

**Eye Movement Desensitization and Reprocessing (EMDR) Part 3**  
**Training Attended Following Funding Provided by The Foundation for**  
**Professionals in Services for Adolescents (FPSA)**

I would like to take this opportunity to thank the FPSA for providing the funding that allowed me to attend the final part of my training in EMDR.

**The Training:** The full EMDR training as approved by the EMDR-Europe Association comprises 3 Parts typically spread across 7 days. Course attendees are expected to gain experience of using EMDR in their own clinical practice between the different training parts, bringing case material to discuss in supervision for the final trainings. Part 1 begins with the theory and rationale for EMDR and teaching of the standard protocol, moving onto Part 3 where more advanced techniques are covered.

I attended the Part 3 with Richman EMDR Training, run by Alexandra Richman, a highly experienced EMDR clinician and trainer. Training was conducted in a small group of clinicians providing a supportive learning environment, and excellent resource material was provided to support clinical practice beyond the training.

More specifically, Part 3 included:

- Case consultation and supervision
- How to apply EMDR to a wide range of clinical problems
- Adapting EMDR to the needs of the client
- Working with resistance
- Learning how to adapt EMDR to treat:
  - Survivors of childhood sexual abuse
  - Dissociative disorder
  - Phobias
  - Complicated grief
  - Chronic pain
  - Substance abuse
- Working with cross cultural issues and interpreters
- Strategies for managing extreme emotion

**Brief Overview of EMDR:** Dr Francine Shapiro first developed EMDR in the 1980's. Since this time a substantial body of research has arisen demonstrating the effectiveness of the EMDR approach in treating psychological trauma. EMDR is now recognised as a treatment of choice for Post Traumatic Stress Disorder in adults (The National Institute for Clinical Excellence, NICE). In addition, the evidence base for the effectiveness and application of EMDR at treating a wide range of other psychological difficulties is increasing. Although research to date has been predominantly focused upon the adult population, a research base is now emerging to demonstrate the use of EMDR in benefiting children and young people.

EMDR aims to reduce psychological and physiological distress through a

process of alternative dual attention stimulation (such as eye movements or hand tapping). This process is understood to facilitate and stimulate information processing in the brain. As a result, dysfunctional material or information is more adaptively processed, and previously disturbing memories become less intense. The process, therefore, aims to reduce the resulting distress from the original traumatic memories, leading to enhanced functioning and emotional well-being for the person.

The neuropsychological and neurobiological processes in the brain underpinning EMDR are currently an exciting area of research focus.

For more information on EMDR please visit:

[http://www.emdrassociation.org.uk/home/about\\_EMDR\\_therapy.htm](http://www.emdrassociation.org.uk/home/about_EMDR_therapy.htm)

### **My Learning and Putting the Training into Practice:**

The EMDR Part 3 Training enabled me to revisit and consolidate my previous knowledge of EMDR, and to enhance the skill set required to work with clients presenting with varying and complex difficulties. A key learning point from the training for me was learning how to work with clients where processing of a memory becomes “blocked” or “stuck”, with the course teaching ways in which to support the client to work through this to a successful outcome.

As a clinical psychologist working in CAMHS I have since been able to apply my skills in EMDR therapy when working with young people presenting with a range of difficulties including trauma, low self-esteem and phobia. The training has enabled me to explain to young people and their families about EMDR and what to expect. To date, I am extremely encouraged to have observed the benefits of EMDR in practice, and how well it has been received by young people. I have particularly found that the techniques I learned for adapting EMDR to working with children and young people, and the strategies for unblocking memories, have facilitated successful clinical outcomes. I have also experienced how collaborative and creative the clinician and young person can be in adapting EMDR, for example, using drawings, stories, toys and play. As a result of the training, I have also been able to consult with fellow clinicians about EMDR and to promote use of the therapy in cases where it is felt to be an appropriate treatment plan.

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