

I am writing to express my thanks for the generous funding you granted me. The funding was granted to allow me to complete the Eye Movement Desensitisation and Reprocessing (EMDR) Training Parts 1 2 and 3 provided by Matthew Wesson of EMDR Academy in Chester which is UK and Europe Accredited. The training was delivered over seven days, part one (3 days) in May 2018, part two (2 days) in September 2018 and part three (2 days) in January 2019. Having successfully completed the training I can now practice EMDR and work towards achieving Accredited EMDR Therapist status.

I work for the NHS in Flintshire Child and Adolescent Mental Health Service (CAMHS). I am an Accredited Cognitive Behavioural Therapist also using Dialectical Behaviour Therapy with the young people I see. The reason why I wanted to complete the EMDR training was that I was regularly working with young people who had experienced multiple traumas in their lives in the form of physical abuse, sexual abuse, emotional abuse and neglect. They were coping with their trauma memories by using risky behaviours such as self-harm and suicide attempts. Whilst the DBT was helping them to learn and apply skills to reduce their risky behaviour, they were still experiencing the distress of their trauma memories. This is where I thought being able to offer EMDR, which is, thought to be a kinder, less intrusive therapy than traditional talking therapies, would be helpful. We already have a male EMDR Consultant working in our service, but I felt that we needed to give young people the choice of working with a female EMDR clinician if they so wished.

The training was delivered in three parts with students being expected to practise what they had learned with clients in between each part.

Part one was introducing the Adaptive Information Processing model which underpins EMDR and learning the standard eight phase protocol. Through a combination of lectures, video demonstrations, practicums and live supervision we acquired the basic skills to be able to work through the standard eight phases of EMDR. It was important that we practised using our own real experiences of (mild) trauma so that we could experience the “weird” phenomena of EMDR. Immediately following this section of the training, I was able to apply the Standard protocol with a young person I was already working with in CAMHS with success! However, this was not to be the case for every young person I used standard protocol with.

Part two came just in time as this focused on working with more complex cases. Again, through lectures, video demonstrations and live experience we learned and practised various techniques to use when clients are struggling to reprocess their memories; techniques such as cognitive interweaves, finding the touchstone memory by using Floatback techniques to name a few. We were also taught variations on the standard protocol to use EMDR to treat other conditions such as Generalised Anxiety Disorder. Once again, I applied my learning to my clients back in CAMHS.

I found Part three particularly helpful. I do not usually see many “single trauma” cases in my practice. Most of the trauma cases in CAMHS are classed as developmental trauma, meaning that they have experienced multiple traumas during their developmental years. This has led to the young person experiencing chronic emotion dysregulation, hyper alertness to danger and a difficulty in articulating their emotions. This part of the training focused more on working with these types of cases. We learned how to deal with dissociation and much more on “resource installation” which is the vital preparatory work needed for clients who experience intense emotions. Learning this has taught me to spend more time in the preparation phase of the EMDR

protocols and making sure that the client is going to feel in control and be able to tolerate the treatment. I hope that this will lead to more successful outcomes.

I am so pleased to be able to offer EMDR to my clients who are struggling so much because of their traumatic experiences. It really does feel like a kinder treatment. Clients who have declined other talking therapies because they have not wanted to talk about their trauma have agreed to try EMDR. It has been a delight to learn a new skill, to apply it and to see results in such a short space of time. I have no doubt that this has benefitted the CAMHS team. We can offer more EMDR; the therapy is quicker and so helps to reduce our waiting times. I continue to apply the training; I've lots more to learn. I am lucky that I receive expert EMDR supervision in the workplace so I know that I will have the support I need to continue to utilise my EMDR skills.

I am so grateful to FPSA for proving the funding for me to do this course. Without the funding, I would not have been able to do it.