

EMDR Therapy Basic Training

Abstract (entire training)

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 other mental health 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 three, three-day modules and a total of 74 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 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 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.

Abstract (pre-Module I asynchronous material)

EMDR Therapy: Foundational Treatment Considerations, History of the Model, and Adaptive Information Processing

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 other mental health 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.

Keeping in mind the importance of appropriate client selection for employing standard EMDR therapy methods, this presentation will offer foundational considerations that can help us understand how to recognize and conceptualize trauma-related presentations. We will begin by introducing the Window of Tolerance model, which will serve as a lens through which we will consider what becomes trauma and why this may be. Additionally, Porges's Polyvagal Theory will be overlaid upon this frame as a means for contextualizing how trauma may impact one's capacity for managing day-to-day stressors and face traumatic material directly in therapy.

From here, we will pivot toward EMDR therapy, specifically, as a means for processing traumatic wounding to adaptive resolution. We will discuss the history and evolution of EMDR therapy as an approach; describe the discovery of the interactions between EMDR therapy and dissociation/dissociative disorders and how this has informed the cautious use of EMDR therapy; and, lay out the theoretical tenets and clinical implications of the Adaptive Information Processing model, which informs EMDR therapy practice.

Abstract (pre-Module III asynchronous material)

EMDR Therapy: Beyond PTSD and Treating Specific Populations

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 other mental health conditions and specific populations. These applications have been discussed in a variety of formats, including research papers, single case studies, and anecdotal reports spanning back to the earliest days of the development of EMDR therapy.

This presentation will expand the scope of employing EMDR therapy beyond PTSD by highlighting salient research and reports of the use of EMDR to treat conditions such as depression, anxiety, and simpler phobias. In addition, this presentation will also offer resources on the use of EMDR therapy with specific demographic populations. EMDR practitioners have in some instances found it valuable and/or necessary to modify the 'standard' EMDR therapy approach to ensure culturally-attuned care as well as, in some cases, to adjust to the capacities of the client. Speaking to the latter, this presentation will discuss in some depth considerations for and recommended modifications for using EMDR therapy with children and younger adolescents.

Required Materials

- Shapiro, F. (2018). *Eye movement desensitization and reprocessing (Emdr) therapy: basic principles, protocols, and procedures*. New York: The Guilford Press.
- Go With That Magazine Fall 2020, Volume 25, Issue 3 [EMDR & Racial Trauma]
- 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)
3. Additional Required Reading
 - Leeds, A. M., Madere, J. A., & Coy, D. M. (2022). Beyond the DES-II: Screening for dissociative disorders in EMDR therapy. *Journal of EMDR Practice and Research*, 16(1), 25-38. <http://dx.doi.org/10.1891/EMDR-D-21-00019>.

Module III

1. Readings from Shapiro (2018)
 - Chapter 9. Standardized Protocols and Procedures for Special Situations (pp. 213-255)
 - Chapter 10. The Cognitive Interweave: A Proactive Strategy for Working with

- Challenging Clients
 - 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)
3. Additional Required Reading
- Piedfort-Marin, O. (2018). Transference and countertransference in EMDR therapy. *Journal of EMDR Practice and Research*, 12(3), 158-172. <http://dx.doi.org/10.1891/1933-3196.12.3.158>.

Content Level

Modules I & II: Introductory/Beginner

Module III: Intermediate

Learning Objectives

Module I

Asynchronous (Pre-Module I Recorded Material)

- 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
- Describe the Polyvagal Theory and its contribution to understandings about EMDR therapy and dissociative processes
- Describe the major features of the Adaptive Information Processing (AIP) model that informs case conceptualization and treatment in EMDR therapy

Day One

- Define EMDR therapy
- Name, and provide a brief description for, the eight phases and three prongs of EMDR therapy
- 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
- Describe the purpose of EMDR Phase VI: Closure

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 Dissociative Experiences Scale (DES-II))
- Name at least three indicators of readiness for standard EMDR therapy

Day Three

- Name at least three 'Red Flags' for pathological dissociation
- Define Dual Attention Stimulus (DAS) and name three forms typically used in EMDR therapy
- Name and briefly describe Kluff's three Treatment Trajectories
- Name at least two strategies for stabilizing and containing traumatic material

Module II

Asynchronous (Pre-Module II Recorded Material)

- Define the purpose of the Dissociative Experiences Scale (DES-II)
- Describe at least two limitations/challenges inherent to using the DES-II as a screening instrument
- Name the five scales, including sub-scales, used to score the DES-II
- Explain the steps for administering and scoring the DES-II scales and sub-scales

Day One

- 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
- 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

Day Two

- Describe the purpose of EMDR Phase VIII: Reevaluation, and identify when it occurs
- 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

Day Three

- Name and briefly describe three unexpected, and potentially unfavorable, post-processing effects in EMDR therapy
- Describe the differences between 'state change' and 'trait change' as it relates to the scope of treatment plan in EMDR therapy
- Name and describe five target selection approaches in EMDR therapy
- Name at least three professional or legal considerations when employing EMDR therapy with clients

Module III

Asynchronous (Pre-Module III Recorded Material)

- List at least four specific issues or situations for which there are established specialized EMDR protocols available

- Name at least four populations which have been the subject of EMDR research and publications
- Name at least two ways that employing EMDR therapy with children and younger adolescents may differ from its use with adults.
- Describe at least three ways in which EMDR Standard Protocol may be modified to accommodate working with children and younger adolescents

Day One

- Recognize three indicators of blocked processing in EMDR Phase IV: Desensitization
- Name and describe three 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 difference between first-level and second-level interventions in EMDR Phase II: Preparation
- Describe the purpose and steps of Resource Development and Installation (RDI)
- Name the basic steps involved in setting up a 3-Prong treatment plan

Day Two

- Describe the difference between a future target and future template
- Describe the process of EMDR Phase VII: Reevaluation within each of the 3 Prongs
- Describe at least three potential legal and ethical issues that commonly arise in application of EMDR therapy

Day Three

- Describe at least three 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
- List the basic steps of utilizing the Recent Traumatic Events protocol
- Describe modifications to treatment planning based on simple PTSD, complex trauma, and dissociative case presentation examples
- Describe the scope and limitations of self-use applications of EMDR therapy

Detailed Agenda | Timed Outline

MODULE I

Three days via online live interactive webinar format

- 21.5 hours total
 - 15.25 hours live didactic
 - 2.0 hours recorded didactic
 - 3.75 hours practicum
 - .5 hour non-didactic/non-practicum

NOTE: Page numbers in bold type refer to the ISSTD EMDR therapy basic training manual.

Pre-Module I Recorded Material* (2.0 hours)

Foundations of Posttraumatic Stress and EMDR Therapy

1. Introduction: What to expect in this training, and our approach (10 min - No CEs)
2. What is trauma? What becomes trauma, and why? (60 min)
 - a. The Window of Tolerance Model, and How Our Brain Responds When We're Overwhelmed (**pp. 9-13; 17**)
 - b. Attachment, Neuroception, and the Polyvagal Theory (**pp. 13-17**)
 - c. Trauma and Posttraumatic Stress (**pp. 20-24**)
3. Evolution and Theory of EMDR Therapy & the AIP Model (60 min)
 - a. History and origins of EMDR therapy + EMDR and dissociation (**p. 55, 70**)
 - b. Adaptive Information Processing (AIP) Model (**pp. 56-58**)
 - c. Clinical Implications of the AIP Model (**p. 59**)

***Viewing/quiz must be completed no later than seven days prior to the start of Module I in order to continue on to live training in Module I.**

Module I, Day One (6.0 hours didactic, .5 hour non-didactic/non-practicum)

9:30am - 9:45am (15 min): Welcome and Faculty Introductions

9:45am - 10:15am (30 min) Review of Pre-Module I Recorded Content

10:15am - 10:30am (15 min): Q&A/Discussion

10:30am - 11:00am (30 min): Introductions (breakout groups)

11:00am - 11:15am (15 min): Brief Break

11:15am - 11:45am (30 min): Overview of the Eight Phases of EMDR Therapy (**p. 72**)

11:45am - 12:45pm (60 min): EMDR Therapy Mechanisms of Action (**pp. 62-65**)

- Hypothesized mechanisms of action (**pp. 62-63**)
- Neurobiological studies (**p. 64**)
- Are eye movements necessary? (**p. 65**)

12:45pm - 1:45pm (60 min): Meal Break

1:45pm - 2:15pm (30 min): EMDR Clinical Outcomes (**pp. 66-70**)

- Clinical outcome studies (**pp. 66-67 and Appendix E**)
- What sets the AIP model and EMDR therapy apart? (**pp. 68-70**)

2:15pm – 3:15pm (60 min): Beyond PTSD: Complex Trauma, Dissociation, and the Dissociative Disorders (**pp. 25-36**)

- What is Complex Trauma? (**pp. 25-26**)
- What is Dissociation? (**pp. 27-30**)
- DSM-5-TR Classifications and Comorbidity (**pp. 31-36**)
- Different Cultures, Different Understandings of Trauma and Dissociation (**p. 36**)
- Seeing and Not Seeing Dissociation: Myths and Facts

3:15pm - 3:30pm (15 min): Brief Break

3:30pm – 4:15pm (45 min): Foundational Concepts in the Treatment of Complex Trauma and Dissociation

- Three Stages of Complex Trauma Treatment (**pp. 37-40**)
- Working Models of Dissociation (**pp. 41-48**)
- Dissociative Phobias (**pp. 49-50**)

4:15pm – 4:45pm (30 min): Informal Screening for Trauma-Related Symptoms and Pathological Dissociation (**pp. 49-53**)

- Why recognizing and understanding dissociation matters
- How Dissociation May Show Up in Your Office (**pp. 49-53**)

4:45pm - 5:15pm (30 min): EMDR Phase VII: Closure (**pp. 140-144**)

- Using the Container
- TICES Log

5:15pm - 5:30pm (15 min): Q&A and Day 1 Wrap-up / Closure Exercise

Module I, Day Two (4.25 hours didactic, 2.25 hours practicum)

9:30am - 9:45am (15 min): Q&A and Review from Day 1

9:45am - 10:00am (15 min): What's the Frame: Starting Therapy Safely (Stage 1, Phase I) (**p. 72**)

10:00am – 10:30am (30 min): EMDR Phase I: History Taking (**pp. 75-80**)

10:30am – 11:00am (30 min): Formal Screening for Trauma-Related Symptoms and Pathological Dissociation, Part I (**pp. 80-84**)

11:00am - 11:15am (15 min): Brief Break

11:15am – 12:15pm (60 min): **Practicum #1: Presenting Issues, Resources, and Screening for Dissociation**

- Identifying a presenting issue and associated triggers to reprocess
- Identifying resources
- Self-administer/scoring a dissociation screening tool
- Q&A and discussion

12:15pm – 12:45pm (30 min): Formal Screening for Trauma-Related Symptoms and Pathological Dissociation, Part II (**pp. 80-84**)

- Interpreting Initial Screening Results in Context (known history/client presentation)
- Conducting a Follow-Up Interview

12:45pm - 1:45pm (60 min): Meal Break

1:45pm – 3:15pm (90 min): Formal Assessment and Diagnosis of Pathological Dissociation (**pp. 80-84**)

- Current Diagnostic Instruments
- A Brief Introduction to the Multidimensional Inventory of Dissociation

3:15pm - 3:30pm (15 min): Brief Break

3:30pm - 4:00pm (30 min): Distillation of Phase I in an AIP Frame

4:00pm – 5:30pm (90 min): **Practicum #2: History Taking and Case Conceptualization: Pablo (pp. 85-88)**

- Developing a basic, AIP-informed treatment plan for Pablo (60 min)
- Discussion
- Q&A and Day 2 Wrap-up / Closure Exercise

Module I - Day Three (5.0 hours didactic, 1.5 hours practicum)

9:30am - 9:45am (15 min): Q&A and Review from Day 2

9:45am – 11:00am (75 min): What if Your Client Isn't Pablo: Elise (**pp. 54, 88-89**)

- History taking, red flags, screening and diagnostic results
- Shapiro's 'Red Flags' in the context of dissociative phobias (**pp. 49-51**)

11:00am - 11:15am (15 min): Break

11:15am - 12:45pm (90 min): Stage I, Phase II: Preparation (for memory processing) (**pp. 89-97**)

- Educating the client: explaining the procedures and effects in EMDR therapy (including DAS) (**pp. 89-95**)
- Instruction for virtual or remote sessions and how to use DAS remotely
- Evaluating and widening the Window of Tolerance (Calm/Safe Place) (**pp. 97-98**)

12:45pm – 1:15pm (30 min): Preparation Decision Tree (**p. 98**)

- Case Example #1: Pablo (simple preparation)

1:15pm - 2:15pm (60 min): Meal Break

2:15pm - 2:45pm (30 min): Preparation Decision Tree (**p. 98**)

- Case Example #2: Elise (extended preparation)
- Calm/Safe Place and what to do if person can't calm
- Q&A and preparation for practicum

2:45pm - 4:15pm (90 min): **Practicum #3: Preparation**

- Calm Place - Triads/Quads

4:15pm - 4:30pm (15 min): **Brief Break**

4:30pm - 5:15pm (45 min): Integrating the Three Stages and EMDR Phases I, II, and VII into Your Practice

- Kluff's 'Rule of Thirds' and Treatment Trajectories (p. 41)
- Client Readiness and Moving Forward (p. 85)
- Scope of Practice (refer to pp. 154)

5:15pm - 5:30pm (15 min): Q&A and Module I Next Steps / Closure Exercise

- Tasks to Complete for Consultation #1
- Closure Exercise

POST-MODULE I CONSULTATION

- Completion of these consultation sessions is required prior to proceeding to Module II
- Presentation of your work with actual clients in your practice setting is required and non-negotiable

CONSULTATION #1 (2 hrs; time/date as scheduled)

Phase I: Diagnostic Evaluation, History Taking, Case Conceptualization (required)

CONSULTATION #2 (2 hrs; time/date as scheduled)

Phase I: Diagnostic Evaluation, History Taking, Case Conceptualization

Phase II: Preparation (required)

NOTE: All Module I requirements must be completed prior to the start of Module II in order to continue on to live training in Module II.

MODULE II

Three days via online live interactive webinar format

- 20.0 hours total
 - 9.0 hours live didactic
 - 1.5 hours recorded didactic
 - 9.5 hours practicum

Pre-Module II Recorded Material* (1.5 hours)

The Dissociative Experiences Scale: Uses, Benefits, and Challenges (Madere & Coy, 2023; ISSTD Webinar Series)

****Viewing/quiz must be completed no later than seven days prior to the start of Module II in order to continue on to live training in Module II.***

Module II – Day One (3.0 hours didactic; 3.5 hours practicum)

9:30am - 9:45am (15 min) Overview of Module II

9:45am - 10:15am (30 min): Stage 2, Phase III: Assessment (Activation of Trauma Memory) (**pp. 102-110**)

- Case Example: Pablo (**pp. 109-110**)

10:15am - 11:15am (60 min): Stage 2, Reprocessing Trauma in EMDR Phases IV, V, and VI

- Phase IV: Desensitization (**pp. 118-131 up to 'When Blocking Beliefs are Present', p. 131**)
- Phase V: Installation (**pp. 137-138**)
- Phase VI: Body Scan (**pp. 138-139**)

11:15am - 11:30am (15 min): **Brief Break**

11:30am - 11:45am (15 min): EMDR Phase VII: Closure (post-reprocessing) (**pp. 140-141**)

11:45am – 12:45 pm (60 min): DEMO: Orienting the Client and Phase III: Assessment for a Single Incident

- Metaphor for processing, stop signal, etc.
- Establishing forms of BL-DAS
- Basic target memory setup
- Q&A and preparation for practicum

12:45pm - 1:45pm (60 min): **Meal Break**

1:45pm - 3:15pm (90 min): **Practicum #3: Orienting the Client and Phase III: Assessment for a Single Incident** (1.5 hrs)

- VIGNETTES (Facilitator as client)
- Metaphor for processing, stop signal, etc.
- Establishing forms of BL-DAS
- Basic target memory setup

3:15pm - 3:30pm (15 min): **Brief Break**

3:30pm - 5:30pm (120 min): **Practicum #4: Phases III-VII for a Single Incident/Isolated Experience Across Three Prongs** (2.0 hrs)

- Phase III: Assessment
- Phases IV-VI: Desensitization, Installation, and Body Scan
- Phase VII: Closure
- Adjourn from practicum groups

Module II - Day Two (3.0 hours didactic; 3.5 hours practicum)

9:30am - 9:45am (15 min): Q&A and Day 1 Review

9:45am - 10:00am (15 min) When to Intervene During Reprocessing

- Special cases: blocking beliefs and feeder memories (**pp. 129-132**)

10:00am – 10:30am (30 min): An EMDR Therapy 'First Aid' Kit (**pp. 152-153**)

- Evaluating scope of and restricting (re)processing

- Protocols and procedures for restricted (re)processing (EMD, EMDr)

10:30am – 11:15am (45 min): Case Example: EMD with Elise (**pp. 157-162**)

11:15am - 11:30am (15 min): Break

11:30am - 12:00pm (30 min): EMDR Phase VIII: Reevaluation (**pp. 147-148**)

- Case Example: Pablo (**p. 148**)

12:00pm - 12:30pm (30 min): Present and Future Prongs (**pp. 149-150**).

- Case Example: Pablo

12:30pm - 12:45pm (15 min): Q&A + Preparation for Practicum

12:45pm - 1:45pm (60 min): Meal Break

1:45pm - 5:30pm (225 min): **Practicum #5 (cont'd): Phase VIII and Continuation of Phases III-VII for a Single Incident/Isolated Experience Across Three Prongs** (3.5 hrs + 15 min floating break)

- Phase VIII: Reevaluation (from previous day's work)
- Phase III: Assessment
- Phases IV-VI: Desensitization, Installation, and Body Scan
- Phase VII: Closure
- Q&A and closure exercise
- Adjourn from practicum groups

Module II - Day Three (3.0 hours didactic; 2.5 hours practicum)

9:30am - 9:45am (15 min): Q&A and Review from Day 2

9:45am – 10:00am (15 min) - State Change vs. Trait Change & 3 Dimensions of Experience (**pp. 150-151**)

- Revisit: what sets the AIP model and EMDR therapy apart? (**pp. 67-68**)
- How much state/trait change is tolerable?
- Thinking strategically about the 3 dimensions of experience

10:00am - 11:15am (75 min): Selecting the Target Memory: Zooming In (**p. 80, pp. 102-105, plus handout**)

- Stage 2, Phase III: Assessment Revisited (**p. 113-116**)
- Assessment Decision Tree (**p. 111**)
- Red flags in Phase III: Assessment (**p. 112**)
- Selecting appropriate target memories for current level of training

11:15am - 11:30am (15 min): Break

11:30am - 12:00pm (30 min): Phase VIII: Reevaluation: Digging Deeper (**pp.148**)

- After a complete session, incomplete session, past prong, present prong, after a

completed 3-prong treatment plan

12:00pm - 12:30pm (30 min): Professional and Legal Issues: The Basics (**pp. 154-155**)

12:30pm - 12:45pm (15 min): Next Steps (large group)

- Beyond Module II
- Q&A and preparation for practicum

12:45pm - 1:45pm (60 min): Lunch Break

1:45pm - 4:30pm (165 min): **Practicum #5: Phase VIII and Continuation of Phases III-VII for a Single Incident/Isolated Experience Across Three Prongs** (2.5 hrs + 15 min floating break)

- Discussion
- Q&A and Day 3 Wrap-up / Closure Exercise

POST-MODULE II CONSULTATION

- Completion of these consultation sessions is required prior to proceeding to Module III
- Presentation of your work with actual clients in your practice setting is required and non-negotiable

CONSULTATION #3 (2 hrs; time/date as scheduled)

Phases III-VII: Reprocessing a Single Target Memory (required)

Phase VIII: Re-evaluation (time allowing)

CONSULTATION #4 (2 hrs; time/date as scheduled)

Phases III-VII: Reprocessing a Single Target Memory (required)

Phase VIII: Re-evaluation (required)

NOTE: All Module II requirements must be completed prior to the start of Module III in order to continue on to live training in Module III.

MODULE III

Three days via online live interactive webinar format

- *20.5 hours total*
 - *9.25 hours live didactic*
 - *2.0 hours recorded didactic*
 - *9.25 hours practicum*

Pre-Module III Recorded Material* (2.0 hours)

1. **REQUIRED:** Application of EMDR Beyond PTSD and Special Situations and Working with Specific Populations (**pp. 164-169 + Appendix E**; 60 min)
2. **REQUIRED:** EMDR Therapy with Children and Younger Adolescents (**pp. 165-169**; 60 min)
3. **BONUS CONTENT:** Established Modifications of EMDR for Complex Trauma and Dissociation (3-hour webinar)

***Viewing/quiz for material marked 'REQUIRED' must be completed no later than seven days prior to the start of Module III in order to continue on to live training in Module III.**

Module III - Day One (3.25 hours didactic; 3.25 hour practicum)

9:30am - 9:45am (15 min): Overview of Module III

9:45am - 10:15am (30 min) Review of Pre-Module III Recorded Content

10:15am - 11:15am (60 min): Interweaves: When the Train Has Ground to a Halt (**pp. 133-136**)

11:15am - 11:30am (15 min): Brief Break

11:30am - 12:45pm (75 min): **Practicum #6: Cognitive Interweaves** (1.25 hrs)

- Small group exercise: cognitive interweaves w/vignettes

12:45pm - 1:45pm (60 min): Meal Break

1:45pm - 2:15pm (30 min): Advanced Considerations, Phase II: Preparation (**pp. 100-101**)

- Resource Development and Installation (RDI)

2:15pm – 3:15pm (60 min): 3-Prong Treatment Planning

3:15pm - 3:30pm (15 min): Break

3:30pm - 5:30pm (120 min): **Practicum #7: Phases III-VII Across the Three Prongs** (2.0 hrs)

- Treatment Planning
- Phase III: Assessment
- Phases IV-VI: Desensitization, Installation, and Body Scan
- Phase VII: Closure
- Adjourn from practicum groups

Module III - Day Two (3.0 hours didactic; 3.5 hours practicum)

9:30am – 9:45am (15 min): Q&A and Day 2 Overview

9:45am - 10:15am (30 min): Case Example: 3 Prongs with Pablo

10:15am - 10:45am (30 min): Future Prong (**p. 151, worksheet**)

10:45am - 11:15am (30 min): Where You Are Now: Bringing It All Together, Moving Beyond the Basics

- Continuing education, credentialing, etc.

11:15am - 11:30am (15 min): Break

11:30am - 12:45pm (75 min): Complex Professional and Legal Issues: Case Vignettes (**pp. 154-155**)

12:45pm - 1:45pm (60 min): Lunch Break

1:45pm - 5:30pm (225 min): **Practicum #7: Phase VIII and Continuation of Phases III-VII Across the Three Prongs** (3.5 hrs + 15 min floating break)

- Q&A and closure exercise
- Adjourn from practicum groups

Module III - Day 3 (3.0 hours didactic; 2.5 hours practicum)

9:30am – 9:45am (15 min): Q&A and Day 3 Overview

9:45pm – 11:15am (90 min): Advanced Considerations: Reprocessing

- Phase IV: Desensitization (pp.126-132)
- Phase V: Installation (p. 138)
- Phase VI: Body Scan (p. 139)
- Phase VII: Closure (pp. 144-145)
- Phase VIII: Reevaluation (p. 148)

11:15am - 11:30am (15 min): **Brief Break**

11:30am - 12:15pm (45 min): Treatment Planning, Revisited: Elise

12:15pm - 12:30pm (15 min): Recent Traumatic Events

12:30pm - 12:45pm (15 min): Next Steps (large group)

- Beyond Module III
- Q&A and preparation for practicum

12:45pm - 1:45pm (60 min): **Lunch Break**

1:45pm - 4:30pm (165 min): **Practicum #7: Phase VIII and Continuation of Phases III-VII for a Single Incident/Isolated Experience Across Three Prongs** (2.5 hrs + 15 min floating break)

- Discussion
- Q&A and Day 3 Wrap-up / Closure Exercise

POST-MODULE III CONSULTATION

- Completion of these consultation sessions is required prior to completing course
- Presentation of your work with actual clients in your practice setting is required and non-negotiable

CONSULTATION #5 (2 hrs; time/date as scheduled)

Phases III-VII: Reprocessing Across the Three Prongs - Past (required)

Phases III-VII: Reprocessing Across the Three Prongs - Present/Future (time allowing)

CONSULTATION #6 (2 hrs; time/date as scheduled)

Phases III-VII: Reprocessing Across the Three Prongs - Present/Future (required)

RDI/Recent traumatic events (time allowing)

POST-TRAINING EMDR KNOWLEDGE ASSESSMENT (OPEN BOOK)

NOTE: All training requirements, including full attendance of all three Modules, all scheduled consultation sessions, course evaluations, the post-training EMDR knowledge assessment, and any other tasks specific to this course, must be completed at the conclusion of Module III in order to qualify for a certificate of completion.

Live didactic learning: 33.5 hours

Recorded didactic learning: 5.5 hours

Practicum learning: 22.5 hours **(not eligible for CE credit)**

Non-didactic/non-practicum: .5 hour **(not eligible for CE credit)**

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

Training Total: 74.0 hours

Training Total Eligible for CE Credit: 39.0 hours