

PERSONAL IMPRESSIONS AND SELF EXPERIENCE DURING EMDR TRAINING AND GROUP SUPERVISION

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INTRODUCTION

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches. As EMDR is a mental health intervention, it should only be offered by properly trained and licensed mental health clinicians (Anonymous 2018).

An EMDR International Association (EMDRIA) approved EMDR Training provides trained clinicians 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. Also, an EMDRIA approved EMDR Training provides, at a minimum, instruction in the current explanatory model, methodology, and underlying mechanisms of EMDR through lecture, practice, and integrated consultation.

While the EMDRIA Approved EMDR Training Curriculum outlines the minimum requirements which need to be met, the developer of a specific curriculum can enhance or expand any portion as they see fit. This minimum training requirements include: 20 hours instruction material, 20 hours supervised practicum, and 10 hours consultation. Supervised Practicum which needs to be realized in 20 hours has the goal to facilitate the demonstration and practice of the EMDR therapy methodology by trainees (Ališahović-Gelo 2017, 2018).

One cohort consisted of three parts of EMDR training. The first level was realized through three days where trainees were introduced to basic principles of EMDR therapy in interactive lectures about the history of EMDR, eight phases of EMDR protocol, practicing in a small group, in couples and triads under the supervision of trainer and facilitators.

The second part of training is intermediate level, and it consisted of practicing of eight phases of EMDR protocol, practicing in small groups, in couples and triads under the supervision of trainer and facilitators, additional theoretical learning, with supervision of case reports that trainees brought from their practice after the first level.

Finally, the third part of EMDR training needs three days for realization where trainees were introduced to advanced principles of EMDR therapy and work with the complex medical conditions in interactive lectures following the eight phases of EMDR protocol, practicing in small groups, in couples and triads under supervision of trainer and facilitators, with group supervision of case reports that trainees brought from their practice after the intermediate level.

For those who completed all three theoretical parts of EMDR training, they accomplished the condition for the process of supervision, whether in person or by Skype, for acquiring accreditations for European accredited EMDR practitioners, which lasts a minimum of two years under the supervision of accredited EMDR consultants, accredited from EMDR Europe (Hasanović et al. 2017, 2018).

The aim is to describe some personal impressions and self-experience gained during EMDR training and 18 implemented group supervision.

CASE REPORT

The proposal from Professor Mevludin Hasanović, MD, PhD, to participate in EMDR Training was not difficult to accept without hesitation. Although I knew some basic things about EMDR, I considered it was the opportunity to expand my knowledge about that psychotherapy method.

HAP UK&Ireland and the Association of EMDR Therapists in Bosnia and Herzegovina organized trainings in Tuzla. The first level of training was realized from 28-30 April 2016. The second part of training is intermediate level was realized from 26-27 August 2016, and the final third part from 15-16 December 2016. After finishing each level, all the participants got a Certificate of attendance.

When finishing all three parts of training, all participants were assigned a supervisor and supervising group. I am a trainee of a group that consists of six members who come from Gradačac, Brčko, Lukavac, Sarajevo, and Tuzla. We meet for supervision in Tuzla once a month, or more often, depending on how the members of a group and supervisor compromise,

considering their personal and work obligations. Between the supervisor and members of the group, there is always a high level of flexibility and willingness to compromise about the term of supervision (Gilbert & Evans 2008). Each supervision lasts for 120 minutes when every trainee has 20-30 minutes to report the case that he/she brought from his/her practice. Sometimes, it takes longer than 30 minutes for each trainee to report about the case, depending on the complexity of the case itself.

Training

All three parts of EMDR training were very useful and nice experience which gave me a basic knowledge of EMDR and encouraged me to start practicing EMDR in my practice. During EMDR Training and after finishing the third part of it, I worked as a medical doctor within family medicine, in a field clinic which belonged to Primary health care of Gradačac. The field clinic was 15 kilometers away from the central object of the Primary health care center, and I was the only doctor there. I and my nurse did all the work that we considered ourselves competent and trained to help patients without harming them. More serious and difficult cases we had to send to other colleagues, specialists to Primary health care in Gradačac or to University Clinical Center Tuzla which was 60 kilometers away.

First contact with EMDR in practice

When starting practicing EMDR in the place I worked at that time, I did not feel comfortable, but yet decided to be courageous and start practicing EMDR with patients. It was very challenging for me to treat a patient who needs help with the psychological symptoms on one side, and on the other side, there was my own battle with my own insecurities, doubts, and yet I knew the patient must not notice that. I was questioning myself whether I had enough knowledge and courage, how to trust myself so the patient could trust me, what if something went wrong and I was not able to solve it, what if the patient's symptoms got worse. There were a lot of dilemmas. I had to decide to think positively, to be courageous, and start doing EMDR treatment. That decision help me to feel more comfortable. After the first step, all the following ones were easier to make, I felt more comfortable and relaxed, but equally responsible (Siručić & Hasanović 2018).

By the words of our supervisor, in situations like that, we could contact him by telephone if he is not able to help personally, which helped me feel more secure and courageous at the time (Gabbard 2017).

At that time I choose patients for EMDR treatment who considered could help to solve their psychological symptoms with my current knowledge from EMDR and the amount of courage I had in that moment. One of my first patients for EMDR treatment was a 6-7 years old

girl who felt anxious and fear which was connected with a traumatic experience when the dog frightened her. I decided to do EMDR with her even though I was not educated to work with children considering the training we had until then. That was a very positive experience considering that she was released from fear after one or two sessions. At the moment I did not realize how she could be released from symptoms so fast, which came clear to me at the EMDR trainings that followed when learned that processing of the traumatic experiences with children occurs more quickly and easier than with adults.

Group supervision

Group supervision followed after a few EMDR sessions. I did not know anything about it. It consisted of supervising question that comes first, and then followed presenting the case I brought from my practice. In detail, anamnesis, safe place, patient's problem, processing described in detail with all the interventions during the processing. If the session was finished as complete, describing in detail installation and scanning. If the session was finished as incomplete, describing how I finished such session, checking SUDs in the end, whether I did relaxing exercise with a patient in the end and which one was it, when did I plan the next session with the patient, did I explain what the patient could expect after the session and how to deal with it. After I report all those things, follow the feedback from other members of the group and supervisor, and also the supervisor's opinion about the case I presented and corrections about how it could be done. At the end of each presented case, our supervisor never forget to say what each of the supervising group members did well and to encourage each one of us to continue practicing EMDR (Gilbert & Evans 2008, Gabbard 2017, Hasanović et al. 2021).

After our 10th supervision, I moved from Gradačac to Sarajevo for a new job and a psychiatry residency in a psychiatric hospital. Considering that, by moving, I felt a great change in every aspect of my life, I did not feel the same confidence with doing EMDR, it felt like I am at the beginning again. I felt very insecure, did not believe in myself or that I could do EMDR. It looked like the patients are different, that the psychopathology of the patients is more difficult, everything felt more difficult. I did not expect I would feel all those things. Therefore I missed three supervisions in Tuzla because I could not make myself go, it felt like a great burden at that moment, too many new things in a short time. Then I continued with supervisions, but did not have a case from my practice to present.

In front of myself and others, I would always find an excuse for my actions. When I think about it now, those excuses were very unrealistic and unfounded, in one word-only excuses. It did not seem so at that time, until my supervisor, with his skillful professional approach,

faced me with my own doubts, fears, and disbelief. This was not a pleasant feeling at that moment, but I know now that is something I am very grateful to him for, which made me go back on the rails of my life and practicing EMDR again.

Now, with the permission and consultation of my superiors, I practice EMDR in the hospital where I work. Like in my previous beginning, I feel joy during and after every session because doing something useful and helpful for the patient. When I reported my case in our supervision in Tuzla after a pause in practicing EMDR, just like the first time, I felt very happy and satisfied knowing that I do something that I like. Based on all these things that I wrote, but also those I did not write, I would like to point out the unselfish, immensely great support of our supervisor which never failed us, even when we wanted to give up and we're losing our faith. I will be bold to say I believe that other members of our supervising group would agree with me.

During EMDR supervision I learned a lot. When I think about it now, I can say I admire our supervisor for teaching and supervising four beginners at first, and six later, when, I think, it is not easy to teach only one beginner, but six. Our supervisor insists on following the EMDR protocol correctly and not to skip any of its phases, encourages us to feel relaxed, but cautious, to be creative and make interventions, but at the same time to let the patient know that he/she has full control over-treatment and that the therapist only follows the patient. I learned that each patient progresses by his own rapidity, and I should be very patient, and not feel frustrated if the patient's rapidity does not match my own.

I learned I should pay attention to the preparatory phase, detailed anamnesis, when I actually have the chance to get to know the patient, which can help me realize what to expect during the processing, but not to rely on that completely, because there is always possibility to happen unexpected things. To me, the preparatory phase is important to find out as much information about the patient as possible, and to the patient is important to gain trust in the therapist during the preparatory phase.

I am grateful to our supervisor for unselfishness in sharing his knowledge with us, to him and the members of our group for their reflections, good and not so good ones, on all my cases brought to supervision. All of them were very useful for me. Also, I would like to thank all members of the group for the privilege to live through each of their cases and that way learn a lot of useful things that can be helpful for me if found myself in similar situation.

DISCUSSION

The previous text describes some parts of my self-experience during EMDR training and group super-

vision which helps me to learn something new and to progress professionally and personally each time. Therefore, I consider EMDR education as doubly useful, as for the present and future patients and myself (Hasanović et al. 2012).

As with training courses of any kind, both in the UK and overseas, we know that not all participants will go on what they have learned with proficiency or daily. For this reason, another important component is to provide ongoing supervision and support (Gilbert & Evans 2008, Gabbard 2017).

Since 2009 „Trauma Aid UK“ has fully trained 130 professionals in EMDR and estimates that more than 1.000 BH citizens have benefited from the process and are no longer suffering from psychological symptoms. In 2015, the newly founded EMDR Association of Bosnia and Herzegovina became a full member of EMDR Europe (Hasanović et al. 2016, 2017, 2018).

From my experience during training, and working EMDR with patients with ongoing well-structured group supervision, I believe that training for mental health professionals in Bosnia and Herzegovina with the unselfish help of trainers from Trauma Aid UK (earlier it was HAP UK&Ireland) and EMDR Association UK&Ireland occurred at the right time and that efficient use of EMDR will increase psychotherapeutic capacities in postwar Bosnia and Herzegovina (Hasanović et al. 2012).

CONCLUSION

On the way to gaining a certificate for European accredited EMDR practitioner, one should overcome a lot of obstacles, first our own ones and then others. First important thing is to have a clear motive, and then make a lot of effort and time to persevere on this path

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Nejra Siručić: conception and design of the manuscript and interpretation of data, literature searches and analyses, evaluations, manuscript preparation and writing the paper.

Mevludin Hasanović: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

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