

Being a Professional Emissary for EMDR in the Agency Setting

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When I first told my clinical supervisor that I was interested in EMDR, she said that the therapy was “a bunch of flooey.” Nonetheless, I proceeded with financing my own level I training, and upon returning to my community agency in urban Northeastern Ohio, I was excited about using this therapy with my clients, hoping that my clinical supervisor would let me. I asked her for ten minutes to explain myself. We had enjoyed a good working relationship to that point, so I began by telling her about my own experiences as an EMDR client while I worked on my graduate-level internship. I bridged this personal experience into a brief educational presentation about EMDR. When I concluded, she said something to the effect of, “Oh, that’s what EMDR is? That makes sense.” My supervisor proceeded to tell me that she previously learned about EMDR from another colleague who had essentially read a book and then tried some EMDR without training, from which flowed her assessment of EMDR as “a bunch of flooey.”

After this conversation, I had her blessing (as well as the blessing of the clinical director), to conduct EMDR with clients whom I assessed to be clinically appropriate. The impact of educating my supervisors about what EMDR is and isn’t became very clear to me, and continuing this educational quest became an essential component of garnering acceptance of EMDR at my agency. I knew that I was venturing into uncharted waters at the agency, but felt that if what I did with my supervisor could be repeated with my colleagues, then the use of EMDR may become more widespread in our community agency.

I continued my venture as a professional emissary of EMDR within my own agency by first determining what my colleagues already knew about EMDR. I had the privilege of presenting these findings in a poster at the 2007 EMDRIA Conference in Dallas, Texas, and I will summarize these results in this article. In my view, investigating how professionals perceive EMDR is a vital part of determining how well accurate information about the treatment has been disseminated into clinical settings. This gives us, as emissaries, a sense of what to cover as we educate our fellow clinicians.

Considering that all sixteen of my clinical colleagues identified themselves as only somewhat knowledgeable or uninformed about EMDR, it is interesting that all of them, when presented with a difficult multiple-choice item, correctly identified primary aims of EMDR (to help people live a more adaptive life and to bring disturbing material to a more functional resolution). The majority of the clinicians were able to identify what EMDR stands for, that EMDR is not a form of hypnosis, that EMDR is not an unrecognized, fringe therapy, and that small-t traumas can carry just as much clinical significance as Large-T traumas. The majority of clinicians indicated that EMDR had been presented to them in a positive light; the others indicated a neutral presentation or offered no opinion. None of the clinicians indicated a negative presentation of EMDR in any prior forum. The majority had heard about EMDR from a co-worker or in a continuing education workshop. Four clinicians (all under age 35) indicated that EMDR was addressed in graduate school.

Information on how EMDR is perceived by clinicians can serve as a critical insight for those trying to convince an agency or clinical organization to fund training or to adopt EMDR as an agency practice. This has been the case for me at my publically-funded, community agency. I found that, by and large, my colleagues were very open-minded to my use of EMDR in our setting, and I feel that this is largely attributed to the fact that one of my fellow clinicians, who has worked at the agency for many years and is well-respected, had a positive experience as an EMDR client. This factor, coupled with my enthusiasm

for the therapy (which included my willingness to share my own experiences as an EMDR client), are possible explanations for why the supervisors and the clinicians at my agency were open-minded to the use of EMDR in our agency. Following the questionnaire distribution, my agency allowed me to conduct a brief, three hour informational workshop on EMDR; the purpose of this workshop was to educate and to offer information on which clients are appropriate for EMDR referral. Since then, my colleagues have been incredibly receptive to referring me clients for EMDR.

At this point, I have been privileged to conduct over 150 EMDR sessions with approximately 35 clients since my level one training in July of 2006. One of my colleagues, an original participant in my original agency survey, went on to get trained herself, and she has conducted approximately 25 sessions with 5 clients to date. Through presenting a brief educational talk to our county board in November 2007, I have generated interest for sponsoring an EMDR HAP training in our area, which is in the process of being organized. The good news is that my agency, which originally did not offer me or my colleague any funding to procure our level I & II trainings, is now willing to fund 2-3 additional clinicians to get trained.

The story of how I have been a professional emissary in my agency is not a perfect one. At best, I believe that through offering a little bit of education and demonstrating a lot of professional passion for the therapy, the agency has been receptive. However, I feel that I had an advantage because my colleagues were professionally open-minded to begin with. I am also in the process of negotiating agency politics regarding the amount of sessions that I allow for EMDR clients compared to standard court referrals that I must handle. Interestingly, three of the greatest successes that I have seen with EMDR clients in my agency were referred to our agency by the criminal justice system. I am also in the process of preparing an outcomes chart comparing EMDR clients to the standard clients that I treated in calendar year 2007 to present to my agency supervisors and CEO. I am hoping that my upcoming

dissertation research for my Ph.D. in Human Services will help me to gather some additional outcomes data showing the potency of this therapy in the community-based setting.

In summary, the following strategies that I have found successful in my agency may be worth a try for you if you also choose to be an emissary of EMDR in your agency setting:

(1) Begin by asking someone in a position of influence for 10 minutes of their time, then be prepared to present as succinct of an educational recap as you can of EMDR; stick to what is evidenced-based. If the person in highest authority at your agency is notoriously close-minded, perhaps try out your presentation on another supervisor or colleague first.

(2) Find out what theoretical orientation that person adheres to and be sure to highlight how EMDR incorporates that orientation. For instance, the supervisor I first convinced heavily employs cognitive-behavioral therapy, so I approached my presentation from that angle.

(3) Be prepared to answer questions; if you don't have an answer, know where you can send your superior or colleague for one.

(4) Show your enthusiasm for the therapy! If you have had experience as an EMDR client and are not hesitant to self-disclose considering the individual you will be talking to, share some of your own experience. If this is not possible, be prepared to point the individual in the direction of someone who has been an EMDR client, or perhaps give her a name of a long-term EMDR therapist in your area who would be willing to share experience.

(5) Gather and be prepared to present the evidence; know what your individual of authority likes to see in the way of evidence and present it. Some may be content to do some web research on their own, in which case referring them to any of the mainstream EMDR websites (www.emdria.org; www.emdr.com; <http://www.emdrhap.org>; <http://www.emdrnetwork.com>)

would be helpful. In the case of my clinical director and CEO, outcomes data with the population we treat works best, which is what I am currently presenting to obtain further time and training resources for EMDR at my agency.

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