

## PERSONAL EXPERIENCE OF BECOMING AN EMDR PRACTITIONER

Alma Kovačić

*Cantonal Prosecutor's Office of Una-Sana Canton in Bihać, Bihać, Bosnia and Herzegovina*

\* \* \* \* \*

### INTRODUCTION

Becoming an EMDR practitioner for me, as an already graduated gestalt psychotherapist, meant awareness and seriousness in the approach to a human being as the basic reason for the existence and focus of the action of therapeutic approaches. Although EMDR treatment, in its presentation, is one of the most effective approaches in the treatment of trauma, I was reserved for such "miraculous" successes. Especially because one of the basic lessons I learned as a trainee of Gestalt therapy is about the therapeutic relationship as the core of therapeutic work, which - provided it is adequate, timely, and authentic – actually heals; and that work techniques are aids by which we teach clients new skills, ways of coping and the process of organismic self-regulation. My first experience with EMDR treatment was during my training as a Gestalt psychotherapist, when the esteemed professor Bertram Muller, using the integration of the Gestalt approach and EMDR treatment, presented his work on the war trauma of one of the trainee. Her reactions during the treatment were completely unbelievable to me at the time (rapid emotional overwhelming, persistent crying, and presence in the "now and here" which the professor maneuvered with ease), and feedback after the treatment indicated a significant reduction in the tension she had previously felt. In October 2011, at the First Congress of Psychotherapists of Serbia, which I visited as a beginner - gestalt psychotherapist, with great enthusiasm, I met with this treatment again. The name of the congress was: "Psychotherapy and mentality - identity, belonging and change", during which a presentation of EMDR treatment was held. (I intentionally cite the name of the congress, because this paper actually talks about a kind of psychotherapeutic identity, belonging, and change). The workshop aroused great interest, questioning, and disbelief of the participants about the fantastic results of EMDR treatment, in working with trauma. However, the exhibitors explained the overall process of treatment in an argumentative way, with a note on the conditions required for attending the education, which, among other things included having a degree in psychotherapy. Although strongly attracted by education about this treatment, due to the distance of Belgrade, the high prices of education, I gave up the idea of further thinking

about EMDR. After a few months, as an expression of gratitude from the mother of a child I worked with, at the end of the treatment, I receive the book "EMDR - a new psychotherapeutic approach in the psychotherapy of anxiety, stress and trauma" (Shapiro & Forrest 2002), and become fully aware of my inner need for EMDR education, and a kind of confirmation of motivation for such education. After I received an invitation for EMDR training in Sarajevo in 2013, which was supported by HAP UK & Ireland, there was no doubt as to whether I wanted to apply for the training (Hasanović et al. 2018, 2021).

### CASE REPORT

#### Application for EMDR education

Applying for EMDR training required sending a resume and filling out the application form for Humanitarian Assistance Programs UK & Ireland (abbreviated HAP UK & Ireland) EMDR training. In the form itself, information was requested about an interested candidate with a clear note that the education is intended for professionals in the field of mental health who have already completed training in psychotherapy and who are already working with clients in psychotherapy. It is also noted that EMDR training is an adjunct to basic psychotherapy training and that it is useful if candidates already have knowledge and experience in working with trauma. It is stated that EMDR training is focused on the practical application of EMDR and the theory of adaptive information processing. As I had all these conditions met, all I had to do was fill out the forms.

The overall EMDR therapy basic training requires completion of 3 levels of training during a period that includes case supervision, as well.

#### The first level of EMDR training

Lecturers of the first level of education were clinical psychologist Alexandra Richman and Sian Morgan, President of Trauma Aid UK, translated by Sanja Oakley, also an EMDR practitioner and consultant, and assisted by Professor Mevludin Hasanović, EMDR practitioner and consultant. The first level of training had the character of getting acquainted with the model and theory of adaptive information processing, as well as with the phases of the EMDR protocol. According to

my later experience, the theory of adaptive processing needs to be studied in detail and clearly understood, because without understanding this model, the further application represents a dead end. The remark in the application form itself, which refers to the usefulness of knowing how to work with trauma experiences, also proved to be completely justified and logical. It is necessary to have a clear knowledge of the nature of traumatic experience, the distinction of developmental trauma from shock trauma (or trauma with small T and large T), traumatic memory, and neurobiology of trauma, in order to integrate the knowledge acquired at the first level of training. The reason for requiring a psychotherapeutic background is especially evident during the lecture on the client's internal resources, the therapist's understanding of this concept, and his obligation to adequately assess the strength and capacity of the client's internal resources and the client's general capacity for the EMDR therapy, before applying the treatment.

In addition to clear propositions and expected knowledge that education requires from the trainee, educators were able to permeate these theoretical concepts with the application of the EMDR protocol, creating a sense of clarity, security in its application, and thus supporting the implementation of the EMDR protocol. A very important part of the training was the task in which we immediately practiced the application of protocol phases, first practicing the creation of a safe place for the client-therapist relationship, being in the role both of the practitioner and the client, under the supervision of educators from whom I received significant feedback. Also, the experience in the role of a client was crucial in motivating my further education, as I became aware of the amount of information triggered by bilateral stimulation, kindling my curiosity about certain topics that I subsequently processed.

Apart from the theoretical background, the feeling I got - and in the creation of which the educators certainly played a crucial role - is the feeling of security and encouragement in the application of the EMDR protocol with our clients. In therapeutic terms, I would say that the educators have developed our internal resources very well and supported a sense of security in dealing with an unfamiliar situation.

Therefore, we were given the task to apply the classic EMDR protocol in working with clients who reported isolated, less stressful experiences.

### **The second training, an intermediate level of EMDR**

The second level of training was based on the areas of application of the protocol that requires further clarification. The importance of resource development was emphasized, as well as the difficulties in the application of the safe place exercise, which is the basis and a kind of indicator for the further application of the protocol. The concept of assessment, recognition of adequate and

correctly defined positive and negative cognitions has slowly expanded, while through the definition of negative cognitions the topics of security, control, responsibility (in terms of guilt), and responsibility (in terms of inadequacy) have been clarified. Examples and solutions were given in cases of blocked memories, flooding during the desensitization phase, as well as in teaching different strategies for unblocking blocked processing, ways of ending an unfinished protocol, body scanning in case of processed memories, and evaluation of the protocol itself. The conceptualization of the case was explained through the presentation of the appearance of symptoms as a function of time, ie the past, present, and future.

The second level of training deepened my understanding of how information is processed and stored and how it occurs through the client's symptoms and the emergence of symptoms during the application of the EMDR protocol. Compared to the previous level in which the educators were very supportive, during this level special emphasis was placed on situations in which the attitude towards the application of the EMDR protocol should be very careful, taking into account the results of the first three phases of the protocol. Since I applied the EMDR protocol with the client after the first stage of training, during which numerous difficulties and blocking beliefs arose, which could not be unblocked by the strategies learned until then, it became clear to me that EMDR treatment, although at first glance very easy to apply, requires focus, a stable theoretical basis on how information is stored and how it is manifested in relation to the intensity and nature of the traumatic experience, as well as continuous improvement of new skills and strategies. Thus, it's an approach that requires very serious preparation and evaluation of the client, as well as additional training and supervision.

### **The third training, the second/advanced level of EMDR**

The third level of training included summarizing previously acquired knowledge, case conceptualization in relation to simple and complex clinical presentations, developing resources, teaching strategies for applying cognitive interweaving, and working on dissociative disorders.

The third stage confirmed to me the conclusions from the earlier stage, ie that the implementation of EMDR requires serious preparation and assessment, bearing in mind that we had experienced supervisors available to us.

### **Supervision process**

Upon completion of the Basic EMDR training, education for EMDR practitioners continues through the supervision process. Aware of the number of clients and the propositions of the European Association for EMDR Practitioners, I immediately started applying EMDR in my daily work. My enthusiasm was huge, and looking

back at it now, I embarked with a lot of courage on working with individual clients. The supervisor Colin Brazier, who was assigned to me by EMDR HAP UK & Ireland, is - to my delight - of a basic gestalt psychotherapeutic orientation. Since the supervisions were in English, the future encounter created a sense of insecurity for me. As I already had the experience of supervisory work during my training as a gestalt psychotherapist, I had no prejudices or ambiguities towards the supervision process. I experienced this process as a process of supporting my further development, aware of the fact that I can gain a lot from it. Through individual gestalt therapy, I worked on the feelings of shame that the supervision process can cause in practitioners, so, in general, I experienced supervision completely positively. By definition, supervision is a learning process in which a psychotherapist has engaged with a more experienced practitioner in order to enhance his or her skills in the process of ongoing professional development. Supervision includes specific learning goals for the supervisee; the supervisor's role is to stimulate the integration of personal development, knowledge, and skills in the process of evaluating the interaction between the supervisee and the client. In this way, the well-being and development of the supervisee become just as important as the client's well-being, because increased supervisee's expertise will contribute to the client's well-being. (Gilbert & Evans 2008).

After the first meeting with supervisor Colin, via Skype, I felt a huge responsibility and gratitude to the people who supervised us, and at the same time gratitude and respect for the supervisor. My sense of insecurity, due to beginner nervousness and nervousness due to the use of the English language, has been reduced to a minimum. Through the supervision session, Supervisor Colin encouraged me with a supportive, educational style of supervision to think and comment on how to apply the protocol at the very beginning of practicing EMDR. The non-directive, open approach to supervision opened me to new ideas in working with clients and encouraged additional research on the theoretical basis of the problems I presented in supervision, with prior accurate mapping and education on how to apply certain strategies within the EMDR protocol. This way of supervision freed me from the need to justify my mistakes while working with the client, and to explain them, which is why I had a greater opportunity to learn, ie to face my own mistakes and limitations. I am very grateful that after each supervision session, we scheduled the dates of the next session in advance, so I had no room to idle and look for excuses not to practice EMDR. The supervisor, through my cases and during each meeting, informed me about any novelties in the application of EMDR.

Materials that I find particularly useful, generated by the supervision process, relate to the initial application of tests to assess the client's condition after the first

meeting (assessment of mental status and scale of significant events), assessment during the first interview, literature related to assessments of specific disorders, because by re-applying them I could also evaluate the treatment (Table 1).

**Table 1.** Supervision Record Form

---

Client number and initial  
Presenting problem  
Date first seen  
Number of sessions  
Setting where treatment took place

---

1. Supervision question:  
2. Symptoms and problems:  
3. Current situation:  
*What brings the client to treatment now:*  
4. Life history relevant to symptoms and problems:  
*Trauma history:*  
5. Diagnosis and Hypothesis:  
6. Basic treatment plan  
7. EMDR process (description)  
Picture:  
Negative cognition:  
Positive cognition:  
VOC:  
Emotions:  
SUD:  
Body Sensation:

---

Clients who have been a special challenge for me are clients with dissociative symptoms, attachment problems, and obsessive-compulsive disorder. The literature that I would single out refers to the materials pointed out to me by my supervisor and refers to the topic of assessment and treatment of dissociation (DES questionnaire) and the questionnaire for the assessment of somatoform dissociation (Somatoform Dissociation Questionnaire 20), which can be found at [www.pods-online.org.uk](http://www.pods-online.org.uk). The site offers information on how to treat dissociative disorders, provided by psychotherapist Carolyn Spring as well as very instructive and educational video materials in English. Then there's Paulsen Sandra's book *Looking Through the Eyes of Trauma and Dissociation: An illustrated guide for EMDR therapists and clients*, which presents a clear overview of working with dissociative disorders. By further exploring the research work on dissociative disorders, and following Paulsen Sandra's book, I found at [www.mid-assessment.com](http://www.mid-assessment.com) an excellent questionnaire called "The Multidimensional Inventory of Dissociation" which, after electronic filling, provides data not only on the degree of dissociation of the client but also on ego states, resistance, emotional suffering, attention-seeking, manipulative behavior of the client, in an electronic form. It is a questionnaire in Excel (Microsoft Office), after the application of which we have ready-made results, with graphical representations of the occurrence of these conditions and symptoms.

As I was especially focused on the topics of complicated PTSD and the work with clients who, at the time, had suffered multiple rapes, developmental traumas, or lost loved ones during the war, the supervisor referred me to the work of psychiatrist Bessel Van der Kolk. His book *The Body Keeps the Score* (there is no translation in BHS languages) explains in detail what trauma is, how it occurs, and how it affects the brain, mind, and body, how our brain heals, and indirectly our mind and body as well. Taking into account the Adaptive Information Processing model, the pages of this book fit into the EMDR concept, and working with individual clients became much clearer. Reading *The Body Keeps the Score* (2015), I also get acquainted with the teachings of Dr Peter A. Levine. As, meanwhile, I have been employed with the Cantonal Prosecutor's Office of the Una-Sana Canton in Bihać as an expert support in examining witnesses of sexual offenses, domestic violence, and war crimes, I also explore the themes of traumatic memory, and I meet Levine's name again and get myself his book *Trauma and Memory* (Levine 2017a). In the meantime, quite by accident, I found out that Dr Levine was going to hold an introductory seminar on Somatic Experiencing therapy in Zagreb, which I attended, and I find that some techniques learned during the seminar are invaluable in working on client resources and preparing for EMDR. Also, his explanations of traumatic reactions, the physical memory of trauma opened up to me completely new perspectives on the symptoms of our clients, especially dissociation, psychosomatic and somatic reactions. The book *Waking the Tiger* (Levine 2017), translated into Croatian, offers a whole series of techniques and exercises on understanding dissociative experience and therapeutic work with it. I would also mention Jim Knipe and his book *EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation*, which has not been translated into BHS languages. It has been valuable to me in my work with complex PTSD and dissociation. Equally useful material is Robin Shapiro's book *Easy Ego State Interventions: Strategies for Working With Parts*, which explains how to work with dissociative ego states.

In addition to the above material, during each supervision process, the supervisor selflessly shared his experiences of working with clients and the theoretical basis of the work, related to the particular supervision question. It awakened the motivation for further research into possible applications of EMDR; the supervisor did not offer ready-made solutions or clear instructions on work, but, through precisely directed questions, he made me aware of my reasoning processes during the therapeutic process, and thus, through questioning my theoretical EMDR knowledge and experience with the client during work, I would come up with an answer, i.e. what I need to apply and do next time on therapy. When I became aware of my

deadlocks, the supervisor used a theoretical background, ie education, to point out possible ways of working with the client, while making sure that I applied the protocol in the right way.

For each of the clients, it was important for me to answer the questions in the application. The form I used in agreement with the supervisor, which served as a basis for preparing the supervision question (attached), facilitated my accreditation process because, in due course, I had the information required by the application filled in. Also, during the accreditation, I recorded two video presentations of working with the client using the EMDR protocol, in order to present practical work with the client. Since both videos were in Bosnian, I translated one and made subtitles in English in a special computer program. The video showed the practical work and application of the protocol, after which the supervisor, using the totality of data, was able to assess my work in accordance with the questions posed to him on the application form. The form, among other things, includes marking the exact number of supervisions, the number of clients with whom the protocol was applied, the number of EMDR sessions, and parts of the application (A, B, and C) that referred to the supervisor's view of my work, as well as his reference in my professional practical use of EMDR, clinical supervision, consultations, ethics in practice and professional character. The parts (A, B, C) to be completed by the supervisor related to the use of the AIP model, its understanding and application in treatment (part A), the use of the basic eight-phase EMDR protocol with a clear explanation of each of the protocol phases and the conditions to be met in order to adequately implement the protocol (part B), as well as the presentation of knowledge on complex PTSD and the presentation of EMDR protocols in relation to special situations and problems such as phobias, somatic disorders, recent events, etc. (EMDR Europe Accredited Practitioner Competency-Based Framework 2008).

After the accreditation process was completed, I received a notification from my supervisor, and after a few days, it was delivered to me officially, first by e-mail from the EMDR Association UK & Ireland, followed by regular mail.

This paper aims to clarify the process of education and the acquisition of European accreditation for EMDR practitioners, by describing the personal experience in obtaining the European certificate of completion of the accreditation for an EMDR practitioner.

## DISCUSSION

The process of education from EMDR has its clearly separated phases, which after three levels of training, leave the trainee the opportunity to determine the pace of the supervision process, concerning the EMDR

practice. If the trainee does not practice EMDR, he/she cannot progress in the accreditation process. It was very important for me to start applying EMDR immediately after the third level of training because the acquired knowledge was still fresh and stimulating. Interestingly, people with complex clinical pictures often approached me during that period, and I was very lucky to have the opportunity to regularly supervise the work with my supervisor. From the initial impression that EMDR treatment is just a simple treatment that achieves fantastic results, I got the impression that it is actually true, but only when applied by a skilled, conscious, very well educated practitioner. Gaining experience is crucial in education.

The EMDR session is fast, requires the flexibility of the practitioner and the client, a sense of security for the practitioner and the client, and the practitioner is required to closely monitor the process and the client himself/herself, while the client is being monitored and led. The practitioner must be in a position to understand what is happening in the process, to check the background in parallel with the client's processing, both theoretical (ie what happens in terms of disturbances) and the client's processing background, to use techniques to help the client untangle issues, and following the client's narrative and his cognitions, feelings, insights, to recognize when the client is not yet ready for treatment or continuation of the processing, and to support him/her and to recognize when it is adequate to continue, when the client himself seems unable to overcome blocking points. I believe that the role of the supervisor is equal in working with the supervisee, ie to teach the practitioner to lead the process himself/herself (not to lead it instead of the supervisee), to check his/her ability to use EMDR protocol, to support him/her enough to cope in new situations, using theory, and to teaching him to recognize his/her limits and seek additional help. In my supervisory relationship, but also the overall education, I felt sufficiently supported and empowered to dare to go to "places" unknown to me with prior theoretical preparation and a clear intention and goal - to help and facilitate the client's healing, so that the result of our labor helps the clients to function healthily in the present and to face the future challenges of life, and to make their "painful experience/re-creation of trauma" (Van der Kolk 2015) a part of the past.

## CONCLUSION

Education in the theory and practice of EMDR therapeutic techniques is a demanding, complex and creative process, which when followed regularly with the support of a sincere and experienced supervisor leads to successful accreditation by the EMDR Association Europe for an EMDR Practitioner.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

## References

1. Chu JA: *Dissociative Experiences Scale*, 2011. Retrieved from <https://support.pods-online.org.uk/screening-tools>
2. Dell PF: *The Multidimensional Inventory of Dissociation*, 2008. Retrieved from <http://www.mid-assessment.com/>
3. *EMDR Europe Accredited Practitioner Competency-Based Framework (2008)*. Retrieved from <http://emdrassociation.org.uk/download/3213/>
4. Hasanović M, Morgan S, Oakley S, Richman S, Šabanović Š & Pajević I: *Development of EMDR in Bosnia and Herzegovina – From an idea to the first EMDR conference*. *Psychiatria Danubina* 2018; 30(Suppl. 5):243-248
5. Hasanović M, Morgan S, Oakley S, Richman S, Omeragić I, Siručić N, Kokanović I, Imširović F, Hrvic Dž, Stajić D & Oakley Z: *Development of EMDR Therapy in Bosnia and Herzegovina - Education by Supervision to Accreditation*. *Psychiatr Danub* 2021; 33(Suppl. 1):4-12
6. Kline J: *EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation*. New York: Springer Publishing Company, 2015
7. Levine P: *Waking the Tiger*. Zagreb: Planetopija, 2017.
8. Levine P: *Trauma and Memory*. Berkeley: North Atlantic Books, 2017a
9. Nijenhuis ERS, Spinhoven P, Van Dyck R, Van der Hart O & Vanderlinden J: *The development and the psychometric characteristics of the Somatoform Dissociation Questionnaire (SDQ-20)*. *Journal of Nervous and Mental Disease* 1996; 184:688-694
10. Paulsen S: *Looking Through the Eyes of Trauma and Dissociation: An Illustrated Guide for EMDR Therapists and Clients*. Charlston: Book Surge Publishing, 2009
11. Shapiro F: *Easy Ego State Interventions: Strategies for Working with Parts*. New York - London. W. W. Norton & Company, 2015
12. Van der Kolk B: *The Body Keeps the Score*. New York: Penguin Books, 2015

### Correspondence:

Alma Kovačić, Psychologist, Accredited EMDR practitioner, Gestalt Psychotherapist  
Cantonal Prosecutor's Office of Una-Sana Canton in Bihać  
77 000 Bihać, Bosnia and Herzegovina  
E-mail: [alma.kovacic@icloud.com](mailto:alma.kovacic@icloud.com), [alma.kovacic@pravosudje.ba](mailto:alma.kovacic@pravosudje.ba)