

FACTORS IMPACTING CLINICIANS' USE OF EMDR

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Part 3 of a 3 Part Series

Research¹ 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 third of the series blog post will explore finding and using consultation when the EMDR therapist is uncertain or stuck. This article is the third of the series blog post will explore how to find and use consultation in EMDR therapy.

3) LACK OF ADEQUATE EMDR CONSULTATION WHEN STUCK

The research cited indicates that a lack of adequate EMDR consultation can lead to discouragement for newer EMDR therapists. The clients may be complex and therefore may need more nuanced processing, a thing that cannot be taught in basic training. The process can easily become stuck, but that is not a reflection on the therapist - it is an indication of the complexity of the client's presentation. Newer EMDR therapists may begin to feel inadequate if they don't know how to get EMDR therapy to work with their numerous complex clients. The newly trained therapist may feel uncomfortable proceeding with a form of therapy that doesn't seem to work for their client, or that the therapist is not comfortable with.

EMDR consultation helps trained therapists refine their skills, navigate complex cases, ensure ethical practice. It can help the consultee stay current with research, and lead to better client outcomes. The consultee learns in a supportive environment to more effectively apply EMDR protocols for their clients' issues and boost their confidence. The consultee will learn how to expand their knowledge and competence with EMDR therapy, if it is a collaborative mentorship that focuses on deepening the consultee's understanding and application of this powerful psychotherapy approach.

EMDR consultation is distinct from supervision for licensure purposes as the consultant is not legally responsible for the consultee's work as a supervisor would be. The consultant often is not employed by the consultees' agency and so does not have authority to review charts. It is irrelevant for consultation purposes whether a document was signed a day late, a progress note is missing, or a treatment plan has been prepared adequately. The consultant is focused on the clinician's specific uses of EMDR therapy, the stuck places, and about standard and specialty protocols.

The consultee working with an experienced EMDR consultant will benefit most highly if they are curious about how to get EMDR therapy to work with as many of their clients as possible. The consultant can make suggestions about interventions beyond standard protocol that the consultee would not have known even existed. It is often a new pair of eyes that can see a clear solution to making EMDR therapy effectively treat a client.

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