

March 9 EMDR Trainer Town Hall – Summary Report

Please briefly describe how you are currently conducting the assessment.

Trainers are employing a variety of mechanisms to creatively provide the learning assessment to their trainees.

Many trainers are embedding the assessment questions into their existing learning management system (Moodle, Canvas, Pro Prof, etc.) and encourage trainees to complete the assessment as soon as possible and also allow trainees to retake as often as needed in order to pass.

Many provide assessment questions to trainees during beginning of course, allow open book for assessment and require completion of assessment before receiving documentation of course completion/CEs. The pass rate varies by trainer but generally appears to be between 70-80%.

Some trainers send a printed hardcopy of the assessment to trainees and instruct trainees to listen for and answer the assessment questions as they go throughout the training.

Some trainers offer the assessment to trainees through polls, google forms or survey monkey. Some trainers offer intermittent quizzes & polls throughout the duration of training in order to facilitate learning of the assessment items and then issue the assessment on the final day of training.

Several trainers mentioned they allow trainees to complete the assessment as a group and/or allow trainees to take it alone, then with a colleague and then as a group in order to reinforce the learning of the assessment items.

Many trainers indicated that they have a way of highlighting or identifying important assessment items in training materials while a handful mentioned they are teaching to the test to ensure trainees are able to pass. Several trainers mentioned include visual markers on their power point slides that answer the assessment questions, doing “chat bombing” assessment questions throughout the training, and specifically setting aside some time each day to review assessment items that pertain/correspond to that day’s training material. A few trainers stated that they explain the assessment as a tool for trainers so they know they are able to get the content across to trainees and not so much as a test for trainees.

Several trainers mentioned that if there are multiple trainees getting a specific assessment question wrong, then they have developed a method for following up on that particular item (by follow up video, re-teaching specific content, etc.)

If you are doing a pre-assessment as well as a post-assessment, how is that working? What are the advantages or challenges with it?

The vast majority of trainers are offering a post-assessment only. Many trainers stated that they do expose trainees to learning assessment questions throughout the course of the training (highlighting slides, using polls or some other mechanism to identify/reinforce assessment questions) as this allows the trainer to gauge how trainees are receiving information and gives trainees exposure to the assessment questions ahead of time.

Several trainers are either in the process of developing a pre-assessment or already have one in place. A few trainers mentioned that the pre-assessment could be a good motivator and a way to get trainees to begin reading the Shapiro text prior to the training, as those who do pre-reading seem to have a better grasp of the content when they get into the actual training.

Several trainers mentioned trainee test anxiety as a challenge and one trainer stated that translating assessment questions from English into another language has been a challenge as some trainees struggle to follow and comprehend. A question was raised regarding how new research and content will be incorporated into the assessment so that the content is current and up to date.

How much assistance are you giving with the assessment answers and how long do people have to complete the assessment? What are the advantages and disadvantages you see?

Many trainers provide assessment questions to trainees during beginning of course, allow open book for assessment and require completion of assessment before receiving documentation of course completion/CEs. Several trainers require assessment to be completed during the course of the training (e.g. in between training weekends and/or prior to consultation hours being completed). Some allow assessment to be taken as often as needed to get passing grade.

Some trainers indicated that they are using certain creative methods like highlighting slides with assessment item questions, online Jeopardy, chat bombing, zoom polls and other techniques to assist and engage trainees with the assessment questions.

Some trainers stated that they like discussing the assessment questions and answers along the way, because that appears to be helpful in terms of trainee learning (versus telling them to look it up in the book). For some of the more complex (or oddly worded) assessment questions, trainers will identify the assessment question and specifically go over that when they reach that section of the training content.

Several trainers mentioned they allow trainees to complete the assessment as a group and/or allow trainees to take it alone, then with a colleague and then as a group in order to reinforce the learning of the assessment items.

Advantages include allowing trainees to retake the assessment as often as needed in order to obtain passing grade. Disadvantages are that trainees have to be constantly reminded to complete assessment so they can complete the training; trainees who aren't tech savvy struggle to complete the assessment through the online platform; trainees may be able to pass the test and follow procedural steps but the test can't determine whether they are learning to apply EMDR therapy safely & effectively.

**How do you manage a trainee who is unable to demonstrate mastery of the content or the practice?
What policies should EMDRIA consider in this regard?**

There was a wide range of different discussions and responses from trainers on this topic.

Some trainers felt they should not be responsible for judging and/or failing trainees and believe that this level of judging/evaluation should be reserved for the EMDRIA Certification level. Some trainers agreed with the idea they are simply signing off that a trainee attended and got what they paid for even if they don't think that person is competent.

Some trainers spoke about providing additional support to trainees who struggle with material or practicum (like switching trainees in dyads/triads) or if a trainee has personal issues, they should be encouraged to seek treatment and then return later to complete the training. Some trainers mentioned offering full or partial refunds and/or encouraging trainees repeat the training or take refresher courses.

Several trainers reported having trainees who they believed were not competent to be practicing therapy at all. One trainer reported offering a refund and getting the person out of the training. Another trainer reported removing a trainee and adding a removal clause to the participant agreement after that experience.

Several trainers stated that there should be a universal or standardized participant agreement form for trainer's use that are specific to virtual training participants and include things such as: Harassment Policy; Professional Behavior Expectations; Keeping Camera Turned On; etc.

Several trainers mentioned that there is a difference between mastery and competence and expressed concerns about liability for trainers if they have to monitor for mastery of EMDR for basic training. Another trainer mentioned assessment of learning the materials versus mastery and stated that expecting someone to master EMDR after completion of training is too much. Mastery is more geared towards the EMDRIA Certification level and not training completion. Mastery takes many years.

One trainer mentioned having a process in place to ensure trainees are achieving the expected performance level but stated it isn't about evaluating their competence. The focus should be on fidelity rather than competence.

Several trainers stated that they wanted backup from EMDRIA.