

EMDR TRAINING

I am writing this to express my gratitude to the Foundation PSA for funding me to train as an EMDR Therapist. This will make an extremely positive difference to my practice, working with traumatised children and adolescents. I received funding to attend a three-part training course in Eye Movement Desensitisation Reprocessing (EMDR) with the EMDR Academy. This is an extremely effective treatment for post-traumatic stress using bilateral stimulation to process traumatic memories.

I attended the course in London and was trained by accredited EMDR trainer Matt Wesson. The course took place over seven training days which were organised into three parts. I completed part one (3 days) on 5th-7th March 2019, part two (2 days) on 15th -16th May 2019 and part three (2 days) on 17th – 18th July 2019. The course consisted of a combination of direct teaching, supervision and live practice in using EMDR with fellow course delegates. Having now completed the training, my goal is to work towards full accreditation which will involve gaining further experience in using EMDR with my clients.

Currently, I work for a charity called CHUMS. CHUMS is a charitable organisation consisting of 11 different services which work to support mental health and emotional wellbeing in children and adolescences across the county of Bedfordshire. I work within the trauma service at CHUMS and complete direct work with young people who meet the criteria for post-traumatic stress disorder (PTSD) or complex/developmental post-traumatic stress following various adverse and traumatic childhood experiences including traumatic bereavement, childhood sexual abuse, neglect, war, human trafficking etc. My primary qualification is in Cognitive Behavioural Therapy (CBT). Whilst CBT can be an effective treatment for PTSD, many of my clients who have experienced developmental trauma perhaps struggled to engage with the “cognitive” (thought challenging) aspect of this form of talking therapy. Children with developmental trauma often present as hypervigilant and can become easily emotionally dysregulated. This is because they are constantly in state of “survival”, ready to engage their fight/flight/freeze response whenever it might be needed. When the body is in this survival mode, we cannot access the parts of our brain which are responsible for logic, reasoning or rationalisation and so engaging in things such as thought challenging can be a real struggle. The benefit of EMDR has been that it allows the traumatic memories and distressing emotions to be activated and processed by using the brain’s adaptive information processing and as such prompts the healing to take place naturally through accessing memories which are avoided due to their distressing content.

The training in EMDR was intensive yet enjoyable. The facilitators and trainer were extremely knowledgeable, and each day consisted of a full schedule to maximise learning. Part one consisted of learning about the theoretical model of adaptive information processing (AIP) and learning the standard 8 phase protocol for processing traumatic memories using bilateral stimulation techniques including eye movements and tapping. We watched videos of clinical sessions in order to learn how to put the model in to practice and were then asked to apply the model to one another, taking turns to be client and therapist. This was not a role play, so we were actually experiencing EMDR and processing our own real-life memories of difficult experiences. This allowed me to develop a huge appreciation for the model and understand how it works in real practice.

Part two of the training involved learning about applying the model to a variety of different anxiety disorders including phobias. We also learned the protocols for dealing with future worries and developed our skills in using “cognitive interweaves” which essentially prompt thought to take place

during processing when the client appears to be stuck. We also discussed how to respond to a client's emotional reactions during therapy and received supervision which allowed us to reflect on our own cases and experiences in using the EMDR model.

In part three, we learned about applying the model to complex developmental trauma. We were also introduced to some new protocols including the "blind therapist" protocol whereby the therapist is not aware of the material that the client is processing during the session. This was particularly useful for me as it allowed me to use this approach with a young person who really struggled to express in words what he was thinking about and other young people for whom English is a second language. We also learned about techniques for resourcing (supporting emotional regulation skills) to help prepare the client for processing of very difficult material. Furthermore, we engaged in further live practice and had supervision during part three whereby we could ask questions about our clinical work using the model.

Throughout the process, we were required to have used EMDR to process memories with at least three clients. Thankfully, I am fortunate in that I am able to use EMDR with the young people I support at CHUMS so was able to fulfil this requirement. I am also fortunate in that I receive monthly supervision with an EMDR consultant so can continue to improve my skills. I have already noticed that this has made a huge difference to my clinical work. Training as an EMDR therapist has helped those clients who really struggle with CBT as it allows them to access the memories without words. The desensitisation of traumatic memories also allows for avoidance to reduce enormously and I have already seen the positive difference this has made to my clients' quality of life.

I am extremely thankful to have been funded to train as an EMDR therapist and would highly recommend the course. I would like to thank the Foundation PSA for their generous financial contribution as without this, I would not have been able to complete this training.