

# FACTORS IMPACTING CLINICIANS USE OF EMDR

Julie Miller, MC, LPC, LIAC

Research<sup>1</sup> has demonstrated that there are three challenging contributors to new trainees not using their EMDR basic training: 1) struggling to introduce EMDR therapy to their clients; 2) coping with unexpected and intense trauma reactions during treatment; and, 3) lack of adequate EMDR consultation when stuck. This first blog post will suggest how to introduce EMDR therapy to clients.

## 1) INTRODUCING EMDR THERAPY TO YOUR CLIENTS

Introducing EMDR therapy to your clients may be a challenge for new EMDR therapists. This is a synopsis of what I usually say to clients who are new to EMDR. Make it your own!

“When we have negative experiences that may be overwhelming to us, not necessarily those “Big T” events that involve death of others or threats of death to us, our brain flips a circuit breaker. That protects us from being overwhelmed and keeps us from going into shock or collapsing, which might be deadly depending on the situation.

The brain keeps trying to process these experiences, but if it can't get them digested, the individual develops symptoms like recurring dreams or nightmares, inability to sleep, intrusive thoughts of the event, flashbacks, anxiety, hypervigilance, getting triggered, numbing, or avoidance of reminders of the experiences. This takes a toll on the individual with stress hormones and unmanageable emotions. Some people even feel crazy with all the internal chaos.

I've learned a form of therapy called EMDR, which stands for “Eye Movement Desensitization and Reprocessing.” This therapy allows us to finally be able to get that memory processed so we can learn the lessons, throw away the garbage, and move on. The symptoms related to having the unprocessed memory, like the ones I just mentioned, are reduced and sometimes even disappear.

EMDR therapy uses bilateral stimulation, moving your eyes left right, left right, which seems to turn on all the lights in the brain and help us finally digest that experience that was stuck. We can also do tapping on your knees or hands, or snapping fingers in your ears. Sometimes I use equipment to do this, and we can see what might work best for you.

This is an 8-phase therapy process that is very structured, so it will be different from the talk therapy we usually do. I'll be looking at the manual and reading some things to you to make sure I give you the correct information. Most people think it's kind of weird to start with, but you get used to it, and it really can help so most people put up with the strangeness. It's not for everyone, but if you're interested, we can give it a try.”

The more you practice introducing your clients to EMDR therapy, the easier it will become!

---

<sup>1</sup>Grimmitt, J. & Galvin, M. (2015). Clinician experiences with EMDR therapy: factors influencing continued use. *Journal of EMDR Practice and Research*, 9(1), 3-16.