting that crucial aspects of therapy are related to brain processing. This belief for me was a "small light" that lead me to course in order to gain more information about the fact how negative experiences are processed by the brain which will also allow me to see how this theoretical postulation can be applied in practice". The second practitioner (A2) noted that since she is in a family relationship with Practitioner (A1)(sisters) during a period where practitioner (A1) attended a basic training course she gained from here a lot of information about the EMDR procedure and her experience on the efficacy of EMDR in practice.

Therefore, she stated: “I have always believed that practical work is valuable, and besides that, the fact that I work with police officers exposed to different traumatic events and these treatments have been shown to be highly efficient in alleviating symptoms related to trauma I said to myself why should I not be open-minded and try to see how it goes this new psychotherapy approach. In the end, I will get a new experience and maybe some new “tool” to work with my clients”.

About the experience during basic EMDR training, one of the practitioners emphasized that she learned a lot during the course especially when she understudied how to translate declarative knowledge of what to do with the client into the procedural skill related with how to do it with the client EMDR processing. This is experiential learning, which is the typical part of EMDR training (Shapiro 1995). To fully understand the process of EMDR therapy, other practitioners also saw useful practicing one’s own traumatic event as a useful strategy. It was organized in the form of a role-play of client/therapist interaction. The practitioner played the role of the client in interaction with the EMDR trainer which allows the practitioner to examine the efficacy of therapy on “personal self”. Although, exploration of the personal traumatic event through EMDR therapy is an elective component of training it is a useful model for gaining intrinsic motivation in using EMDR therapy. It gives a practitioner opportunity to enhance their skills and beliefs about the efficacy of EMDR therapy “from the inside”. This was confirmed by the recent work of Ališahović-Gelo & Hasanović (2018) who stated that trained EMDR clinicians with self-experience of EMDR efficacy may even understand their client better when applying EMDR protocol in everyday clinical practice. Some other therapies, such as cognitive-behavioral therapy (CBT) which is one of most leading psychotherapy, has a structured CBT training paradigm called self-practice/self-reflection (Bennett-Levy et al. 2001, 2003). Trainees link personal experience to CBT theory and practice either through structured written reflection which they share and compare with their colleagues or through “co-therapy pairs”. The primary goal of this approach is to leave practitioners the possibility of enhancing skills in CBT and practice therapy techniques on themselves. During the Basic EMDR training course practitioners highlight that they made reflection with colleagues in a manner that included forming an online community (e.g. Facebook) where they shared between each other’s different course material, clinical experience and ask others for advice on some clinical doubts. We could name this as group supervision which often can be shown to be a useful polygon for exchanging subjective experiences between practitioners.

Furthermore, practitioners indicated that engagement in EMDR therapy requires in “depth” experience

in practice on clients with whom they worked and well as a certain amount of time devoted to supervision. Both practitioners after the basic training course noted that they were doing EMDR with their clients. However, it should be emphasized that practitioners mostly used periodically EMDR and often as a secondary therapeutic approach. In treating here adolescent clients’ with trauma experience or anxiety Practitioner (A1) usually used EMDR therapy. Also, Practitioner (A2) recognized EMDR therapy as useful with her police officers clients, who are repeatedly exposed to different acute or/and chronic traumatic events. Draw of implications of personal experience of EMDR efficacy in clinical practice they made by presenting a case report in the First EMDR Conference in BH (Dodaj & Dodaj 2018).

Participants undertaking the supervision course reported a “deeper sense of knowing” of EMDR therapy, which found expression in enhanced understandings of EMDR procedure especially in identifying a target memory and image event related to clients problem, as well as in identifying a positive/negative cognitions and ensuring that cognitions are in the same domain. Furthermore, practitioners revealed that supervision helped them to better understand and practice resource installation and called the “future template” treatment.

In the end, both practitioners noted that “having a short-time basic course” could have an impact on misunderstanding the theoretical and practical use of EMDR therapy. But as Farrell et al. (2013) stated the current short format of training only provides participants with a certificate of attendance rather than a certificate of competence or knowledge check. To be able to integrate theory with practice supervision needs to be enrolled. However, as main problems related to the driven supervision practitioners see a lack of clinically active use of EMDR therapy in the practice which supports some recent findings from Farrell & Keenan (2013) about the fact that accredited EMDR clinicians are more likely to use EMDR regularly compared to no accredited clinicians. Furthermore, both practitioners noted that lack of clinical supervision arranged in a local place and often changes in person who leads the supervision could have a negative influence on the motivation of candidates for further process of EMDR accreditation.

## **CONCLUSION**

The practitioner sees EMDR training courses as beneficial for both professional and personal development. Professionally, engagement with the EMDR course offered theoretical and practical experiences of the EMDR procedure. Personally, the experience of the EMDR course provided to the practitioners greater self-awareness and the possibility for personal changes. However, the practitioners believe that potential organi-

zational difficulties in interaction with individual factors (e.g. motivation) could influence to continue further training courses. Therefore it is important to understand the factors that affect the deeper engagement with EMDR therapy for accreditation procedure and even EMDR trainer/educator procedure

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**Contribution of individual authors:**

Arta Dodaj: conception and design of the manuscript and interpretation of data, literature searches and analyses, clinical evaluations, manuscript preparation and writing the paper;

Anita Dodaj: made substantial contributions to conception and design, participated in revising the article.

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