

GUIDELINES FOR Adjunct EMDR therapy: learning so far

First mooted in 2017 by Diane Clare, with support from EMDRNZ Board a pilot was developed with Kay McKenzie, Ian Wood and Chris Garvie. Our initial aim was to counter a tendency for ACC to send referrals for 'add on' EMDR for just 10 sessions without recognising that EMDR is an intervention that is not designed for a quick fix for complex needs. To address this, we designed a referral procedure with related forms and pre and post measures (PCL5 and DASS 42) allowing up to 20 hours of adjunct EMDR, with the aim of developing a more effective and standardised approach to the use of Adjunct EMDR, in order to improve access to EMDR for ACC clients. We consider it is now time to invite other EMDR practitioners to help us further improve the approach we have developed so far. The issues arising show the following:

1. The process and forms work well for assisting with a consistent approach to adjunct EMDR for ACC clients.
2. It is best for the EMDR provider to engage with the LP from the outset and to have a 3-way zoom / in-person meeting to manage expectations and identify limits, given the EMDR provider is not the LP but supporting the mahi.
3. Many clients have high complexity (trauma and attachment difficulties). This can take the adjunct work beyond the 20 hours of the original plan.
4. There are pros and cons to Adjunct EMDR with ACC clients. One key advantage is that the EMDR practitioner is not the LP, which frees the EMDR practitioner to provide EMDR to more ACC clients. A main disadvantage is that where the referral is due to the LP being stuck or struggling with complexity, then the referral would likely be better as a full referral to another LP (which may mean that the Adjunct EMDR provider is asked to become the LP) and not an adjunct arrangement.

We invite members to use our Guidelines using the referral procedure to guide your work with such referrals for adjunct EMDR provision for ACC clients, and to provide us with further feedback on ways to improve the process for clients, LPs and Adjunct EMDR practitioners. If you wish to do this, please use the referral process and related forms and the pre and post measures, with these measures intended to be communicated to the LP by the EMDR practitioner, so that information re the client's progress as a result of Adjunct EMDR can be communicated to ACC in Client Wellbeing Progress Reports. We are informing ACC of these Guidelines in the anticipation of a consistent approach to such referrals going forward.

If you are interested, please contact Ian Wood (ian@hopeworx.nz Tel: 022 032 1360) for details.