# University at Buffalo, The State University of New York School of Social Work

## EMDR (SW 593)

This course focuses on the origin, theory, components, research and application of Eye Movement Desensitization and Reprocessing (EMDR), a treatment method originally developed for treating trauma and now being applied to a range of client problems. Students will acquire the knowledge and skills necessary to utilize this method appropriately and effectively with diverse client populations and problems. Such use is based on an understanding of the theoretical basis of EMDR, client safety issues, integration with the comprehensive treatment plan, and supervised practice with the components of EMDR as well as its various applications.

Course Prerequisites: Participants should be either students entering their last year of a professional human services degree program (e.g., MSW), or licensed/certified mental health professionals. You will need to use EMDR with at least one client (because the course requires a case report); please be sure this will be an option for you in your agency or arrange to see a client in some other setting).

## Course Format:

* Instruction will include supervised practice in EMDR and participants will practice implementing the intervention with one another both inside and outside the class. As practice with EMDR requires experiential application of EMDR among students in the class, all students are expected to respect the confidentiality of others in the class. Students who are currently receiving therapy should consult with the therapist regarding the appropriateness of their involvement in the class.
* In order to provide for more intensive practice experience, there will be three longer class sessions scheduled outside of the normal meeting time. These intensive sessions will be co-facilitated by additional EMDR trained clinicians (in addition to the instructor).
* Internet access will be necessary to access articles and to complete parts of class assignments- an account will be available to you through the university if you don’t currently have one. You will need to obtain a University ID card in order to access your computer account and the course website. Ideally, this should be done prior to first class. If you have questions about how to do this, contact the UB Card Office at 716-645-6344.

Certificate of Completion: This course has been approved by the EMDR International Association (EMDRIA is the professional organization that certifies EMDR practitioners); it will meet the training requirements for certification (certification also requires some additional supervised practice, experience, consultation, and some additional continuing education). Those who meet the requirements listed below will receive a certificate of completion that they have successfully completed the course, and thus will meet the basic training requirements for certification.

Course Completion Requirements:This course has two parallel sets of requirements for completion. One is sufficient completion to obtain your UB credits The other is to be able to obtain your EMDRIA Basic Training certificate. It is possible to obtain UB credit, but not the Basic Training Certificate.

## Requirements for Course Credit

* + Complete the course with at least a B-
  + Receiving at least a B- in EMDR competency
  + Attend
    - * at least **80%** of classes
      * all of the intensive supervised practice sessions
  + Complete all course assignments with a minimum of a B- in each assignment

## Requirements for Basic Training

* + Complete the course with at least a B-
  + Receiving at least a B- in EMDR competency
  + Attend
    - * **100%** of classes
      * all of the intensive supervised practice sessions

Cost: 3 credits of graduate tuition (plus any fees the university might require for a part-time student); field educator tuition waivers should be applicable.

What Books Are Used in the Course? There are several required books and quite a few recommended books (to be selected by the students depending on their area of practice). In addition, there are articles that are provided on the course web-site. All the books will be available at the University bookstore. **While some additional books might be added, the following books will definitely be used as required books:**

1. Shapiro, F. (2017). Eye Movement Desensitization and Reprocessing: Basic principles, protocols, and procedures (3rd ed.). New York: Guilford Press.
2. Young, J., & Klosko, J. (1994). *Reinventing Your Life.* New York: Penguin.
3. Hensley, B. (2016). *An EMDR therapy primer : from practicum to practice*. New York: Springer Publishing Company, LLC.

## To Enroll:

1. Send (1) the completed form in this document, (2) a copy of your licensing/certification certificate (for professionals) or your most recent graduate school transcript and (3) a current curriculum vitae. Mail (fax: 645-3456 or email [swinfo@buffalo.edu](mailto:swinfo@buffalo.edu)) to Registrar, UB School of Social Work, 685 Baldy Hall, Buffalo, NY 14260-1050.
2. **If you are not currently a student at UB, you will need to submit an** [**online non-matriculated student application**](https://ubgradconnect.buffalo.edu/apply/?sr=ce28a190-0d04-4a2f-9518-39d3f0773fab). Go to: <https://ubgradconnect.buffalo.edu/apply/?sr=ce28a190-0d04-4a2f-9518-39d3f0773fab> and select Social Work non-degree student.
3. When your paperwork (and online application if applicable) has been received, you will be contacted to schedule a telephone interview with the instructor. Once the telephone interview is complete, the instructor informs the school registrar (Ashley Allen), who will register you for the class. If you decide not to take the class, you will need to drop it yourself, or you will be responsible for the tuition.
4. This registration process will reserve a place in the class for you. If you decide not to take the class, please notify Julia Parker as soon as possible so the space can be made available to other participants.

Questions? Questions about the registration process should be directed to Ashley Allen, registrar: 645-1273. Questions about EMDR or the course should be directed to Julia Parker, LCSW-R at [juliaparkerlcsw@gmail.com](mailto:juliaparkerlcsw@gmail.com).

# EMDR (SW 593)—University at Buffalo School of Social Work: Form for Current Graduate Students

Please complete this form & mail with a copy of your current transcript. Students must be in an advanced, clinical setting internship or in a similar job where EMDR can be used. Students may be asked to provide references from Intervention’s instructors if I don’t know you and your clinical skills.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Major |  |

**Print Clearly:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as you want it listed on your certificate: | |  | | | |
| Home Address: |  | | Home Phone |  | |
|  | |  |  | |
| Work Address: |  | | Work Phone: |  | |
|  | | Fax: |  | |
| Email Address: |  | | | | |
| Clinical Experience: | | | | |

**Course Agreement**

I have read and understand the preceding course description. I understand that learning EMDR involves course participants practicing EMDR on one another and that this is a necessary part of the learning process. While I know that this is not expected to function as therapy, I understand the importance of respecting other participants’ confidentiality and agree to do so. In addition, if I am in therapy myself, I certify that I have received my therapist’s clearance for engaging in such practice work. If I have dissociative disorder, I will let the instructor know this so I can be matched with appropriate EMDR teaching assistant/clinicians during the intensive practicum (note: this information will not be shared with other students). If, during the participation of this course, I find that I am having difficulty coping with feelings, thoughts or issues that come up, I agree to raise this with my therapist, or if I’m not in therapy, I agree to seek out the assistance of an appropriate professional through my health care provider, or through some other resource (the instructor can direct you to appropriate resources if necessary). I also certify that I do not have any medical conditions which you would preclude my participation in being an EMDR “client” in the practicum experiences (check with the instructor if you are not sure).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

# EMDR (SW 593)—University at Buffalo School of Social Work: Form for Licensed Mental Health Professionals

Please complete this form & mail with a copy of current transcript. Students must be in an advanced, clinical setting internship or in a similar job where EMDR can be used. Students may be asked to provide references from Interventions instructors if I don’t know you and your clinical skills.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Credentials |  |

**Print Clearly:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as you want it listed on your certificate: | |  | | | |
| Home Address: |  | | Home Phone |  | |
|  | |  |  | |
| Work Address: |  | | Work Phone: |  | |
|  | | Fax: |  | |
| Email Address: |  | | | | |
| Type of clinical work that you do: | | | | |

**Course agreement**:

I have read and understand the preceding course description. I understand that learning EMDR involves course participants practicing EMDR on one another and that this is a necessary part of the learning process. While I know that this is not expected to function as therapy, I understand the importance of respecting other participants’ confidentiality and agree to do so. In addition, if I am in therapy myself, I certify that I have received my therapist’s clearance for engaging in such practice work. If I have dissociative disorder, I will let the instructor know this so I can be matched with appropriate EMDR teaching assistant/clinicians during the intensive practicum (note: this information will not be shared with other students). If, during the participation of this course, I find that I am having difficulty coping with feelings, thoughts or issues that come up, I agree to raise this with my therapist, or if I’m not in therapy, I agree to seek out the assistance of an appropriate professional through my health care provider, or through some other resource (the instructor can direct you to appropriate resources if necessary). I also certify that I do not have any medical conditions which you would preclude my participation in being an EMDR “client” in the practicum experiences (check with the instructor if you are not sure).

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |