

New Protocols give hope for OCD treatment

Matthew Wesson found John Marr's interactive approach to delivering workshops a refreshing change

Rarely do you find clinicians who 'relish' in trying to help clients with OCD and therefore it was no surprise that this workshop covering how EMDR might be used with this disorder was so well attended. Another reason for the high numbers may be that this was organised by the West Midland EMDR Support Group, who manage to deliver exciting workshops on varying subjects often for under £50!

Many may have read the fascinating article by John Marr about his case series using EMDR with OCD that was published in the *Journal of EMDR Practice and Research* in 2012 (Vol 6, No 1, pp 2-16). If you haven't, it is well worth a read via open access. This workshop focused on this paper but began with some background information on the disorder. This included the World Health Organization statistics of how damaging this problem can be on people's lives. In addition, reference was given about the poor recovery rates achieved by treatments such as Exposure and Response Prevention (ERP). When you then include the high relapse rates, the long term recovery of clients who have been through CBT is very much in the minority. Therefore, it is no surprise that people continue to look at more effective treatment options. John Marr is one of those people, who decided

to use innovation and fresh thinking to four clients that presented to his clinical practice with OCD some years ago, all of which had not responded to an ERP type approach. More recently this has led to him collaborating on a RCT with Leeds NHS Trust looking at effectiveness of both CBT and EMDR with OCD. Although the results are yet to be published, he indicated that the results look promising for the EMDR protocol.

John decided to run the day

to the agenda of the audience with much of the time spent answering questions about the protocol. This was a refreshing change from the death by PowerPoint experienced at many other study days. His approach gave rise to lively debate about how to understand his OCD protocol compared to the standard protocol. There were still many questions going into lunchtime so after the break John took us through the protocol step-by-step. In the published paper there were

descriptions of two variants of his approach but the afternoon concentrated on the variant called OCD Protocol with Delayed Cognitive Installation, John's favourite.

After history-taking and the preparation phase (including a dry-run of processing) you then identify each current trigger (OCD event). The sequencing of targets is decided by therapist and client, and can be any of the following: first experience of the event, the worst experience, or the most recent experi-

Inside Transport for London's Counselling and Trauma Service

Beth Glanville on the critical role that EMDR plays in helping to keep London's 12 million daily passengers on the move

Around 2-3 per cent of the 28,000 staff at Transport for London (TfL) present at its Counselling and Trauma Service (CTS) annually with a range of issues, including single-incident traumas such as train suicides, near misses and assaults. In my experience, up to half my caseload at any given time will consist of clients who have been traumatised while at work and a small number who have been traumatised outside of work. Other presentations may include stress, anxiety, depression, bereavement and other personal and developmental issues. CTS therapists are

extensively trained in delivering a wide range of therapeutic interventions and deliver-itors would cease. The CTS also works with staff who have become distressed fol-



EMDR is central to our work.

Many of our clients undertake 'safety critical' tasks in various departments of TfL. They may be operational, office-based or control-room staff, maintainers, supervisors or managers without whom the business of transporting the many millions of London's commuters and vis-

lowing rare critical incidents where, for example, there have been multiple deaths on the network, or a traumatic event that has impacted on several people.

EMDR began to find its place within TfL about a decade ago when clinicians within the CTS' specialist trauma department started training

ence. The therapist then says, "Play the mental videotape of the circumstances of this OCD event. When you begin to experience anxiety similar to the anxiety that you experienced during the actual event, let me know." At this point a modified version of the standard EMDR protocol for Phase 3 is then applied, with the client asked to identify the image, emotion, and bodily sensation. The SUD rating is optional and both the negative and positive self-referencing cognitions are not explored. EMDR processing is then used to desensitise the disturbing part of the video playback, and continues until the therapist and the client feel this particular anxiety has been processed fully. The next disturbing part of the playback video is identified by saying, "Close your eyes, and mentally run the movie of the OCD event from where you stopped, until you notice anxiety." The next identified sequence is then processed, until the therapist and the client feel this particular event has been processed fully. This procedure is repeated until the playback video can be run three times without any emotional or somatic distress. Then this whole process is repeated for all OCD Events.

John went on to explain that his innovation has continued since the publication of this protocol including how he now tends to process in the order of Present, Past, Future targets where original article lists the order as Present, Future, Past. He explained the technique of 'back-pocketing' the Touchstone memory should it come up during the processing of Present, and then processing this with the standard protocol after all present triggers have been processed. The day also included time to try the protocol with a partner, getting some impressive results in a short time. The workshop finished with John demonstrating the protocol with a volunteer in front of an enthralled audience. In all it was a fascinating day with many going away keen to try this in their own clinical practice.

Matthew Wesson is an EMDR Accredited Trainer and Consultant for The EMDR Academy, which runs accredited courses in Chester, London & Leeds

in and working with EMDR. Introducing EMDR gave clinicians a shared approach to working with trauma – as well as with wider presentations – that complemented their established ways of working. Since then, EMDR has become embedded within the CTS as a key tool. Peer meetings and monthly EMDR supervision ensures that CTS clinicians are well supported. The group nature of supervision ensures ongoing development and strengthening of the team and helps to mitigate the risk of vicarious traumatisation and burn-out.

As might be expected, sufficient time for psychoeducation is critically important in helping clients to normalise their psychological and physiological responses to traumatic events. Clients are introduced to EMDR and to grounding and resourcing techniques. These support and develop the client's capacity to self-soothe and self-regulate and this collaborative work greatly contributes to building a strong therapeutic alliance. Indeed, some clients find that such resourcing – which is similar to some interventions used in Compassion Focused Therapy – gives them sufficient grounding and stability to forego the processing stages. Clients who continue with processing will be screened for dissociation and may be asked to provide a timeline of their traumatic experiences in order to put an appropriately targeted treatment plan in place. These measures enable clinicians to work safely.

Those presenting with single-incident trauma may find that after just a few EMDR sessions their symptoms have subsided and they feel ready to return to work. Meanwhile those with more complex trauma or other presentations such as depression and anxiety are often helped by EMDR to get into deeper material more quickly than if they had engaged with other time-limited therapies. In such instances, clients and counsellors contract, prior to processing, what they will target. Clinicians will continue to support and work with clients during their transition back into the workplace. This transition will often entail alternative duties before resuming their regular role and clinicians will offer more EMDR sessions as appropriate.

Experience shows that EMDR helps clients who have been referred to CTS to process their trauma – and return to work – safely and more quickly than would otherwise be the case. Following an assault, one of our clients treated with EMDR said that her previously sharp traumatic memory had become 'fuzzy'. Another who had witnessed a train suicide said she now felt as if 'the whole event is in the past and not something I am constantly reliving', which was echoed by another client who said 'my eyes are going from side to side and my brain is bouncing up and down, and then it is gone! It's in the past!'. One particularly enamoured client, whose recent assault had triggered memories of an earlier assault some ten years previously, exclaimed 'now that is what I call therapy! It's got right in there and into the heart of the stuff!' Yet another, who had witnessed a near miss on the track, asked "What did you do? Where has it gone and how did you do that?!"

Overall, clients report that immediately after treatment the emotional intensity associated with a traumatic memory is reduced. Clients say that after a few days their vivid flashbacks and ruminating thoughts disappear and the experience becomes much like a normal memory, rather than continuing to replay in the present. Post EMDR therapy, clients have reported improved sleep, decreased feelings of anxiety, irritability and hypervigilance, and a more positive outlook. Client cumulative scores on the Impact of Events Scale - Revised (IES-R) consistently demonstrate that subjective distress has lessened throughout the course of therapy as a result of EMDR treatment.

Beth Glanville is an integrative Psychotherapist and EMDR Practitioner at TfL and has a private practice in NW London. She is the Reviews Editor for the online journal [Contemporary Psychotherapy](#)

Resource activation successful in treating PTSD in Cambodia

The publication of one of the research strands of the Mekong 1 Project in June brought to mind Rolf Carriere's keynote address to the Association's annual conference which was held in Liverpool two months earlier. Carriere reminded us of the key role that EMDR can play in reducing the burden of global trauma through the training of local health professionals. He reminded us that there will be sceptics, just as there were when, as part of the smallpox eradication programme, it was proposed that non-medical health workers be trained to vaccinate. The randomised controlled trial compared resource activation for PTSD with waiting list, in patients suffering PTSD in Cambodia. It shows very clearly that it is not only possible to train local psychologists in trauma therapy but to gather the rigorous scientific evidence to prove the efficacy of the intervention, even in a developing country such as Cambodia which is still recovering from devastating civil conflict and which still struggles with poor standards of health and education, rural exodus and political instability (Steinert, C. et al., 2016, Treating post-traumatic stress disorder by resource activation in Cambodia, World Psychiatry, 15-2, pp183-185).

The trial compared a treatment group which received resource-oriented trauma therapy and resource installation with EMDR (ROTATE for short) with a waiting list control group. According to the authors, ROTATE includes "a variety of imaginative resource-activating methods" as well as EMDR

resource development and installation. The researchers chose ROTATE because it is safe, it considers comorbidity such as depression and anxiety, it fits well with non-Western patients as it can incorporate traditional healing resources such as mindfulness and because its basic elements can be taught easily, even to paraprofessionals.

Of 800 potential patients screened, 86 fulfilled the selection criteria and were assigned either treatment group or waiting list. Randomisation failed in 38 patients which meant the allocation ratio was skewed to 1.6:1, treatment to waiting list. Only two patients dropped out, one from each group. All non-treatment patients were treated after the end of the waiting period.

The results showed that PTSD symptoms fell significantly more in the ROTATE group. The researchers also conclude that establishing a secure patient-therapist relationship and emphasising the patients' own resources were significant factors in helping to reduce PTSD symptoms.

The researchers end the paper with the following: "Conducting a randomized controlled trial in a developing country is challenging. Nevertheless, we were able to show that the implementation of such a trial was possible and that the specific form of trauma therapy was well accepted by therapists and patients".

Omar Sattaur is an Accredited EMDR Practitioner and Editor of EMDR now. He counsels students and staff at the University of Manchester

Advertisement

Consultant's Day: Sat, 21st Jan 2017

Network, learn about accreditation, get up to date on the latest protocols and....
raise money for Trauma Aid UK (formerly HAP)

Saturday 21st January 2017
SOAS, near Russell Square, London

The content of the day is still being planned but will include Advice from the Accreditation Committee on:

- the evaluation of supervisees videos
- how to complete the assessment form
- questions about accreditation
- supervision by Skype for individuals and groups.
- the latest protocols we should all know about

The EMDR Association has kindly agreed to sponsor this event, so attending is free and a free lunch will be provided. As this is a fundraising event for Trauma Aid UK, all participants will be asked to donate at least £50 in order to attend.

Eligibility: you are a EMDR Consultant or Consultant-in-training, i.e. you have been an Accredited Practitioner for at least a year and you are providing supervision.

www.hapuk.org

Advertisement



We Offer:

- Competitive Prices
- Two Years Warranty on all Products
- Instant Service

Our Products:

Audio Scan Basic Unit, Tactile Unit, Eye Scan Unit

Tripods, Special Protection Bags, Spare Headphones, Extension Leads, Rechargeable Batteries and much more

You will also find on our Website:

- a wide range of Books and CDs, DVDs, produced by leading EMDR Therapist
- A wide selection of Leaflets and Guides produced by Trauma Aid UK

Please visit our NEW Website

www.emdrequipmenteurope.com

or contact us via e-mail

info@emdrequipmenteurope.com

or phone Ulf Jarisch

01531 820511 or 07968 747196

www.emdrequipmenteurope.com

EMDR UK & Ireland Association-Affiliated Regional Groups

REGION	GREATER LONDON	REGION	SURREY & SOUTH LONDON
CONTACT	Co chairs: Karen Spector: 020 8346 2666 email: Karen@spectors29.com Sue Cowan-Jenssen: 07970 531805 email: jenssen@blueyonder.co.uk	CONTACT	Coordinator: Michael Tidbury: 020 8669 2872 email: michael@michaeltidbury.bacp.co.uk
MEETING DETAILS	Bimonthly on the first Monday of the month, 16.00-17.30 Next meeting: 7 November Venue: Avenue House, 17 East End Road, Finchley Central, London N3 3QE	MEETING DETAILS	Fridays, 4-6 times per year, 15.30-17.00 Next meeting: 7 November Venue: Michael's home, Carshalton, Surrey
ACTIVITIES	Each of the six meetings is different. Some include feedback from conferences or workshops. Some focus on a topic/paper presented by one member of the group facilitating an open discussion with clinical examples. Some are open case presentations in which participants can bring clinical questions and issues.	ACTIVITIES	EMDR specific topics – ranging from EMDR and eating disorders to EMDR and learning disabilities and other topics in between.
PLANNED EVENTS	None at present	PLANNED EVENTS	Content is pitched to suit EMDR clinicians with at least Part I training. Friday 11 November 2016: Sian Morgan on EMDR with traumatised communities and individuals EMDR Association Approved CPD I unit Limited places 2017 CPD Events being planned

REGION	EAST ANGLIA
CONTACT	Co chairs: Mark Brayne, 07711 888682, mark@braynework.com and Sonya Farrell, 07824 380369, emdreastanglia@gmail.com Website www.emdrassoceastanglia.org.uk
MEETING DETAILS	Venue alternates between Norwich, Cambridge, Chelmsford and Bedford. 10.00-17.00, twice a year
ACTIVITIES	Networking day, with guest speakers, group networking, Consultant Q&A
PLANNED EVENTS	Saturday 26 Nov 2016: Cambridge networking day with Robin Logie on Flashforward, and Q&A with Association President Derek Farrell. See website for details and booking. Monday 23 Jan 2017, Bedford: EMDR Refresher Day with John Spector: Everything you need to update your practice. Saturday 22 April 2017, UEA, Norwich: EMDR Made Simple – using EMDR with every client, with Dr Jamie Marich Plus regional networking and Consultants' Q&A. Bookings opening shortly via regional website .



EMDR Association UK & Ireland
PO Box 3356
Swindon SN2 9EE
info@emdrassociation.org.uk



<http://www.emdr-europe.org/>
Dafna Kalkstein, EMDR Europe Association Administrator
dafna@emdr-europe.org
Katja Gasperini, EMDR Europe Executive Assistant
katja@emdritalia.it

The views expressed in this publication are entirely the views of the authors and do not necessarily represent the views of the EMDR Association UK & Ireland

Why not write for EMDRNow!

Give us your thoughts, share your clinical experiences. Tell us about an interesting paper or book you read or and engaging meeting that you attended. Write for EMDRNow and reach your colleagues (and clock up CPD!)

Contact Omar Sattaur:
o.sattaur@gmail.com

Regional Group Activities Contd.

REGION	KENT (FAR SOUTH EAST)	REGION	NORTH WEST
CONTACT	Philip Andrews Phone: 07507141304 email: philip@mindpositive.com	CONTACT	Coordinator: Judy Mellor Phone: 01524 770351 email: judy@judymellor.co.uk
MEETING DETAILS	To be decided	MEETING DETAILS	In the North West Region we have five Peer Support Groups (plus two currently not in operation) which meet regularly for clinical case discussions, see below. We do not have regional meetings per se, but instead, offer low-cost EMDR workshops or conferences annually, usually in Manchester.
ACTIVITIES	The Kent Regional Group has just had its inaugural meeting. We have yet to decide on details of the meeting.		
PLANNED EVENTS	We are planning a Spring Workshop in Kent, details to be announced before Christmas	PEER SUPPORT GROUPS IN THE NORTH WEST	
REGION	LEINSTER, IRELAND	North Manchester	Contact: Mary Burns email: mary.burns@cmft.nhs.uk When: 3rd Wednesday of the month Where: Bolton Frequency: Bi-monthly
CONTACT	Coordinator: Frances Collins: +353 868 246 114 email: emdrleinster@gmail.com	South Manchester/ Cheshire	Contact: Nick Adams Phone: 0161 4255683 email: nickadams@psychotherapy.co.uk When: 1st Wednesday of the month Where: Cheadle Frequency: Bi-monthly
MEETING DETAILS	Saturdays, 10.30 Venue: Tallaght Hospital	South Cheshire/ Stoke-on-Trent	Contact: Jessica Woolliscroft Phone: 01270 882349 email: jessica.woolliscroft@gmail.com When: Currently suspended Where: Sandbach Frequency: six-weekly
ACTIVITIES	Presentation on aspects of EMDR followed by discussion		
PLANNED EVENTS	Workshop on Consolidating and expanding EMDR expertise on Saturday 22 October 2016 at Tallaght Hospital from 10am till 5pm. 6CPD points approved. Presenter: Mr Gus Murray	Liverpool	Contact: Lucy Martin email: lu.mar10@yahoo.com When: Currently suspended
REGION	SOUTH WEST	The Wirral	Contact: Lyn Keenan email: contact@merseypsychotherapies.co.uk When: 1st Tuesday of the month Where: Birkenhead Frequency: Bi-monthly
CONTACT	Coordinator: John Campbell-Beattie Phone: 01752 484265 email: campbellbeattie@supanet.com	Preston	Contact: Candy Bamford Phone: 01772 611367 or 07853 197189 email: candy.bamford@arielleps.co.uk When: 2nd Tuesday of the month Frequency: monthly
MEETING DETAILS	Usually Fridays but not at set intervals 09.00-13.00 Venue: Buckfast Abbey Conference Centre		
ACTIVITIES	Predominantly CPD events for people in the South West as travel is an issue for this region	Lancaster	Contact: Judy Mellor Phone: 01524 770351 email: judy@judymellor.co.uk When: Thursdays, 1800-1915 Frequency: Monthly
PLANNED EVENTS	Friday 11 November, 09.00-16.30: Working with Veterans Presented by Matthew Wesson Cost £70 Details: EMDR South West .		

Charles Burdett: A legacy of EMDR in the North East

It is with great sadness I must report the death of Charles Burdett, Consultant Clinical Psychologist and EMDR Consultant. I had known Charles for 20 years, and by coincidence of working, my wife had known Charles since the late 1970s when they both worked in Leicester.

In the mid-1990s, Charles asked me to come to Durham from the Midlands. He was trying to introduce EMDR to the NHS in Co Durham, whose psychology department was very sceptical at that time. It was to be the start of my relationship with the North East and a factor in my decision to retire to York when I left the NHS. It is no coincidence that the current NHS incarnation in the area - Tees Esk & Wear Valleys NHS F Trust - now has close on 100 EMDR clinicians and a Trust in which EMDR is highly regarded. I can vouch that, indirectly, this is Charles' legacy.

When the original NE EMDR regional co-ordinator (Pim



Charles Burdett: sadly missed Draper) moved to Egypt as an ex-pat in the late 90s, it was Charles and I that re-launched the NE region in 2008 (about 5 years after I had established the Yorkshire region). Charles was an enormously skilful EMDR clinician from the outset and it was no surprise that he easily progressed to Consultant and then to NE Regional Co-ordinator (a post now held by one of his protégés, Symon Day). The same year as the NE region was re-established, the first Autumn Workshop Conference was held in York; this year, its 7th Conference, was in New-

castle. In the decade following my move to York in 2002, which in this case is certainly Charles and I collaborated on around 100 EMDR cases involving medicolegal claims, all with success.

Around 2014 Charles' health began to fail and, following various bouts of ill health, he eventually developed cancer for a second time. During 2016, he did not trouble his close colleagues with reports on his health.

Charles died in June this year. A group of his closest colleagues - all involved in EMDR - attended his cremation on 8 July in Darlington.

Charles is sadly missed, not a cliché. He was often his colleagues' greatest friend and confidant.

Yorkshire and NE regions are considering a small annual award in Charles' memory for a contribution to raising awareness of EMDR in our regions. The details are still to be worked out, but will be announced in EMDRNow in due course.

David Blore is an EMDR Consultant and Training Facilitator and CBT Therapist. He is a Visiting Lecturer Teesside and Sunderland Universities in the UK. He chairs the EMDR UK & Ireland Special Interest Group on Positive Psychology and EMDR

Advertisement

EMDR Association UK & Ireland Annual Conference & AGM

24-25 March 2017, London, UK

CALL FOR ABSTRACTS

The Scientific Committee of the EMDR UK & Ireland Association National Conference 2017 invites you to submit an abstract for the London Conference 24th & 25th March 2017.

Submission deadline: **11th November 2016**

Electronic submission is encouraged to matt.kiernan@northumbria.ac.uk however for those with special needs then a paper version can be sent to:

Dr Matt Kiernan PhD - LtCdr RN(Retd.)
Senior Lecturer in Research Methodologies
Northumbria University, Coach Lane Campus
East, Benton, Newcastle upon Tyne, NE7 7XA
Tel: 0191 215 6367 Email:
matt.kiernan@northumbria.ac.uk

Click [here](#) for more information and submission guidelines

Advertise in EMDR now!

EMDR Now has a circulation of more than 2000 and is a great way of advertising events as it goes to all Association members. There are four quarterly issues which run ads relating to: book sales; EMDR equipment for BLS; courses and workshops relating to EMDR and conferences on mental health. Adverts for events organised by the EMDR Association UK & Ireland (including Affiliated Regional Groups, Sections or Special Interest Group Events) and HAP UK & Ireland are free of charge. All others are charged at the following rates (subject to increase): one-quarter page at £100 and one-eighth page at £50. Deadlines for ads are: Winter: 15 November; Spring: 15 March; Summer: 15 June; Autumn: 15 September. Email o.sattaur@gmail.com