

# The challenges of integrating EMDR basic training into the context of your own practice

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# Overview of session

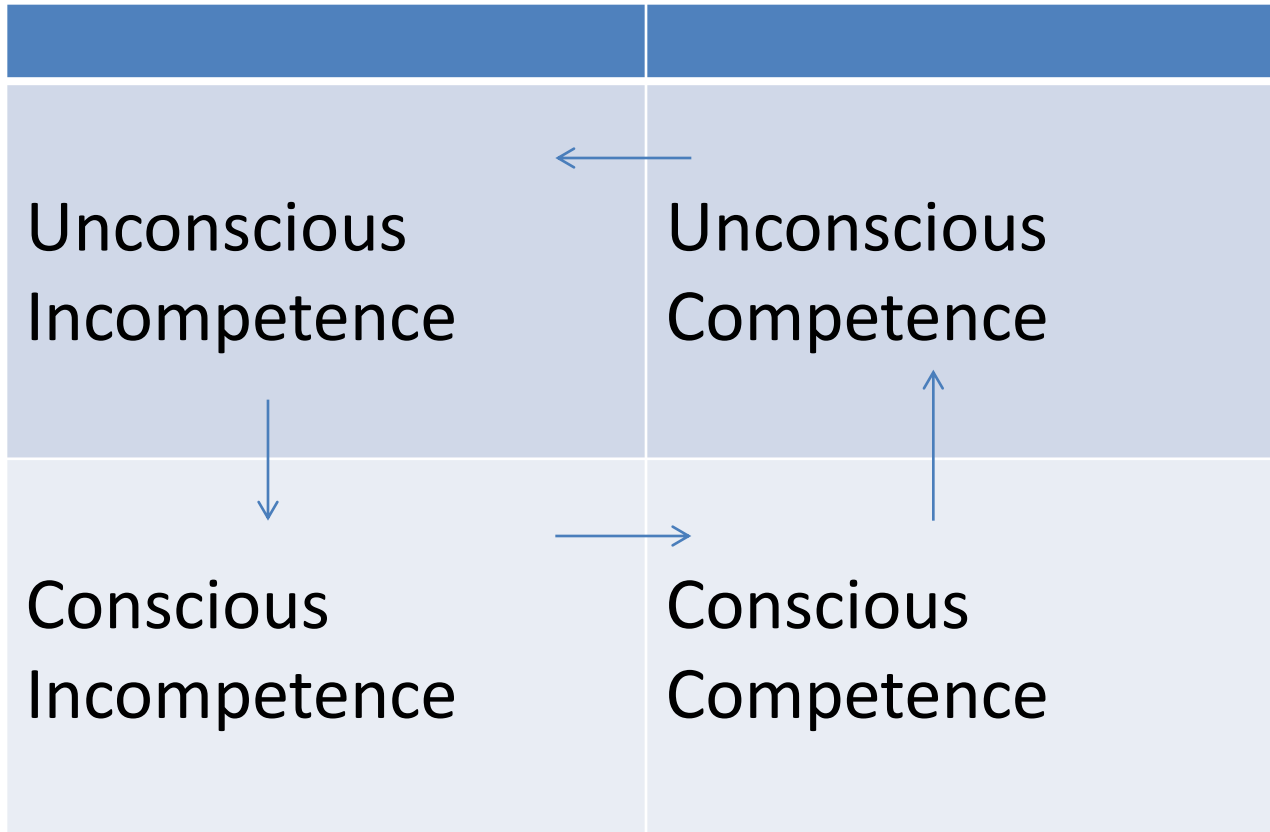
What are the common challenges faced by therapists when beginning the task of integrating EMDR basic training into their existing practice and skills?

What are the specific difficulties encountered by those from different theoretical backgrounds?

How do therapists often react to this challenge?

What strategies can help to overcome the challenges?

# The cycle of learning



# Common challenges

- Feeling consciously incompetent
- Forgetting all your pre-existing skills
- Learning the language
- Being swamped by new paperwork
- Remembering what to screen for (take-off checks)
- Being scared of causing harm
- Finding yourself stuck with no idea what to do next
- Not knowing who to ask

# Challenges for the person-centred therapist

- Allowing each session to unfold from the client's current concerns and selecting a new target from the "issue of the week."
- Reprocessing on these targets is seldom "completed" in one session.
- Incompletely reprocessed targets remain unresolved and continue to be a source of residual symptoms when the next "issue of the week" becomes the focus.
- Avoided issues and avoided etiological experiences may never be addressed in a comprehensive treatment plan.

Adapted from Andrew Leeds 2009

# Challenges for the CBT therapist

- May be more focused on their patients' predominant maladaptive beliefs than on developing a case conceptualization based on etiology.
- May select targets based primarily on current stimuli that give rise to current maladaptive beliefs.
- May fail to pay attention to identifying and reprocessing etiological events and experiences that are the sources of the onset and reinforcement of these beliefs.
- This increases the risk of inefficient and incomplete reprocessing due to unidentified etiological targets.

Adapted from Andrew Leeds 2009

# Are you sitting uncomfortably?!!

RED	AMBER	GREEN
De-skilled? Terrified? About to give up? Isolated? Disempowered?	Nervous? Confused? Stuck? Lost? Apprehensive? Puzzled?	Confident? Thoughtful? Competent? Reflective? Hopeful?

# Safety behaviours

- Returning to your usual way of working
- Referring on or finding reasons why the client may not be suitable
- Staying in phases 1 and 2
- Blaming the therapy when it “doesn’t work”
- Drifting from the protocol
- “Doing a bit of EMDR”

Adapted from Catherine Kerr, 2012



# Remember, EMDR training is not open to all-comers

How do you:

- Take a history
- Stabilise the client
- Build a relationship and address fears
- Assess risk

# Strategies

- Identify your skills and where they fit in the 8 phase protocol
- Learn the language – don't be scared to ask the “stupid” question
- Use the paperwork as a safety structure rather than a pressure
- Stick to the protocol and review your training journal
- Peer support (make sure it's good)
- CPD
- Get supervision

# References / Further reading

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