

DEVELOPMENT OF EMDR THERAPY IN BOSNIA AND HERZEGOVINA - EDUCATION BY SUPERVISION TO ACCREDITATION

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SUMMARY

Introduction: Due to the increased needs of the citizens of Bosnia and Herzegovina (B&H) affected by the 1992-1995 war, after five basic EMDR (Eye Movement Desensitisation and Reprocessing) trainings and one EMDR training workshop for children and adolescents, Trauma Aid UK (former Humanitarian Aid Program UK and Ireland) continually provides supervision to mental health professionals in B&H, working towards European EMDR Association accreditation for the clinicians. To describe the experiences of education, clinical practice, and supervision of EMDR psychotherapy in the process of obtaining European accreditation of EMDR trainees from Bosnia and Herzegovina.

Subjects and methods: In order to understand how EMDR trainees perceive the process of supervision up to accreditation, nine questions were sent by email to 95 EMDR trainees about practicing EMDR, the number of patients with whom they use EMDR on a monthly basis, about their supervisors, and the number of completed supervisions, blocks to treatment while practicing EMDR, as well as positive experiences with EMDR practice and working with supervisors. 36 EMDR trainees answered these questions. The answers were analyzed using quantitative and qualitative methods.

Results: Of the 36 participants in this short study, 30 (83.3%) are women. Most of them are from Sarajevo 14 (38.9%), Tuzla 8 (22.2%) and Mostar 3 (8.3%), 2 (5.6%) from Bihać, Brčko, Gradačac, one from Banovići, Jajce, Prnjavor, Pale and Zenica. Psychologists make up the highest number of participants 25 (72.3%), followed by 5 (13.9) neuropsychiatric specialists. 31 currently have a supervisor (86.1%), 6 have changed their supervisor, and these 31 do not want to change their existing supervisor. Of them, 5 (13.9%) asked to be assigned a new supervisor.

A qualitative analysis of the respondents revealed that the greatest problem in practicing EMDR therapy is the lack of space and time in the institutions where they work, the inability to reach patients seeking EMDR treatment, the parallel use of psychotherapeutic guidelines that they have previously adopted, and insufficient determination to use EMDR. They are mostly satisfied with the experience they have gained in supervision which they deem very important in the process of accreditation. They highly appreciate the expertise and accessibility of the supervisors, to whom they are grateful for the help and support they received while presenting their cases from EMDR practice.

Conclusions: Findings from this study can serve as a basis for improving the supervisory process during the acquisition of European accreditation for EMDR practitioners in B&H. The findings can also aid in understanding the difficulties mental health professionals in BiH face practicing EMDR therapy while working towards the accreditation as practitioners of this very effective and necessary psychotherapeutic method.

Key words: EMDR education - Bosnia and Herzegovina - Trauma Aid UK – Supervision - European accreditation - EMDR practitioner

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INTRODUCTION

After the 1992-1995 war in Bosnia and Herzegovina, the whole population remained largely psychologically traumatized as a consequence of witnessing or experiencing traumatic events (Hodgetts et al. 2003, Hasanović et al. 2005, 2006), such as the well-known ethnic cleansing, mass rape, displacement and other war crimes, including genocide (Morgan 2013, Kravić et al.

2013). After wartime trauma, the survivor feels chronically unsafe, which can lead to behavioral disorders, long-term effects on emotional and physical health, and an increased need for health services (Hasanović & Herenda 2008). In this war, civilians in BiH could not avoid war trauma; they had many similar experiences to soldiers, such as threats to their life and extreme feelings of helplessness (Hasanović 2011). The means to face and deal with the existing scars of mass trauma are

still insufficient (Morgan 2013). To successfully help the population in severe distress, mental health therapists have a constant need for capacity-building in order to conduct psychotherapy (Farrell et al. 2011, Hasanović et al. 2017). Dr. Francine Shapiro, an American psychologist, noted in 1987 that eye movements greatly reduce the intensity of disturbing thoughts and feelings. This is conceived as a therapeutic method by desensitization and reprocessing with the aid of eye movements (EMDR), which involves eye movements, or other forms of alternate bilateral stimulation, such as sound or tapping. Since the discovery of this new therapeutic method, EMDR has been rapidly evolving and is now used by therapists around the world. Scientific research has shown that it can significantly accelerate the healing process (Shapiro 1989a, b, 2001).

Initially developed for the treatment of people suffering from post-traumatic stress disorder (PTSD), which occurred after traumatic events in their lives, EMDR was confirmed in March 2005 as a therapy for PTSD by the National Institute for Clinical Excellence in the UK (NICE) (see www.nice.org.uk) (NICE 2005).

After learning about EMDR at a conference entitled "Helping the helpers", held in July 1998 at Missouri University, Columbia Missouri, USA, only two and a half years after the end of the siege of Sarajevo and the beginning of the exit of the population of BiH from the shadow of ethnic cleansing and long-lasting military conflicts, the first author realized that EMDR is a significant therapeutic agent for the treatment of the consequences of trauma experienced in mass proportions (Husain et al. 1997, Husain 2012, Hasanović 2011).

War crimes in BiH are likely to end, but their influence has left a strong psychological and emotional mark on the population and this will no doubt be the reality of life for many of the upcoming generations (Husain 2012, Hasanović et al. 2006).

Humanitarian Aid Programs of Great Britain and Ireland (HAP UK & Ireland) today work under the new name "Trauma Aid UK" and are intended for training traumatology and EMDR to local mental health professionals working with traumatized communities around the world (Morgan 2013).

The leadership of "Trauma Aid UK" believes that it can best assist Bosnia and Herzegovina by developing the expertise of its professionals through their EMDR training. This is a long-term project aimed at making local experts independent and enabling them to carry out their own trainings in the future by establishing their own national EMDR organization. In addition to providing training, this means providing continuous supervision and day-to-day support (Morgan 2013, Hasanović et al. 2017, 2018).

During the five EMDR trainings conducted for mental health professionals in Bosnia and Herzegovina, 130 therapists were fully trained in the use of EMDR with

the enthusiastic support of EMDR training teams from Trauma Aid UK. In addition, those who work with children completed a two-part EMDR training for working with children and adolescents. Thanks to the continuous supervision of UK volunteers European accredited EMDR consultants, ten have become EMDR accredited practitioners in BiH, and two have become EMDR European Accredited Consultants. For continuous professional development (CPD), all mental health professionals must be active participants in professional and scientific meetings (Hasanović et al. 2018). Joint effort and cooperation of the members of UEMDRTBiH and Trauma Aid UK with EMDR Association UK & Ireland was celebrated by the first EMDR conference in BiH held on 4-5 November 2017, after which a book of abstracts in their mother tongues and in English, a book of conference papers in their native languages, and a supplement in the internationally indexed journal *Psychiatria Danubina*, were published (Hasanović et al. 2018).

In order to preserve the national development of psychotherapeutic capacities in post-war B&H, it is necessary to ensure the continuous supervision of all those who work with their patients using EMDR in order to achieve their professional maturity and achieve European accreditation. It is also important to regulate psychotherapeutic activity in B&H. After the renewal of the Association of Psychotherapy Associations in B&H, the development of regulations that will only allow competent and European accredited mental health professionals to practice psychotherapy has become imperative (Hasanović et al. 2017).

The second National EMDR Conference in BiH is an important moment in the history and development of EMDR therapy in BiH, as it demonstrates the readiness of mental health professionals who are working with EMDR therapy to continue their professional development. We are glad that the Government of the Federation of BiH recognized the significance of our activities and decided to support the event.

The aim is to describe the current situation where qualified and experienced mental health professionals trained in EMDR can successfully complete EMDR education by keeping international standards of EMDR practice in the post-war conditions of Bosnia and Herzegovina in order to meet the prescribed criteria to become European accredited EMDR practitioners.

SUBJECTS AND METHODS

A questionnaire with nine questions was sent to the e-mail addresses of 95 EMDR educators from all five cohorts:

- Do you use EMDR?
- If you practice psychotherapy, how many clients do you see monthly, and with how many of them do you use EMDR?

- Do you have a supervisor?
- If you have what is he/she called?
- If you are supervising, how many supervision sessions have you now completed?
- If you are accredited by EMDR Europe as an EMDR practitioner, when does your accreditation commence?
- If you have difficulties practicing EMDR, list at least three of them that are impeding your progress.
- If you do not have a supervisor, do you want to be provided with a new one?
- List positive experiences in your EMDR practice and work with your supervisors.

35 EMDR supervisees responded to these questions. The answers were processed using quantitative and qualitative methods.

RESULTS

In the sample, there were significantly more women 30 (83.3%) than men 6 (16.7%).

The largest number of participants in this study is from Sarajevo 14 (38.9%), Tuzla 8 (22.2%) and Mostar 3 (8.3%), with 2 (5.6%) from Bihać, Brčko and Gradačac, and one from Banovići, Jajce, Prnjavor, Pale, and Zenica (Table 1).

Table 1. Distribution of EMDR supervisees according to the place of residence and practice

Place of residence and practice	No	%
Sarajevo	14	38.9
Tuzla	8	22.2
Mostar	3	8.3
Brčko	2	5.6
Gradačac	2	5.6
Bihać	2	5.6
Jajce	1	2.8
Prnjavor	1	2.8
Banovići	1	2.8
Pale	1	2.8
Zenica	1	2.8
<i>Total</i>	36	100.0

Table 2. Distribution of EMDR educators by occupation

Occupation	No	%
Psychologist, Psychologist-pedagogue	25	72.3
Specialist psychiatrist	5	13.9
Specialist educator	2	5.6
Specialist pediatrician	1	2.8
Specialist neurosurgeon	1	2.8
Medical doctor	1	2.8
Social worker	1	2.8
<i>Total</i>	36	100.0

Among the EMDR supervisees who answered the questions, most are psychologists 25 (72.3%), and 5 (13.9%) are specialist psychiatrists (Table 2).

Supervision

As with training of any kind, both in the UK and abroad, as well as in B&H, we know that not all trained participants will continue to use what they have learned day after day with professionalism and expertise. For this reason, and in order to increase the success of Trauma Aid UK projects, ensuring continued supervision and support is critical. Many volunteer EMDR consultants provide Skype supervision to participants in the basic training program. This has now expanded and more accredited EMDR consultants work with members of all B&H cohorts. This is an important and vital part of the program and means that participants gain continuous professional development during professional contact with the UK EMDR experts.

Of the 36 participants in the sample, 29 (80.6%) use EMDR therapy daily with their patients, 31 (86.1%) have a supervisor, and 5 (13.9%) do not have a supervisor.

In addition to the list of supervisors (Table 3), supervisors Bridget O'Rave, Judy Mellor, and Mevludin Hasanovic replaced supervisors who could not continue providing the service.

Table 3. List of supervisors and number of supervised

List of Supervisors	No	%
Matthew Wilcockson	1	2.8
Colin Brazier	2	5.6
Corneliom de la Foss	1	2.8
Debra May	1	2.8
Fridrum Wiliams	1	2.8
Ginny Dobson	1	2.8
Jamie Hacker Hughes	1	2.8
Jane Ware	1	2.8
Jennie Metaxa	1	2.8
John Henry	1	2.8
Luiza Rangel	1	2.8
Maxine Sherrel	1	2.8
Mevludin Hasanović	5	13.9
Nel Walker	1	2.8
Robin Logie	1	2.8
Robin Logie & Judy Mellor	1	2.8
Sanja Oakley	4	11.1
Sedin Habibović	3	8.3
Sian Morgan	1	2.8
Soraia Crystal	1	2.8
Šemsa Šabanović	4	11.1
<i>Total</i>	32	94.4

Ten (28.6%) were successfully accredited for seven years of independent EMDR practice from the European EMDR Association, after which they must apply for re-accreditation, which is possible if have been involved in Continuing Professional Development (CPD). Two were accredited in 2013, one of whom has already been re-accredited. Two were accredited in 2016 and one at a time in 2017, 2018, and 2019, and three in 2020. During 2018, one accredited EMDR practitioner received European accreditation for the practice of EMDR therapy with children and adolescents.

Four of them (11.1%) have no supervisor and are looking for a new one. One of the participants has a supervisor but wants to change and get another.

After the fifth cohort in Tuzla, a group supervision was organized in which supervisees from two cohorts - five from the fifth and two from the fourth cohort - were involved. Members of the group come from Tuzla, Lukavac, Gradačac, Brčko, and Sarajevo. The group meets once a month at the Clinic for Psychiatry UKC Tuzla and has so far held 18 meetings.

Problems in practicing EMDR therapy

When asked about the problems that prevent them from using EMDR, we received a few answers.

A.D. "Since I have been engaged for some time in a specialized institution working with children with developmental and learning disabilities doing psychological assessments, because of the scope of work and the specificity of my clients, I have not been able to practice EMDR in the workplace for some time, so I do not practice EMDR. I used EMDR while I volunteered in the Foundation "Wings of Hope", but due to my long working hours and additional duties, I had to give up the volunteering role in the Foundation.

Currently, my group has no supervisor. We had Robin Logie and Judy Mellor. So far I have had 15 supervisory meetings, 12 with Robin Logie and 3 with Judy Mellor.

My clients are children, most of them with disabilities. The education I went on was focused on working with adults so I do not feel safe and supported to apply EMDR to children, especially to children with disabilities. I tried several times and I came across misunderstandings and difficulty in adjusting the instructions to their level of understanding. I do not have time at work to prepare and think about how to design and adapt the treatment to each child separately (these are children with mixed developmental disorders, many of whom are not verbally capable enough and find it difficult to follow verbal instructions). I would also like to indicate that the time of the supervisory meetings during the working week is not suitable, and because of the distance from my house (I have no conditions at work), I could not make it to some of the last meetings.

I think that I need additional education to work with children, since they are currently the focus of my engagement and interest. My group currently does not have a supervisor, and I would certainly like to continue with supervision, because in this way I would be more engaged in finding clients and applying EMDR."

D.S. "I practice EMDR when I can do it in parallel with the application of Gestalt as a basic psychotherapeutic modality. The practice of EMDR treatment depends on the client, and according to the situation, it involves work on the resources, empowerment, or the application of the standard protocol on the current problem. The number of clients I see monthly and with whom I use EMDR depends on the dynamics - mostly from one to three. I try to carry out at least part of the treatment with everyone if I can not complete it. I quickly give up on this kind of approach if I see that the client is not particularly receptive to it. In that case, I choose an alternative approach."

A.A. "So, my problem is that I am reluctant to use EMDR because I start treatment in my usual way, and then I have trouble switching to this technique. Secondly, during the teaching, I understood that when I start treatment with EMDR, I only apply EMDR, so it seems a shame/I am sorry to give up my previous knowledge and skills in which I have invested a lot both materially and mentally."

V.T. "I'm practicing EMDR, but I am currently on maternity leave until January 2019 when I will continue to work with clients. Until the maternity leave, which started in September of the previous year, I worked with about one to two clients a month, allowing me to go over the job in the CMZ. I also had two clients, private clients. I have a problem with practicing EMDR because I work in the Health Center in CMZ where it is very difficult to set the right conditions for EMDR, not to be disturbed by other patients and the limitations of time."

I.K. "I practice EMDR therapy. I have 3-4 clients per month and I use EMDR with everyone. I have not encountered any problems so far in practice. Clients are very receptive - you quickly notice the benefits of therapy. The only problem for me is recording for accreditation. I cannot do it at work, so I will organize to do it myself in my private practice."

N.S. "I use EMDR in my practice whenever the opportunity arises, or when I have a patient whose condition I think EMDR could positively affect, and if the patient is motivated to have this kind of psychotherapy. The number of such patients is not fixed, but depends on the circumstances or the psychopathology. Until a few months ago, I used EMDR in family medicine when I was able to dedicate more time and space to it, and the psychopathology of patients was more varied and suited. Since few months ago, I have been employed in a psychiatric hospital dominated by patients with psychotic

disorders, with whom I do not have professional experience, and therefore, I apply EMDR much less. Because of this, lately, I have been attending group supervision with colleagues with whom I have been in a group since the beginning. We've had 16 supervision sessions."

M.P. "I practice EMDR therapy although I have very few clients, but I use EMDR with each, if not as a therapy, then as a technique in combination with CBT."

Đ.L. "I use EMDR in my practice with other psychotherapy modalities I have studied."

I currently have three clients with whom I practice EMDR. My colleague Sedin Habibovic is my supervisor and so far we have had two supervisions. Regarding problems using EMDR, I do not notice any special difficulties compared to other psychotherapy methods. The basis of everything is trust and a good relationship with the client."

S.D. "I use EMDR when appropriate. On average I have used this technique in working with one to two clients per month. I am also involved in the English language supervision process until July 2018. I'm supervised by Mr. Colin Brazier. Mrs. Vanja Tesanovic shared supervision sessions with me. So far, we have had supervision monthly. Since September, we have not had any new arrangements regarding the supervision meeting times. I would certainly continue with the supervision process, but now I am not sure if Mr. Colin Brazier is still available to provide this. I would like to continue because the sessions have been very useful and encouraging to me."

M.M. "I practice EMDR at work at the Health Center and in my private practice. I see at least 6 clients per month (with whom I used EMDR) and I still use EMDR with at least 3 (be that with new clients or as follow up with the previous ones. My problem is around time and space in the Health Center, and privately. Perhaps I do not know how to best present a new method to patients. There should be more contact with other colleagues who live in the same place, for example, Sarajevo."

E.A. "Problems. Lack of time due to obligations at work."

M.A. "Thank you for this e-mail, because I've actually wanted to write to you about it recently. As far as EMDR is concerned, I have to admit that I did not use it much because I worked with children mostly using CBT. However, I would like to continue with supervision, and to ask you if it would be possible to find me a new supervisor, preferably someone from this area."

Z.C. "My problem is when the client freezes."

S.D. "I had a break from supervision (for health reasons - I took a break from working with clients). Now I'm starting to work again and I will discuss with

the supervisor how to proceed (I'm about to start with supervision again)."

M.O. "After completing the theoretical training, I did 2 EMDR treatments, and that was some time ago. The possibility of Mrs. Sanja Oakley becoming my supervisor was discussed. I do not know if this is still the case."

E.B. "Thank you for your interest in my use of EMDR. I used to work with clients for some time with EMDR and due to the circumstances, I stopped. Recently, I used EMDR with a little boy, and I think it should continue now. I had one supervision with my colleague Sedin (quite a long time ago). Then, as I stopped using EMDR, I had no supervision. In case I manage to continue using EMDR with clients, I would love to consult you."

M.S. "For the previous year and a half, I have not been able to practice EMDR in my practice due to maternity leave. I also informed my supervisor Mr. Matthew Wilcockson about the reasons for my absence, and since then we have not been in contact. In the upcoming period, I plan to return to using EMDR in my practice."

N.K. "Problems with EMDR are: the need for enough time to perform EMDR, and regular client monitoring."

S.A. "I do not currently practice EMDR (I practiced over the past two years). At present, the focus of my work is family psychotherapy in order to fulfill the requirements of my current education (3rd year). Given this fact, currently, I do not practice EMDR with clients."

N.D. "At the moment I have a client ready to begin EMDR, but I do not have the right conditions, peace and quiet, and an office I could work in (at work). So far I have worked with three clients who, I felt, were ready. EMDR was effective when clients got stuck. Sedin helped me a lot with setting up and formulating questions for clients. I had two supervisions with Sedin and two during the EMDR training. I am not accredited (I have not completed part 3). My problems are technical in nature: I do not have enough space, peace and quiet, and sometimes even time (due to the volume of work)."

S.H. "I don't have any major difficulties regarding the practice of EMDR. Those difficulties that arise are resolved in supervision. However, I have a problem getting clients."

Experience in practicing EMDR therapy and experience with supervisors

J.S. "Positive feedback from clients is evidence that EMDR is an effective therapy that gives me the motivation to use it with all the clients with whom it is

possible. The supervisor is always available and encourages me to consult her with any doubts."

S.D. "Supervision helps me to solve the obstacles that arise when working with clients and, of course, is validation/confirmation that I'm doing something right, and the support is always useful."

I.T. "I have no big problems. I am satisfied with my supervisor. He is great. He is very supportive and encourages new learning. EMDR is easy to apply, gives fast results, and is interesting to clients."

S.H. "EMDR is an effective, powerful therapy."

A.D. "Both supervisors were very busy with us. The group meetings themselves were useful because we learned from each other's experiences. We received a lot of suggestions for literature and new research, advice, and support. During this period, I volunteered for the "Wings of Hope," and I had a panic attack client with whom I used EMDR. With the support of my supervisor Robin Logie, I successfully performed EMDR therapy with the mentioned client, as confirmed by the improvement of her condition, which she reported, emphasizing that EMDR therapy perfectly suits and helps her. I am still interested in learning and improving my EMDR, but I am currently limited by time and by my situation. I hope that I will soon have the opportunity to work more with clients, both adults and children."

V.A. "So far, I have had a total of 29 hours of supervision with my supervisor, Cornelia de la Fosse, from the UK. I practice EMDR in my workplace – Neuropsychiatry, CBT, Bihać. On average I have two to three weekly clients with whom I use EMDR. So far I have worked individually (with children, adolescents, and adults) and in group EMDR (with children). I have not yet started the accreditation process, because I have not submitted in written form all the examples of cases that we have processed in supervision so far, and I have not done the video recording. I am very satisfied with supervision, Cornelia is really dedicated, always ready to come to my aid, and clear and structured in the management of supervision. I warmly recommend her as a supervisor to other people who practice EMDR."

So far, I have published two papers on EMDR cases. I also conducted seminars on effective stress management, in which I integrated four elements of stress management and the use of Butterfly Hug. This seminar was attended by a total of 52 professors from the Secondary Medical School in Bihać, and about 60 people passed through the Education and Research Center "Nahla" (am waiting for in their report to get the exact number). Given the group EMDR was conducted in the primary school after a critical event, I think no one in Bihać has not heard of EMDR!

I am very grateful to you and educators from England for teaching me EMDR, because I really use it

much every day, and this has greatly improved the quality of the service I provide at my workplace."

N.O. "Using EMDR techniques, client problems are resolved much faster than with other therapies I used earlier. Our supervisor maintains group supervision so that besides my exposure and reflection on my work and the supervisor's input, I have an opportunity to hear what others 3-4 people are doing and what difficulties they are facing while applying EMDR. In this way, I get solutions for EMDR application issues, and this makes me readier to face issues regarding the EMDR application."

S.H. "Positive Experiences: Clients resolve chronic problems in a short period of time, clients feel better after sessions, there is greater customer satisfaction with the efficiency and effectiveness of the method. The supervisor is extremely professional, correct, highly sympathetic, ready to cooperate, unselfishly shares a huge experience from practice."

N.D. "The supervision to me was a source of support, motivation, and a driver in this activity. She was useful in helping me formulate the client's problem and showing me how to get started. I did not have a problem estimating whether the client was ready or not. Mostly I worked with clients who had been in treatment for some time and with whom I had a good transfer. I personally had EMDR treatment (I worked with psychotherapist Elvira Durakovic Belko, for whom I only have wonderful things to say and positive feelings) in overcoming some fears that were blocking me (and for my fear of driving). This developed my trust in EMDR."

M.M. "Great unexpected successes, Acceptance and understanding by CMZ team members, although we work in different ways.... Great understanding of the supervisor."

E.B. "As a positive experience, new insights emerged for clients quickly, which greatly facilitates the therapeutic process."

Z.C. "Improving the client's condition and overcoming the difficulty that it causes. The supervisor gives the correct guidance. It is always available for clarification and beyond the agreed supervisory meetings."

D.S. "I have an individual supervisor and now I'm in a group."

T.V. "As I work with children I would like a supervisor to work with children. In some cases, I only use EMDR partially and it helps me, and in some cases, I apply the complete protocol. I use it with children and adults as well as for a number of different problems and disorders. Cooperation with supervisor Sanja Oakley was great."

A.A. "EMDR works when I apply myself to it. I believe in this technique, but obviously, I have not yet matured to devote more to it."

B.T. "I have a supervisor, I am very satisfied with the cooperation. The experience with my supervisor is more than positive. An outstanding professional, with wide knowledge, always in the mood and available for all questions, and flexible in organizing the meeting."

I.K. "I have two supervisors, group in their native language and individual in English. I am receiving an exceptional commitment from both supervisors, concrete and direct comments and suggestions for working with the client, and unselfish sharing of their own experiences, materials, and literature..."

M.T. "I am very happy with EMDR. Namely, I have two clients with whom I work on the trauma of sexual exploitation. I see that EMDR has a very good influence on them, helping them to put things in their lives in the right place. The supervisor is also very pleasant, full of knowledge, and very helpful. EMDR is a definitive discovery for me and it makes me very happy."

N.S. "I always bring a lot of new information I receive from the supervisor, and I also learn a lot from other members who, in every case, present a new, interesting experience, and from which I often learn how to be creative and relaxed with EMDR and at the same time stick to the frameworks and protocols."

M.P. "I feel very confident in using EMDR technique, and I make progress with almost every client when I apply it. I only have words of praise, for my supervisor Ginny Dobson because she is always available and ready to help with various dilemmas and problems that I encounter, so I learned so much from her through supervision."

Đ.L. "Sedin is an excellent supervisor and I would not change him. I hope that I will speed up a bit with supervision now and have them more frequently."

M.H. "EMDR is psychological surgery."

S.A. "Positive experiences in working with clients were related to facilitating/eliminating the difficulties clients face in their day-to-day functioning: social phobias and traumas from childhood; fear of walking on slippery surfaces (snow); claustrophobia; conflicts with colleagues."

Each supervisory session contributed to clarifying ambiguities and removing my uncertainty in working with clients (even in situations where support for practical work was not provided to me by other colleagues)."

F.I. "My experience of applying EMDR in practice is excellent and very positive. EMDR proved to be very successful, effective, fast, simple, and convincing. These experiences are certainly the result of extremely good and excellent supervision by the supervisor in a formal and substantive sense. Supervision is held in a

group that participates in each individual case, makes suggestions, and presents possible mistakes."

A.D. "Experiences with EMDR therapy are incredibly positive. It is a much faster process of trauma elimination. Unlike other techniques and methods, the EMDR technique makes it easier for me to follow the process with the client."

E.M. "Positive experiences in the use of EMDR techniques are common, but I would like to highlight work with young people and work with young people without parental care ... when they do not want to talk much, EMDR provides dynamic, personal and constant involvement. The benefit of the supervisor is invaluable and indescribable, especially in some specific cases, for example, working with people with diabetes or multiple sclerosis or pregnant women, and of course, from the beginning of my practicing EMDR till now, the supervisor answers all the questions that are answered in the manual, but I skipped those or have forgotten them."

E.A. "It's a positive experience because it really helps patients, especially with a trauma experience. The supervisor is always there with practical and concrete advice ..."

Research, projects, and conferences

A research project under the Doctoral Dissertation is underway to determine the effectiveness of EMDR therapy in dealing with opiate addicts. Our goal is to include further research into this project and other related tasks in the near future. Regarding the continued prosperity of the future development of EMDR therapy in BiH, after successfully organizing the first EMDR conference in 2017, we organized the second EMDR conference, with the desire to create an annual meeting of EMDR therapists, both domestic and from abroad, in Bosnia and Herzegovina.

DISCUSSION

According to our research, significantly more women are engaged in active EMDR therapy, mostly in large urban centers, and psychologists or psychopedagogues are most represented in terms of basic occupation, followed by psychiatrists.

A qualitative analysis of the responses revealed that the greatest problem in practicing EMDR therapy is the lack of space and time in the institutions where they work, the inability to reach patients seeking EMDR treatment, the parallel use of the psychotherapeutic modalities they previously adopted, and insufficient determination to use EMDR. They are mostly satisfied with the experience gained in supervision, which they deem important in the process of accreditation. They

highly appreciate the expertise and accessibility of supervisors, to whom they are grateful for the help and support they receive when presenting their cases from EMDR practice.

In order for a person to be a trainer and to teach EMDR, he/she needs to be a qualified mental health expert with some experience in the field. In the UK, hundreds of people complete EMDR training every year. The basic seven-day training usually lasts for several months. Once a trainee has completed initial training, he/she can work towards achieving accreditation as a European EMDR practitioner through the supervision of his/her own EMDR practice. There is a requirement for participation in a minimum number of supervisory sessions, but accreditation is based on the competence of clinicians in all areas of EMDR practice. EMDR consultants are accredited to provide supervision and consult therapists to become accredited EMDR practitioners.

EMDR consultants have completed additional consultant training, their supervisory skills have been assessed and they have significantly improved supervisory experience in the use of therapy (Logie 2012).

"Trauma Aid UK" launched its project in Bosnia and Herzegovina in 2009, following a local request for assistance to mental health professionals (Hasanović et al. 2013). This is a long-term project, aiming to finally reach a point where BH's trauma experts will be able to continue training under the banner of the Association of EMDR therapists in Bosnia and Herzegovina (Hasanović et al. 2018).

Since 2009, Trauma Aid UK has fully empowered 130 experts in EMDR and estimates that more than 1,000 BiH citizens benefitted from this process and no longer suffer from the psychological symptoms they had before EMDR treatment. Twenty-six of these clinicians also completed the first and second part of the EMDR Training for Children under the guidance of Dr. Joanne Morris-Smith (Hasanović et al. 2016a). The result of this training is that in Mostar, Ivana Trlin successfully completed her education and in 2018 she became a European accredited EMDR practitioner for work with children and adolescents.

Since the newly established EMDR Association in Bosnia and Herzegovina in 2015 became a full member of EMDR Europe, "Trauma Aid UK" continues to support training and supervision in Bosnia in order to ensure that as many educated professionals in EMDR therapy complete their supervision. With seven clinicians who are now accredited EMDR practitioners, it is hoped that others receive their accreditation (Hasanović et al. 2016b, 2018).

Continuous supervision via Skype provided by voluntary EMDR accredited consultants from the UK is vital to the success of this project and the continuous

development of colleagues' expertise in BiH. Today in BiH there is group supervision "in vivo", with its existing accredited EMDR consultant and EMDR consultants who are in educational training. Our research shows that there are still educators who do not manage to find space and time to regularly use EMDR treatment in everyday practice. Some stopped the supervision due to maternity leave and wish to continue, and others do not have ways of acquiring patients for EMDR therapy. Therefore, additional instructions should be given to encourage these educators to use their knowledge and skills of the EMDR protocol, which will help them to successfully complete their education and receive their accreditation as independent EMDR practitioners.

We are grateful to all supervisors who, according to supervisees' assessments, are doing their job excellently and responsibly. Considering the technological capabilities provided by the internet today, large spatial distances are not an obstacle for the supervisor and the supervised to continually and regularly meet the ultimate goal of supervision. Given that BiH is a small country, it is possible to organize group supervision in person, which, according to our study participants, is highly beneficial for the successful conduct of the supervisory process leading to accreditation.

Expanding the network of EMDR therapists in Bosnia and Herzegovina and the UK is one of the great advantages and mutually beneficial outcomes of this work, and to date has provided valuable opportunities for sharing professional and personal experiences in different cultures (Morgan 2013).

We, EMDR educators, practitioners, and students in Bosnia and Herzegovina, together with Trauma Aid UK, are happy about the enthusiasm shown in BiH and we look forward to joint mutual cooperation and forging and strengthening these connections in the future (Hasanović et al. 2018).

CONCLUSIONS

Findings from this study can serve as a basis for improving the supervisory process during the acquisition of European accreditation for EMDR practitioners in BiH.

It can also help in understanding the difficulties that mental health professionals in BiH have in practicing EMDR therapy and working towards accreditation. The second national EMDR conference in BiH is an important moment in the history and continuation of the development of EMDR therapy in BiH. This contributes to the increased national capacity for offering better quality psychotherapeutic treatment of traumatized individuals and groups in post-war BiH under the auspices of Trauma Aid UK in cooperation with the EMDR Association of the UK and Ireland.

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Contribution of individual authors:

Mevludin Hasanović: conception and design of the manuscript and interpretation of data, literature searches and analyses, evaluations, manuscript preparation and writing the paper.

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