The Center for Excellence in EMDR Therapy

EMDR therapy is a comprehensive psychotherapy approach that treats a broad range of clinical issues in a variety of different contexts. From a brief intervention for PTSD to a longer-term therapy that treats difficulties in self-esteem, relationships and affect regulation, EMDR addresses problems in daily living that are based in memory. EMDR therapy is guided by the Adaptive Information Processing model which proposes that current life difficulties are informed by past memories that are unresolved, creating distress and emotional confusion. Using the three-pronged approach of past, present and future, EMDR addresses the early memories that set the foundation for a client's current difficulties, ensuring that the present-day situations are no longer disturbing, and establishes alternative ways of thinking, feeling and responding more adaptively in the future. This comprehensive psychotherapy approach optimizes the client's ability to be more fully present to what is possible in the current context of their lives.

Learning Objectives: Part 1

1. Describe the evolution of EMDR therapy from its inception to present time.
2. Identify the components of the Three-Pronged Approach of EMDR therapy.
3. Apply the Standard Protocol of EMDR therapy with clients.
4. Identify one or more social experiences or conditions that can contribute to racial or intergenerational trauma.
5. Describe how to offer informed consent for EMDR therapy to a new client.
6. Define the core element of dual attention.
7. Apply Safe Calm Place/State as a preparation for trauma processing.
8. Identify the three clinical themes to better understand a client's emotional confusion as it relates to their issue.
9. Name the 8 phases of EMDR therapy for comprehensive treatment.
10. Apply the Reevaluation phase to better understand the client's changes and determine next steps.
11. Identify at least 2 reasons where memory reprocessing may be contraindicated.
12. Apply the AIP model to identify the past-present connection.
13. Apply AIP model to develop a conceptualization of a client's problem and develop a treatment plan with a client.

14. Apply the procedural steps in the Assessment phase using the script to set up a memory for reprocessing.
15. Apply one or more mechanical strategies when reprocessing is blocked.
16. Use one or more strategies to bring closure to a reprocessing session.
17. Administer sets of bilateral stimulation (BLS) with a client.

The second segment of The Center's EMDR Basic Training picks up where Part I leaves off. After learning the fundamentals of EMDR therapy, we build on these core elements by focusing on the client and clinical variables that inform successful case conceptualization and treatment planning, especially for clients who have complex trauma and dissociative symptoms. We review the Continuum of Trauma to determine the client's readiness for reprocessing to apply resourcing strategies as needed. In addition, you will learn clinical interweaves, additional clinical strategies to facilitate reprocessing, as well as focus on how to work with specific clinical situations such as working with recent traumatic events, phobias, grief, and issues of self-identity. We will also review some of the clinical variables when working with special populations, such as clients with addiction, couples, veterans and first responders, children and adolescents and families. Specialized protocols for these special situations will be covered.

Learning Objectives: Part 2

1. Identify at least one diagnostic category on the continuum of trauma that is more complex.
2. Identify the 3 elements of a strong therapeutic alliance.
3. Identify at least 3 factors that may indicate the need for resourcing strategies with more complex clinical presentations.
4. Identify at least 2 areas of exploration in the Reevaluation phase.
5. Identify at least 2 clinical factors that may indicate a need to modify the standard protocol.
6. Identify at least 2 client factors that may indicate a need to modify the standard protocol.
7. Identify 2 clinical situations where EMD would be appropriate.
8. Distinguish between adult-onset trauma and developmental trauma.
9. Identify at least 3 behaviors that may be indicate a potential obstacle to reprocessing.
10. Identify at least 2 maladaptive defensive responses that can impede reprocessing.
11. Apply at least two interweave strategies during reprocessing.
12. Identify one or more indications that the processing may be stuck.

13. Determine appropriate clinical strategies to effectively manage intense emotional responses.

14. Evaluate the need for a modified approach to the standard protocol of EMDR therapy based on client and clinical variables.

15. Describe at least 2 potential targets to address the impact of racial, religious, and ethnic prejudice and bias.

16. Describe 2 ways the Recent Events protocol in EMDR therapy is distinct from the standard protocol.

17. Identify at least one component of complicated grief.

18. Identify at least one potential target for memory reprocessing when working with couples.

19. Identify at least one potential target for memory reprocessing with chronic pain.

20. Identify and distinguish between a simple phobia and a process phobia.

21. Describe 3 clinical indicators suggesting dissociative symptoms.

22. Identify at least one caution for using EMDR therapy with clients who struggle with addiction.

23. Identify at least one potential target for reprocessing in EMDR therapy with combat veterans.

24. Identify one or more differences in applying EMDR therapy with children.

25. Determine the focus for the next reprocessing session during the Reevaluation phase.

26. Select one of the specialized protocols based upon evaluation of the client's need.

27. Evaluate the client's treatment progress and strengthen positive experiences as reported by the client.