

## EMDR Therapy Basic Training

### Abstract

Since the development of EMDR therapy in the early 1990s, a large body of research has shown that it is efficacious for treating PTSD. Clinicians and researchers have also found positive treatment effects beyond PTSD for more complicated conditions. However, clinicians discovered early on that EMDR seemed to move patients with complex trauma into dysregulated states rather than towards the expected, adaptive resolution when targeting traumatic memories. Stories of uncontrolled abreactions, the unanticipated emergence of dissociated self-states, and subsequent destabilization leading to major setbacks or harm prompted some clinicians to dismiss EMDR as a viable treatment option for persons with dissociative features. Although some advanced EMDR therapy trainings and publications consider these complexities and potential risks, initial EMDR therapy training historically has not.

Consisting of four modules and a total of 81 didactic, practicum, and consultation hours, this training is the beginning of a learning journey in the practice of EMDR therapy to resolve unprocessed life experiences and resultant symptomatic disturbances. Over the course of the four modules, participants will learn the skills necessary to work with persons dealing with the 'simpler' trauma-related presentations in an EMDR therapy frame, as well as basic and intermediate foundational knowledge in assessment and treatment of persons experiencing pathological dissociation. Although participants will not learn to use the advanced EMDR therapy methods needed to treat persons with dissociative disorders, they will learn much about becoming attuned to the presence and forms of simpler trauma, complex trauma, and dissociation. Context for the application of basic protocols for treating some issues faced by persons with more complex trauma histories will be addressed.

To aid different learning styles, the training will follow three fictitious, composite clients experiencing different severities of trauma and dissociation to illustrate the procedures of EMDR therapy. Francine Shapiro (2018, Chapter 4 and Appendices A and E) notes that some clients may not yet be ready, or may be inappropriate candidates, for EMDR therapy. Accordingly, both the standard 'red flags' for each of these composite clients, additional indications to proceed with caution, and explicit contraindications will be highlighted.

The training is overseen and provided by members of the International Society for the Study of Trauma and Dissociation (ISSTD), approved by the ISSTD Board of Directors, and accredited by the EMDR International Association (EMDRIA). All instructors are EMDRIA Approved Virtual Trainers. At the conclusion of all four training modules and the required consultation hours that comprise this training—and during which learners are required by EMDRIA to discuss case material from actual use of EMDR therapy methods with appropriate clients in their clinical practice—participants will receive a certificate of completion, at which point they will be "EMDR therapy trained" clinicians. Participants will have had the opportunity to learn and practice the skills to determine client suitability and readiness for trauma accessing in general, and the use of EMDR therapy methods for containment, stabilization, and trauma resolution for clients with simple and moderately complex trauma presentations, within their established area(s) of expertise.

## Required Materials

- Shapiro, F. (2018). *Eye movement desensitization and reprocessing (Emdr) therapy: basic principles, protocols, and procedures*. New York: The Guilford Press.
- LINK: [Go With That Magazine Fall 2020, Volume 25, Issue 3 \[EMDR & Racial Trauma\]](#)
- LINK: [Guidelines for Virtual EMDR Therapy \(Spring 2020\)](#)
- ISSTD EMDR Therapy Training Manual (*pdf format; provided at no additional cost*)

## Preparatory Reading

Prior to each training module, participants should prepare by completing the following minimum reading from the required materials:

### Module I

1. Readings from Shapiro (2018)
  - Chapter 1. Background (pp. 1-24)
  - Chapter 2. Adaptive Information Processing: The Model as a Working Hypothesis (pp. 25-51)
  - Chapter 3. Components of EMDR Therapy and Basic Treatment Effects (pp. 65-71 only)
  - Chapter 4. Phase One: Client History (pp. 85-112)
  - Chapter 6. Phases Four to Seven: Desensitization, Installation, Body Scan, and Closure (Phase Seven, pp. 155-159 only)
  - Chapter 12. Theory, Research, and Clinical Implications (pp. 349-428)
  - Appendix E. Client Safety, EMDR Dissociative Disorders Task Force Recommended Guidelines: A General Guide to EMDR's Use in the Dissociative Disorders (pp. 498-502)
2. Readings from ISSTD EMDR Therapy Training Manual (see detailed agenda below)
3. Additional Required Reading
  - [Go With That Magazine Fall 2020, Volume 25, Issue 3 \[EMDR & Racial Trauma\]](#)
  - [Guidelines for Virtual EMDR Therapy \(Spring 2020\)](#)

### Module II

1. Readings from Shapiro (2018)
  - Chapter 5. Phases Two and Three: Preparation and Assessment (pp. 113-135)
  - Chapter 6. Phases Four to Seven: Desensitization, Installation, Body Scan, and Closure (pp. 136-161)
  - Chapter 7. Working with Abreaction and Blocks (pp. 162-190)
  - Chapter 8. Phase Eight: Reevaluation and Use of the EMDR Therapy Standard Three-Pronged Protocol
2. Readings from ISSTD EMDR Therapy Training Manual (see detailed agenda below)

### Module III

1. Readings from Shapiro (2018)
  - Chapter 10. The Cognitive Interweave: A Proactive Strategy for Working with Challenging Clients
2. Readings from ISSTD EMDR Therapy Training Manual (see detailed agenda below)
3. Additional Required Reading
  - Piedfort-Marin, O. (2018). Transference and countertransference in EMDR therapy. *Journal of EMDR Practice and Research*, 12(3), 158-172.

## Module IV

### 1. Readings from Shapiro (2018)

- Chapter 9. Standardized Protocols and Procedures for Special Situations (pp. 213-255)
- Chapter 11. Selected Populations (pp. 283-348)
- Appendix E. Client Safety, EMDR Dissociative Disorders Task Force Recommended Guidelines: A General Guide to EMDR's Use in the Dissociative Disorders (pp. 498-502)

### 2. Readings from ISSTD EMDR Therapy Training Manual (see detailed agenda below)

## Content Level

Modules I & II: Introductory/Beginner

- Modules III & IV: Intermediate

## Learning Objectives

### Module I

#### Day One

- Define simple trauma, complex trauma, and traumatic dissociation
- Define the elements of the Window of Tolerance framework and its relevance for understanding autonomic nervous system arousal, survival and defensive responses, and attachment challenges
- Define EMDR therapy
- Name, and provide a brief description for, the eight phases and three prongs of EMDR therapy
- Describe the major features of the Adaptive Information Processing (AIP) model that informs case conceptualization and treatment in EMDR therapy
- Describe the Polyvagal Theory and its contribution to understandings about EMDR therapy and dissociative processes
- Name at least five characteristics, clinical signs, or symptoms of traumatic dissociation
- Name, and provide a brief description for, the three stages of trauma treatment

### Module I

#### Day Two

- Name at least three informal/relational signs of trauma-related symptoms and dissociation
- Identify at least five trauma-related screening and assessment options
- Describe how to score a dissociation screening instrument (the MID-60 and/or Dissociative Experiences Scale (DES-II))
- Describe the purpose of EMDR Phase VI: Closure

### Module I

#### Day Three

- Name at least three 'Red Flags' for pathological dissociation
- Name and briefly describe Kluft's three Treatment Trajectories
- Name at least three indicators of readiness for standard EMDR therapy

### Module II

#### Day One

- Define Dual Attention Stimulus (DAS) and name three forms typically used in EMDR

- Name at least two strategies for stabilizing and containing traumatic material
- Name and describe the seven elements of EMDR Phase III: Assessment
- Name and describe the purpose of the three reprocessing phases of EMDR therapy
- Describe the difference between complete and incomplete closure of an EMDR therapy reprocessing session

## Module II

### Day Two

- Name at least two potential challenges that can surface in EMDR Phase III: Assessment
- Name three strategies to link to explicitly held experience to support continued reprocessing in EMDR therapy
- Name and briefly describe the three domains of experience for Negative and Positive Cognitions in EMDR therapy
- Describe the purpose of EMDR Phase VIII: Reevaluation, and identify when it occurs
- Name and briefly describe three unexpected, and potentially unfavorable, post-processing effects in EMDR therapy

## Module II

### Day Three

- Name three interventions to help a client manage intrusive/disturbing images during EMDR therapy reprocessing
- Name at least three signs that client may have exceeded their Window of Tolerance
- Name at least one intervention to aid a client with simple trauma/wounding remain alert and 'grounded'
- Name at least one intervention that can help a client with intrusive dissociative symptoms remain 'grounded'
- Recognize and describe the difference between EMDR, EMDr, and EMD
- Describe the purpose and main elements of a Future Template
- Name at least three professional or legal considerations when employing EMDR therapy with clients

## Module III

### Day One

- Name and describe 5 target selection approaches in EMDR therapy
- Recognize 3 indicators of blocked processing in EMDR Phase IV: Desensitization
- Name and describe 3 interventions to address blocked processing in EMDR Phase IV: Desensitization
- Articulate the function of a cognitive interweave, and when to use this intervention
- Describe the process of EMDR Phase VII: Reevaluation within each of the 3 Prongs
- Describe the difference between a future target and future template

## Module III

### Day Two

- List at least four populations which have been the subject of EMDR research and publications
- Name the basic steps involved in setting up a 3-Prong treatment plan

### Module III

#### Day Three

- List at least four specific issues or situations for which there are established specialized EMDR protocols available
- List the basic steps of utilizing the Recent Traumatic Events protocol
- Describe the scope and limitations of self-use applications of EMDR therapy

### Module IV

#### Day One

- Describe at least 3 strategies to aid recognizing and addressing over-accessing or over-activation of traumatic material
- Identify when to expand EMDR Phase II: Preparation for more complex client presentations
- Describe the difference between first-level and second-level interventions in EMDR Phase II: Preparation
- Describe the purpose and steps of Resource Development and Installation (RDI)

### Module IV

#### Day Two

- Describe at least three potential legal and ethical issues that commonly arise in application of EMDR therapy
- Describe modifications to treatment planning based on simple PTSD, complex trauma, and dissociative case presentation examples
- Name at least three modified/expanded EMDR therapy techniques for treating persons with complex trauma and dissociation
- Name least two differences between treating children and adults using EMDR therapy

---

Didactic learning: 46.25 hours

Practicum learning: 22.75 hours **(not eligible for CE credit)**

Consultation: 12 hours **(not eligible for CE credit)**

Training Total: 81 hours

Training Total Eligible for CE Credit: 46.25 hours