

## EMDRIA Position Paper on EMDR Therapy and Standards

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### Introduction

Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based psychotherapy for the treatment of trauma that has been fully researched and proven effective for over 25 years. The EMDR International Association (EMDRIA) maintains strict standards for training, practice, and consultation to ensure proper use of EMDR principles and methods. Only those therapists who have been trained by EMDRIA-approved EMDR trainers are qualified to provide this treatment. EMDRIA cannot ensure the efficacy of clinicians not trained by its approved EMDR training providers.

Professional associations are created to foster the legitimate growth of what they represent, perform a gatekeeper function, maintain integrity, and offer protection to the public. EMDRIA is no exception; it was created in 1995 to develop the practice of and educate the public about EMDR therapy which first became known in 1989. EMDRIA is a membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR therapy. EMDRIA was established by the early developers and adopters of EMDR to advance the education, practice, and science of EMDR therapy by:

- Establishing and upholding standards of practice, training, certification, and research;
- Providing information, education, and advocacy;
- Assisting EMDR trained practitioners in fulfilling their responsibilities to the public.

The essence of EMDRIA's mission has been to define EMDR therapy, delineate its fundamental methods and procedures, and establish curriculum guidelines for EMDR training, institute a certification process, and encourage research on the efficacy of EMDR therapy. These activities have established an agreed upon standard definition of EMDR therapy as well as the fundamental training requirements necessary to reach an acceptable level of competence in the application of EMDR therapy. Through its Standards & Training (S&T) Committee, EMDRIA assures the public and clinicians that EMDRIA-approved EMDR trainings provide an adequate level of instruction, practice, and consultation for therapists to learn this advanced form of psychotherapy. EMDRIA-approved EMDR trainings instill the knowledge and skills to utilize EMDR therapy, offer a comprehensive understanding of case conceptualization and treatment planning, and explain how to integrate EMDR into clinical practice. Beyond the initial training, EMDRIA has established levels of advanced certification that signify the further achievement of practitioners who continue to develop and hone their EMDR skills becoming more proficient in the application of EMDR therapy.

EMDRIA is dedicated to maintaining the integrity of EMDR therapy standards to assure quality of care and client safety. In that capacity, EMDRIA seeks to protect the public from any misrepresentation of EMDR therapy and any misunderstandings about what it takes to be an effective EMDR therapist. EMDR is a comprehensive therapy. EMDRIA only supports, approves, and credentials individuals and organizations that teach and practice EMDR therapy that adhere to EMDRIA standards. As such, EMDRIA does not endorse individuals claiming to be EMDR therapists who are not trained in EMDRIA-approved EMDR trainings. Furthermore, EMDRIA does not sanction individuals or organizations which purport to teach EMDR whose trainings which have not completed a review process to demonstrate that they conform to the basic requirements and curriculum of an EMDRIA-approved training. For example, some might teach EMDR "techniques" without the context of clinical assessment and treatment that are part

of EMDRIA-approved trainings. EMDRIA also does not approve of commercial interests that advertise products referencing them as based upon EMDR, but fail to inform consumers that their use needs to be implemented with and overseen by an EMDR trained clinician to guard against the risk that they might be detrimental to the general public or ineffective.

EMDRIA is part of global alliance composed of international EMDR organizations including those representing European, South American, African, and Asian countries. In collaboration, these associations have established and maintained guidelines in their respective geographic areas for EMDR training and practice standards. These entities formed a worldwide coalition known as the EMDR Global Alliance to advance and maintain the proper practice of EMDR therapy, to maintain consistent standards of training for EMDR clinicians, and to protect consumers from substandard EMDR treatment and misinformation about EMDR.

As an association, EMDRIA is incorporated as a Texas non-profit mutual benefit corporation and recognized by the Internal Revenue Service as a 501(6) tax exempt entity.

### **EMDRIA Approved Standards**

**Oversight by Professional Association:** Specialized practices whether in engineering, science, medicine, mental health, etc. often form professional associations to develop and set standards, certify skills, provide continuing education, exchange ideas, publish research, and build communities of like-minded individuals. Like other professional organizations, EMDRIA is governed by a member-elected Board of Directors that sets policy. EMDRIA assures an open forum through its committee structure which fosters participation in the development of standards and practices. Broad membership input has guided standard setting to establish requirements to train clinicians properly and adequately in the use of EMDR therapy.

EMDRIA created a Standards & Training (S&T) Committee for the purpose of ensuring the highest standards of EMDR therapy are maintained for all EMDRIA-approved trainings, for advanced workshops offering EMDRIA Credits, and for those who apply for recognition as EMDRIA Certified Therapists and Approved Consultants in EMDR therapy. Committee members review applications of those seeking to offer EMDRIA-approved EMDR trainings or EMDR advanced programs/workshops for EMDRIA Credits (continuing education in EMDR therapy). To serve as a member of the S&T Committee, a clinician must be an EMDRIA Certified Therapist or EMDRIA Approved Consultant.

The S&T Committee approves EMDR trainings that meet or exceed EMDRIA's standards. S&T also establishes the eligibility requirements for those wanting to take an EMDRIA-approved EMDR training. This assures that there is consistency in what is being taught at the introductory level of EMDR training and that licensed mental health professionals are the ones being trained. Those trained thereby share a common understanding of EMDR therapy, its protocols, its underlying mechanism, and have practiced using the therapy under supervision in keeping with mental health professional standards. An EMDR approved training at a minimum will consist of 20 hours of instruction, 20 hours of group practice, and 10 hours of consultation.

Not all proposed EMDR trainings submitted have been accepted by EMDRIA. However, S&T works with applicants when possible as needed to bring their trainings up to the standard for approval.

**Delphi Methodology:** EMDRIA used a Delphi Method to define EMDR therapy. A number of EMDR experts from academia and practice were empaneled to gather information, examine underlying

assumptions, generate a consensus, and produce a description of EMDR therapy. The panel went through numerous iterations. Feedback after each round provided for a structured communication that allowed a systematic and interactive method to produce the definition of EMDR. The purpose of this definition is intended to support consistency in EMDR training, standards, credentialing, continuing education, and clinical application. In particular, the definition of EMDR therapy determines the basis for what is necessary to convey in training clinicians to use EMDR as a psychotherapy.

**EMDR Training:** The definition of EMDR therapy dictates in large part elements required for a sufficient training program taking into consideration the quality of care, wellbeing, and safety of clients. The resulting training for an EMDRIA approved EMDR curriculum is 20 hours of instruction, 20 hours of practice, and 10 hours of consultation. As with any standard, these requirements are the minimum.

The practicum portion of EMDR training puts into action what trainees learn from the didactic component so they can actually experience EMDR therapy and not just hear about it. Consultation with an EMDRIA Approved Consultant was added in 2007 as an element to provide expert advice to assist trainees in integrating EMDR therapy into their practices, to clarify issues, to answer questions that the newly trained have with a new protocol, and to assure that there is quality of care. Clinicians who complete an EMDRIA-approved EMDR training are qualified to practice EMDR therapy within the scope of their disciplines and professional licenses.

Training programs with less than these prescribed hours are not acceptable because they fail to meet EMDRIA's standards. Training programs that do not adequately address the required course content as specified by EMDRIA's EMDR training curriculum guidelines are unacceptable and not approved.

**Continuing Education:** As with any therapy, EMDRIA encourages continuing education and the development of skills. New information about and applications for EMDR therapy are constantly emerging. EMDRIA holds an annual four-day conference that provides high quality presentations by trained clinicians and researchers to promote the highest standards of excellence and integrity in EMDR education and practice. Continuing professional education in EMDR therapy generally meets criteria for credit toward licensing requirements for mental health professionals.

**Advanced Certification Process:** Clinicians who have completed EMDRIA-approved EMDR trainings are eligible to become EMDRIA Certified Therapists and Approved Consultants by meeting the established criteria. As part of EMDRIA's mission, a program of advanced certification in EMDR is designed to expand upon the initial training, to enhance clinical skills, and serve as a qualifying step toward providing consultation and training in EMDR therapy. For some evidence-based psychotherapy training programs, the term "certification" is employed to define clinical competency. EMDRIA's "certification" was developed to considerably exceed the standard for competent independent professional practice and to function as a means to denote those therapists who have gained significant expertise in the use of EMDR. As with any therapy, EMDRIA encourages continuing education and development of skills. Maintaining EMDRIA certification serves as motivation for life-long learning rather than as a standard for clinical practice.

**Protection of the Public and Clients:** An important goal of EMDRIA is to protect the public and in particular clients from getting EMDR treatments by those inadequately trained. In large part, this is the role that the S&T Committee plays in assuring EMDRIA-approved EMDR trainings meet a high standard and that clinicians learn to utilize EMDR therapy appropriately. Being properly and adequately trained in the use of a powerful psychotherapy such as EMDR is vital to the appropriate treatment of clients.

**Fidelity to the Model:** Research clearly demonstrates that fidelity to the EMDR treatment model predicts optimum treatment results. Being properly instructed through EMDRIA-approved trainings, gives clinicians the skills to adhere to the EMDR protocol. A fundamental understanding of the EMDR model, mechanism, and methods teaches therapists how to adjust procedures to adapt to clients' needs. Initial training in EMDR therapy teaches methods to assess the impact of complex trauma and to determine when clients are not ready for trauma reprocessing. EMDRIA-approved trainings teach other methods to reduce the risk of adverse clinical experiences. Inadequate or substandard training can lead to a narrow understanding of some components of EMDR procedures which could then be implemented with detrimental results to the client.

**Research:** Substantial research has established EMDR as an evidence-based psychotherapy. The EMDR procedures and standard protocols used by the researchers met the standards of those trained in EMDR therapy approved by EMDRIA. This standard of intervention has earned the top-level approval as an evidence-based intervention by the World Health Organization (WHO), American Psychiatric Association (APA), Department of Defense (DOD), Department of Veterans Affairs (VA), California Evidence-Based Clearinghouse for Child Welfare, SAMHSA's National Registry of Evidence-Based Programs and Practices, etc. Research also demonstrates that EMDR therapy effectively treats other mental health conditions in addition to PTSD.

EMDRIA publishes the *Journal of EMDR Practice and Research*, a peer-reviewed scholarly publication, dealing strictly with EMDR therapy. EMDRIA also holds an annual conference that covers a wide variety of EMDR related topics including cutting edge applications.

**EMDRIA:** EMDRIA has as its mission to be a membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR therapy. EMDRIA operates with the intent to assure the public that EMDR therapy is taught properly to those who are appropriately licensed and that practitioners have opportunities to continuously learn more about using EMDR therapy. The high standards EMDRIA has developed are designed to maintain consumer and practitioner confidence so those who go through EMDRIA-approved EMDR trainings have the preparation and capacity to utilize EMDR effectively and safely.

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The following two appendices provide insight into the complexity of the therapy and the curriculum guidelines of an EMDRIA-approved EMDR training. It is important to see how the definition of EMDR therapy is integrated into the training process. These sections are included to give a sense of the depth of knowledge required to practice EMDR therapy in a way to assure quality of care and client safety.

## **Appendix A: Definition of EMDR Therapy**

Purpose: This definition serves as the foundation for policy development and implementation of EMDRIA's programs in the service of its mission. This definition is intended to support consistency in EMDR training, standards, credentialing, continuing education, and clinical application, while fostering the further evolution of EMDR through a judicious balance of innovation and research. This definition also provides a clear and common frame of reference for EMDR clinicians, consumers, researchers, the media and the general public.

EMDR is an evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD). In addition, successful outcomes are well-documented in the literature for EMDR treatment of other psychiatric disorders, mental health problems, and somatic symptoms. The model on which EMDR is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences. This impairs the client's ability to integrate these experiences in an adaptive manner. The eight-phase, three-pronged process of EMDR facilitates the resumption of normal information processing and integration. This treatment approach, which targets past experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers.

Foundational Sources and Principles for Evolution: Shapiro's (2001) Adaptive Information Processing model, guides clinical practice, explains EMDR's effects, and provides a common platform for theoretical discussion. The AIP model provides the framework through which the eight phases and three prongs (past, present, and future) of EMDR are understood and implemented. The evolution and elucidation of both mechanisms and models are ongoing through research and theory development.

Aim of EMDR Therapy: In the broadest sense, EMDR is an integrative psychotherapy approach intended to treat psychological disorders, to alleviate human suffering and to assist individuals to fulfill their potential for development, while minimizing risks of harm in its application. For the client, EMDR treatment aims to achieve comprehensive treatment safely, effectively and efficiently, while maintaining client stability.

Framework: Through EMDR therapy, resolution of traumatic and disturbing adverse life experiences is accomplished with a unique standardized set of procedures and clinical protocols which incorporates dual focus of attention and alternating bilateral visual, auditory and/or tactile stimulation. This process activates the components of the memory of disturbing life events and facilitates the resumption of adaptive information processing and integration.

EMDR Psychotherapy Guidelines: EMDR procedures facilitate the effective reprocessing of traumatic events or adverse life experiences and associated beliefs, to an adaptive resolution. Specific procedural steps are used to access and reprocess information which incorporates alternating bilateral visual, auditory, or tactile stimulation. These well-defined treatment procedures and protocols facilitate information reprocessing. EMDR utilizes an 8-phase, 3-pronged, approach to treatment that optimizes sufficient client stabilization before, during, and after the reprocessing of distressing and traumatic memories and associated stimuli. The intent of the EMDR approach to psychotherapy is to facilitate the

client's innate ability to heal. Therefore, during memory reprocessing, therapist intervention is kept to the minimum necessary for the continuity of information reprocessing.

Based on available relevant research, treatment fidelity to the 8 phases (Shapiro, 2001) produces the best results. However, in certain situations and for some populations, the following procedures may be implemented in more than one way as long as the broad goals of each phase are achieved.

- In the **Client History Phase (Phase 1)**, the clinician begins the process of treatment planning using the concept of incomplete processing and integration of memories of adverse life experiences. The clinician identifies as complete a clinical picture as is prudent before offering EMDR reprocessing. The clinician determines the suitability of EMDR therapy for the client and for the presenting problem and determines whether the timing is appropriate. Based on the presenting issue, the clinician explores targets for future EMDR reprocessing from negative events in the client's life. The clinician prepares a treatment plan with attention to past and present experiences, and future clinical issues. It is also important to identify positive or adaptive aspects of the client's personality and life experience. The clinician may need to postpone completing a detailed trauma history when working with a client with a complex trauma history until the client has developed adequate affect regulation skills and resources to remain stable. The clinician may need to address any secondary gain issues that might prevent positive treatment effects.
- In the **Preparation Phase (Phase 2)**, the clinician discusses the therapeutic framework of EMDR with the client and gives sufficient information so the client can give informed consent. The therapist prepares the client for EMDR reprocessing by establishing a relationship sufficient to give the client a sense of safety and foster the client's ability to tell the therapist what s/he is experiencing throughout the reprocessing. The client develops mastery of skills in self-soothing and in affect regulation as appropriate to facilitate dual awareness during the reprocessing sessions and to maintain stability between sessions. Some clients may require a lengthy preparation phase for adequate stabilization and development of adaptive resources prior to dealing directly with the disturbing memories. It may be important, especially for those clients with complex trauma, to enhance the ability of the individual to experience positive affect through promoting the development and expansion of positive and adaptive memory networks, thus expanding the window of affect tolerance, and stimulating the development of the capacity for relationship.
- In the **Assessment Phase (Phase 3)** the clinician identifies the components of the target/issue and establishes a baseline response. Once the memory or issue (with a specific representative experience) has been identified, the clinician asks the client to select the image or other sensory experience that best represents it. The clinician then asks for a negative belief that expresses the client's currently held maladaptive self-assessment that is related to the experience, a positive belief to begin to stimulate a connection between the experience as it is currently held with the adaptive memory network(s) and the validity of the positive belief, utilizing the 7 point Validity of Cognition (VOC) scale. Finally, the clinician asks the client to name the emotions evoked when pairing the image or other sensory experience and the negative belief, to rate the level of disturbance utilizing the 0 to 10 Subjective Units of Disturbance (SUD) scale and to identify the location of the physical sensations in the body that are stimulated when concentrating on the experience.
- During the **Desensitization Phase (Phase 4)** the memory is activated and the clinician asks the client to notice his/her experiences while the clinician provides alternating bilateral stimulation.

The client then reports these observations. These may include new insights, associations, information, and emotional, sensory, somatic or behavioral shifts. The clinician uses specific procedures and interweaves if processing is blocked. The desensitization process continues until the SUD level is reduced to 0 (or an ecologically valid rating). It is important during this phase to assist the individual in maintaining an appropriate level of arousal and affect tolerance.

- In the **Installation Phase (Phase 5)**, the therapist first asks the client to check for a potential new positive belief related to the target memory. The client selects a new belief or the previously established positive cognition. The clinician asks him/her to hold this in mind, along with the target memory, and to rate the selected positive belief on the VOC scale of 1 to 7. The therapist then continues alternating bilateral stimulation until the client's rating of the positive belief reaches the level of 7 (or an ecologically valid rating) on the VOC Scale.
- In the **Body Scan Phase (Phase 6)**, the therapist asks the client to hold in mind both the target event and the positive belief and to mentally scan the body. The therapist asks the client to identify any positive or negative bodily sensations. The therapist continues bilateral stimulation when these bodily sensations are present until the client reports only neutral or positive sensations.
- The **Closure Phase (Phase 7)** occurs at the end of any session in which unprocessed, disturbing material has been activated whether the target has been fully reprocessed or not. The therapist may use a variety of techniques to orient the client fully to the present and facilitate client stability at the completion of the session and between sessions. The therapist informs the client that processing may continue after the session, provides instructions for maintaining stability, and asks the client to observe and log significant observations or new symptoms.
- In the **Reevaluation Phase (Phase 8)**, the clinician, utilizing the EMDR standard three-pronged protocol, assesses the effects of previous reprocessing of targets looking for and targeting residual disturbance, new material which may have emerged, current triggers, anticipated future challenges, and systemic issues. If any residual or new targets are present, these are targeted and Phases 3-8 are repeated.

Innovation, Flexibility, and Clinical Judgment Applied to Particular Clients or Special Populations: To achieve comprehensive treatment effects a three-pronged basic treatment protocol is generally used so that past events are reprocessed, present triggers desensitized, and future adaptive outcomes explored for related challenges. The timing of addressing all three prongs is determined by client stability, readiness and situation. There may be situations where the order may be altered or prongs may be omitted, based on the clinical picture and the clinician's judgment.

As a psychotherapy, EMDR unfolds according to the needs, resources, diagnosis, and development of the individual client in the context of the therapeutic relationship. Therefore, the clinician, using clinical judgment, emphasizes elements differently depending on the unique needs of the particular client or the special population. EMDR treatment is not completed in any particular number of sessions. It is central to EMDR therapy that positive results from its application derive from the interaction among the clinician, the therapeutic approach, and the client.

## Appendix B: EMDR Training Curriculum Requirements

**Objective:** The purpose of the EMDRIA Training Curriculum is to assist providers in meeting the minimum standards for EMDRIA Approved Training in EMDR therapy. The goal is to create a complete integrated training program that provides the clinician with the knowledge and skills to utilize EMDR therapy, a comprehensive understanding of case conceptualization and treatment planning, and the ability to integrate EMDR therapy into their clinical practice. At a minimum, the Training Curriculum requires instruction in the current explanatory model, methodology, and underlying mechanisms of EMDR therapy through lecture, practice, and integrated consultation. It is recommended that the syllabus present the strengths and limitations of Shapiro's EMDR therapy model including up-to-date research. While the EMDRIA Approved Training Curriculum outlines the minimum requirements which need to be met, a developer of a specific curriculum can enhance or expand any portion as s/he sees fit.

**Content:** There are three components of the training, each with a minimum time requirement:

- Instructional – 20 hours
- Supervised Practicum – 20 hours
- Consultation – 10 hours

Faculty must be EMDRIA Approved Consultants and Consultants-In-Training can also be used who are under the consultation of an EMDRIA Approved Consultant. The required text is Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures*. (2nd ed.). New York: The Guilford Press. Supplemental material for research-related citations can be found online at <http://www.emdria.org/?page=EMDRResearch>. Trainees are required to complete the entire basic training program to receive a certificate of completion, i.e., a minimum of 50 hours of EMDR training as outlined above.

The goal of the Instructional Section of the training is to provide information and understanding in each of the following areas:

- History and Overview
  - Origin
  - Switch from EMD to EMDR therapy
  - Current EMDR therapy-related research
- The Model, Methodology, and Mechanism
  - Adaptive Information Processing (AIP) is the underlying explanatory model of EMDR therapy
  - Methodology section includes the eight-phase treatment procedures of the EMDR therapy protocol, plus safeguards, ethics, and validated modifications for specific clinical situations
  - Mechanism section includes current hypotheses regarding how or why EMDR therapy works on the neurobiological level, plus current research exploring mechanisms of action
- Hypothesized Mechanisms of Action and Neurobiological Aspects of EMDR Therapy

Although EMDRIA is not regulating the amount of time spent on any one portion, it is expected that the majority of time will be spent teaching the Methodology Section as well as case conceptualization and treatment planning.



The goal of Supervised Practicum is to facilitate the demonstration and practice of the EMDR therapy methodology as outlined above in the Shapiro text, and the EMDRIA Definition of EMDR therapy. The Supervised Practicum should be appropriately scheduled to allow adequate teaching time for the full explanation of the component to be demonstrated and practiced.

Consultation is a required content area which has to be added into the EMDR training curriculum. Consultation is necessary to assure that trainees will be able to safely and effectively integrate the use of EMDR therapy into their clinical setting. Consultation provides an opportunity for the integration of the theory of EMDR along with the development of EMDR therapy skills. During consultation, trainees receive individualized feedback and instruction in the areas of case conceptualization, client readiness, target selection, treatment planning, specific application of skills, and the integration of EMDR therapy into clinical practice. Ethical and professional guidelines already call for clinicians to obtain consultation when incorporating new methods into their clinical practice. Requiring training providers to include consultation as a component of EMDR training raises and enhances the professional standards of EMDR therapy training and assures consistent adherence to this guideline. A variety of mechanisms can be employed by different trainers to include consultation. Consultation increases the use of EMDR therapy by those who have received training, reduces the formation of bad habits and the risks of problematic use of EMDR therapy. It also allows the clinician to develop and integrate EMDR therapy skills creatively yet appropriately into their other skills in a way that enhances clinical efficiency and effectiveness in helping a wider range of clients meet their goals for change.

EMDRIA's entire EMDR Training Curriculum Requirements can be found online at:  
<http://c.ymcdn.com/sites/emdria.site-ym.com/resource/resmgr/BasicTraining/BTCRequirements.pdf> .