



# EMDR TRAINING EVALUATION

## JULY 2022

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# BACKGROUND

## ABOUT EMDR

Eye Movement Desensitisation and Reprocessing (EMDR) therapy is one of the most significant and innovative recent developments for the treatment of conditions related to trauma and adverse life experiences. During processing with EMDR therapy, disturbing events, frozen in time, are processed to adaptive resolution.

Supported by extensive research, EMDR is recommended for the treatment of PTSD in national and international guidelines including the National Institute for Health and Care Excellence (NICE) and the World Health Organisation (WHO). Its effectiveness with many other psychological disorders has also been established.

EMDR is one of the recommended National Institute for Health and Care Excellence (NICE) Clinical Guidance interventions for Post Traumatic Stress Disorder Recommendations | Post-traumatic stress disorder | Guidance | NICE.

# BACKGROUND

## ABOUT THIS EMDR TRAINING

This is hands-on clinical skills training in the application of EMDR for a variety of psychological disorders in both adults and children. Known for his clear teaching style with its blend of warmth, humour and humility, Dr Robin Logie provides interactive, trainee-centred, group EMDR training. All trainees practised and received EMDR during the training – the most effective way to learn the necessary skills. Experienced EMDR Facilitators and Consultants assisted Robin in ensuring that each trainee was afforded individual attention. This EMDR training provides participants with theory and skills that could be immediately put to use.

Further information can be found [here](#).

### EMDR practice

Every EMDR training includes the trainees practising EMDR therapy with each other during the training under live supervision from facilitators, a compelling way of learning. All trainees will therefore be expected to come to the training prepared to work on a memory which still distresses them to a moderate level. It has to be accepted, however, that for some trainees, this may open up other more distressing memories, and the facilitators will assist them in responding to this.

# BACKGROUND

## DR ROBIN LOGIE - TRAINER



Dr Robin Logie is a Clinical Psychologist (registered with the Health and Care Professions Council), Associate Fellow of the British Psychological Society and EMDR Europe accredited Consultant and Trainer.

Robin trained as a clinical psychologist in 1983 at the University of Birmingham and obtained a Doctorate in Clinical Psychology at the University of Bangor in 2005. After working in the NHS for 7 years, he started his own company, providing psychological therapy and medico-legal assessments for both adults and children.

Since training in EMDR in 1996, Robin has steadily developed his expertise in EMDR. For nine years, he was at the centre of the UK's EMDR community as Treasurer of the EMDR Association UK & Ireland and then its President for three years. During this time, he was on the steering committee for two international EMDR conferences and opened the 2014 EMDR Europe conference in Edinburgh in the presence of Francine Shapiro, the founder of EMDR.

For many years Robin has been involved in EMDR training as a supervisor of EMDR therapists. He has taught EMDR training and presents at conferences, not only those specialising in EMDR but also other events such as chairing as symposium on EMDR at a British Psychological Society conference in Oxford in 2012. He regularly teaches on the EMDR Association's own training course for EMDR Consultants.

Dr Logie has published articles on EMDR in peer-reviewed journals. He is actively involved in EMDR research and is a member of a research team at Manchester University, which includes Dr Filippo Varese and Prof Richard Bentall, evaluating EMDR in the treatment of psychosis.

[www.emdrtrainingrobinlogie.co.uk](http://www.emdrtrainingrobinlogie.co.uk)

# BACKGROUND

## ABOUT THIS REPORT

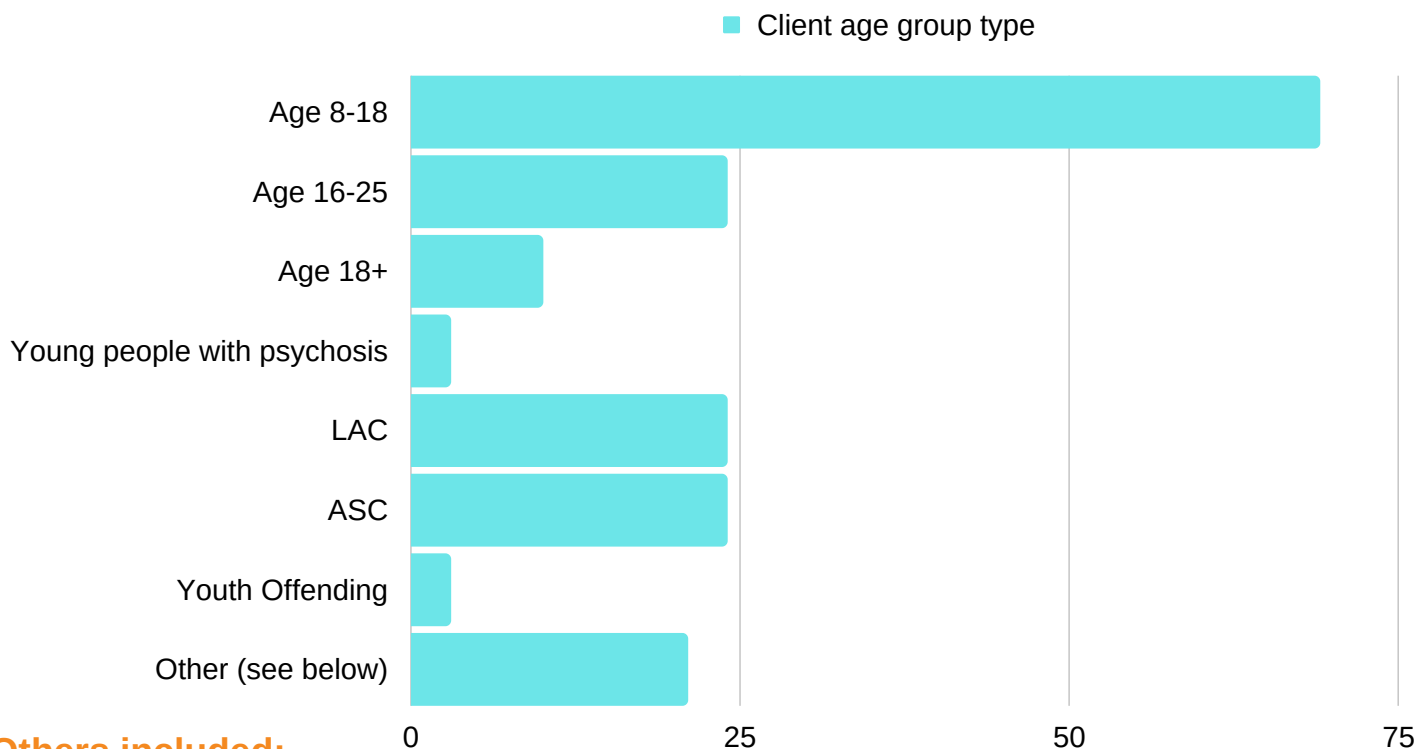
We invited delegates from the 2022 training to complete a post-training evaluation survey. As well as understanding the overall EMDR training experience, we wanted to understand in particular how professionals envisage using these new skills in your therapeutic approach to supporting children and young people.

This first cohort was funded initially through the NHS Liverpool CCG for 40 staff who meet EMDR criteria for training. These came from a range of organisations Alder Hey Fresh CAMHS, Crisis Care, Psychology service, from the VCSE with organisations such as Listening Ear, Venus, rape and Sexual assault service (RASA) Perinatal services and with 20 delegates from Cheshire and Wirral Partnership. They provided training for their CAMHS team.

This evaluation/insight report provides a snapshot of the EMDR intervention's efficacy and its impact on service developments as they respond to children and young people impacted by trauma.

# INSIGHT

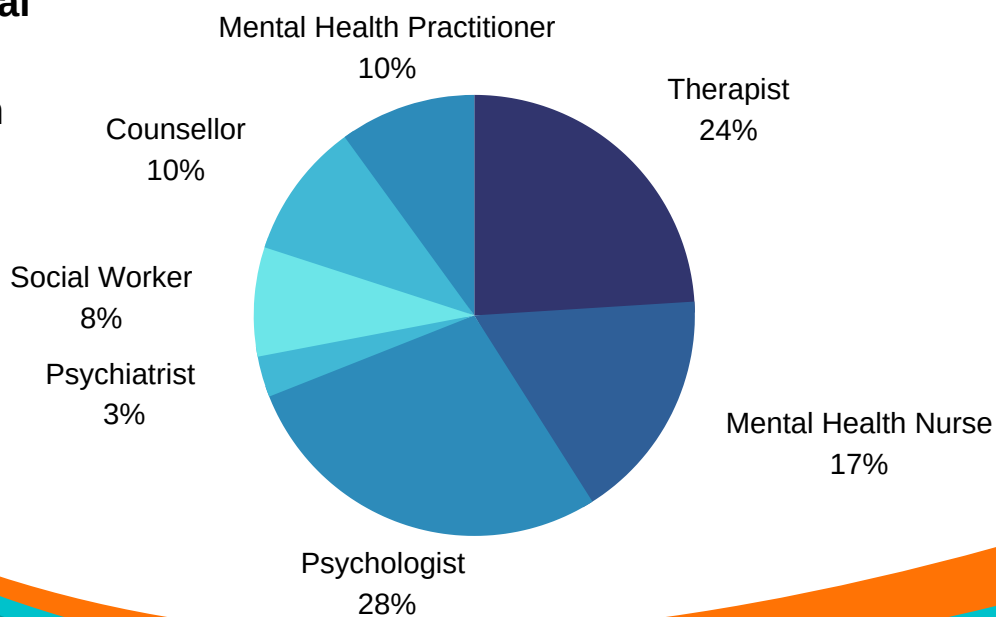
## RESPONDEES



### Others included:

- 0-18
- 11-25
- 13-19
- Children under the age of eight
- Babies (0-2) and their families

### Core mental health profession



# INSIGHT

## Has this training given you more of a focus on trauma-based issues?

### If, yes, please explain how.

Most mental health presentations can be linked back trauma so, for example, for someone with OCD who accesses cbt, this may not be the most appropriate first-line treatment.

it has provided me with a more trauma-specific intervention to bring into treatment.

It's given me more in-depth knowledge of dissociation.

I have some trauma training but I feel I now have a better idea of how to treat trauma in a systematic way.

Given me the confidence to offer more trauma-informed work and a great tool in my toolbox to work on the trauma.

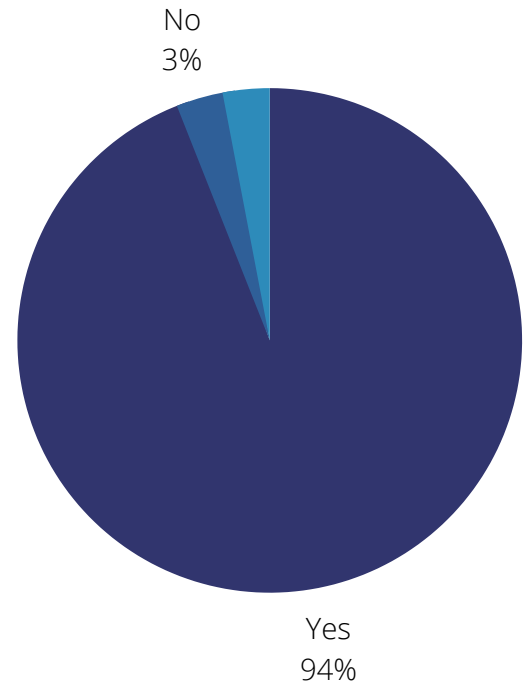
Definitely get to know one of the most helpful trauma therapy work in which will help my day-to-day job.

I now have an understanding of how unprocessed trauma memories are stored in the brain and how EMDR can transform trauma memories. The practical sessions where we processed our own difficult memories gave me/us an excellent insight into the workings of EMDR.

Noticing the impact of trauma on the mental health of mothers and how this impacts their relationship with their babies.

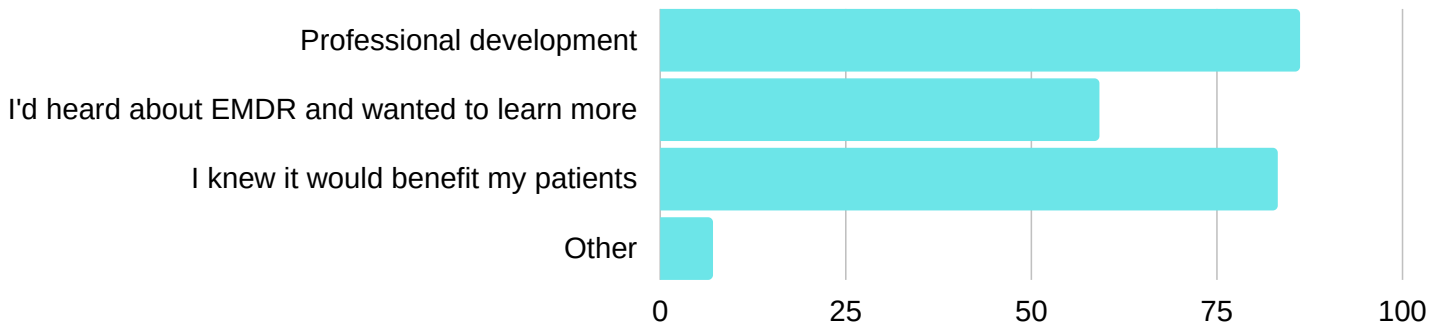
Coming from a CBT background I had some knowledge of trauma but never quite felt that it really addressed my clients' trauma experiences. The EMDR approach in my opinion goes much deeper and makes a lot more sense to me!

So many of the children I see have had some level of trauma, which does not always present itself at first.



# INSIGHT

## Can you explain why you applied to complete the EMDR training?



## How do you see the skills you have learnt from this course influencing your therapeutic approach to supporting children and young people with ACEs?

It's helped me to consider how broad the application of EMDR can be which I hope will then really benefit a range of young people many of whom have experienced adversity/trauma in some capacity.

I am now using EMDR as a core approach where appropriate.

This is a great intervention which is evidence-based for children who have had ACEs in their lives.

The importance of resource installation of a key attachment figure.

I feel having EMDR skills allows me to work with young people who may have had traumatic experiences in their life such as ACEs.

EMDR goes hand in hand as a response to our growing awareness of the impact of ACEs on people's lives. It has changed my practice fundamentally.

I see and understand trauma more clearly and how it impacts people's lives, I also have a new skill which I can use to support people who have experienced trauma and it feels more effective.

Doing EMDR with the parents of babies will hopefully reduce the chances of those babies experiencing ACEs related to their parents' traumatic backgrounds.



# INSIGHT

## How do you see the skills you have learnt from this course influencing your therapeutic approach to supporting children and young people with ACEs? (cont)

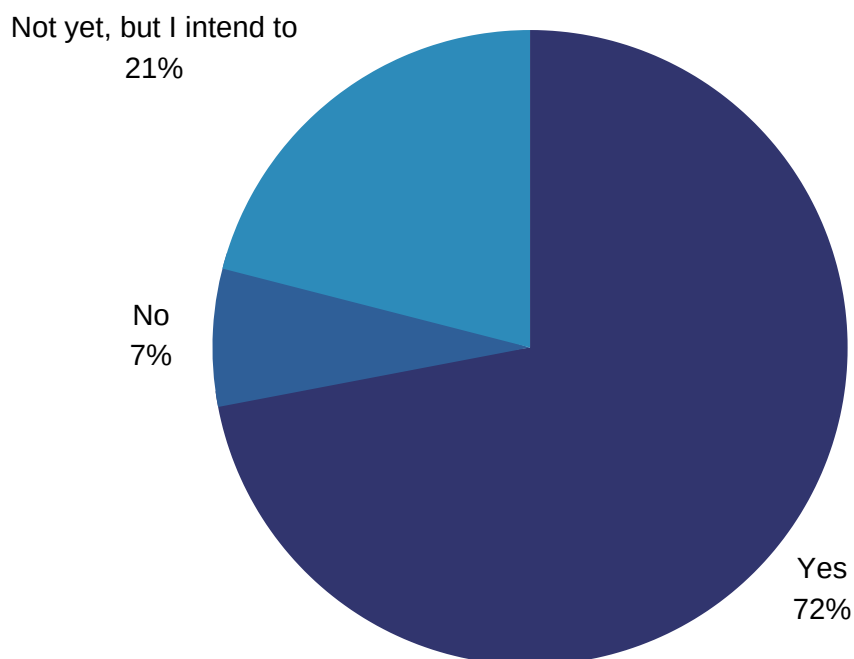
Working with young people in a 0-18 we are seeing more and more complex cases, EMDR and the training has helped me consider the profound effect of ACEs throughout all ages in my work more so than CBT did!

This will provide another therapy option when alternative strategies may not be working and there is trauma in the background that some may not have given much significance too.

I had a good awareness of aces, this training gives a tool that can help people who have experienced aces, especially in high numbers

I think the pandemic has been fairly traumatic for many people including children and young people and I think EMDR will be needed for a long time to come as so many more people will have been affected by the trauma of Covid.

## Have you used this approach with children and young people?



# INSIGHT

## **If you have been using this approach with young people, how has it influenced your thinking?**

I may use EMDR instead of requesting CBT or another therapeutic modality and if I did not use it it's still helpful going through the assessment phase with a young person as that's therapeutic in itself.

I have only just started using this with a young person. They are well engaged and found the resourcing part helpful. A structure around 'talking' about trauma has helped. Being flexible with the approach feels important.

It has made me consider more preparation work/resource installation.

I see lots of issues connected with trauma which I may not have seen before.

It's given me a framework for working on past traumas the young people have experienced, the importance of the preparatory stages has been crucial before moving on to the desensitization phases.

Just useful to have as an intervention.

It has given me more confidence in working with trauma. It had brought more awareness around negative cognitions.

It has helped in so many ways, from safe-place, to resource-building which has been so beneficial and I have seen the improvements in measures with young people I am working with.

Yes, definitely, the young person shared that the therapy helps her to manage the distressing memory.

I was nervous at first as it is a new way of working. Having used the model with the support of good supervision I have had excellent results. Why would I do 'anxiety management' when there is significant trauma driving the anxiety.

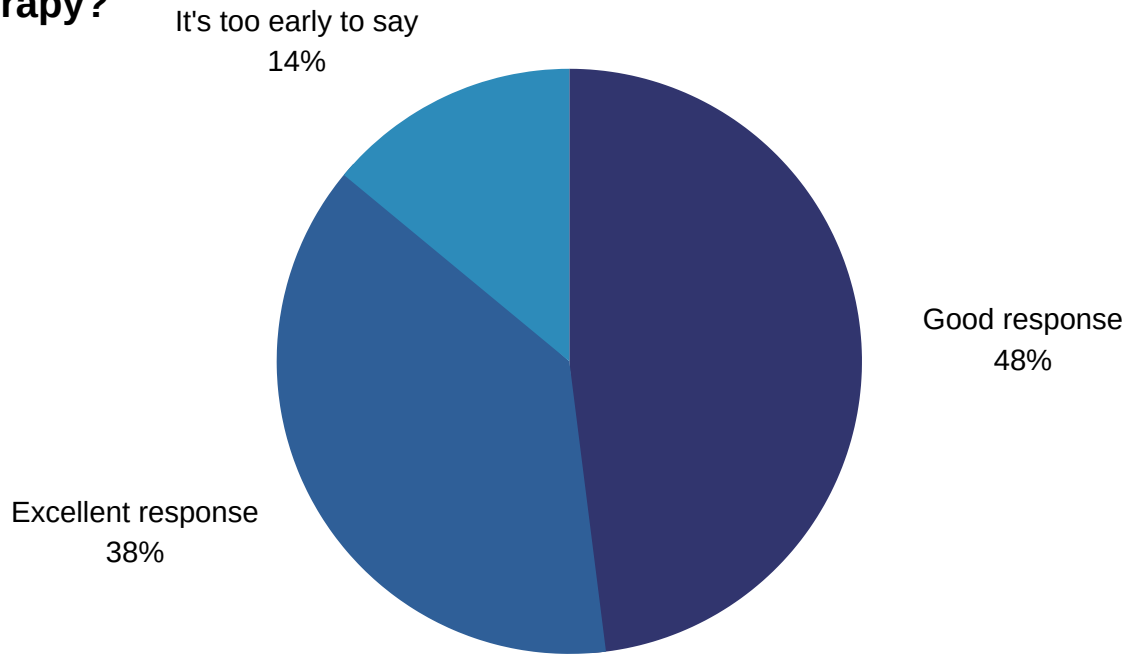
I understand trauma to a greater degree and know how to use a good evidence-based approach.

I have been able to better understand the way trauma has affected parents and helped them understand how this in turn may impact their baby.

A lot of key points have stuck with me from the training but the one that stands out is the consideration in my work that CBT will use the thinking part of the brain but EMDR goes into the memory store and that is where profound changes can be made!

# INSIGHT

## How do you feel children and young people are responding to EMDR as a therapy?



## Can you explain why children and young people respond to EMDR?

It helps them make sense and conceptualise.

It's hard to know. As with any talking therapy, what's key is building a relationship with the young person. This therapy offers them something specific to their trauma, the structure can help and there are some creative ways we can use this with young people. It's a bit early for me to say for definite how young people will generally respond.

I think it has become more widely known as a treatment it is a less "talky" therapy which appeals to some children more.

They like the containing structure, the bilateral stimulation gives them ownership within the session and the majority have responded well to the treatment.

Helpful to just focus on the target memory, not a whole event.

It has been hopeful for patients who have struggled with their eating disorder for a long time- to have the underlying issues addressed, which should decrease the chance of relapse.

I don't know how to explain this but they are reporting feeling better and not having as many trauma symptoms.

# INSIGHT

## Can you explain why children and young people respond to EMDR?

It is an easy approach with less talking and sometimes it will benefit someone finds it difficult to express their emotions and feelings.

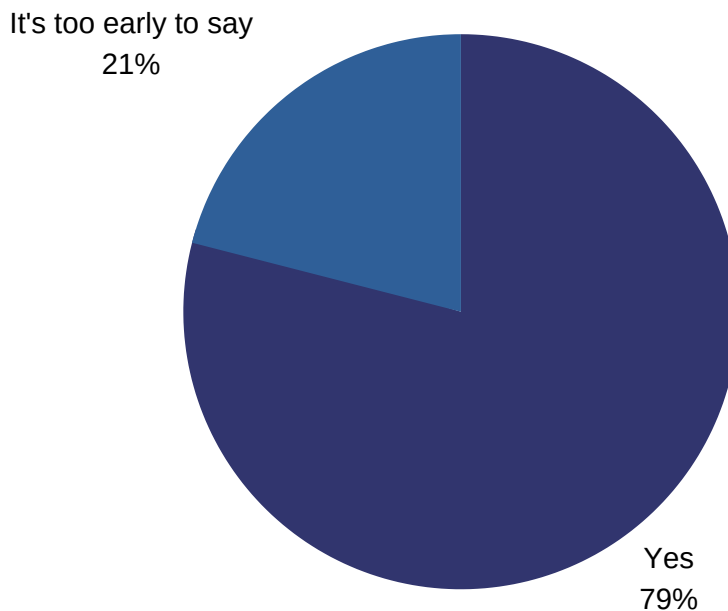
They seem to enjoy the direct approach and the bilateral stimulation is novel. Often, they find it uncomfortable to sit with a therapist and say what their difficulties are. Having a timeline where they look at specific memories seems to be helpful.

I think this is because I feel more confident in talking about trauma and how to respond so they are more at ease talking about it.

Young person I worked with struggled with CBT and reported that flashbacks and distressing memories had gone by the end of therapy.

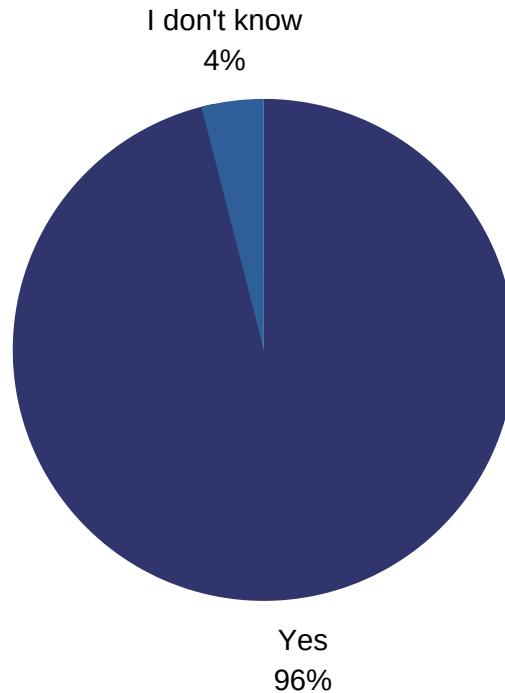
It seems to take away the threat of the trauma and allows reflections to impact upon the trauma, diminishing the threat of the previous trauma.

## Have parents and carers shown a positive interest in EMDR?



# INSIGHT

## Would you recommend EMDR training to fellow professionals



### Please explain the reason why you would recommend EMDR training.

Very well delivered and appropriate for all.

It not only teaches you a modality but the phases within it are still useful and are therapeutic. I've always been interested in EMDR and understand there is an ever-growing evidence base. It's great to be able to offer an alternative to TF CBT. Exposure to ACEs and other trauma is so common, particularly among the CAMHS population so having a trauma-specific intervention made more widely accessible to more young people is brilliant.

I have seen the benefits of using it in my practice.

I think so many children and young people are affected by trauma.

Within CAMHS so many young people have experienced repeated traumatic experiences, some directly from the adverse childhood experiences they have experienced, this gives an evidence-based treatment to help and hopefully give them the best chance of recovering from their mental health difficulties before entering adulthood.

Broaden and reinforces approaches to trauma.

# INSIGHT

## **Please explain the reason why you would recommend EMDR training.**

You can see the immediate result of your therapeutic input and it is an evidence-based approach.

I have been surprised at how impactful the model is with young people who have sat with horrible memories for years and years. Often school bullying, or a difficult time in school generally.

It supports the therapeutic response and I think it will also shorten the length of time someone is in therapy.

EMDR is a 'safe' way for therapists to help clients with trauma. So far, most of my families have found it beneficial and there has been a shift from memories and experiences being very disturbing and distressing, to more neutral. This has impacted their day-to-day mood and mental health.

The course was excellent and the results I have seen so far show it is effective, when we did the practice on each other I could see the effectiveness.

Very good, structured approach. The training was excellent.

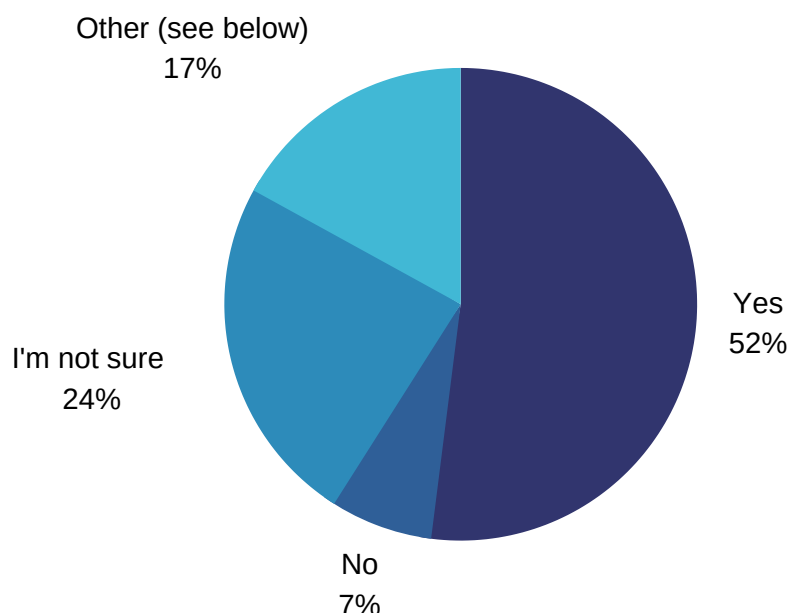
Because it's life-changing! Fascinating and profound changes can be made and seen!

It provides the practitioner with confidence to discuss trauma further with patients.

The training teaches a model of therapy and by the end, you know the basics of how to use it which is brilliant considering the length of the training.

# INSIGHT

## Do you envisage the investment of EMDR having a positive impact on reducing waiting times?



### Other

I seem to work with CYP in a robust and sharper way, we can explore the trauma in a safer way.

If we treat underlying trauma in order to prevent relapse it would more likely over time affect rates of relapse and referrals in and out of mental health services (more likely adult mental health) We don't operate a waiting list in our service but there may be less throughput in my caseload as I would be doing longer treatment with some people.

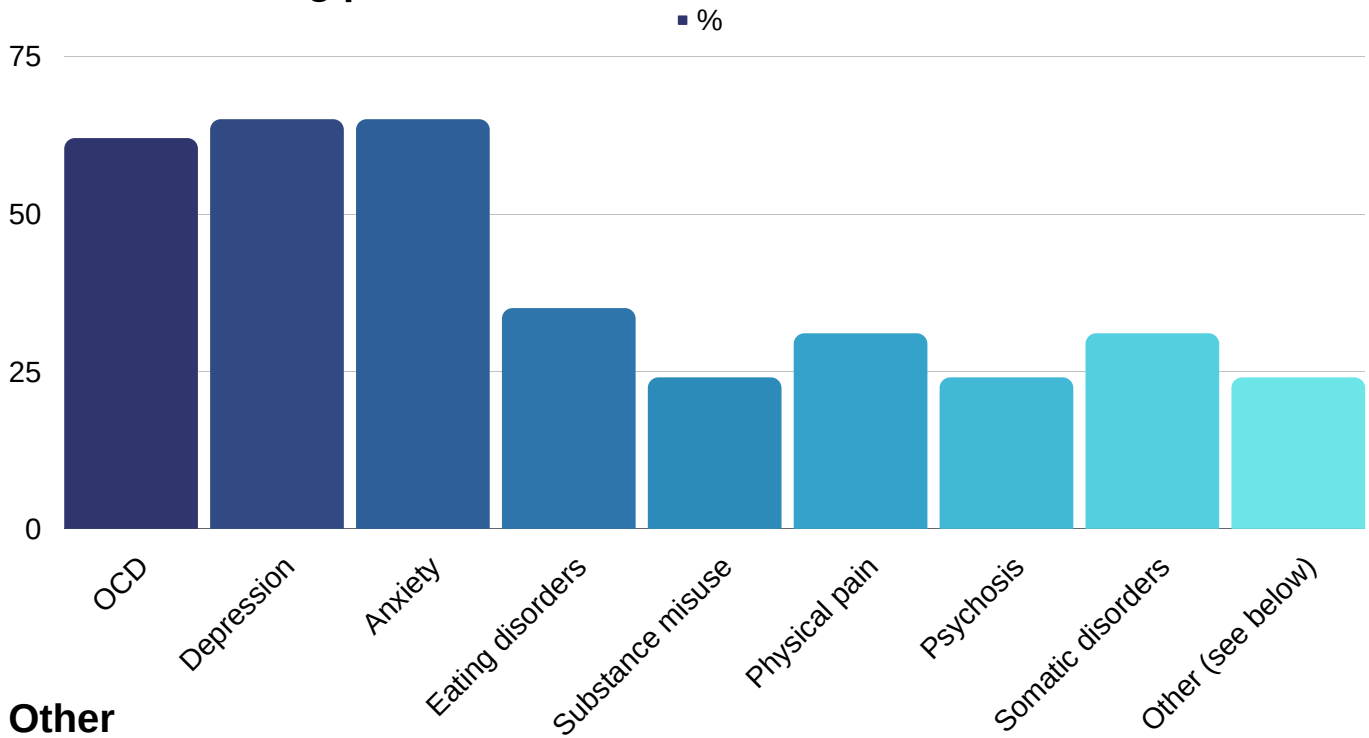
Time needs to be given for this specific work.

Yes, we are able to address the trauma much more efficiently.

It shortens the time length a person is in therapy, I am also more skilled in assessment processes

# INSIGHT

## Do you see EMDR as a preferred choice over previous interventions with the following presentations?



Birth trauma, attachment trauma.

I don't know about the evidence base in all these areas. In eating disorder. Family-Based Treatment and CBT-E have an evidence base and not all cases will need trauma treatment.

I would be open to considering EMDR as an offer for all now however would always want to give families a choice as I would have before.

I would definitely see EMDR as an approach to be used/tried, though I will continue to refer to the evidence base for each condition.

Different. would depend on the patient.

Trauma.



# INSIGHT

**If you found a specific element of the training particularly insightful, for example, the narrative approach, please explain which element and why.**

Safe place and grounding.

The storytelling narrative because it's very child friendly.

Yes, the narrative approach is very good however I feel I do now need to complete the specific children's level 1 and 2 training.

The resource installation and the importance of installing an attachment figure were particularly helpful and can be applied to my general practice also safe place and installation.

Storytelling with younger children.

The narrative approach was great and also flash forward-protocol.

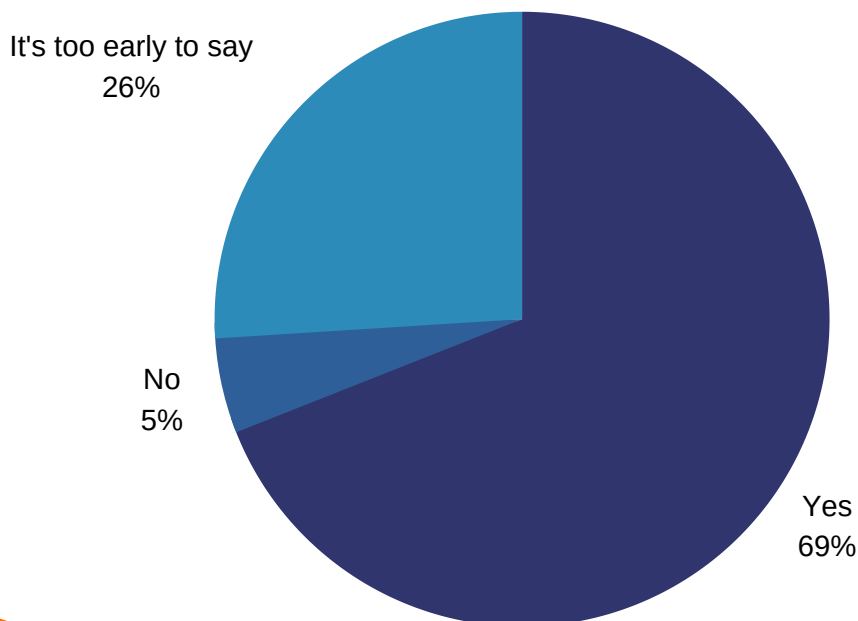
Resource Development, Cognitive Interweaves, Future Template, Flashforward.

It was the narrative approach. This is great for younger children as well as adolescents, it's telling the story of their difficult moments.

The storytelling was very powerful and I am looking forward to using this approach.

Flashforward and future template - to unstick future worries and help to move things forward

**Has the training helped you with your assessment process with children and young people?**



# INSIGHT

## **Is there anything you would like to add, in relation to the content of the course, your day-to-day application of these skills, and the impact on children and young people?**

The training for children is after the initial training so to be really useful the child training is required

I have had really positive experience of the training and hope to be able to access the child-specific training too. It's great knowing that we have an even broader offer, particularly to young people who experience adverse effects of trauma.

Really enjoyed it and found the practicums and supervision components very helpful I did find it frustrating that many course members weren't working with cases whereas I had not wanted to lose momentum after the first 3 days so progressed with casework and I think I got more out of the latter training sessions because of this EMDR is not as straight forward as you first think but I like the fact I can keep developing with additional training/seminars etc and I am aiming for accreditation.

I feel it's such a valuable therapeutic intervention and even for the young people not receiving EMDR for PTSD, the treatment can be generalised to different clinical presentations. It's also worked well with young people receiving the treatment who have a diagnosis of autism.

The course was inviting and instructive. It was also non-threatening. It was well presented and organised and the addition of other therapists for the groups was an advantage.

I would like a clear understanding of age ranges. My client age range is 5-25 so far I feel I have basic training to apply to 18+ clients but am very unsure if I am trained to use it with adolescents and I know I need further training for children. I am not clear if I can use EMDR skills with 13-18 age range.

I really enjoyed the course and I am looking forward to developing my skills using EMDR.

I was pleased to be selected to do this training, but now I have done it, I am so grateful to have done this amazing training. It has changed my practice and my thinking considerably. The content was excellent and well delivered. It's a complex model but was explained with such clarity, with experiential sessions and supervision in relation to the work with our young patients.

I wanted to do this and in order to meet the eligibility criteria, I had to become BACP accredited so it motivated me to become accredited so that I could start this training.

# INSIGHT

## **Is there anything you would like to add, in relation to the content of the course, your day-to-day application of these skills, and the impact on children and young people?**

Thanks for putting it on, it's making a difference within my practice and hopefully to the young people.

I wish it was longer and that there had been time to learn more about EMDR use with other presentations.

I have really enjoyed every aspect of the course and was quite sad when we reached the end of Part Three! The course has really opened my eyes to a different approach to trauma in comparison to my CBT training. I have several clients that I am working with using this approach now and can see things changing for them already!

I would love to do the child-specific training.

I think this should be rolled out to more staff and it's been great working with staff from the Voluntary sector. I also like that the training is delivered to a wider audience as its built up my knowledge of services and networks.

We need more people to go on to be EMDR consultants, Supervision is quite expensive especially as there are not so many supervisors.

Can you please support EMDR therapists to become supervisors, following the pandemic the need is great.

# EMDR 2023 TRAINING

**This opportunity is for professionals to be trained in EMDR**

**The cost for delegates is £950 per person.**

**This training is free for those who work with Liverpool young people up to the age of 25 and who work in the NHS or the voluntary sector.**



Click the image above to watch a short introduction to EMDR

If you are self-funding or your employer is paying for your place, can you please provide us with the contact details, including tel. number and email of the person to whom we shall send the invoice. **A 25% non-refundable deposit will be invoiced at the time of booking, with the final payment to be received by 31st Dec 2022**

The training will be delivered in the Liverpool City Region\*, it will be split into three parts:

- Part 1 (3 days) Wed 8 – Fri 10 Feb 2023
- Part 2 (2 days) Thurs 8 & Fri 9 June 2023
- Part 3 (2 days) Thurs 19 & Fri 20 Oct, 2023

\* We are hoping that this will be in-person training - if not possible, the course will be delivered online.

**Register your interest [here](#)**