From Experience to Innovation: Educator and Trainee Voices on Research-Driven and Culturally Responsive University-Based EMDR Training in Aotearoa

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ABSTRACT

Eye Movement Desensitisation and Reprocessing (EMDR) training programmes are rarely delivered within university settings, with the University of Otago among the first institutions to establish a competency-based, research-informed model. Despite growing demand for EMDR-trained clinicians, no existing studies have explored how university-based training is experienced by trainees and educators. This study qualitatively explored participants' motivations, expectations, challenges, and feedback to support programme development. Using Thomas's (2006) General Inductive Method, themes were developed from interviews and focus groups with trainees, educators, and the course administrator. Findings highlight how prior clinical experience shaped engagement, the central role of experiential learning, and the need for stronger safeguards to support emotional safety. Participants emphasised the value of inclusive design, peer connection, and supplementary supervision access. Feedback included suggestions around improvements relating to practicum preparation, course structure, and integration of cultural content. These findings contribute to the development of sustainable, context-responsive EMDR training models. Future research should examine clinical outcomes, supervision models, and trainee preparedness across diverse training environments.

Keywords: EMDR training, university-based training, qualitative research, trauma education, cultural responsiveness

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"The skill level of each clinician has a profound effect on individual clients and on those with whom these clients come in contact. The successful treatment of one client can inspire others to seek assistance, while a failure can discourage many others. The joy of good clinical work is the ability to participate in a client's personal healing. Successful therapy causes a ripple effect through the population and through succeeding generations. But along with the potential for great impact comes a tremendous responsibility. If we do not take sufficient care to learn our methods well, we fail in our responsibility as therapists. The first rule is "Do no harm," yet we harm when we do not prepare enough to do our best. Our clients place their lives and their psyches (from the Greek word for "soul") in our care. Only our highest integrity, our most educated level of skill, and our most profound compassion should answer their need."

— Shapiro, 2018, p. 422

CHAPTER 1: INTRODUCTION

Introduction

Trauma is a common and often deeply disruptive experience, and therapeutic support plays a crucial role in helping people navigate its effects. Estimates suggest that 70% percent of individuals will experience a potentially traumatic event in their lifetime (Kessler et al., 2017), and around 5.6% will go on to develop posttraumatic stress disorder (PTSD) (Koenen et al., 2017). Eye Movement Desensitisation and Reprocessing (EMDR) therapy is a structured, evidence-based approach that has become widely recognised for its use in trauma treatment (De Jongh, et al., 2019). Since it was developed by Francine Shapiro in the late 1980s, EMDR has gained international recognition and is now recommended by organisations such as the World Health Organization and the American Psychological Association for the treatment of posttraumatic stress disorder (PTSD) (APA, 2025; WHO, 2013). The therapy involves guiding clients to focus on distressing material while engaging in bilateral stimulation, such as eye movements, tapping or tones. This process is thought to help reduce the emotional intensity of traumatic memories by supporting the brain's natural capacity to reprocess them (Shapiro, 2018). The introduction chapter provides an overview of clinical training in EMDR therapy, highlights current gaps in university-based training, describes the research aims and questions, discusses the study's significance, and previews the structure of the thesis.

Background and Context

In Aotearoa New Zealand, most EMDR training follows the model developed by the EMDR Institute, which is delivered locally by EMDRNZ. This format typically includes two three-day training blocks and ten hours of consultation with an approved EMDR consultant, generally sitting outside of university settings (EMDR New Zealand, n.d.). As EMDR

continues to gain traction in clinical practice, there is growing interest in how training can support safe, reflective, and contextually responsive use of the therapy. EMDRIA alone count over 16,000 clinicians trained in EMDR worldwide, reflecting the scale and growing demand for trauma-informed approaches in mental health settings (EMDR International Association, 2025). This training model has historically dominated in New Zealand and ensures consistency with core EMDR principles, but it may not always provide the depth or trainee support that is needed for sustained clinical application in this country.

International and local research has raised questions about whether this short-format training model offers sufficient support, cultural responsiveness, or opportunity for meaningful integration. Researchers in the UK and Ireland, Farrell and Keenan (2013) found that a significant number of clinicians questioned whether the training model there provided enough supervision or support to develop confidence in clinical application. While the EMDR Institute model ensures fidelity to the core protocol, its short format may not leave sufficient space for meaningful reflection or practical integration with structured support. Others have also called for more culturally responsive approaches to EMDR delivery, highlighting the importance of enhancing therapist awareness of cultural attunement with clients (DiNardo & Marotta-Walters, 2019; Marich et al., 2020). Together, these concerns point to a need for alternative training models that maintain both protocol fidelity whilst also providing a space for deeper learning, cultural relevance, and supported skill development.

Training Models and Comparison

A useful comparison here is Cognitive Behavioural Therapy (CBT), which is another evidence-based approach commonly used in the treatment of trauma and other mental health conditions. CBT has been shown to be effective for both acute and chronic PTSD across a range of populations and delivery formats, including children, group settings, and internet-based approaches (Kar, 2011). The therapy focuses on helping people understand and shift

unhelpful patterns in thoughts or behaviour. Much like EMDR, the evidence suggests that CBT appears to produce therapeutic effects through both psychological mechanisms and underlying neurophysiological changes (Kar, 2011). It is usually taught in university settings over a longer period of time, combining theory, supervised placement, and regular feedback. Current research suggests that trainees develop competence during training, and maintain it afterwards (Liness et al., 2019). Importantly, research also indicates that clinicians tend to continue using modalities that were part of their foundational training, which can limit uptake of newer approaches such as EMDR unless they are integrated earlier in professional pathways (Morrison et al., 2023). CBT, as a similarly structured training model offers a helpful comparison to explore how EMDR might be delivered through an academic-based setting, particularly when supporting trauma-focused client work.

Study Context and Scope

This thesis forms one part of a broader evaluation of the University of Otago's EMDR training programme in Aotearoa New Zealand. The university setting distinguishes this EMDR training programme apart from private or non-academic options. Notably, it involves structured assessment, academic oversight, and competencies built into the training structure. Aims of the wider evaluation project are described in the published protocol, *Evaluating a Novel University-Based Clinical Training Course in Eye Movement Desensitisation and Reprocessing (EMDR) Therapy in Aotearoa, New Zealand* (Bell et al., 2024). The wider evaluation is ongoing and explores several dimensions of course development and delivery. These include evaluating trainee competence, exploring community stakeholder and client experiences, identifying barriers and facilitators to EMDR use post-training, and assessing clinical outcomes for trainees' clients. This study focuses specifically on exploring the experiences of trainees and educators involved in the programme, to inform future delivery of the programme and provide insights relevant to EMDR training more generally.

Bell et al. (2025) describes the EMDR training at Otago as a Postgraduate Certificate in Health Sciences, endorsed in EMDR therapy. It is delivered through two full year (30points each), part-time papers taken in sequence. The first, (Special Topic I/PSME 455) provides foundational training with a focus on PTSD, and the second (Special Topic II/PSME 456) extends to advanced theory and treatment approaches. Teaching combines online lectures, two in-person block courses, and group supervision, alongside written assignments, a final viva exam, and a substantial requirement for supervised EMDR practise with clients. Attendance at all components is compulsory, admission is selective, and the programme has only recently been established, with the first paper offered in 2023 and the second introduced in 2024. Additional details are available on the University of Otago website (PGCertHealSc, n.d.).

This study presents major themes that arose from the experiences of those directly involved in the course: trainees, educators, and the course administrator. It explores how participants made sense of the training, what expectations they brought, and what challenges or opportunities they encountered whilst involved. Their feedback is used to reflect on how the programme might be strengthened and what it means to deliver EMDR training within a university setting. Despite the growing demand for trauma-focused therapies, no qualitative research has yet examined how EMDR is taught in university-based formats. Most available literature on EMDR training uses mixed methods to measure clinician use in clinical practice, with almost no qualitative studies exploring lived experience of skill development and learning. Despite its use in mental health settings, there is also very limited research on how EMDR is taught and experienced within Aotearoa-based training models. This study responds to that gap by centring participant perspectives to explore how course structure, delivery, and support systems were experienced in practice.

Research Aim and Questions

This research aimed to contribute to the limited body of work on EMDR training in academic settings, with a focus on how the course was experienced and how participant reflections could support future programme development. Three guiding questions shaped the study:

1. How did trainees and educators experience the university-led EMDR training programme?
2. What challenges, opportunities, motivations or expectations did participants encounter throughout the training?
3. What recommendations did participants offer for improving the structure, content, or delivery of the programme?

These questions helped guide the interviews and focus groups and created space for participants to describe their experiences in their own words.

Methodological Overview

The study used a qualitative, exploratory case study design drawing on Thomas's (2006) approach, to frame the study as purpose-driven and contextually grounded. Semi-structured interviews were carried out with trainees, educators, and the course administrator. Data was analysed using a General Inductive Approach (Thomas, 2006), which supports the development of themes directly from raw data without imposing pre-existing theoretical frameworks onto participant narratives. This method allowed for flexible coding and interpretation while maintaining a close connection to participants' language and meaning.

Maintaining reflexivity was an important part of the process. As a postgraduate psychology student with an academic interest in clinical therapies and training, I was aware that my background might shape how I engaged with the data. I kept a reflexive journal throughout the project and regularly paused to reflect on how my own views and experiences

might be influencing the way I interpreted the participants' accounts (Berger, 2015). Appendix A includes examples from the reflexive journal entries used to support transparency and reflexivity throughout the project.

Significance

There is growing demand for trauma-informed therapy, and EMDR plays a key role in meeting that need (Carriere, 2014). However, there is still a lot we do not know about how to teach EMDR well, especially in ways that support sustained learning, cultural relevance, and integration into university-based training formats. This study contributes to those conversations by offering insight into one university-led model offered through the University of Otago. It centres participant experience and uses that to explore what is working, where things could be improved, and what this means for the future of EMDR training in Aotearoa and similar contexts. It also contributes to the limited body of literature on EMDR training by offering participant-informed insight into how training can be adapted for greater cultural and professional relevance. Although qualitative studies are sometimes critiqued for limited generalisability, this exploratory approach best suits the aims of the project to provide a close examination of how individuals make sense of their training experience. Each account contributes a new perspective on how EMDR is taught or learnt and may offer insights relevant to trauma-focused training in general, or within other EMDR training models.

In Aotearoa New Zealand, trauma exposure is not evenly distributed across populations. Māori experiences of historical and colonial trauma, as well as contemporary forms of collective trauma such as racism, have persisted for nearly 170 years (Pihama et al., 2017). A recent literature review summary by the organisation Te Pou emphasised that trauma-informed approaches in New Zealand must engage with the impacts of colonisation and support the integration of Māori worldviews, including tikanga and whanau-centred

practice (Te Pou, 2024). These insights have direct relevance for how trauma therapy is taught and practiced, particularly in relation to clinician training and service delivery. This means that EMDR training models in Aotearoa must have a duty to reflect the local realities and promote culturally responsive delivery.

Thesis Structure

The thesis is organised into six chapters. The next chapter reviews existing literature on EMDR training, university-based clinical trauma-related training models, and cultural responsiveness in training environments. The third chapter outlines the methodology, including the research design, data collection, and analysis procedures. Chapter 4 presents the findings, which are organised thematically and discusses how they relate to one another. Chapter 5 discusses these findings in relation to existing research and considers implications for training, practice, and future research. Finally, chapter 6 summarises the key insights, notes limitations, and proposes direction for future research and course development. This study contributes to the broader evaluation aims by focusing on the experiences of trainees and educators involved in the programme, to inform future delivery and direction of research.

CHAPTER 2: LITERATURE REVIEW

Overview

This chapter critically reviews literature relevant to the delivery of university-led Eye Movement Desensitisation and Reprocessing (EMDR) training. It outlines the scope of existing research, beginning with the very limited literature on EMDR training programmes delivered through universities. The review then broadens to include studies on private EMDR training, which remains the dominant delivery model globally. It then turns toward comparable literature on other postgraduate clinical training programmes, particularly Cognitive Behavioural Therapy (CBT) training. This progression from a narrow to broad scope supports a comprehensive understanding of clinical training structures, challenges, and experiences of learning, which are relevant to the aims of this study. Throughout, particular attention is given to studies relevant to Aotearoa New Zealand and relates to trainee and educator experiences in EMDR training. The chapter concludes by identifying significant gaps in the current literature and positions the present research in relation to those gaps.

Introduction

Eye Movement Desensitisation and Reprocessing (EMDR) therapy is now widely recognised as an effective treatment for posttraumatic stress disorder (PTSD), with a growing body of research supporting its use across a range of other mental health conditions (Faretta & Dal Farra, 2019; Scelles & Bulnes, 2021; Sepehry et al., 2021; 2017, Sin et al., 2017; Valiente-Gómez et al.,). Over the past two decades, EMDR's evidence base has expanded significantly, leading to its inclusion in major international clinical guidelines (APA, 2025; NICE, 2018; WHO, 2013). This has contributed to increased demand for EMDR-trained clinicians across mental health systems. However, very little is known about how EMDR training is delivered, assessed, or experienced—especially within university settings. Most

available literature focuses on treatment outcomes or post-training application, rather than on learning process itself or how trainees and educators engage with it in practice. Where possible, the review includes findings that directly relate to this study's research focus, including how EMDR training is experienced, what challenges or motivations shape that experience, and what recommendations have been made to improve future training models. The chapter concludes by identifying key gaps in the literature, particularly the lack of participant-informed, qualitative research examining EMDR training in university-based settings. The present study is positioned as a response to that significant gap in existing research.

Scope and Rationale

This literature review explores research relevant to the delivery of EMDR training in university-led contexts. While EMDR is now widely recognised as an evidence-based treatment for trauma (Shapiro, 2018), most training has historically taken place outside academic institutions. As a result, there is very little scholarly research examining how EMDR training is delivered in private settings, especially within university contexts, and none that specifically address the experiences of trainees and educators. Since the University of Otago is one of the first institutions to offer EMDR training through a postgraduate programme, it is important to explore how the course is experienced and to identify areas that may inform future development. The design, delivery, and experience of EMDR training have important implications for trainee learning, integration of the therapy into practice, and for overall training effectiveness.

Although EMDR is now widely used across mental health services, little is known about how it is taught or experienced in formal education contexts. University-based delivery often carries additional expectations for academic quality, structured support, and integration of current research. In Aotearoa, these questions are also tied to broader shifts in the clinical

education landscape, including efforts to ensure training meets the cultural needs of the communities in which it serves. However, how these expectations are reflected in EMDR-specific contexts remains underexplored. This gap in research raises important questions about how EMDR is positioned within clinical education, and what supports are needed to prepare practitioners for real-world delivery.

This review focuses on studies that examine EDMR training delivery, educator and trainee perspectives, and broader clinical education models. Where literature on university-based EMDR training is limited, the review draws on adjacent areas. This includes private EMDR training and other postgraduate training programmes for therapies such as CBT. This allows the chapter to remain aligned with the study's aims whilst also drawing on a broader base of literature to support analysis and interpretation. University-based delivery typically involves structured supervision, academic assessment, and alignment with current research and professional competencies, which may influence both the learning outcomes and ultimately how trainees engage with the therapy modality. In the absence of robust research into these dynamics, participant-informed studies like the present one, play a critical role in surfacing what is currently working, what is missing, and where EMDR training models might evolve.

Approach

The literature was organised thematically to reflect the structure of the current study. Sources were selected based on relevance to the research focus, particularly those that explored clinical training delivery, participant experience, and programme-level factors impacting learning. This includes literature on private EMDR training and university-based models for trauma training or other therapies, such as CBT. These were included not for direct comparison, but for the insight they offer into how similar training is experienced in academic settings, and what that might mean for the development of sustainable and

contextually grounded EMDR programmes. Where available, the review prioritised qualitative studies due to their alignment with this study's methodology and its ability to capture the nuance of lived experience. Research situated in Aotearoa was also given particular attention, especially where it connected with questions of training accessibility and cultural responsiveness.

EMDR Training in University Settings

Emerging Academic Models and the Otago Pilot

Traditionally, EMDR therapy training has taken place outside academic settings, most often delivered as short intensive private-sector workshops run by certified trainers. This model has dominated the training landscape both in Aotearoa and internationally. While it has enabled broad access and rapid upskilling across the workforce, the short-course format generally sits outside university-based training approaches. This raises questions about training consistency and comprehensiveness. Most research and practitioner commentary has focused on EMDR client outcomes or how clinicians utilise the therapeutic approach after completing their training and very little attention has been paid to how training is delivered or experienced—especially in university environments. Beyond the wider evaluation project described in Bell et al. (2024), of which this study is a part of, there is currently no peer-reviewed research that systematically examines EMDR training in university settings or explores how educators and trainees engage with the learning environment.

The present study sits within a larger evaluation project exploring the University of Otago's novel EMDR training programme. Bell and colleagues (2024) outline the design and rationale of the programme and describe the structure of the wider evaluation. The Otago model aims to embed EMDR training within the local cultural and clinical context of Aotearoa, with emphasis placed on cultural responsiveness, research engagement, and integrated supervision. Additionally, placing EMDR training within a university setting meant

it had to align with formal academic expectations and facilitate competency-based outcomes. Bell et al. (2024) provides a protocol paper which outlines the aims of the evaluation project and presents a framework for evaluating EMDR training within a university setting. The evaluation aims to assess course uptake, measure clinician competence through EMDR-specific competencies, conduct interviews with key stakeholder groups to explore experiences of the training, and evaluate student learning outcomes against the course objectives and the attributes outlined in the Otago Graduate Profile. The two papers: Special Topics 1 (ST1) and Special Topics 2 (ST2) were initially delivered as pilot courses in response to local training gaps and a need for research-informed trauma education grounded in Aotearoa's unique health and education systems (Bell et al., 2024).

Parallels from Adjacent Trauma Training Research

Whilst there are no current studies focused on EMDR training experiences in university contexts, some include recommendations from their research for more comprehensive or academic learning environments. Farrell and Keenan (2013) discuss how "immersion of trainings in academic institutions raises both academic credibility and essentially generates a necessary research culture to justify its placement in academic institutions in the first place" (p. 14). Their commentary suggests that embedding EMDR training within academic institutions enhances its credibility while simultaneously cultivating research opportunities that help justify its inclusion within that setting. At the time of their publication, Farrell and Keenan (2013) noted 20 academic institutions in the UK and Ireland offering CBT training, but only one offering EMDR. They briefly discuss the value of university-based training models, where research and training are integrated. This raises a key consideration: for EMDR therapy and training to continue evolving, research and training should be developed together.

Although not focused on EMDR specifically, Dolcini-Catania et al. (2023) explored clinical trainee perspectives on trauma-focused training within a university-based clinical psychology programme. Their mixed-methods design collected data from doctoral students at a single institution, highlighting both the perceived limitations of existing training and elements that trainees believed were essential for effective trauma-focused learning environments. Participants expressed a clear need for more structured trauma education, with 56% identifying trauma-focused psychological intervention training as a frequently reported on area of need. A large majority felt unprepared to support trauma-affected clients and called for clinical psychology training programmes to more actively support trainee wellbeing alongside competency development.

Qualitative data from Dolcini-Catania et al. (2023) indicated that trainees valued co-developed learning agreements, smaller peer groups, integrated wellness practices, and instructor responsiveness. Flexible engagement options were also considered essential, with trainees wanting the autonomy to choose how to participate in potentially distressing exercises. These preferences included the option for some elements of experiential learning to be non-compulsory, with flexibility to disengage if needed, and provide access to a dedicated support person who was experienced in managing emotional distress during trauma-related learning activities. Trainees emphasised that instructors should demonstrate cultural humility and trauma awareness, recognising that some students may have lived experience of trauma themselves. The authors argue that these elements are central to ethical and effective trauma instruction, and that a collaborative, trainee-informed approach is critical to successful implementation.

While Dolcini-Catania et al. (2023) focused on novice clinical trainees rather than experienced practitioners, their findings are highly relevant to understanding the needs and expectations of students within university-based trauma training. Their emphasis on

emotional preparedness, structural support, and culturally responsive pedagogy aligns with many of the design elements embedded in the Otago programme. Their study lays the groundwork for future comparative analysis of trauma training models and supports further exploration into how trainee perspectives can inform course delivery and improve training outcomes. Their insights help position the present study within a broader conversation around trauma-focused clinical education in academic settings.

Because no peer-reviewed research has directly examined how EMDR training is delivered or experienced in university contexts, the rest of the chapter draws on adjacent areas. The following sections review literature on EMDR training in private-sector and non-university models and then expands to consider other postgraduate clinical training programmes, such as Cognitive Behavioural Therapy (CBT) that have a longer history of academic integration. Extending the review to include CBT training delivered in university contexts offers further insight into the experiences of trainees in those settings. This broader review supports analysis of common challenges, barriers, strengths and limitations within the dominant EMDR training model. While not always directly aligned with how Otago has structured their programme, this research helps contextualise the current EMDR training landscape. This provides the foundation for understanding the relevance and limitations of existing research in relation to the Otago training model.

EMDR Training in Private or Non-University Settings

Widespread Access but Structural Limitations

Historically, most EMDR training has taken place outside university systems and delivered through short-format workshops or segmented professional development programmes. These are often administered by certified trainers through EMDR associations or private organisations. While these pathways have broadened access and enabled rapid upskilling, several authors have raised concerns about whether these formats provide the

sufficient depth of learning, level of support, and cultural responsiveness that is needed for safe and competent clinical practice.

In their retrospective mixed-methods study, Farrell and Keenan (2013) surveyed 485 clinicians across the UK and Ireland who had undertaken EMDR training between 2005 and 2011. Their findings pointed to gaps in the current model, with a third of respondents reporting that the training left them feeling ill-equipped or lacking confidence to use EMDR with clients. Their results also showed that accredited EMDR clinicians tended to use EDMR therapy more regularly with clients and were more likely to report full resolution of client issues compared to non-accredited clinicians. The authors also reported on reasons for why clinicians did not continue past the basic training, listing qualitative themes in ranked order and frequency. They found that the most common reasons included, in order: lack of funding from sponsors or organisations, limited access to supervision, low confidence in applying EMDR theory in practice, difficulty accessing suitable client populations, and restrictive work environments. Their results highlight several challenges associated with undertaking EMDR training through private providers. One interpretation offered is that clinicians' lack of confidence may be linked to the shorter format and less comprehensive or supportive nature of these training structures. Notably, 6% of their participants identified institutional or organisational bullying as a reason for not using EMDR with clients. The authors explore this further in related work (Farrell, Keenan, & Knibbs, 2013). These findings point toward broader systemic and relational barriers that emerge once clinicians return to their workplaces. While these models have succeeded in expanding access, concerns regarding limited supervision and low practitioner confidence suggest that more attention should be brought towards developing comprehensive training options. These findings point to deeper structural issues that short-format models may struggle to address.

Challenges with Supervision and Ongoing Support

Farrell, Keenan, and Knibbs (2013) used interpretive phenomenological analysis to explore the workplace experiences of 22 EMDR-trained clinicians in the UK. This qualitative study used semi-structured interviews to reveal that some clinicians encountered scepticism or bullying from peers or colleagues when integrating EMDR into their clinical work. The authors identified six themes related to participants' experiences of workplace bullying and describe how clinicians make meaning from their professional experiences when integrating EMDR therapy into their work post-training. Notably, they described how "EMDR was central to each of the research participant's experiences of bullying" (Farrell, Keenan, & Knibbs, 2013, p. 51). This suggests that for perpetuators of bullying, it was what EMDR itself represents to them internally that leads to their negative attitude against it. They also noted how clinicians would often have to repeatedly and consistently defend EMDR's effectiveness by explaining how it works to colleagues. In addition to these workplace challenges, a common response was there to be limited access to high-quality EMDR-specific supervision. The authors end with a call for future research to work towards delivering high-quality studies enhancing the understanding of EMDR to clarify its mechanisms of action and improve both its effectiveness and efficiency.

Supervision emerged as a key area of concern in Farrell, Keenan, Knibbs, and Jones' (2013) review of EMDR training and development. They note that no clinical supervision model currently exists that is specific to EMDR therapy and provide a Venn diagram to illustrate how clinicians sit between their supervisors and clients. Drawing on the Dreyfus Model of Skill Acquisition, the authors emphasise that skill development is performance-based, experiential, and developmental in nature. In response to the lack of formalised supervision models, they introduce the EMDR Personal Development Action Plan (PDAP) as a tool for supervisees to track progress across competency areas, reflect on strengths and

limitations, and take greater ownership of the supervision process. The PDAP is presented as a way to support supervisees in guiding their own development, rather than supervision being imposed on them. The authors also note that supervision should attend to wider cultural, socioeconomic, organisational, and ethical contexts. Additionally, the applied practice report also notes that short-format or private training options may lack adequate supervision support. Although focused on a European context, the authors suggest the implications are relevant internationally, meaning that adequate access to supervision has been a pervasive problem for EMDR clinicians.

Dunne and Farrell (2011) explored clinicians' experiences of integrating EMDR into their existing practice following EMDR training. Their mixed-methods design combined ANOVA with thematic analysis and collected data from a diverse international sample of EMDR-trained clinicians. While the study did not focus on training delivery itself, their findings are relevant to post-training integration issues, particularly in non-university settings where supervision support may be limited. Forty-five percent of participants reported difficulty incorporating EMDR into their clinical work; with workplace barriers, limited supervision, time constraints, client characteristics and low confidence emerging as common barriers. Several participants reported returning to unsupportive environments, with some encountering resistance from colleagues or managers and being restricted to using EMDR only with PTSD diagnoses. The study also found that theoretical orientation influenced how clinicians used EDMR, with CBT-trained therapists reporting fewer integration issues than those from analytic or humanistic backgrounds. This reinforces some of the patterns identified earlier, particularly around the importance of supervision access, supportive work environments, and confidence in applying the model. This raises implications for how EMDR training programmes engage with participants from different theoretical paradigms and for how post-training support might be tailored.

Taken together, these studies show that EMDR clinicians benefit from accessible and structured supervision, as well as preparation for the realities of applying EMDR in varied workplace contexts. The barriers described, including limited supervision access, lack of formalised supervision models, and unsupportive work environments indicate that existing training pathways may not provide sufficient support for clinicians during or after initial training. The literature points to a need for training models that incorporate structured supervision and better prepare trainees for the challenges of integrating EMDR into practice. Addressing these gaps may help improve both clinician confidence and the sustainability of EMDR use in clinical settings.

How Training Format Affects Confidence and Ongoing Use

Grimmett and Galvin (2015) explored factors influencing whether clinicians continued to use EMDR following basic training, drawing on responses from 239 international participants. Their findings highlight several limitations in private EMDR training pathways, particularly around post-training support. Twenty-four percent of respondents reported feeling unprepared to use EMDR after completing training. While the level of training and training provider were not statistically associated with continued use, many participants identified gaps in confidence, supervision access, and post-training practice opportunities. A lack of trauma-specific background and uncertainty about how to introduce EMDR to clients were commonly cited reasons for discontinued use. The study noted that ongoing consultation and peer support were key factors supporting sustained use of EMDR. Clinicians who did not engage in post-training support or who delayed applying the method often lost confidence or reverted to more familiar modalities. Although no statistically significant relationship was found between original theoretical orientation and EMDR use overall, the qualitative data found that clinicians who reported difficulty integrating EMDR often cited discomfort with fidelity, limited understanding, or challenges aligning it with their

existing frameworks. Grimmett and Galvin (2015) concluded that strengthening the structure of basic training, including more opportunities for experiential learning, clearer guidance on how to present EMDR to clients, and improved access to supervision, may increase the likelihood of continued use. Their findings reinforce concerns raised in other studies about the adequacy of short-format EMDR training and the need for more comprehensive, supported pathways into EMDR clinical practice. The authors qualitatively extend the findings from Dunne and Farrell (2011), who reported that clinicians from analytic or humanistic backgrounds experienced more difficulty integrating EMDR into their practice. This suggests that while theoretical orientation and frameworks may not predict EMDR use overall, it may shape how confidently or fluently the therapy is applied in real-world settings.

Training-related concerns are also evident in Marich et al.'s (2020) narrative review, which synthesised 12 international qualitative EMDR studies published since 2020. Drawing on these studies, the authors described limited available data related to experiences of EMDR-trained clinicians. Of the five studies that did focus on training and implementation, several highlighted the importance of understanding both the background of those being trained and the communities they would go on to serve. One study summarised in the review (Cook et al., 2009) identified accessibility and affordability as important considerations, highlighting structural barriers that might limit who is able to undertake or complete EMDR training. Marich et al. (2020) also emphasise that a bottom-up approach to inquiry is well positioned to provide a foundation for future quantitative exploration, particularly in areas where lived experience and training processes remain underexamined. These concerns also speak to the practical and ethical importance of ensuring clinicians are adequately supported beyond a basic level of instruction.

These findings raise ongoing questions about whether short-format training is enough to support real-world EMDR application. Without sufficient time to practice, access to

supervision, and instruction on remaining faithful to core principles, even motivated clinicians may feel underprepared or fall back on other approaches to treating clients. This theme shows up across Farrell and Keenan (2013), Grimmett and Galvin (2015), and Marich et al. (2020), suggesting a consistent pattern that warrants closer attention. In addition to structural issues around confidence and supervision, a number of studies have also raised concerns about how well EMDR training prepares clinicians to work across diverse cultural settings.

Cultural Responsiveness and Training Gaps

DiNardo and Marotta-Walters (2019) used interpretive and discourse analysis to explore how EMDR-trained clinicians integrated the role of culture into their therapeutic work. Although not directly focused on training, the study found that many clinicians felt unprepared to address cultural influences, with the authors observing limited cultural preparation within EMDR training. They suggest that training programmes need to increase the space available for cultural discourse to emerge, and that without the intentional integration of cultural content, ethical and therapeutic standards may be compromised. This aligns with Marich et al. (2020), who highlighted the DiNardo and Marotta-Walters (2019) study in their review as part of a broader concern regarding the absence of cultural content in standardised EMDR training programmes.

Clare (2024) has also raised critical questions about how EMDR is taught and practiced in Aotearoa New Zealand. As an experienced clinical psychologist and EMDRNZ leader involved in bicultural advisory development, she noted that the dominant models of EMDR training and practice remain shaped by Western assumptions that may not align with the worldviews of Māori clients or clinicians. Clare emphasises the importance of training clinicians to recognise assumptions that diverge from clients' cultural or identity landscapes. She argues that programmes and organisations should actively reflect a bicultural lens by

partnering with mana whenua throughout all stages of development and delivery. Although not based on an empirical study, her expert commentary offers valuable guidance towards aligning long-term training visions with the practical realities of delivering EMDR therapy in this country.

Carvalho and Hoersting (2023) present a country case study describing the implementation of EMDR basic training in Brazil through a non-university model. The authors outline how a North American-based EMDR training model was adapted for the Brazilian context, requiring translation into Portuguese and adjustments to reflect cultural, social and economic realities. In addition to translating core materials, new manuals were developed for organisers, trainers, facilitators, and participants, extending beyond the original guidebook. Regular online meetings were used to provide updates and strengthen community cohesion among those involved in training delivery. The study explores both in-person and online delivery formats, identifying community-building as a distinct advantage of in-person training. Carvalho and Hoersting (2023) conclude that EMDR training must adapt its pedagogical approach to different populations and contexts as it extends globally. They describe how critical reflection, awareness of trainee and community needs, and attention to feedback have shaped the development of a training format that is responsive, appropriate, and meaningful in the Brazilian setting.

Together, these sources suggest that cultural responsiveness cannot be assumed within EMDR training models. The need for deliberate integration of cultural discourse is reflected across studies, with both international and Aotearoa-based voices calling for greater structural attention to how the training is delivered and by whom.

Positioning the Otago Model Within the Current Landscape

Taken together, these studies suggest that while private and non-university training models have enabled widespread dissemination of EMDR, they may fall short in preparing

clinicians to navigate complex client presentations, integrate the method into everyday practice, or engage with cultural context. These concerns have informed the development of alternative training structures. The Otago programme represents one such response, by providing a longer-form, academically grounded model with embedded supervision and attention to cultural responsiveness. Rather than assuming its effectiveness, the current study examines how this model was experienced by those involved. It focuses on what participants found valuable, where challenges emerged, and how the structure and delivery were perceived in practice.

Comparable Training Formats

Structured Training and Academic Integration

Cognitive Behavioural Therapy (CBT) offers a useful point of comparison for EMDR, as it is also a widely used evidence-based modality but with a longer history of integration into university-based clinical training. In many postgraduate applied psychology programmes, CBT is taught as part of formal clinical education pathways and often includes theoretical instruction, supervised practice, structured assessment, and reflective learning components. This structured academic delivery model enables trainees to build competency over time, supported by embedded feedback loops and mentorship that extend beyond workshop-style training. While CBT and EMDR differ in theoretical orientation and delivery, the way CBT has been incorporated into university systems offers valuable insight into what makes postgraduate therapy training both sustainable and effective.

Rakovshik and McManus (2013) examined trainee perspectives on a university-based CBT course in the UK, identifying supervision as the most influential factor in developing clinical competence. Trainees consistently ranked supervision above formal teaching or peer learning in terms of how it supported their confidence and practical skill development. Interactions with trainers during supervision sessions were rated as the most influential

source of learning, followed by personal reflection and then peer-related interactions. Preparing for supervision and self-assessing therapy sessions were viewed as notably more helpful than peer feedback or observing peers. This study reinforces the central role that ongoing, high-quality supervision plays in shaping how trainees integrate therapeutic modalities into their clinical work. This is a concern echoed in broader EMDR literature but not always sufficiently built into the short-format models. These findings raise questions about the relative impact of peer-related learning and suggests that structured reflection and direct supervisor feedback are key to competence development.

Beidas and Kendall (2010), in a systems-contextual review of therapist training, similarly emphasised that training quality directly impacts clinician knowledge, attitude, and reported use of therapeutic techniques. They highlighted the importance of active learning strategies such as roleplay, guided feedback, and ongoing supervision, and argued that these elements are essential for supporting both fidelity and flexibility in practice. Their findings point to the value of intentional training design and structured feedback systems, features that are often more feasible in academic settings than in private workshops. These insights have clear implications for EMDR training: if the goal is to produce confident and competent clinicians capable of navigating complex client presentations, a one-size-fits-all training model may not be sufficient.

Professional Identity and Modality Transitions

University-based CBT programmes also offer insight into how therapeutic modality training can shape professional identity. Ball and Corrie (2024) explored the experiences of students transitioning from psychodynamic counselling to CBT during postgraduate study. They found that trainees often experienced disruption to their clinical identity and this required reflective scaffolding to best manage the transition. Some struggled to reconcile CBT's structured, manualised elements with their previous orientation. While others reported

enhanced confidence through clearer frameworks and outcomes. These findings suggest that therapeutic training does more than build skill and knowledge, it may also shift how trainees conceptualise themselves as practitioners and influence their theoretical orientation in meaningful ways.

Positioning to the Current Study

This dimension is particularly relevant to EMDR, where the structured protocol and theoretical underpinnings sometimes differ from those of other approaches. Many EMDR trainees come from diverse professional backgrounds and bring with them existing frameworks, values, and expectations. If the training process does not create space for critical reflection or identity development, there may be risk that EMDR is seen mostly as a technique rather than a full clinical therapeutic model. CBT training literature suggests that supporting identity transition through structured supervision, peer discussion, and reflective work may enhance the experience of trainees in training.

While EMDR and CBT differ in mechanism and theory, CBT's established presence in academic clinical education provides a comparative backdrop for considering how EMDR might be similarly embedded. The challenges identified in earlier EMDR studies suggests that structural supports around confidence, fidelity, and post-training use may be necessary for EMDR trainees. Together, these insights help frame the rationale for exploring EMDR training within a university-based setting. If CBT training has shown that modality-specific instruction benefits from extended academic infrastructure, and if EMDR presents similar challenges around integration and practitioner confidence, then a closer examination of how EMDR is delivered, received, and experienced in an academic context is justified. The current study contributes to this developing conversation by centring participant experiences within the Otago pilot model and exploring what features of training delivery supported or constrained their engagement with EMDR.

Cultural Responsiveness in Clinical Training

Cultural responsiveness is increasingly recognised as a necessary foundation for ethical and effective clinical training. In Aotearoa New Zealand, where health inequities persist across Māori, Pacific, and other minoritised populations, this expectation carries added significance. However, standardised North American based EMDR training models have rarely engaged deeply with these concerns. Curtis et al. (2019) argue that while cultural competency frameworks were once considered sufficient, they often centre individual knowledge acquisition and do not address power dynamics or systemic bias. In contrast, the concept of cultural safety, which was developed within Aotearoa's nursing sector, requires a deeper commitment to structural change and accountability to those receiving care. The authors define cultural safety as a relational, context-specific process that is grounded in critical self-reflection, with safety ultimately determined by the client rather than the clinician. They call for cultural safety to be embedded across all levels of health and mental health training, including curricula, teaching practices, assessment, and institutional policy.

This shift in emphasis has important implications for trauma therapy training. EMDR therapy involves highly personal material that is shaped by clients' cultural backgrounds and meaning systems (Clare, 2024). Existing research indicates that most EMDR training programmes, especially those based on short-format international models, provide little structured attention to cultural issues (DiNardo & Marotta-Walters, 2019). Clinicians have reported that culture is rarely addressed in basic training and that there is limited space to discuss how cultural factors influence therapy (DiNardo & Marotta-Walters, 2019). The limited integration of cultural content risks positioning EMDR as a universal technique, without considering how client worldviews and sociocultural contexts influence trauma processing and therapeutic outcomes. Bell et al. (2024) note that there has been little research

on EMDR training in university contexts and none examining how cultural responsiveness could be embedded within such programmes.

Synthesis and Thematic Mapping

There has been no qualitative research to date, exploring how university-led EMDR training is experienced by trainees and educators. This leaves a gap in understanding how course design, teaching approaches, and support systems shape learning and trainee readiness. The current study provides the first account of training experiences at the University of Otago's EMDR programme. Qualitative methods offer a meaningful way to explore these dynamics in depth, especially in terms of how participants interpret and navigate the training process.

Across the literature review, several reoccurring areas of importance became clear. Supervision access is a consistent concern, as does the extent to which the training prepares clinicians for real-world application. Cultural responsiveness was also noted as lacking in many programmes, particularly those based in standardised Western frameworks. Other studies, especially those looking at CBT and trauma-focused instruction in university contexts, highlight the importance of longer-format learning, reflective teaching, and structured support. These elements are often missing in private EMDR training models, where time and resources may be limited. While most literature agrees that training quality influences how well therapy modalities are used, there is less agreement as to what elements are the most important to attend to in the learning environment. This fragmented knowledge base makes it difficult to draw clear conclusions about what specifically makes EMDR training effective in different learning contexts.

Research Gaps and Positioning

Although EMDR is widely used in clinical practice and has been endorsed in best practice guidelines globally, there is limited research on how it is actually taught. Most studies focus on post-training use or trainee competence, without looking at how learning is experienced during the training process. At the same time, the literature that exists on EMDR training has included calls for more comprehensive university-based delivery. The current study addresses this gap by focusing directly on participant experiences within a novel postgraduate university EMDR training course in Aotearoa New Zealand. It builds on earlier work that identified training formats, supervision, client complexity, and cultural fit as common training challenges. The current study also takes a new approach by analysing how trainees and educators made sense of the programme in their own voice. This emphasis on lived experience offers a different kind of insight, one that can inform both future course development and research direction. By documenting what participants valued and where they saw room for improvement, the study contributes to the limited body of research on EMDR education. It also helps position this work within broader conversations around professional development, academic training, and culturally responsive clinical education in Aotearoa.

Chapter Summary

This chapter reviewed literature relevant to the delivery of EMDR training, starting with the small number of studies that focus on university-based models. It then broadened to include research on private-sector EMDR training and comparable postgraduate training in other therapies such as CBT. It highlighted recurring concerns around supervision access, confidence in applying EMDR, cultural responsiveness, and the structure of training formats. Because little research exists on university-based EMDR training, the chapter also drew from adjacent areas of clinical education to help frame the current study. The structure of the

review followed a narrow to broad progression, building a picture of how training is delivered, what challenges are known, and where key gaps remain. The current study responds to one of those gaps by exploring the experience of those involved in a university-based EMDR programme in Aotearoa. It aims to generate insight into how the course was delivered and received, and how it might be strengthened in future iterations to enhance the quality and effectiveness of EMDR training. The next chapter outlines the methodology used to investigate these questions.

CHAPTER 3: METHODOLOGY

Overview

This chapter outlines the research methodology used to explore participant experiences within the University of Otago's novel EMDR training programme. It begins by presenting the research aim, ontological and epistemological positioning, and research questions. The chapter then describes the qualitative case study design, including justification for the approach and selection of cases and objects. The study context is outlined, followed by an explanation of the sampling strategy, recruitment procedures, and participant characteristics. Next, the data collection and analysis procedures are detailed. Finally, the chapter describes strategies used to support rigour, ethical practice, reflexivity, along with consideration of methodological limitations.

Introduction

Although Eye-Movement Desensitization and Reprocessing (EMDR) is well supported as a trauma treatment, little research has been undertaken which looks at how clinicians are trained. This gap is even more pronounced for training delivered within a university setting, which is far less common than training offered privately. Research into how we understand practical realities faced by trainees and educators is vital for informing training design that is both academically sound and clinically effective. This study explores experiences of three stakeholder groups in one graduate-level EMDR program, involving students, teaching staff, and a program administrator. The primary aim of this research project was to explore the experiences of both trainees and educators involved in the novel university-led EMDR training course at the University of Otago. More specifically, this exploratory case study sought to understand participants' experiences and their unique

challenges, opportunities, motivations, and expectations, while outlining their direct feedback to provide suggestions on improving the training programme.

Research Aim

This study aimed to contribute to the limited body of research on EMDR training programmes, with a particular focus on those delivered within a university setting. To address this aim, the project concentrated on two key areas:

1. Analysing direct participant feedback to inform the ongoing development and improvement of the training programme.
2. Exploring participants' experiences in their respective roles (i.e. trainees, educators/facilitators, administrators), with particular attention to their expectations, motivations, opportunities, and challenges observed throughout their engagement with the programme.

Research Paradigm and Theoretical Framework

This study is grounded in a qualitative paradigm, informed by a relativist ontology and interpretivist epistemology. These philosophical positions assume that reality is socially and contextually constructed, and that knowledge is shaped through lived experience and interaction. This aligns with the aim of this study: to explore how trainees and educators experienced a novel university-led EMDR training programme.

Ontological and Epistemological Positioning

Although I tend to lean toward a realist ontological and positivist epistemological stance, valuing systematic and empirical ways of building knowledge, this project called for a more flexible and interpretive worldview. I recognised that to meaningfully explore participant perspectives, I needed to draw on social constructivism, which assumes that meaning is co-constructed through experience, context, and interaction. This positioning

shaped how I interpreted participant narratives, favouring a flexible and iterative coding process that allowed themes to organically emerge from the data rather than being imposed in advance.

As Busetto et al. (2020) note, qualitative research is especially useful for examining how people make sense of their experiences in context. Rather than aiming for generalisable results or testing a specific hypothesis, this study focused on understanding lived experience within the specific context of a novel university-led EMDR training course. Semi-structured interviews and focus groups enabled a flexible, exploratory process that allowed participant voices to shape the direction of the findings.

Justification for Qualitative Approach

A qualitative approach was the most appropriate fit for this research. It allowed space for complexity and nuance, particularly when working with experienced professionals from diverse backgrounds. The aim was to surface insights that were grounded in meaning and context, not simply capture surface-level responses. Qualitative approaches are also particularly suitable for the investigation of new areas due to their exploratory nature (Pyo et al., 2023). The study was framed as an exploratory case study following Yin's (2009) model, which supports both qualitative and mixed methods designs. Case study methods are widely used in qualitative educational research because they enable in-depth investigation of real-world settings and support the inclusion of multiple perspectives (Yazan, 2015). This design was chosen for its flexibility and ability to generate context-specific insights, which is essential for evaluating a novel training programme and informing recommendations for future iterations to consider.

Research Questions

This study was guided by the following open-ended research questions:

1. How did trainees and educators experience the university-led EMDR training programme?
2. What challenges, opportunities, or motivations did participants encounter throughout the training?
3. What recommendations did participants offer for improving the course structure, content, or delivery of the programme?

These questions informed the design of the individual and focus group interview schedules and allowed space for participant-led insights to emerge during data collection and analysis.

Research Design

An exploratory case study design was employed to address the aims of this research. Case study methodology enables an in-depth exploration of participant experiences, whilst ensuring that findings are grounded in context: in this case the specific institutional and training context of Otago's novel university-led EMDR training programme.

Exploratory Case Study Approach

This study primarily adopted an exploratory case study approach, aiming to understand how trainees and educators engaged with the EMDR training programme and how their insights could inform future improvements. Given that the University of Otago is one of the few universities globally (and the first in New Zealand) to offer EMDR training (Bell et al., 2024), a flexible, open-ended design was appropriate. Additionally, the study drew on descriptive elements to capture how participants experienced the course and used explanatory analysis to explore what shaped their feedback. Incorporating these elements in the research design helped identify meaningful themes and provided insight into the factors shaping how training was delivered and experienced. In addition, the combination of exploratory, descriptive, and explanatory approaches facilitated a robust understanding of participant

experiences and enabled the researcher to detail participants suggestions for improving future iterations of the training programme.

Selection of Cases and Objects

Thomas (2011) highlights the value of clearly distinguishing between the case and the object in case study research. The case refers to the specific unit of inquiry, while the object represents the broader conceptual lens through which the case is analysed. According to Thomas (2011), cases can take various forms such as "a local knowledge case, or a key case, or an outlier case" (p. 514), while the object offers the "analytical frame within which the case is viewed" (p. 515). Clarifying these helps avoid conceptual overlap and improves analytical focus. In this study, the object was defined as the experiences of trainees and educators within a university-led EMDR training programme—specifically how those experiences and their feedback inform programme development. This research examined several interrelated cases: (1) participants (trainees, educators, and the course administrator), (2) EMDR therapy practice in New Zealand, and (3) the institutional structure of the University of Otago's programme. A purposive sampling strategy ensured participants had direct involvement with the training and could provide meaningful insights. The inclusion of broader contextual cases, such as the current clinical context of EMDR therapy and practice in New Zealand, situates the programme within its national landscape.

Table 1 outlines the selected cases and their relevance to the research aims. Figure 1 illustrates how the University of Otago's training programme serves as the central case, linking participant perspectives with wider EMDR practice.

Table 1

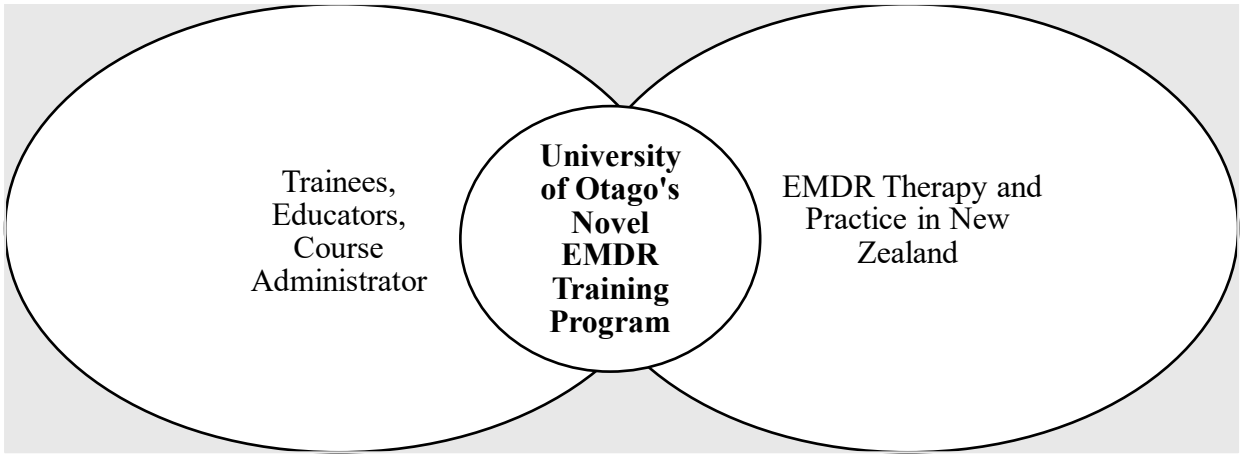
Selection of Cases: Identifying Their Focus and Relevance to Research Aims

Case	Research focus	Relevance to aims
Trainees	Learning experiences, clinical skills development	Trainee perspectives, providing feedback to improve future iterations
Educators	Teaching experiences, course facilitation and delivery	Instructor perspectives, providing feedback to improve future iterations
Course Administrator	Program coordination and logistics, communication, support	Program coordination and administrative tasks, providing feedback to improve future iterations
EMDR Therapy and Practice in New Zealand	Broader clinical context of EMDR as a relatively new therapy modality within the country	Contextualizing and addressing training needs
University of Otago's Novel EMDR Training Program	University structure and institutional framework, curriculum, program impact	Central case, foundational to study findings

Note. This table presents each selected case and its relevance to the research aims.

Figure 1

Relationship Between Selected Cases



Note. This figure illustrates how the selected cases interconnect and how the University of Otago's training programme sits central to the study.

Context of the Study

The research took place within the context of a university-led EMDR training programme offered through the University of Otago in Aotearoa New Zealand. This study sits within one part of a broader programme evaluation, that explores multiple aspects of the university-led EMDR training initiative. Within this larger evaluative context, the current research offers a qualitative exploration of how the training was explored by key stakeholders, aiming to identify practical insights to inform future iterations of the training programme. Understanding this programmes' context is essential to interpreting participant perspectives, as this study explored how trainees, educators, and the administrator experienced the training and identified challenges, opportunities, and suggestions to inform future development. The course was developed by a group of clinical academics directed by an experienced EMDR practitioner, to address a recognised gap in existing EMDR training in Aotearoa New Zealand. The aim was to create a pathway that was increasingly fit-for-purpose by being equipped to prepare clinicians for clinical complexity, attuned to the New Zealand context, and structured to promote trainee competence—which was measured with a novel competency framework. The teaching team included two lead educators and a course facilitator, with other additional support provided during practicums. The programme was delivered in a hybrid format, combining online distance learning with in-person block courses and practicums. This structure enabled greater accessibility while ensuring sufficient depth to prepare trainees for the complexities of EMDR clinical practice.

Participants and Sampling

A purposive sampling strategy was used to recruit participants with direct involvement in the University of Otago's EMDR training programme. This approach ensured that the data collected was grounded in lived experience and contextually relevant to the research aims. Ahmad and Wilkins (2024) emphasise that purposive sampling should be

integrated within the broader methodological approach to maintain coherence and flexibility, rather than treated as a standalone procedure. In this study, sampling was embedded within the general inductive framework, being guided by participants' relationships to the training context. Participants were selected based on their enrolment or contributions to either PSME 455: Special Topic 1 EMDR or PSME 456: Special Topic 2 EMDR in 2023 or 2024. This included three main groups: trainees, educators/course facilitators, and the course administrator. Inclusion of input from all three groups was essential for identifying both strengths and areas of improvement in the programme.

Inclusion and Exclusion Criteria

Eligible participants included:

1. **Trainees** enrolled in or who had completed either EMDR course.
2. **Educators** responsible for delivering content or supporting practicums (e.g., course facilitators).
3. The **course administrator** responsible for managing communication, logistics, and overall coordination.

Notably, in 2023 only the introductory course (455) was offered, whereas in 2024 the advanced course (456) became available. As a result, the 2023 cohort consisted solely of trainees from Special Topics 1, while the 2024 cohorts included students from either Special Topics 1 or Special Topics 2. Individuals with no direct involvement in the 2023 or 2024 EMDR courses, or who did not consent, were excluded.

Trainees offered insight into the learning and clinical practice of the course. Educators and facilitators contributed perspectives on teaching, supervision, and course delivery. The administrator shared valuable feedback on logistics, communication, and operational aspects of the programme. Otago's EMDR training programme is designed for experienced mental health professionals; including (among others) psychologists, social workers,

psychotherapists, nurses, and counsellors, who meet specific admission requirements. Applicants typically submit academic transcripts and a CV to demonstrate clinical experience and professional readiness. As a result, all participant groups had a high level of professional competence and are likely to have familiarity with postgraduate university training environments.

Recruitment Procedures

The researcher and supervisor introduced themselves and the project in person at the first block course for the advanced course, Special Topics 2 2024. This provided a valuable opportunity to offer a brief overview of the project's aims, describe what participation looks like, and answer any questions trainees or educators may have had. This introduction led into the formal recruitment procedures.

Recruitment was conducted via email using purposive sampling. The research fellow for the broader evaluation project, compiled lists of eligible trainees and educators. Mailchimp was used to send visually creative and confidential invitations (see Appendices B and C), which also included a link to the study's information sheet (see Appendix D). Interested individuals were invited to contact the researcher directly to ask questions and schedule a Zoom interview. Data saturation was reached at the same time all interested participants were interviewed, and recruitment closed.

The course administrator was not initially included in the study. However, several participants mentioned the administrator's key role during interviews. Based on this feedback, the research team decided to invite the course administrator for an interview. The research fellow made first contact to gauge interest, which was then followed by a direct approach from the study's researcher to provide study information and arrange for an interview.

Focus group participants were selected from those who had already completed a one-to-one interview. This provided them the opportunity to expand upon earlier reflections, compare or contrast experiences with other trainees, and engage in group dialogue. The researcher sent personal follow-up emails, inviting each of them to participate. Six of the eight eligible trainees agreed to take part. Doodle Poll was used to coordinate scheduling while maintaining anonymity, as participants at this stage had not yet signed the focus group consent form. Two focus groups were held to accommodate weekday and weekend availability for all the trainee participants.

All three educators who had agreed to undertake individual interviews, were invited to take part in a focus group via email. Since they work together professionally, anonymity was not a concern, and a mutually convenient Zoom session was arranged.

Sample Characteristics

Fifteen interviews were conducted, generating roughly 12 hours of audio and over 100,000 words of transcribed material. Individual trainee interviews lasted between 15 and 60 minutes (average 30 minutes), while educator and administrator interviews ranged from 45 to 80 minutes (average 60 minutes). Three focus groups were held, two with trainees and one with educators, each lasting roughly 80 minutes. Table 2 summarises participant involvement.

Table 2

Sample Characteristics of Participants

Participant group	One-to-one interviews	Focus group interviews
Trainees	8	2
Educators/Course Facilitators	3	1
Course Administrator	1	0

As shown in Table 2, a combination of one-to-one and focus group interviews were employed to capture a diversity of views across participant roles and communication settings. The one-to-one interviews provided the opportunity for in-depth exploration of individual

experiences, which was particularly useful for trainees or educators who may have had unique or sensitive reflections about the training. In contrast, focus groups provided a platform for participants to engage with each other's perspectives, including moments where they built on or disagreed with one another's views, helping to draw out both shared and divergent perspectives. Inclusion of trainees, educators/ facilitators, and the course administrator ensured that the data reflected a broad mix of stakeholder perspectives within the learning environment, enhancing the richness and validity of the findings.

Reaching Data Saturation

Data saturation was reached through an iterative process of data collection and analysis, consistent with the flexible approach of Thomas's (2006) General Inductive Method. Data was collected and analysed in cycles until additional interviews ceased to yield novel insights (Busetto et al., 2020). Unlike quantitative studies that rely on statistical generalisability, qualitative research focuses on transferability, wherein readers assess relevance based on contextual richness (Levitt, 2020). This was supported through detailed reporting and inclusion of participants from both EMDR course trainee cohorts.

Sample size targets were set in advance, as follows: 8-12 trainee interviews, all three educators, one to two trainee focus groups, and one educator focus group. These targets were based on early estimates for the number of participants required to achieve data saturation. Recruitment was inclusive of all eligible participants, to reduce bias and capture diverse perspectives. Trainees from both EMDR courses across the 2023 and 2024 cohorts were included to ensure a balanced representation of both basic and advanced trainings. Data saturation was achieved at the same time the sample target sizes were reached. This indicates estimates of sample size accurately aligned with reaching data saturation. All participants received a $40.00 eGift card for their contribution.

Data Collection Method

In line with Thomas (2006) pragmatic thematic analysis approach, this project employed an exploratory qualitative design for data collection.

Interview and Focus Group Design

One-to-one interviews were conducted across all participant groups. An interview schedule was developed for each participant group, to align with the research aims (see Appendices E, F, and G). Insights from early individual interviews were used to inform the development of focus group interview schedules later in the data collection process (see Appendices H and I). Whilst the research team initially considered offering in-person interviews, participant geographic spread and the assumed preference for flexibility led to the use of Zoom for all interviews. The researcher facilitated the scheduling process by coordinating mutually convenient interview times, creating and sharing the Zoom links, and troubleshooting any technological issues as needed. Pilot interviews were not conducted for this study; however, the interview schedules were reviewed by multiple members of the research team to ensure relevance and alignment with the project's aims.

Semi-Structured Interview Approach

A semi-structured interview approach was employed, and separate interview schedules were created for each participant group and interview type. These schedules were reviewed by the researcher's supervisor, the research fellow, and the methodologist to ensure that the nature of the questions aligned with the aims of the study. While the schedules served as a structured template for interviews, the researcher had flexibility to deviate from the templates to allow conversations to flow naturally. This adaptability also enabled a deeper exploration of participant experiences, ensuring that both common and unique perspectives were fully captured and explored within the data analysis. The use of semi-structured interviews provided in-depth understandings of the unique challenges, barriers, and

facilitators to learning within the training programme. The researcher conducted all interviews and was guided by the research team's experienced methodologist on best practices for qualitative interviewing, ensuring a methodologically sound and consistent approach.

Participant Engagement and Consent Procedures

Participants were sent detailed study information ahead of interviews and were given the opportunity to ask questions. Most signed and returned the consent form (see Appendices J and K) prior to joining the Zoom call, while some chose to ask questions first and submitted their forms shortly after. Once participants confirmed they were happy to proceed, the researcher asked for their verbal consent to begin the audio recording.

Recording and Data Transformation

All interviews were recorded using Zoom software and subsequently uploaded to Microsoft Word to generate an automated transcription. Research highlights both accuracy and formatting as common challenges associated with the use of algorithmic speech recognition software (Eftekhari, 2024). To combat these challenges, the researcher manually edited each transcript using an intelligent verbatim approach to enhance clarity and readability of the data. When the researcher conducts the interview and transcribes data, they iteratively listen to audio data and may capture details others might fail to notice (Point & Baruch, 2023). While software-generated transcriptions often require additional accuracy checks and formatting adjustments, a manual process enables deeper early-stage engagement with the data. It also serves to be "more data immersive, reflective, and analytical in the early stage of thematic identification" (Eftekhari, 2024, p. 556). Given that the researcher personally conducted and transcribed all interviews, this deep familiarity with the data further justified this method of transcription.

Current research highlights the importance of transparency in the transcription process, involving a reflexive process to enhance its rigour (McMullin, 2023; Point & Baruch, 2023). In total, this study produced approximately 12 hours of interview data and over 100,000 words to analyse. The intelligent verbatim transcription method was selected as it retains the core meaning of conversations while eliminating any unnecessary fillers, repetitions, and pauses that occur naturally in speech. Additionally, this method is more time-efficient compared to other detailed transcription notation approaches, while still preserving the core context and meanings of conversation. Because the researcher edited the transcribed interview data themselves, it is reasonable to assume the written transcript reflects an accurate record of the interview, and there is coherence between the transcription approach and the research approach (McMullin, 2023). Throughout the data collection and transformation process, the researcher noted any significant participant reactions or nonverbal cues which could not be fully captured in text. This meant nonverbal communication was accounted for during data analysis, enabling a more detailed and context-rich interpretation of the findings. Ultimately, this transcription method aligned well with the research objectives, producing easy to read transcriptions whilst being time-efficient in both the data transformation and analysis stages.

Data Analysis

This section outlines the process used to analyse participant data, drawing on Thomas's (2006) General Inductive Approach within an exploratory case study framework. The analysis aimed to identify key themes grounded in participant input and closely aligned with the study's research objectives. The analytic process was shaped by the study's core aims: to explore trainee and educator experiences and generate insights to inform future refinement of Otago's EMDR training programme. The following subsections describe the

analytic method, coding procedures, and provides an example of how categories were developed from raw data.

Analytic Approach

This study employed Thomas's (2006) General Inductive Approach to analyse data generated through interviews and focus groups. This method aligned well with the study's exploratory and evaluative objectives, offering a flexible yet systematic process for identifying themes grounded in participant narratives. As outlined by Thomas (2006), the analysis was guided by the study's specific research aims, allowing for the emergence of both anticipated and unanticipated findings.

A key strength of this approach lies in its capacity to produce coherent thematic summaries that remain grounded in the raw data while maintaining alignment with the research questions. It is also methodologically inclusive, accommodating a range of philosophical orientations without requiring strict adherence to a single theoretical framework. As noted by Liu (2016), inductive approaches are particularly well suited to applied research settings, where the goal is to understand contextual factors and generate findings that can be used to inform practice. The approach is particularly appropriate in outcome evaluation research, where the identification of unanticipated insights is often just as important as assessing intended outcomes (Thomas, 2006). In the present study, this was essential for uncovering both the opportunities and challenges encountered by participants and to use those related insights and recommendations to inform future refinement of the programme. Prioritising participant narratives enabled a more context-rich understanding of the barriers, opportunities, and mechanisms influencing their engagement with the training.

This analytic process was situated within an exploratory case study design, drawing on Yin's (2009) framework. Yin distinguishes between descriptive, explanatory, and exploratory case studies. The latter was selected due to the limited research on university-

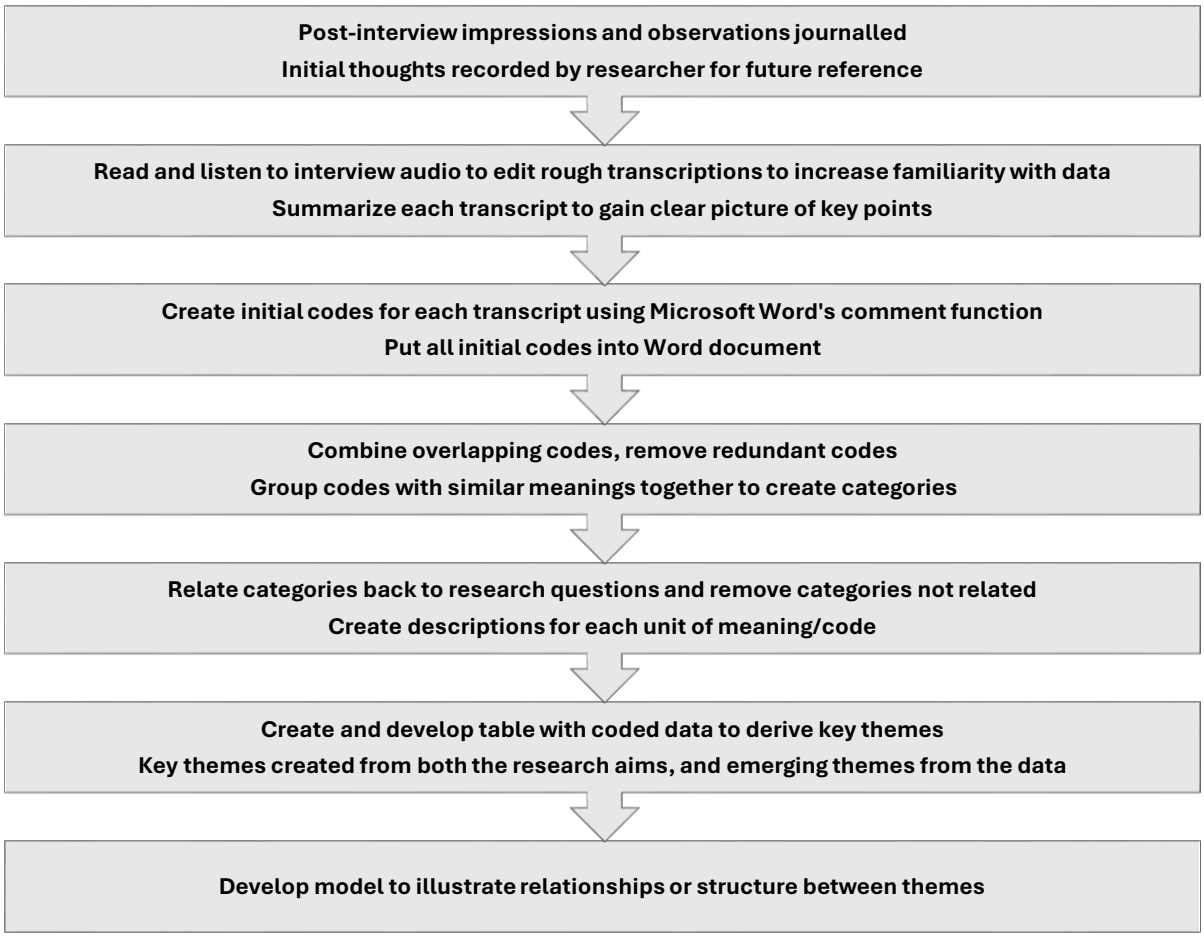
based EMDR training; however, features of all three types informed aspects of this study's design and interpretation. Case study methodology is often used in qualitative educational research to produce context-specific insights that are closely tied to real-world practice (Yazan, 2015).

Coding and Theme Development

The researcher followed Thomas's (2006) five-step method for inductive coding. Figure 2 presents a visual summary of the steps taken by the researcher as informed by Thomas (2006), while Table 3 outlines Thomas's (2006) stages used to analyse and categorise the data.

Figure 2

Thomas' (2006) Steps for Data Analysis and Interpretation of Interview Data



Note. Information from this figure was informed by Thomas (2006) and adapted by the researcher.

Table 3

Thomas' (2006) 5-Step Process of Systematic Coding

1. Prepare the raw interview data (i.e., format and backup data)
2. Gain familiarity with the raw data through careful reading of transcriptions
3. Create categories: Identify and define categories or themes
   - Lower-level themes arise from multiple reading of the raw data
   - Higher-level themes primarily stem from the research aims
4. Codes may overlap, meaning excerpts may fit under multiple categories. Note: not all raw data will be coded or deemed relevant
5. Continue to revise and refine the categories

Note. Steps taken by the researcher, informed by Thomas (2006).

Coding was conducted manually. The researcher formatted and read all transcripts multiple times to develop deep familiarity with the data. Initial codes were generated based

on data excerpts, then refined into lower and higher-level categories through iterative cycles. Categories were revised and regrouped until the final set of themes and subthemes provided a coherent and grounded structure for interpreting the participants' experiences.

Worked Example of Category Development

To illustrate this process, Table 4 presents selected excerpts with their corresponding initial codes, refined category labels, and resulting themes or subthemes. This structured approach ensured that each theme was firmly grounded in participant data while also remaining aligned with the broader aims of the study, to lay the foundation for a coherent and analytically rich presentation of findings in the next chapter. See Appendix L for an example of the initial coding process with participant 1, Appendix M for examples from the initial structure of themes and subthemes established prior to iterative revisions, and Appendix N for the final theme and subthemes table.

Table 4

Example of Coding and Category Development

Quote/Excerpt	**Initial code**	**Refined code/ Category label**	**Theme or subtheme**
"it truly has been amazing"	Positive comment on course	Positive learning experience	Theme: Extraordinary Learning Opportunity
"I would say it absolutely exceeded my expectations"	Course exceeded trainees' expectations	Expectations exceeded	Theme: Extraordinary Learning Opportunity
"It didn't feel like I needed to put time away to complete this course. It was really inter wave/integrated with my work. And it just make the learning more passionate. Kind of yes! I'm using and especially for someone like me that I love to learn or I learn better, through	Course interweaved with professional work, rewarding opportunity	Applied learning	Subtheme: Experiential Learning Environment

Quote/Excerpt	Initial code	Refined code/ Category label	Theme or subtheme
doing. So I'm that kind of uh, you know, type of learner."			
"there's one lens of you as a client and one lens as you as a, you know, a practitioner"	Experiential learning with dual roles	Practicum experience, Dual roles	Subtheme: Experiential Learning Environment
"it's been, pretty mind shifting….I've had to, I've had to think about things differently. So that's been both challenging. But quite exciting. You know, it's like a sort of a, you know, in terms of a course that can actually allow you to perceive things in a whole different way. That to me seems quite an exceptional thing."	Perspective shift experienced as both rewarding and challenging.	Trainee perspective shift	Subtheme: Transformational Learning Experience

Note. This table offers a brief illustration of the coding and category development process during data analysis. It serves as an example, rather than a comprehensive representation of the entire analytical approach.

Rigour

Thomas (2006) outlines several strategies to support trustworthiness in qualitative research, including credibility, dependability, interrater reliability, and member or stakeholder checks. This study used interrater reliability and stakeholder checks as the primary methods to minimise bias and ensure interpretations were grounded in participant experience. To support credibility, the researcher created a series of tables to iteratively organise and reorganise quotes, categories, and preliminary themes (see Appendix M). This approach, recommended by the project's methodologist, allowed for clear documentation of coding decisions and the evolving relationships between themes. To support transferability, rich contextual detail and participant quotes were included to enable readers to assess relevance to other university-based EMDR training contexts.

Independent Parallel Coding

Interrater reliability was established through independent parallel coding. As Thomas (2006) describes, this method involves two independent coders analysing the same data set and comparing interpretations to assess consistency. A high degree of alignment suggests strong reliability, while discrepancies prompt discussion and further refinement. In this study, the researcher coded two trainee transcripts using Microsoft Word's comment function, and the supervisor independently coded the same transcripts. The research fellow then compared both versions to assess overlap. Results showed strong agreement, with only minor discrepancies. Feedback suggested ensuring each label could stand its own and align with the study's research aims, and this was then incorporated into subsequent coding. The same process was repeated with two educator transcripts. Where coding diverged, the researcher reviewed differences and refined or combined codes as appropriate. This iterative process enhanced the clarity and consistency of the coding framework.

Stakeholder or Member Checks

Stakeholder checks further supported trustworthiness by ensuring participants' perspectives were accurately reflected. Thomas (2006) outlines two strategies for enhancing validity of stakeholder input: (1) summarising key discussion points for participant review, and (2) verifying interpretations in follow-up interactions. Both strategies were used in this study. After each focus group, the researcher summarised key discussion points and shared these with participants for their review. Most confirmed accuracy and some offered additional clarification. Additionally, insights from one-to-one interviews informed focus group schedules, allowing participants to affirm or challenge emerging themes. These checks ensured participant voices remained central to the findings and that emerging interpretations remained anchored in the lived experiences of participants.

Ethical Considerations

Formal ethical approval for this project was initially obtained from the University of Otago Human Ethics Committee in 2023 (Project D23/071). As the researcher is enrolled at Massey University under the supervision of a Massey University staff member, additional approval was also sought and granted by the Massey University Human Ethics Committee in 2024 (ID #4000029200) (see Appendix O). As the study met Massey's low-risk requirements, no further action beyond the low-risk application was required. To address potential conflicts of interest, one educator participant who was also part of the broader research team was not involved in the data analysis stage. This step was taken to minimise bias and strengthen the integrity of findings.

Prospective participants were provided with the information sheet which outlined the study's purpose, procedures, and their rights—including the option to withdraw at any stage without consequence (see Appendix D). Participants were informed that their involvement was entirely voluntary and unrelated to academic outcomes. They were informed that their identities would be anonymised in the final thesis and in any subsequent publications, and that audio recordings and transcripts would be stored securely before being destroyed after the specified period. Data was treated as confidential and was only accessible to the researcher, supervisor, and research fellow. Before each interview, the researcher reviewed the information sheet and consent procedures with participants and addressed any questions. Participants were reminded they could skip any questions or pause at any time. Written consent was collected, along with verbal confirmation to proceed with the interview and start the recording.

Reflexivity

Throughout this project, I remained aware of how my background, experiences, and assumptions could shape the research process. Taking a reflexive approach allowed me to

examine my role as a researcher and consider how my position might influence data collection, interpretation, and analysis. As a postgraduate student at Massey University with an academic interest in clinical practice and mental health, I approached the study with familiarity around both the topic and context. I had prior experience with hybrid and block course learning, which helped foster rapport with participants and to an extent it helped me contextualise their feedback. At the same time, I recognised that this could introduce interpretive bias if left unchecked.

I came to the research with aspects of my background that positioned me as an outsider to the participant groups. I am younger, still in postgraduate-level training, have never studied at Otago, and not a practising clinician. This meant I often approached interviews with curiosity about participants' training experiences, and at times needed to seek clarification or use online resources to better understand material discussed. Another factor that sometimes set me apart is that I hold three nationalities and have lived in multiple countries, which I recognise may have shaped how I noticed details related to cultural responsiveness and training design. These elements created distance that helped me interpret participants experiences closer to their reality, rather than informed by assumptions. However, I was also aware elements of my background had potential to influence questions I followed up with or interpretations formed. Ultimately, I aimed to keep the research process as grounded as possible in participant narratives.

To support reflexivity, I maintained a reflexive journal (see Appendix A) throughout the research process to record my observations, reactions, and assumptions. This was particularly helpful in keeping track of instances where my background may have shaped interpretations. For example, I found myself feeling greater resonance with narratives shared by participants from clinical psychology backgrounds, and this was likely due to my own academic training and professional aspirations. Acknowledging this, I regularly reflected on

how such connections might subtly influence my interpretations. I took care to ensure that emerging insights were balanced to varying trainee orientations, keeping the analysis grounded in participants' voices, and avoiding the influence of personal assumptions or expectations as much as possible.

One moment that challenged my assumptions related to a key insight around peer support in distance learning. Since I have not encountered a training environment similar to Otago's, I had assumed facilitation of peer connection would be important to participants. In interviews, this appeared to be the case, however participants carefully distinguished between informal and formal ways of engaging in peer interaction. While I had assumed trainees would want some structured peer connection, I had not anticipated the value of unstructured peer gatherings. This was important because participant viewpoints varied regarding the extent of structure they wanted in this area. For example, the organisation of informal get togethers, such as dinners on the first night of block courses, was described as best coming from trainees themselves. Without clarifying this point, I would have not considered informal peer connection to be important, and potentially only focused on how happens in the classroom. This experience reinforced the importance of setting aside assumptions during interviews and maintaining a careful, reflective approach to data analysis and interpretation.

In addition to journalling, regular supervision sessions with my supervisor, research fellow, and methodologist created space to critically reflect on emerging patterns and challenge assumptions. These discussions supported reflexive analysis and helped maintain alignment between the data and the study's aims. Presenting early themes and receiving iterative feedback further supported credibility and strengthened the integrity of findings. Through this process, my appreciation for qualitative research deepened significantly. Conducting interviews, engaging with participant narratives, and navigating the analytic

process affirmed the value of reflexive, interpretive methods for capturing the complexity of lived experience.

Limitations of the Methodology

While case study research offers valuable insight into specific contexts, it is sometimes critiqued for having limited generalisability, particularly when focused on a single setting. In this study, the focus on one university-led EMDR training programme means that findings may not apply to all training environments or universities. However, Flyvbjerg (2006) challenges the assumption that case studies inherently lack generalisability, emphasising that the value of a case study depends on how the case is selected. Strategic case selection, as employed here, can offer insights that extend beyond the immediate setting. This project was designed to explore a novel training context in depth, with the intention that findings may be relevant to similar programmes in other academic or clinical contexts.

A further consideration relates to the time-intensive nature of qualitative case study research, particularly when applying Thomas's (2006) General Inductive Approach. Transcribing interviews, coding data, and developing themes requires substantial time and attention, especially when engaging with detailed participant responses. Although transcription software was used to generate initial drafts, each transcript was manually reviewed and edited to enhance accuracy and clarity. While this process was effective for the scope of this study, qualitative analysis software such as NVivo may have provided additional efficiencies, particularly for projects with larger datasets.

Although only a small number of educators and the course administrator were interviewed, this reflects the actual size of the training team rather than denoting a methodological limitation. All eligible staff were included, providing full representation of those who sit in these roles. The sample size across all participant groups was appropriate for the study's aims, and there was diversity across cohorts and roles.

Despite these considerations, the case study approach remains well aligned and provides a pragmatic fit with the research objectives. Yin (2009) highlights the value of case studies in exploring complex phenomena within real-world settings, while Woodside and Wilson (2003) describe their usefulness for both theory building and practical application; wherein the open-ended nature of case studies enable the emergence of unanticipated findings and new lines of inquiry. In this study, the design allowed for detailed exploration of how participants engaged with a newly developed EMDR training programme, while also producing findings relevant to future course refinement.

Chapter Summary

This exploratory case study aimed to explore the experiences of trainees, educators, and the course administrator involved in the University of Otago's novel EMDR training programme. The research focused on understanding participants' expectations, motivations, challenges, and opportunities, with the goal to gather meaningful feedback to support future development of the course. A qualitative case study design was chosen to support the development of rich and context-specific insights, while a purposive sampling strategy ensured participants had direct experience with the training programme.

Data collection involved semi-structured Zoom interviews with trainees, educators, and the course administrator. These were followed by focus group interviews to expand on and refine earlier emerging insights. The iterative process allowed for a deeper understanding of participants' experiences and provided space to clarify feedback. Data analysis was guided by Thomas's (2006) General Inductive Approach, to support the identification of key themes in a way that remained grounded in participant narratives. Additionally, the approach allowed both anticipated and unanticipated insights to be organised into a clear and meaningful structure.

Throughout the project, steps were taken to ensure ethical and methodological rigour. These included gaining ethics committee approval, obtaining informed consent, and utilised member checking and reflexive practice. The next chapter presents the findings that emerged from this process, and are organised into key themes to reflect how participants engaged with and made sense of their experience in the training programme.

CHAPTER 4: FINDINGS

Overview

This chapter presents findings from an investigation into the experiences of trainees and educators who participated in the University of Otago's innovative EMDR training programme. The research examined participants' motivations for engaging in the programme, expectations held, and the opportunities and challenges encountered during the training. Using thematic analysis, the chapter provides context-specific insights that clarify the training experience and offer participant-driven suggestions to refine future course delivery. The findings follow a thematic organisation, moving from broad overarching influences to more specific factors that shaped participants' recommendations for improvement. This structure reflects the dynamic nature of participant feedback and supports a comprehensive interpretation of the data. An inductive coding process identified five main themes, each reflecting rich and varied accounts of the training experience.

Theme Identification and Development

This chapter highlights both converging and diverging viewpoints and offers a grounded understanding of the contextual factors shaping participant engagement with the course. These accounts include reflections on what supported participants' learning, what presented challenges, and where they identified opportunities for future course improvement.

Five key interconnected themes were developed and together provide an account of how Otago's EMDR training programme was experienced and identify where participants indicated it could be refined. The first theme, "The Lens We Bring: Experience and Background Shaping Engagement with EMDR Training", captures how trainees' and educators' prior professional histories, learning preferences, and clinical experience influence their approach to the training. Trainee experience with personal therapy emerged as a distinct

element shaping trainee engagement with how the experiential learning components of the course, such as the practicum, were experienced. Theme 2, "Why Otago? Discovering Shared Motivations and Expectations" illustrates shared values across participants; these include having positive views pertaining to culturally responsive training, the credibility or structure of university-based settings, and the opportunity to undertake advanced EMDR training. Importantly, these overlapping motivations and expectations naturally emerged across interviews and were independently reported by participants in both trainee and educator roles. The third theme, "Extraordinary Learning Opportunity" describes how participants viewed the programme as exceptional and often exceeding expectations. Trainees reflected on how the course led to a distinct perspective shift in how they conceptualise trauma, transforming their clinical practice. Additionally, the third theme explores the significance of an experiential learning environment, and connects with Theme 1 to acknowledge how stepping into therapist and client roles within practicums could be experienced as emotionally intense.

Theme 4, "Participant-Led Suggestions to Refine Delivery" focuses on exploring feedback spread throughout themes and across interviews. It focuses on areas of inclusivity, student support, and preparedness. The fifth and final theme, "Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training", conveys how the act of embedding EMDR training within a university environment creates pathways for innovation and supports long-term development. Collectively, these five themes critically analyse the experience of the programme and suggest its potential to evolve into the leading model of EMDR training in New Zealand and internationally.

Summary of Key Findings

Analysis of participant experiences in the University of Otago's EMDR training programme revealed five interrelated themes that collectively illuminate how trainees and educators engaged with the course. These themes move from individual perspectives and

motivations to the nature of the learning environment, to participant-led recommendations for improvement, and finally to a broader vision for the future of EMDR training. Table 5 summarises these themes and their associated subthemes.

Table 5

Findings Chapter Outline: Themes and Subthemes

Number	Theme	Subtheme
1	The Lens We Bring: Experience and Background Shaping Engagement with EMDR Training	1.1 Trainee Experience with Personal Therapy
2	Why Otago? Discovering Shared Motivations and Expectations	2.1 Cultural Responsiveness in EMDR Training 2.2 Moving Beyond Basic Training 2.3 University-Led EMDR Training
3	Extraordinary Learning Opportunity	3.1 Experiential Learning Environment 3.2 Transformational Learning Experience
4	Participant-Led Suggestions to Refine Delivery	4.1 Enhance Inclusivity 4.2 Build Additional Student Support 4.3 Preparing the Training Environment
5	Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training	

The first theme highlights how participants' personal therapy histories and professional backgrounds shaped their engagement. Theme 2 reflects shared reasons for choosing the programme, including its cultural responsiveness, opportunities for advanced learning, and the credibility of a university-led model. The third theme emphasises the value of an experiential learning environment and its capacity to create transformational learning experiences. Theme 4 offers concrete recommendations, including enhancing inclusivity, strengthening student support, and better preparing the training environment. Finally, the fifth theme situates the programme within a long-term vision for sustainable, culturally relevant, and research-informed EMDR training.

Together, the findings explore how individual, pedagogical, and systemic factors intersect to shape the EMDR training experience. They provide not only a deeper understanding of participants' motivations and learning processes but also offer practical insights to guide future course refinement and development. These themes reveal participants' unique and common experiences, backgrounds, motivations or expectations, how they directly experienced the training, and include their suggestions to enhance future course delivery; focusing on inclusivity, support structures, and preparedness. The last theme includes educator insights for the programme's foundation moving forward and its potential to inform wider EMDR training and research. Each theme and subtheme are discussed in turn to provide a detailed and context-rich account of participants' perspectives. In line with the research aim to support future programme development, particular attention is given to participant feedback and identifying areas for improvement. To preserve anonymity while honouring the integrity of individual perspectives, Table 6 presents the participant code key. This system enables the researcher to attribute quotations to specific participants while retaining anonymity.

Table 6

Participant Transcript Code Key

Participant role	Code	Interview type
Trainee	ITI	Individual Trainee Interview
	T FG1	Trainee Focus Group 1
	T FG2	Trainee Focus Group 2
Educator	IEI	Individual Educator Interview
	E FG	Educator Focus Group
Course Administrator	CA	Course Administrator

Thematic Presentation of Findings

Theme 1. The Lens We Bring: Experience and Background Shaping Engagement with EMDR Training

This theme explores how participants' prior training, clinical experience, and learning preferences shaped their engagement with the EMDR training programme. These foundational elements appeared to influence how participants approached course content, specifically how they interpreted, navigated, and applied it.

Translating Course Language

Elements of participant background and experience were discussed across each interview, with these combining to create a picture of how prior training and learning approaches inform how trainees and educators engage with the training programme. Trainees, educators, and the course administrator all positioned themselves and their involvement within the course and with reference to their prior experiences. Trainees arrived with already well-established learning approaches and came from diverse professional and training histories, which influenced how they interpreted the course. Sometimes, trainees would report having to adjust specific course terminology to better align with their existing discipline-related frameworks or approaches to meaning-making. For example, two trainees from clinical psychology backgrounds reflected on how they found it necessary to "translate"

course material into therapeutic language aligned with their prior training or lens (ITI P3; ITI P8). In addition, trainees with Cognitive Behavioural Therapy (CBT) backgrounds occasionally found that the course's psychodynamic-informed language did not match their clinical orientation. This added an additional layer of complexity and effort to the learning process. One trainee explained this as requiring "two levels of translating, which was really hard on my own" (ITI P3). This suggests an interaction between trainees' existing clinical orientation or lens and the course's approach to presenting EMDR material, leading to challenges in engaging with the course content.

Translation challenges extended beyond the classroom environment. One trainee described their experience of working with a supervisor who uses EMDR Institute language and was unfamiliar with the approach of Otago's programme. They shared, "I quite often have to try and translate them back to the EMDR Institute language…. that's been a bit of a problem because I've had to kind of, try and get my head around things" (ITI P8). This suggests the challenge of maintaining conceptual consistency across differing training formats and describes the difficulties trainees might face outside the classroom environment in supervision settings. Together, these narratives illustrate how trainees' prior training or therapeutic lens might impact the necessary level of effort to engage with language used in the course. It also describes how this translation challenge might extend past the classroom environment and impact supervision settings.

Trainees' prior training or professional histories also interact with how structural components of the course are interpreted. For example, two trainees with clinical psychology backgrounds reflected that "when they [the course trainers] use the term 'group supervision', it's not what we understand to be supervision [laughs]" (T FG2 P1), and that, "group supervision is not supervision. It's like a group assignment [laughs]" (T FG2 P2). This difference in interpretation impacted their experience of the group supervision sessions, with

those trainees describing feeling unprepared and caught off guard by the more assessment-based approach to the session. One trainee described arriving with questions and a readiness to support peers, only to find that they were expected to present their own case under evaluation: “it was like show up and show me what you know…. that’s a really different question…. I just remember coming away super confused” (T FG2 P1). They shared that this was something they wished they had known ahead of time. The misalignment between their expectations and the intended purpose of the group supervision left them confused until it became clear that there were evaluative aims. These reflections underscore how professional background can shape initial interpretations of the course’s structure and create confusion when familiar terms are used in unfamiliar ways.

In contrast, not all trainees encountered difficulty or found it necessary to translate materials. For some, the course landed in a way that felt familiar and intuitive. One trainee reflected that the course “felt very in line with how I like to learn and how I understand things, how I like to talk about things. It’s a good fit.” (ITI P7). Indicating that the course fit their therapeutic lens and learning style. Another trainee described learning differences more broadly, “we all have different brains…. the way that we absorb information, it’s slightly different” (ITI P6). This reflection demonstrates how course design must account for variation in trainee approaches to learning and reflect diversity in how material is presented. Together, these accounts suggest individual learning preferences shape how easily course content is processed. In addition, they illustrate the value of flexible and responsive course design, particularly in training environments comprised of students from diverse professional and educational backgrounds.

The Impact of Professional Discipline

Educators also reflected on how individual backgrounds influenced their teaching approaches. One educator described the “biggest challenge in this training” is adapting

content to fit trainees from different disciplines: “I’ve got figure out a way to understand a little bit more... about their training and where they’re coming from to understand what it is they actually need to move them on into the EMDR therapy training” (IEI P2). They found having only one discipline history in their background created challenges with establishing trainees’ knowledge bases when they came from different backgrounds. Discerning differences between trainees’ backgrounds or educational histories made it difficult to identify areas where they may need additional support. Educators with a single disciplinary lens may find it harder to anticipate trainee needs from different professional backgrounds. This suggests that trainees’ and educators’ prior training, education, and professional backgrounds shapes how course material is presented and interpreted.

Some trainees noted that their professional backgrounds provided unique strengths that supported their learning. A trainee with a psychology background explained that their prior training in case conceptualisation made the shift to EMDR’s Adaptive Information Processing (AIP) model—which views psychological distress as resulting from unprocessed traumatic memories—more seamless: “you’re then just adapting your case conceptualisation to the AIP model. So the shift is a smaller step compared to learning how to case conceptualise, and then how to do it in an EMDR way” (T FG2 P2). As this trainee later put it, case conceptualisation is largely what makes a psychologist “kind of a psychologist”, suggesting that existing competencies and clinical skills helped some trainees integrate EMDR techniques more efficiently (T FG2 P2). Similarly, an art therapist found that EMDR’s emphasis on client-led work aligned well with their discipline-specific therapeutic approach, noting: “it’s actually really easy [laughs] just to sit back and let the client do the work” (T FG1 P1). This alignment of a client-led approach in both art therapy and EMDR therapy makes it easier for those with that background to step back and allow the client to do the work.

Educators echoed this, observing that child therapists were particularly adaptable due to their prior experience in modifying therapeutic approaches from adult-centred to child-focused (IEI P2). Given that training in EMDR therapy involves adapting to trauma-informed frameworks, this existing skillset provides a natural advantage for child-centred therapists. These examples illustrate how prior discipline-specific training and skillsets provide the foundation for specific strengths that trainees may bring with them into the learning environment. Additionally, it reinforces the idea that not all trainees are starting from the same place, and training design should be mindful of and flexible to trainee needs and when possible, connect with their strengths.

The Value of Clinical Experience

Educators consistently emphasised the value of their clinical experience, describing it as the most important aspect of their background in relation to their teaching role. Their extensive clinical experience allowed them to integrate academic material with clinical vignettes, demonstrating to trainees how it's possible to use EMDR therapy with clients safely and effectively (IEI P1). It also informed how educators supported trainees during the practicum, giving them the necessary awareness to identify when an individual might be struggling or need additional guidance or support (IEI P1). Educators' reflections underscore how both their disciplinary backgrounds and clinical experience shape their teaching approaches, influencing how they assessed trainee needs, integrate academic content with practical insight, and provide support throughout the course.

Trainees echoed this sentiment, with many describing how their own clinical experience directly supported them in understanding EMDR concepts. One trainee reflected:

> my own personal learning and the grasping of the modality of information from these two different courses, [was] extremely different. <u>Every</u> time I sit in [Educator 1]'s

> class…. there's always a client in my head I can sort of reflect to or connect it to…. a lot of light bulb moments. And that's so critical. (T FG1 P4)

This quote followed a reflection comparing this training course to their prior CBT training experience, when the trainee was more junior in practice. It describes how case examples built from years of experience help ground taught concepts in practical ways. This suggests that years of clinical experience enhances comprehension of new material, deepens engagement, and creates space for trainees to directly relate theory to practical examples drawn from their own client history. Clinical experience is valuable for both enhancing trainee engagement with course material and informing the teaching and course design.

Subtheme 1. Trainee Experience with Personal Therapy.

The practicum was a central component of Otago's EMDR training, giving trainees the opportunity for hands-on practice in both therapist and client roles. Trainees brought with them personal material to work on in paired groupings. While this experiential learning was described as essential, some trainees found it emotionally intense. Trainee experiences varied, with prior personal therapy emerging as a significant factor impacting how they navigated the practicum. This subtheme explores how therapy experience shaped trainees' ability to manage in both roles. Two educators discussed how trainees entered the practicum with differing levels of preparedness, often depending on whether they had engaged in personal therapy beforehand (E FG P1; E FG P3). Despite the guidance provided in the trainee workbook, not all trainees were fully prepared. One educator reflected, "those trainees who come, who have had the experience of therapy, not just EMDR therapy prior to the training, do well", adding that "personal experience of therapy makes a big difference" (E FG P1). Some may have completed therapy as part their professional training, while others may have pursued it voluntarily, meaning trainees brought different forms of psychological preparedness to the practicum. Educators described their ability to "tell" who has and hasn't

done therapy before (IEI P3). In response to the event of a trainee experiencing distress, educators offered individualised support and informal debriefing (IEI P3; E FG P1). While personal therapy was not a formal requirement, educators acknowledged it contributes to a greater sense of overall psychological safety within the practicum setting. However, it is not clear if this is something that could be considered mandatory prior to enrolment (IEI E3) and could be unnecessarily exclusionary.

Trainees' accounts reflected similar patterns. One trainee who was already in psychotherapy at the time of the training, described how this helped them prepare: "I had planned with my psychotherapist, like how I—was going to manage" (T FG2 P1). This proactive planning enabled them to anticipate their emotional response and develop coping strategies before the practicum began, helping them reduce protentional for emotional stress or strain. Another trainee who disclosed having previously received personal EMDR therapy noted that this experience gave them a better understanding of the process from the client's perspective and helped them feel better prepared and grounded during the exercise (ITI P4). In contrast, one trainee who did not reflect on the effect of personal therapy experience and arrived sceptical and curious to how EMDR works, described feeling caught off guard by the emotional impact of the practicum (anonymised).

> I definitely found I needed more warning as to what EMDR might open up for me when I did the practice. Yeah, I didn't expect it and it opened up a lot more than what I was expecting. Yeah, and I didn't quite feel appropriately warned for that [laughs]. (anonymised)

Despite a debrief with an educator, the trainee reported lingering distress (anonymised). They also described how the limited availability of EMDR therapists in New Zealand made it difficult to access follow-up personal EMDR therapy to support them through what surfaced for them in the practicum (anonymised). In later discussions, this trainee shared how they

now caution others to “pick a low-level memory” and “when they say pick low level, actually do it [laughs]” (anonymised). They advised, “just put your toe in the water, don’t do your like hardest, deepest stuff, because that might be more than one processing session and you’re going to be left with it” (anonymised). These reflections describe the mismatch that can occur between trainees’ expectations and the emotional depth that EMDR may elicit, even in a controlled learning environment. Additionally, some trainees may underestimate the emotional demands of the practicum and inadvertently bring material that exceeds what a short practice session can safely contain. Together, these experiences illustrate how personal therapy shapes trainee preparedness to engage in practicums. The findings support the view that while not formally required, prior therapy may act as a protective factor during the emotionally intensive components of the training.

Theme 1 Summary

Participant background played a significant role in shaping how both trainees and educators engaged with the EMDR training programme. This theme represents the broadest contextual layer of influence, shaping how participants approached course content and how they made sense of it in relation to their own learning needs. Key points discussed include translating language, the impact of professional discipline, and the value of clinical experience. Together, these insights underscore the value and challenges of acknowledging and adapting to diverse professional starting points in the design and delivery of EMDR training. Trainee experience with personal therapy emerged as an important protective factor in trainee preparedness for practicum training. Those who disclosed having previously engaged in EMDR therapy or other personal therapy, appeared better equipped to manage the emotional intensity of the experience and select appropriate material to work on. Others described feeling caught off guard, unprepared, and overwhelmed by the practicum experience. Additionally, educators described their perception of trainees with personal

therapy backgrounds doing better than those without that experience. While personal therapy experience is not a formal requirement to train, educators acknowledged it enhances psychological safety within practicums. Together, Theme 1 and Subtheme 1.1 emphasise the importance of exploring the diverse backgrounds of trainees and educators to ensure course design is prepared to meet variation in training preparedness.

Theme 2. Why Otago? Discovering Shared Motivations and Expectations

Throughout participant interviews, it became evident that course educators and trainees shared overlapping motivations and expectations for their involvement in Otago's EMDR training course. While their roles were different, there was noticeable alignment between trainees' motivations for selecting this course and the reasons educators were motivated to develop or teach within it. The concepts of motivations and expectations are interconnected: where motivations refer to the reasons participants engaged with the course, and expectations relate to what they hoped it would deliver. In this case, trainees' desire to become confident and competent EMDR clinicians closely aligned with the educators' intent to build a high-quality, culturally grounded, and academically rigorous EMDR training option for New Zealand.

The course designer outlined their three primary motivations for creating the course: (1) to address the lack of cultural responsiveness or specificity in existing EMDR training options in New Zealand, (2) the need for a more in-depth course capable of preparing clinicians to work with complex case presentations, and (3) to put training into an academic environment to introduce a competency framework that establishes and supports EMDR clinician-based competence. The course designer describes this in detail:

> the EMDR therapy trainings, which were previously available in New Zealand, didn't attend to the cultural mores of this country. And also, weren't sufficiently detailed to enable students to adequately treat the levels of complexity of patients attending for

> therapy, not just in the public sector but also in the private sector in this country. So, we wanted to set something up which was both specific for the New Zealand culture, but also of sufficient quality and intensity so that these students could feel confident treating complexity. And finally, we also wanted to introduce a competency framework which isn't available in the other training modalities for EMDR therapy in this country. So that, not just the students had an understanding of having attained a degree of competence, but also employers could say confidently, yes, this person has a degree of competence. So it would make the university training attractive to employers. (IEI P1)

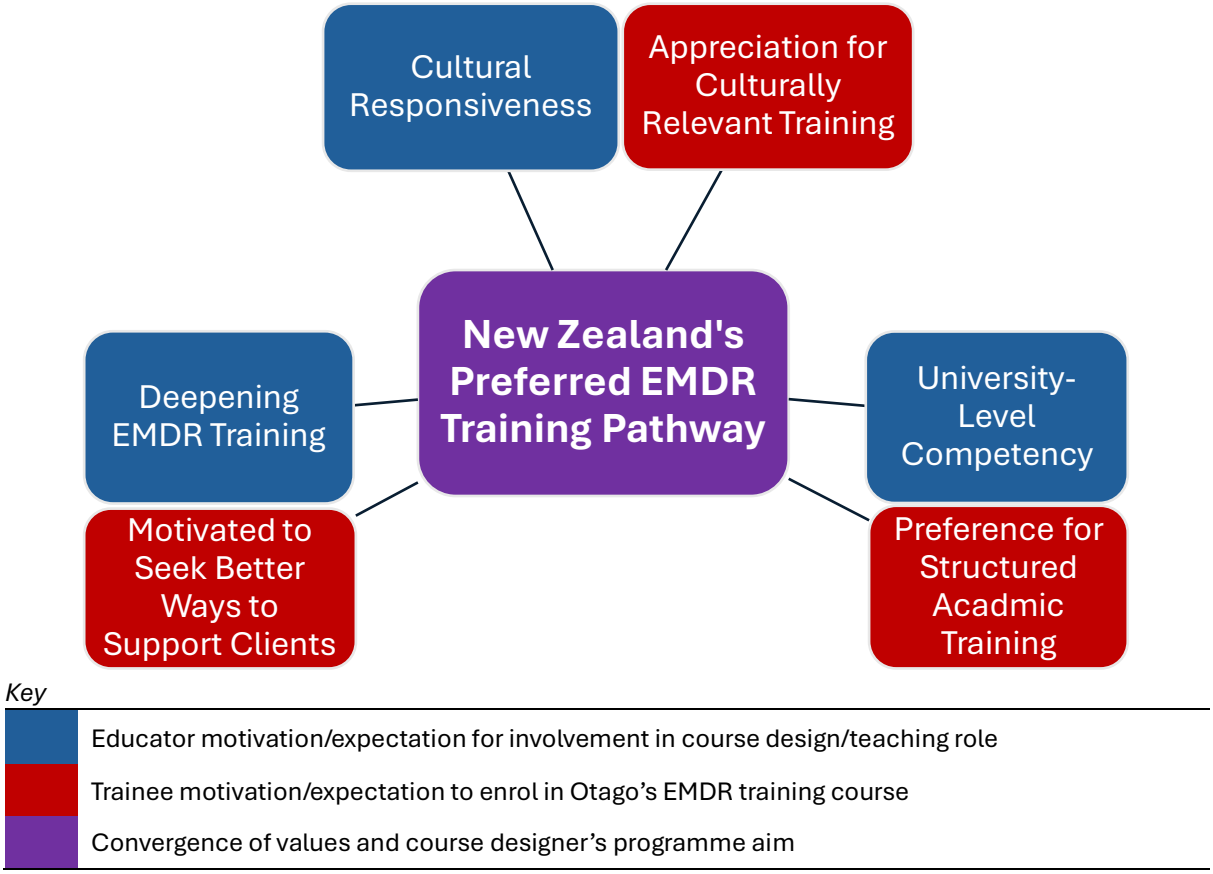
These educator motivated values were echoed by trainees who frequently described seeking out a culturally relevant training option, a deeper learning experience to prepare them for complex trauma work, and a structured university setting that would support skills-based competence. These shared aims underpin the theme explored here. While motivations shaped participants' decisions to engage with the course, expectations reflected their belief that the course would deliver on these intentions. The connection between these two concepts was visible in both groups and offers insight into the underlying drivers behind course participation and design.

Understanding motivations and expectations was a core aim of this research, and their overlap is explored in more detail in the following three subthemes. Below, Figure 3 illustrates where educator and trainee motivations or expectations corresponded. The red boxes capture key reasons trainees enrolled in the course and what they hoped it would deliver, while the blue boxes reflect educator intentions for course design and anticipated outcomes. Together, they collectively contribute to the course designer's central aim—for Otago's programme to become New Zealand's preferred EMDR training pathway. This objective is represented in purple to illustrate the convergence of educator and trainee

motivations and expectations that are grounded in a joint priority for culturally responsive, academically rigorous, and competency-based EMDR training.

Figure 3

Why Otago? Addressing Educator and Trainee Overlapping Motivations and Expectations



Note. Outlined by educators and trainees, this figure illustrates how participants' specific motivations and expectations conceptually overlapped. The colours blue (educator perspectives) and red (trainee perspectives) were chosen to show how, when combined (purple), they contribute toward the course designer's aim for this to become New Zealand's preferred EMDR training pathway.

The following subthemes explore the three key areas where these overlapping motivations and expectations were most evident: cultural responsiveness, the desire for training that extends beyond basic EMDR instruction, and the value placed on a university-based structure.

Subtheme 1. Cultural Responsiveness in EMDR Training

Embedding cultural responsiveness was a central element in the development of Otago's EMDR training course. Educators emphasised the importance of applying a broad

definition of culture to the training course, recognizing its relevance to trauma-related disorders (IEI P1). The course goes beyond indigenous cultural considerations to address diverse aspects of identity such as gender expression, religious beliefs or other factors which shape an individual's lived experience (IEI P1). By doing so, the training acknowledges how factors related to systemic oppression and social context influence aspects of trauma and healing (IEI P1). Likewise, trainees reflected on how the cultural components within the course were experienced as valuable in their learning and application of EMDR with clients. This subtheme explores both educator intentions, and trainee experiences of cultural responsiveness in the EMDR training.

Educators acknowledged the importance of embedding cultural considerations throughout EMDR training. They emphasised the need for a flexible training model, which integrates Kaupapa Māori knowledge and aligns with contemporary research on trauma (IEI P2). Educators identified one of the key limitations of the EMDR Institute training model is a lack of flexibility to incorporate emerging research and ability to include Kaupapa Māori knowledge within theoretical models (IEI P2). P2 described their perspective that EMDR therapy and training is "missing something and that an Indigenous perspective can really inform us on what's going on" (IEI P2). This narrative highlights how educators view culturally informed ways of understanding, as an essential component of effective trauma treatment. A major strength of Otago's training programme is the flexibility "to make it fit for purpose really in Aotearoa" (IEI P2), making "this course a New Zealand course" (IEI P1). Their perspective underscores the importance of flexibility within decisions of course design as well as when adapting the training to reflect diverse cultural landscapes. While educators focused on cultural responsiveness in theoretical adaptations and structure of course content, trainees reflected on how they valued cultural responsiveness to enhance their learning experience and clinical application.

Trainees expressed their appreciation for the integration of cultural components in the training course, often describing how it enriched their learning experience. One trainee reflected on how the cultural environment in New Zealand creates a space where "trusting your instincts" and engaging in conversations which "tap into multiple cultures" are explored, differing from their perspective of other Western approaches to learning (ITI P4). This appreciation for the inclusion of diverse cultural perspectives maps on to the broader cultural values in this country, to be culturally minded and responsive. A second trainee described their experience of the course as culturally responsive, noting that EMDR's theoretical principles appear to "cross a lot more cultural barriers than standard talk therapy" (ITI P6). This comment illustrates how some trainees perceived EMDR as more adaptable across cultural contexts than standard talk therapy. Another trainee described how their experience in the course led them to actively reflect on how to use EMDR therapy with diverse client groups. As they put it, there was:

> quite a lot of reflection for me through the teaching, you know, in terms of how to use that with my client who's Māori or Pacific Islander. Yeah, and how to make this material very approachable and also…. just make this material you know, kind of be in line with their cultural norms, with their social norms. (ITI P1)

A training space that encourages active reflection on how to use the therapy modality with clients of different backgrounds enriches the learning experience. Trainees described this reflection as meaningful for adapting the modality to clients' cultural and social norms. Their accounts suggest that culturally grounded training can strengthen engagement with how to best support clients.

Together, trainees and educators emphasised the value of culturally responsive training. Educators intentionally designed and delivered the course to be flexible and inclusive, striving for it to align with the diverse cultural landscape of Aotearoa. Trainees

valued how the course's approach to cultural responsiveness enhanced their learning and supported application of EMDR with clients of diverse backgrounds. This convergence of motivations and expectations emerged through participant reflection and demonstrates a shared investment in what the training aims to deliver. These findings suggest that embedding cultural responsiveness in EMDR training enables an inclusive and meaningful approach to trauma informed therapy.

Subtheme 2. Moving Beyond Basic Training

Educators and trainees both independently identified the importance of going beyond basic EMDR training to ensure clinicians are better equipped to work with complex client cases safely and effectively. Course design aimed to provide a sufficient level of combined theoretical depth with practical application, to help trainees develop the EMDR skills and competencies adequate for real-world settings. Educators emphasised the value of developing clear case conceptualisation and treatment plans (IEI P2), as this would ensure trainees could work with clients "across the age spectrum with a reasonable to high level of complexity" (IEI P1). At the same time, trainees sought a training course that would best support them in working with clients with complex trauma, particularly in cases involving dissociation (ITI P6; T FG1 P2; T FG1 P4; T FG P1). Many trainees described how their current therapy modalities were not sufficient to meet the needs of their clients with complex trauma, which motivated them to seek Otago's training programme.

> I came to the course because my recognition of something short in my work, not good enough to carry out a satisfactory treatment efficacy through my work. So I pretty much just see an opportunity to jump in, dive in, and loved it. (T FG1 P4)

Several trainees echoed this statement and described how Otago's EMDR training achieved this expectation to provide comprehensive learning, giving them the tools to best support clients. One trainee, for instance, described themselves as "slightly perfectionistic", striving

to thoroughly understand the rationale behind therapeutic techniques and tools to use them competently (T FG2 P2). Both perspectives reflected a strong motivation to develop clinical skill with confidence and depth. Additionally, other trainees described being drawn to the course due to Educator 1's reputation as an experienced EMDR clinician and educator (T FG1 P1). Specifically, one trainee described Educator 1 as being "incredibly knowledgeable", and their view was to pass up this opportunity would be "foolish" for them (T FG1 P2). This underscores the value of skilled and passionate instructors in attracting trainees to learning environments, influencing how they view a programme as conceptually rich. Together, participant accounts demonstrate significant overlap in the value and motivation to engage in comprehensive training, to best support clinicians working with clients experiencing complex trauma.

Educators and course designers intentionally structured the course to ensure trainees did not only learn EMDR protocols, but also thoroughly understood the rationale behind why and how they were using them. Their goal was to establish a programme where competency is ensured upon its completion (IEI P1; IEI P2). This is no easy task, because EMDR therapy involves clients actively processing and reprocessing traumatic memories. One educator shares their perspective of what makes EMDR therapy and training unique:

> It's quite a powerful therapy and so it's a bit scary. It's not like a talking therapy, where people can just keep themselves guarded and can be safe because we're doing this sort of processing thing, which really activates things inside people that that may not be ready for, it needs, we need to make sure that people actually are safe and competent in the way they practice it and they don't go off and do what I call interpretive dance version of EMDR therapy [laughs]. (IEI P2)

This educator perspective suggests that for EMDR training to be successful, it must move beyond a basic scope and thoroughly ensure trainees are not merging core EMDR techniques

with their own made-up versions (IEI P2). The Otago course places great emphasis on remaining faithful to core EMDR therapy theories and skills-based technique (IEI P3). It appears the course met this aim, with trainees reporting their experience of the course as reflecting these intentions. One trainee describes how "the main thing is skilfully and safely using this model… [recalling Educator 1's] voice in my head that… don't think you can wave your fingers like monkeys, you know EMDR…. there's more, to just waving the hand and finger" (ITI P2). Their account reflects how the training places emphasis on understanding rationale behind protocols, and the importance of sticking to them in practice. This training approach reinforces the importance of addressing conceptual depth and suggests training does not only focus on building skills-based technique but also covers the rationale behind protocols to best support clinicians.

A common response among trainees, was their confidence in using EMDR therapy with clients. Several trainees described how their depth of learning often surpassed their peers or colleagues who trained in other ways (ITI P3; T FG2 P1; TFG2 P1; ITI P7). In a focus group, one trainee reflected on their perception of the key differences between this training and others.

> you have that theoretical background and the case conceptualisation, you know what you're doing and why you're doing it. And I think that's the huge benefit of this course is that I actually knew the why, not just how. And I think a lot of the other courses teach the how without the why. (T FG2 P2)

Trainees benefitted from the courses approach to focusing on the theoretical depth behind EMDR protocols to enables deeper reasoning behind how and why those techniques or tools exist. This suggests that a course which moves past the scope of basic training, enables its students to understand rationale behind skills-based technique, deepens engagement with material and better supports trainees to work with clients experiencing complex trauma. From

trainees' perspective, this element of the training sets it apart from other ways to train. One trainee described their observation of peers and colleagues trained in other ways often getting stuck and giving up on using EMDR therapy with clients (ITI P7; T FG2 P1). This suggests that training which sets out to comprehensively cover the rationale behind therapeutic protocols, enables its students to work confidently with clients.

Trainees were motivated to undertake training in EMDR therapy to better support their clients experiencing complex trauma and dissociation and were drawn to Otago's programme due to their expectation it would achieve this. Educators aimed to deliver a programme with sufficient depth and breath, to ensure trainees could work confidently and competently with clients. Trainee narratives reflect that the course was successful in creating a programme that moves beyond a basic scope and offers conceptual depth. The powerful nature of EMDR therapy for clients, suggests that a training structure should focus on enabling trainees to work safely and effectively in practice. This emphasis on comprehensive EMDR training leads into the next primary motivation which explores university-structured EMDR training.

Subtheme 3. University-Led EMDR Training

A recurring motivation revealed in both educator and trainee interviews was the vital role of the university structure and setting in shaping how the EMDR training was experienced. This subtheme captures how the deliberate design of the university-based EMDR training was experienced as a key contributor to expected competency outcomes and explores the benefit of structured learning. For many trainees, the university structure enabled the expectation for competency to be achieved upon course completion. Compared with other training offerings in shorter formats, trainees described their preference for structured in-depth and academic-based learning of EMDR. Educators described how they perceived trainees to have greater accountability over their engagement with course materials and

benefitted from having access to university resources. Both groups reflected on how the university structure and expected competency outcomes were primary motivations for their involvement in Otago's EMDR training programme.

Educators identified several key benefits to putting EMDR training in a structured university setting, reflecting their motivations to be involved. One of the key elements of course design was the introduction of a formalised competency framework. A university-led training programme provided the necessary structure to measure trainee competency outcomes. The course designer described how this "competency framework is unique, and it's probably only the second or third course, EMDR therapy course worldwide, where students' competence has been assessed" (IEI P1). This framework aims to give educators a clear picture of trainee competency throughout the training program and sets it apart from other EMDR training formats. Other benefits of putting EMDR training into a university-setting includes greater trainee accountability over learning, and administrative or logistic support available to educators (IEI P2). P2 describes how a formalised assessment process in training environments often leads to greater trainee accountability over their learning, adding that there are inherent expectations associated with structured academic learning environments (IEI P2). This means that a key advantage to putting EMDR training into a university setting is the expectation for trainees to complete coursework and assignments to a high standard, ensuring ongoing engagement with course material through assessment (IEI P2). The university environment also enables structure and built-in support for educators, where they can access administrative help with logistics or utilise other support services to navigate any unexpected challenges and assist with tasks (IEI P2). This suggests that university-led EMDR training offers key benefits for educators who engage in course design or teaching roles. Educators were motivated to introduce a competency-framework to measure trainee competency resulting from training. They also expected to have access to built-in support

services available through the university. A university environment enables the structure necessary to introduce measures of competency and supports educators in their teaching role.

Trainees repeatedly emphasised being drawn to the course for their expectation of it being a structured approach towards learning and skill-development. Several trainees expressed their dissatisfaction with the format of the shorter weekend workshops they had previously attended for other professional development opportunities. They noted how they expected a year-long university-based program to deliver them a far richer learning experience to best support them to use EMDR therapy safely and effectively with clients experiencing complex trauma (T FG1 P4; T FG2 P1; T FG2 P2). One trainee reflected that this is "the way for in-depth learning, for systematic learning and that's why I chose Otago" (T FG1 P4). The university-based structure appeared to meet this primary motivation by marketing a detailed and comprehensive approach to understanding EMDR principles and applied practice. For others, the decision to join this training was influenced by their familiarity with the University of Otago. One trainee mentioned a prior positive training experience, having taken Otago's CBT course prior to the EMDR training (T FG1 P3). Overall, trainees were drawn to Otago's training course for its structured academic setting and year-long format. Many were motivated by the expectation of becoming competent EMDR clinicians, believing this was best achieved in a formal academic environment with skilled trainers.

In sum, educators and trainees were motivated to participate in Otago's EMDR training program based on their preference for comprehensive learning. The emphasis on assessing and ensuring trainee competence throughout the course created an environment which supported deeper engagement. This underscores the value of putting training within university settings to enable greater accountability over learning, have access to support

services, and measure trainee competence. For educators and trainees, the course represents a significant opportunity to facilitate and benefit from university-led EMDR training.

Theme 2 Summary

This theme addresses the three primary overlapping motivations shared by trainees and educators within the University of Otago's EMDR training course. Importantly, this convergence was not pre-determined and instead emerged organically in participant narratives. Motivations were closely tied to participants' expectations of what the course would deliver, underscoring a dynamic relationship between underlying drivers to enrol or teach, and influences the perceived value of the training. The first subtheme covers the view of cultural responsiveness in EMDR training to be primary motivation, indicating a shared value for the integration of diverse cultural perspectives course structure. The next subtheme captures how Otago's training goes beyond the scope of other basic training structures, offering greater depth and conceptual insight to address the realities of working with diverse clients who have experienced trauma. The last subtheme describes how the university structure and setting create an environment for competency to be assessed, recognising the value of longer training formats and institutional support. Together, these primary motivations and expectations serve as the leading elements that when activated lend support to achieve the course designers aim to create New Zealand's preferred EMDR training pathway. Overlapping motivations and expectations emerged to reveal shared participant values, reinforcing the course's potential to become a nationally and internationally significant training pathway.

Theme 3. Extraordinary Learning Opportunity

The theme Extraordinary Learning Opportunity captures how trainees and educators both positively experienced the course. Their accounts emphasise how deeply valued and transformative the training was. Most trainees described the course as greatly exceeding

expectations and offering a level of learning that was more comprehensive and clinically relevant than other professional development trainings previously attended. One trainee described their experience within Otago's training to be particularly exceptional, explaining that despite having attended numerous trainings over the past two decades, this was the most "tremendous" experience with "incredibly comprehensive" training they had encountered to date (ITI P5). Many trainees conveyed their deep appreciation and gratitude for the opportunity to learn from this course (ITI P4; ITI P7; ITI P5; ITI P8). Others highlighted accessible communication with educators and the course administrator to be "absolutely fantastic" (ITI P4) and found it helpful to have them available to answer questions (ITI P4; ITI P1; ITI P7; T FG1 P3; T FG1 P4). Two trainees compared their experience in this training to colleagues who had trained in other ways, sharing how they felt this course provided a deeper level of learning to better prepare them to use EMDR without becoming stuck or giving up (ITI P7; T FG2 P1; T FG2 P2). Educators also noted that trainee feedback on the course had been exceptionally positive, describing it as "pretty mind-blowingly positive" compared with the typical responses of other Otago training programmes (E FG P2). Together, these reflections suggest that the Otago EMDR training stood out for its extraordinary learning opportunity, offering trainees a level of comprehensive training not offered elsewhere

Educators also described having a positive experience teaching. One educator shared their appreciation for working within an academic setting, engaging with students, and noted being impressed with everyone they met (IEI P3). Another described appreciating the face-to-face interaction within the block courses (IEI P2). Together, these accounts suggest the experience of interacting with trainees in person cultivated a positive teaching experience. Overall, both trainees and educators described a positive experience in the course. The

following subthemes explore two key factors which shaped the learning experience in greater detail: the experiential learning environment and a transformational learning experience.

Subtheme 1. Experiential Learning Environment

Experiential learning refers to an active, reflective process whereby trainees engage directly with course material and integrate theory into practice within their real-world clinical context, and this was a significant element of the environment experienced by participants. This format suited EMDR training well, as it gave trainees the opportunity to apply their learning practically and gain confidence in using EMDR with clients. One trainee described how integrating the learning within their work environment made "the learning more passionate" and aligned with their preferred learning style (ITI P2). This process of connecting taught concepts to real client work was experienced as especially meaningful and helped facilitate effective use of EMDR techniques and theory into clinical practice.

A central part of the experiential model was stepping into both the therapist and client roles during practicums. Trainees described how experiencing both roles provided critical insight and allowed them to understand the therapy process on a deeper level (ITI P6; T FG1 P1; T FG2 P2). One trainee emphasised the "essential" value of getting the experience of being both the client and the practitioner "within the context of the classroom" (ITI P6). While many echoed the practicum's value, one trainee shared their experience encountering emotional and practical challenges within the training environment. They described their experience as emotionally intense and provided critical insight that the course is "an experiential course", and that element requires additional attention—noting that there's "a lot more to this course than just learning EMDR" (T FG2 P2). They acknowledged the challenges of maintaining psychological safety for trainees stepping in to both roles.

> it's this really delicate, difficult balance I think across the two of how do you make the client in that scenario feel safe and how do you make it a safe learning

> environment for the person who's learning to be a therapist? And I don't have the answer for that. (T FG2 P2)

This suggests that it is necessary for experiential learning environments to carefully consider how to maintain this balance of keeping trainees psychologically safe. P2 suggested a code word strategy to allow partners to signal when they wanted to keep processing within the client role, but without providing additional details (T FG2 P2). This approach may help minimise distress and allow trainee pairings to support each other more effectively through the exercise. In this focus group, another trainee connected their experience, describing how they "often felt activated" throughout the course, even in lectures (T FG2 P1). They found themselves constantly dipping in and considering how EMDR concepts would apply to themselves, leading them to sometimes be "quite activated" (T FG2 P1). They wondered if their practicum experience linked up with other areas in the course and contributed to the feeling of activation (T FG2 P1). This suggests the practicum might interact with how trainees engage with course material and could introduce potential for trainees to experience emotional demands outside of the practicum setting. Although the practicum was widely viewed as an essential strength of the course, this feedback brings attention to areas where further refinement could reduce potential exposure to emotional demands. It also signals a greater call for additional research on best practice for maintaining psychological safety within practical learning environments, without diminishing effectiveness of the training.

Educators recognised the intensity of this component and described the steps they took to support trainees. Because trainees bring personal material with them to work on in practicums educators made themselves available to offer support (E FG P3), kept trainee-to-facilitator ratios low (E FG P1), and monitored participants closely to identify when additional support was needed (IEI P1). This allowed facilitators to offer debriefing or brief check-ins before or after block courses, to help build rapport and offer reassurance (IEI P1).

At the same time, educators were clear that the practicum was a training setting, not a therapy setting (E FG P1). Their role was to be present, observe, and guide trainees to ensure they conduct the sessions competently and apply techniques effectively (E FG P1; IEI P3). Facilitators described how they monitored how trainees troubleshoot challenges and apply techniques, supporting trainees when necessary but also stepping back to allow room for growth (IEI P3). They encouraged all trainees to stick to EMDR protocols, reinforcing that mistakes are a part of the learning process, and that growth happens outside of one's comfort zone (IEI P3). This balance between support and autonomy was designed to facilitate trainees' development of confidence and competence in EMDR practice. Some trainees progressed faster than others, often depending on opportunities to apply EMDR in their workplace (IEI P3). For trainees who experienced strong emotional reactions during training, educators provided individualised support to help them process their experience, reduce distress, and continue in the course (IEI P3; E FG P1). Educators viewed the practicum as essential preparation for real clinical work, giving trainees a brief view of what clients might experience. This subtheme suggests that experiential learning approaches support skill development but may also introduce unhelpful levels of exposure to emotionally intense experiences. While the practicum was viewed as essential preparation for real-world EMDR work, both educators and trainees recognised a need to balance its intensity with adequate safeguards.

Subtheme 2. Transformational Learning Experience

This subtheme captures the perspective shift trainees described as they integrated EMDR into their clinical work. Many entered the course wanting to improve how they worked with clients experiencing complex trauma or dissociation (ITI P2; ITI P6; T FG1 P2; T FG1 P3; T FG1 P4; T FG2 P1). They expected structured academic learning and expert

instruction but did not always anticipate how significantly EMDR would reshape how they conceptualised trauma. One trainee explained:

> it's been, pretty mind shifting…. I suppose what I mean by that is like I've had to, I've had to think about things differently. So that's been both challenging. But quite exciting. You know… in terms of a course that can actually allow you to perceive things in a whole different way. That to me seems quite an exceptional thing. (ITI P6)

This perspective shift was experienced as both challenging and exciting, changing how trainees conceptualised trauma and supported clients. Others described a similar shift, calling it "quite an important shift" (ITI P1) and requiring "quite a bit of mind shift" to adopt this new modality (ITI P6). As trainees progressed, they began to focus more on trauma and its holistic impact, shifting how they supported clients (T FG2 P2). This trainee reflected on how their supervisee even noticed changes in how they approached client work and what they were following up with for clients (T FG2 P2), signalling how pervasive the shift had been. Even when not using EMDR explicitly, one trainee found themselves drawing on EMDR principles, such as history-taking, to elicit more effective responses from clients (ITI P6). Collectively, these reflections describe how Otago's EMDR training led to a profound perspective shift on how trainees conceptualise trauma and how they work with their clients.

Trainees described how this shift often involved moving away from other models, such as CBT, and rethinking how trauma is conceptualised (ITI P1). One trainee reflected how their clients often felt more heard and understood through the EMDR approach (T FG1 P3), while another described how this approach led to greater feelings of validation and empowerment for clients (ITI P1). Additionally, another trainee described how EMDR helped bridge the gap between intellectual understanding and felt sense, where they "could get people to intellectually understand something was true, but they'd be like, yeah, but it doesn't <u>feel</u> true. And now I can make it <u>feel</u> true for someone" (ITI P7). This underscores how

recognising the somatic component of trauma may lead to a profound shift for clients, where previously the clinician may have been able to help clients intellectually understand something as true, but the somatic symptoms remained unresolved (ITI P7). An EMDR-informed approach helps bridge the gap between cognitive reasoning and somatic symptoms, denoting the significant impact EMDR has upon both clinician and client.

Educators also recognised this transformative shift and reflected on how they experienced it in their own EMDR training. One educator described:

> It's a big, I remember when I trained and whoa, you know, it's like you have to set aside your own view and previous models. To take a new one, but then you can't help yourself constantly comparing and trying to integrate it into what you've already got. And so it's a process that takes years to kind of bring them all together. (IEI P2)

Both educators and trainees described this shift as exceptionally significant. This subtheme highlights how the course shapes how trainees conceptualise trauma and how they apply those insights in practice. While skill-building was a major part of the training, the transformation many described went beyond building skill-based technique and impacted clients and trainees in profound ways. This subtheme suggests that in EMDR training, there is a significant perspective shift for trainees in how they conceptualise trauma, underscoring the importance of supporting them through this transition.

Theme 3 Summary

Trainees and educators alike consistently described the course as comprehensive and exceeding expectations. Together, participant reflections suggest the course is experienced as an Extraordinary Learning Opportunity which stands apart from other personal development training models offered elsewhere. Their positive experience in the course relates to the two subthemes: the experiential learning environment and a transformational learning experience. Experiential learning was viewed as an essential element to the training structure. Trainees

appreciated the hands-on learning approach but also reflected on how it opened the door to exposure of emotional demands. Educators recognised this and implemented support strategies to help lead trainees through the practicum. This subtheme suggests that experiential learning is essential to EMDR training but requires balancing the intensity of the experience with adequate safeguards. The second subtheme, transformational leaning experience connects with trainees' desire to enhance their clinical practice and better support clients experiencing complex trauma or dissociation. Trainees and educators reflected on how upskilling to an EMDR-informed approach involves a significant perspective shift in how one conceptualises trauma and its holistic impact on the individual. Several reflected on how the training reshaped their existing therapeutic lens, prompting meaningful changes to their clinical approach. This subtheme suggests the importance of actively supporting trainees as they navigate this shift. Together, the subthemes show that the training involves immersive learning and leads to deeper professional growth. Overall, Theme 3 primarily serves to explore how the training was experienced and identifies key elements impacting learning. It also points to the need for training to prioritise psychologically safe and contained applied learning approaches.

Theme 4. Participant-Led Suggestions to Refine Delivery

This theme consolidates practical suggestions shared by participants to enhance the delivery of the training programme. In contrast to earlier themes, that explore participants' experiences, opportunities, motivations, and expectations, Theme 4 focuses specifically on the participant-driven suggestions related to course structure, delivery, and support systems. This includes specific feedback on logistical challenges, supervision structures, assessment clarity, and cultural responsiveness. Theme 4 outlines what was experienced as challenging, and how these elements could be improved in future iterations, while its subthemes go into depth for the specific participant-led suggestions to improve future iterations of the course.

Importantly, these suggestions draw on participant reflections shared throughout the entire findings chapter, connecting with all other themes where relevant. To avoid redundancy, these are not re-analysed in depth within Theme 4 but are instead mentioned and consolidated in Appendix P to provide a full picture of participant-informed feedback. Most feedback was raised by trainees, who directly experienced the structure and demands of the course; however, additional perspectives were also included where they helped to acknowledge known limitations, clarify intent or confirm planned improvements.

By synthesising this feedback, Theme 4 stands apart as a unifying account of how participants believed the course could evolve into an increasingly fit-for-purpose training programme. Their feedback reflects practical barriers participants encountered and reveals which elements participants felt were necessary to support ethical, effective, and culturally responsive EMDR practice. Appendix P summarises each suggestion, identifying which themes or subthemes they appear in, and references who it came from. This structure makes visible how certain suggestions were echoed across multiple roles, themes, and how common or unique a suggestion is. The following three subthemes examine in greater detail how participants envisioned refining the course through enhancements made to elements of inclusivity, student support, and preparation.

Subtheme 1. Enhance Inclusivity

Participants offered a range of feedback on how the training course could better reflect the cultural diversity of Aotearoa and support inclusive training environments. Suggestions centred on strengthening further the cultural responsiveness and involving more diverse voices in course design and delivery. Specific suggestions include:

- Weave cultural components more consistently throughout course
- Include voices of EMDR practitioners working in Kaupapa Māori settings
- Invest in culturally diverse teaching staff

- Ensure cultural content is delivered by people from the cultural groups being discussed

These suggestions will be explored in depth in the following sections.

Subtheme 4.1. Detailed Exploration of Feedback, Offering Context-Specific Insights. The importance of embedding cultural material and responsiveness throughout the course was a common point of feedback. Instead of addressing culture within a single lecture, many participants suggested cultural material be woven through all aspects of the course. While views varied on the extent to which this was achieved, there was a shared sense that cultural responsiveness should be treated as a core feature of EMDR training (E FG P1; E FG P2; E FG P3). One educator reflected how they hope this course is creating an environment where this is happening, while also denoting how this should remain an ongoing process with no fixed endpoint, thus requiring ongoing attention (E FG P1).

> I'm hoping that we're beginning to create an environment where EMDR therapy is woven in and cultural components are embedded into every aspect of what we do in the course…. And I'm also hoping at the same time that we don't <u>ever</u> get there. That we will continue to be challenged on a regular basis for as long as we work in this area because we can't expect to get it right. And that's how it should be. (E FG P1)

This narrative emphasises the value of treating cultural responsiveness as an ongoing, evolving process, rather than as a fixed goal. Additionally, the course serves to enhance trainees already established foundation of cultural competence (IEI P1). One educator shared their perspective of how trainees entering the course would have already "been taught… how to practice in a culturally competent way", and they are focused on enhancing that in the course (IEI P1). This suggests that the training considers existing cultural competencies and serves to deepen and extend these skills instead of introducing them for the first time.

Trainees described how they experienced cultural material within the training. While several shared they felt the course addressed cultural responsiveness adequately (ITI P1), one described a contrasting experience: "culture being taught in one session, was probably a little bit different to what I might have expected in terms of it being weaved throughout…. that's probably like a growth area for the course." (T FG2 P2). This perspective demonstrates how there is more to be done to weave cultural content throughout the course. Another trainee echoed a similar view, "there's just nothing really in the course about working culturally – there was like a brief piece I recall" (ITI P7). Together, these reflections suggest cultural responsiveness is not yet sufficiently embedded throughout and more can be done to achieve this aim.

Another participant-led suggestion focuses on the value of including voices from EMDR practitioners working in Kaupapa Māori settings. One trainee shared their perspective of how it would be interesting to hear from someone working in this environment.

> I had recently had a conversation with somebody who's working at a Kaupapa Māori service and really working quite differently, because of that…. to hear from somebody who's using EMDR in a Kaupapa Māori kind of service… it might be really interesting to hear that. (T FG1 P2)

This participant described an overall fantastic experience in the course but felt this would enhance the course further. Inclusion of the perspective from someone working in this space would offer insight and add context-specific material into the training. An educator shared a similar view and explored how an Indigenous worldview might shape EMDR in practice.

> An Indigenous perspective brings in a really important part of EMDR therapy which is about the connections…. all these things that are part of a Māori concept of wellness are all about the connections. And you think that's exactly what's happening during EMDR therapy and allowing a process of connections being made. (IEI P2)

This suggests that the idea of connection, which sits in Māori models of wellness, can align closely with how EMDR works. The educator recognised that EMDR supports a process where connections are formed and integrated, which felt consistent with Indigenous understandings of healing. Subsequently, inclusion of Indigenous voices and knowledge not only informs trainees for how to work with diverse populations but also provides new ways of thinking about EMDR theory and practice. Together, trainee and educator perspectives underscore the value of including voices of EMDR practitioners working in Kaupapa Māori settings into the training context.

The next participant-led suggestion focuses on the importance of creating a learning space that enables representation of diversity in teaching staff and within trainee cohorts. One trainee described their hope for the course to invest in teaching staff with diverse backgrounds.

> It's my belief that we should be enhancing opportunities for people who have, like, different backgrounds, different cultures, different experiences of the world…. so if I could wish for anything it would be that there was a person or people who could sit in those roles with them. (ITI P7)

This comment illustrates a call for creating more pathways for educators from underrepresented groups to sit in positions of authority in training settings. It suggests an investment in diverse representation, to enhance cultural-related dialogue and responsiveness in the course. Similarly, this perspective was later expanded upon to describe how cultural material should come from members of that group.

> I do think that any cultural expertise should come from a member of that group themselves and not be through a person from a different background…. there should be some investment in diverse groups. To be able to have them, be part of the teaching staff. (T FG2 P1)

Together, these reflections suggest how hiring educators from diverse backgrounds may enrich the learning environment. One trainee recalled difficulty in implementing EMDR with a particular cultural group and found that none of the teaching staff could answer their question on why this was happening (ITI P7). Inclusion of greater diversity within the teaching staff may offer expertise on culture-specific roadblocks and creates the space for culture-related content to be delivered by those with lived experience, creating an increasingly representative environment.

In addition to enhancing diversity within teaching staff, trainees reflected on their experience of diversity within the student cohort. One reflected their experience of "everybody taking the course was of the dominant culture" (ITI P7). This comment is not a suggestion but instead reflects a call for greater diversity within trainee cohorts, to facilitate richer peer-based dialogue and discussions of culture-related material. Overall, participant responses demonstrate a shared interest and perceived value in incorporating an increasingly diverse representation of individuals from different cultural groups within the teaching staff and trainee cohorts. It is important to focus on enhancing inclusivity in a training setting where the aim is to be culturally responsive and tailored to the unique cultural landscape of Aotearoa.

Subtheme 2. Build Additional Student Support

Participants described various ways the course could strengthen support for trainees throughout the EMDR training process. Feedback centred on three main areas: practicum readiness, enabling or encouraging peer connection, and offering more supervision opportunities. These suggestions reflected a shared interest in ensuring trainees felt adequately resourced, particularly during the early stages of skill uptake and development. Specific suggestions are described here:

- Establish code words during practicum pairings to allow trainees to continue processing without revealing explicit details
- Proactively manage rapport-building before practicum through group bonding and icebreakers
- Facilitate stronger connection to the broader EMDR community
- Support optional student-led initiatives for social connection, such as dinners during block courses
- Provide more opportunities for peer discussion and skill practice
- Encourage trainees to form their own peer groups
- Allow ongoing access to lecture resources after the course ends
- Offer more supervision opportunities
    - Enable peer supervision groups
    - Link trainees with supervisors completing accreditation hours
    - Contract supervisors for trainee drop-in access
    - Supply a list of supervisors aligned with course values/approach
    - Offer culturally specific supervisor options
    - Advocate for more flexible EMDRNZ supervision requirements to reduce barriers
- Create a platform for trainees to ask questions and discuss with peers

The following section will explore this feedback in detail.

Subtheme 4.2. Detailed Exploration of Feedback, Offering Context-Specific Insights. Managing emotional demands in the practicum was widely discussed across interviews. While some trainees faced little to no difficulty, others described encountering significant and unexpected emotional intensity in the practicum. Earlier themes (1.1, 3.1) explored how trainee experience with personal therapy interacts with the experiential learning

environment, while the current subtheme outlines a suggestion offered by a trainee for how to better navigate emotional demands. Their strategy involves establishing a code word with their paired partner before engaging in the task, with this word signalling wanting to continue processing in the client role without needing to discuss details about the material they are using (T FG2 P2). This suggestion offers a way to enhance psychological safety and allow paired groups to work together more effectively. Another suggestion focuses on enhancing the practicum experience to proactively manage rapport building between trainees prior to the practicum, through group bonding activities or icebreakers (E FG P2; IEI P2). Importantly, this suggestion was delivered by a course educator, based on their observation of how trainees interacted together in practicums. They emphasised that this aspect of training could not be left to chance as they found "rapport building has to be sort of managed. It's not just going to happen naturally" (IEI P2). This insight underscores the need for structured support in enabling group cohesion before practicums begin. Together, this feedback suggests further refinement to how trainees are supported through practicums and underscores the importance of good communication between paired groupings.

Trainees offered other suggestions related to communication between peers and beyond the course itself. Participants described the value of building connections to the wider EMDR community. While some recall being encouraged to join EMDR NZ during the course (T FG1 P3), others felt that more structured support could help bridge the transition from training to professional practice (T FG1 P2). Educators also acknowledged the relevance of strengthening links between trainees and the broader EMDR network (IEI P3). They added, "it's not the course itself… but it's like how to bridge and connect these students with the wider EMDR community", stressing the importance of trainees taking the opportunities to "venture out" and "trust" beyond the university setting (IEI P3). Such reflections point to the

need for clearer pathways to support trainees in bridging the gap between training and moving beyond the university setting.

Trainees also discussed the value of peer connection throughout the course. Many felt building relationships with others often reduced feelings of isolation and promoted learning through shared discussion and experience within learning environments. This was described as particularly important for those working in private practice without regular access to team-based environments and in comparison, could feel more socially isolated (T FG1 P4; T FG1 P2). Informal social contact—such as group dinners—was viewed as especially effective in strengthening peer relationships during block courses (T FG1 P1; T FG1 P2; T FG1 P4). One trainee observed, "the people who went to dinner that night came back the next day… they connected much nicer, quicker than people who didn't" (T FG1 P4). While many trainees appreciated the flexibility and natural progression of self-initiated peer connection, some shared that early facilitation may have helped reduce feelings of uncertainty and foster rapport sooner (T FG1 P1). A few trainees described feeling isolated at the beginning of the course and were unsure how to reach out to others (ITI P3; ITI P6; T FG2 P2). One reflected, "I <u>really</u> felt very alone when I was confused" (ITI P3). They reflected, "I didn't know anyone else in the course.... and that was quite hard because it's the first time the course has been run", highlighting the challenge of lacking a peer network to turn to for questions or support (T FG2 P2). Together, these narratives underscore how peer connection reduces feelings of isolation, helping trainees feel more supported during skill development.

Several trainees offered suggestions to support peer engagement throughout the training. These included creating an online platform for trainees to connect with peers and ask questions (T FG 1 P1; T FG2 P2), encourage trainees to form their own peer groups (ITI P4), provide opportunities for more peer discussion and practice (ITI P3; ITI P6; T FG1 P1), and support student-led initiatives for social connection (T FG1 P4; T FG1 P3; T FG1 P2; T FG2

P1; ITI P6; T FG1 P1; T FG1 P2; T FG1 P4). These suggestions underscore the value of peer connection in enhancing skill development and learning. Overall, trainees would appreciate the opportunity for "a bit more practice with your peers I think would be great" (ITI P6). This could be accomplished with structured approaches to peer connection led by educators, "just group a group of people like 5 people together… at the very beginning… to say hey, we're going to put you in groups…. I feel like that would have been really helpful" (ITI P4). This contrasts with trainees' other suggestion for optional, student-led initiation to peer connection, such as organising group dinners. Trainees appreciated how informal peer initiatives felt more authentic and less demanding; "it takes… one of the students, it's not Otago admins…. [or] the lecturer's job, because we are mature students doing this course" (T FG1 P4). Another shared a similar perspective, highlighting that "we're all adults" and capable of initiating and organising an optional group dinner on the first night of the block course (ITI P8). In contrast to the prior educator-structured initiatives within the learning environment, trainees agreed that informal peer connection should remain optional and student-led and described peer connection as a valuable part of their learning experience, particularly during the early stages of skill development. Trainees suggested that light facilitation from educators could enhance learning in the training setting, without making it feel forced, but to leave the organisation of group dinners up to them. Overall, participants described their perception of informal peer connection enhancing the learning experience and helping build supportive peer relationships. While trainees agreed that some peer engagement should remain should opt-in rather than mandatory, light facilitation from the course team in the learning environment was viewed as helpful.

Another suggestion was to allow access to lecture recordings post-course. One trainee reflected on how useful they found the resource and noted they feel sad to lose access to them (T FG2 P1). They described how "every time you listen with your new level of experience,

you get something new from what is being said" (T FG2 P1). Adding, they found it challenging to take in all the information at once over the three-hour period (T FG2 P1). Their feedback highlights the value of ongoing access to lecture material and suggests as trainees move through the training they connect with material in new ways.

Supervision was another important point of feedback, with trainees discussing their specific suggestions to enable greater opportunities. There was wide agreement that additional supervision would strengthen learning, particularly during the early stages of using EMDR with clients (ITI P6; ITI P3; T FG1 P4). While many appreciated the 10hours of group supervision included in the course, some felt this was insufficient given the demands and uncertainty of using EMDR with clients for the first time. Cost was described as another key barrier to accessing adequate supervision (ITI P1; T FG1 P3). Some trainees noted they could not afford to hire EMDR-trained supervisors outside the course and found drop-in peer groups to be a more financially viable alternative (ITI P1). Educators mirrored trainee concerns regarding cost, noting that the current structure was designed with financial feasibility in mind: "We incorporated 10 hours of group supervision into the training as part of the overall price, to make sure… trainees had optimal possibility of embedding the skills and knowledge… within the price range they could afford" (E FG P1). While cost was a factor in facilitating supervision into the course structure, many trainees offered suggestions to enable greater access to supervision options within and outside the course structure.

One idea was to set up peer supervision groups in the course (T FG1 P2). This might bring trainees together and be a cost viable option. A different recurring suggestion was for educators to help support trainees in finding appropriate supervisors outside the course. Their idea was for educators to compile a list of supervisors they felt aligned well with the course's approach and were actively accepting supervisees, to help reduce burden on students to identify and vet options independently (ITI P6; T FG1 P4; T FG2 P1). Other related feedback

was to allocate one or two supervision sessions before the first block course, in the first semester (T FG1 P4). This was described as an important period of learning, when trainees are just starting to use EMDR with clients. The next suggestion was for Otago to contract out a supervisor to do drop-in sessions, where "you can contract them for two hours… or 1 1/2 hours and students can just pop in" (T FG1 P4). This suggestion would give trainees access to supervision as needed to support their applied learning. Additionally, another trainee reflected on the value of "cultural supervisor specific specialties as well would be nice" (T FG2 P1), to support students working with diverse clients. This would help support trainees who experience roadblocks with clients of diverse backgrounds. Another trainee reflected, "I think EMDR NZ needs to be a bit more flexible about what supervision looks like, if they want to actually get accredited trainers trained up any time soon. Because they're creating like significant barriers" (T FG2 P2). This highlights how challenges in accessing supervision creates barriers to accreditation pathways. While not a particular recommendation for the course, this comment suggests the programme could advocate for more flexible EMDRNZ supervision requirements to reduce barriers. Two trainees independently (T FG1 P1; T FG2 P1) provided a suggestion that both reduces cost and is mutually beneficial for those involved. Their idea involves connecting trainees with supervisors in training who are working towards their accreditation hours, as this would be a continuous system of mutual benefit and support. They described this as "a nice link up between people who might supervise and accessing the course too, so they were like alongside in some way." (T FG2 P1). A system of mutual benefit may endure over time and provide support to trainees looking for additional supervision. It might also benefit trainees' post-course who are on the path to accreditation and are looking to supervise. These suggestions establish a shared desire to ensure access to supplementary supervision remains accessible to trainees. Overall, while participants acknowledged the value of the current supervision built into the course, they

expressed a strong desire for additional flexible and accessible support options throughout the course.

Subtheme 3. Preparing the Training Environment

Participants offered specific, experience-informed suggestions to improve the structure, delivery, and organisational clarity of the EMDR training course. While many appreciated the course's overall design, several described practical and organisational elements that could be strengthened to better support trainee readiness. These suggestions focused on three core areas: managing the practical demands of training, refining assessment expectations, and improving the structure and accessibility of course materials. Specific feedback is provided below:

- Offer clearer guidance on what to bring and expect at practicum
- Choose practicum venues carefully, considering acoustics and space
- Schedule longer and more frequent breaks in lectures; vary the learning format
- Provide clearer structure and examples of case conceptualisation
- Offer more detailed and constructive feedback on assessments
- Simplify and streamline access to course materials
- Centralise all clinical tools and scripts in a single, easy-to-access location
- Improve organization of course documents: fix spelling, formatting, and layout consistency
- Allow earlier access to Moodle resources
- Clarify video submission processes, especially for trainees in public health settings; tighten confidentiality and consent guidance
- Increase technical support for video-based assignments
- Consider requiring only one block course to reduce financial burden

- Clarify how the course aligns with EMDRNZ and international accreditation pathways
- Develop a masters pathway linked to the training

These suggestions are explored in greater detail below.

Subtheme 4.3. Detailed Exploration of Feedback, Offering Context-Specific Insights. Earlier themes explored the experiential nature of practicums (Subthemes 1.1 and 3.1); however, here the focus in on presenting feedback aimed to better prepare trainees to engage in the learning environment. One trainee reflected they needed more warning into what EMDR could bring up for them, as it opened more than they expected it to (anonymised). Their experience underscores the importance of arriving prepared to engage in the experiential learning environment, and their suggestion to provide more warning helps achieve that. Another suggestion related to creating a prepared practicum environment was careful consideration of venue. Both trainees and educators described the importance of selecting a venue space suitable for trainees to safely and effectively engage in their paired groupings. One educator recalled "the sound traveling. I think at times was a bit noisy" (IEI P3). A trainee echoed this sentiment and reflected on how the room's acoustics and layout made it difficult to stay focused during practice sessions, given the room had roughly 30 trainees practising together: "it's really [a] struggle with the proximity…. a safe space is not about what they worry about people to hear, but [whether] you can concentrate on your work with your… practice client" (T FG1 P4). These narratives underscore the importance of both being able to hear while also maintaining a safe distance away from others to protect privacy. Some trainees described needing "a third space" (T FG1 P1) or "sometimes if you can have more room" (T FG1 P2) for conversations to be easier to have would be good. These comments collectively reinforce the importance of carefully considering the acoustic and

spatial conditions of teaching and practice spaces, particularly in experiential learning environments, such as the practicum.

The next set of suggestions focus on structural and practical recommendations to improve future iterations of the course. One trainee described their perspective of the course needing "more frequent breaks and more diversity in the type of like adult learning style" (T FG2 P1). This could be addressed as a mix of different exercises, peer work, and videos (T FG2 P1). Other trainees echoed the need for more breaks, adding that they needed longer and more frequent breaks to absorb the information being presented (T FG2 P2). Their experience reflects the importance of providing space for adequate breaks to support learning. Other feedback suggests for educators to provide clearer guidance and structured examples of case conceptualisation. One trainee shared, "I think there needed to be a clearer template of what was actually needed within the case conceptualisation and what bits needed to be hit to make it good" (T FG2 P2). They described needing more guidance on what a good paragraph in a report looks like, and how to actually structure formulation (T FG2 P2). This suggestion highlights the importance of guiding inexperienced trainees through important EMDR frameworks. Another related suggestion was for educators to offer more detailed and constructive feedback on assessments. While feedback on assessments was generally described as affirming and supportive, trainees wanted a deeper focus on constructive feedback. One trainee shared "the feedback was really positive, but it's like [educator] didn't say how I could have done better. And so that was a little challenging because it's like, you're saying all these great things, but there's obviously room for improvement" (ITI P8). Their feedback suggests the absence of critical input may limit trainees' ability to refine their clinical skills. This suggestion connects with another trainees' call for clearer marking criteria, to better prepare trainees to meet expectations (T FG2 P1). More concrete benchmarks were seen as helpful to understand what constituted high-quality work. One

educator described how they have already made the marking schedules more specific, “so that it’s clear how to actually get 9 out of 9” and that they have planned to incorporate this into next year’s cohort (IEI P2). Together, this feedback provides an opportunity to refine how assessment expectations and constructive guidance are communicated to better support trainees as they progress through the course. This set of suggestions describes how the learning environment can better prepare trainees to engage with lecture material, learn case conceptualisation, and reflect on their work in assessments.

Other recommendations focused on improving organisational elements of the course. One trainee reflected how they would have liked to have seen a “simplified down” version of lecture slides to better “see the train of thought” and see learning objectives more clearly (ITI P3). This suggestion was framed to help break down dense lecture content into easily digestible components, so trainees visualise the key takeaways. Additionally, organisation of course material would streamline accessibility. While the materials themselves were generally made available, they were often embedded within larger lecture formats or scattered across multiple locations and could be inefficient to locate. One trainee described the effort involved in locating case examples, clinical vignettes, and other detailed information relevant to preparing for clinical practice or assessment: “they’re quite often embedded in our lecture notes. So you kind of have to pull them out…. a lot of time is spent getting the things, putting them into a document, printing them out. So that’s probably been my main, negative” (ITI P8). This comment underscores concerns regarding ease of access and reflects a high level of effort necessary to organise resources. Their suggestion was to create “one folder that had all the scripts that we needed, all nicely organised” (ITI P8). P8’s other suggestions were to fix spelling mistakes, fonts, sizes, and layouts, but added that these are often expected in pilot programmes which are still sorting out the tweaks to refine delivery (ITI P8). Another suggestion related to working out tweaks in pilot programmes, was having Moodle (the

course online learning management platform) up and running for when trainees first started the course (ITI P4). Together, this feedback suggests that within the context of pilot programmes there will be organisational elements to refine, streamline, and organise to enhance the usability of course materials.

The next set of suggestions relate to trainee workplace environments and the video submission processes. Trainees' workplace settings influenced the training experience. Educators described how those in private practice typically had more flexibility in selecting appropriate clients but may have less financial support to train (IEI P2). They added that clients in public settings were often more complex (IEI P2), making it harder for trainees to apply EMDR with clients in the early stages of skill development. Several trainees reflected on areas of uncertainty regarding assessment expectations, particularly when integrating clinical content into written assignments. One trainee described difficulty navigating how much detail about client sessions could be ethically included, expressing uncertainty around consent and dual obligations to clients and the training (ITI P3). While some trainees thought "the consent process was fine" (T FG1 P2) or was "no problem" (T FG1 P3) others felt the "consent processes in general do need tightening up" (T FG2 P2). Specifically, P2 described needing clearer guidance around informing clients of what it means to bring material to supervision and transparently sharing "who's there and what that means" (T FG2 P2). They added that they wanted to see more guidance around the consent process of de-identifying clients in uploaded assignments, so that clients "are really aware of where their information is going and how it's being used" (T FG2 P2). Their feedback reflects "an obligation to be really transparent" with clients (T FG2 P2). This tension highlighted a broader concern with balancing clinical responsibility and academic requirements. For some trainees, clearer and more explicit guidance around confidentiality protocols, informed consent procedures, and the use of de-identified case material may help alleviate that ambiguity.

Participants also shared challenges related to technology, particularly in meeting online assessment requirements within workplace constraints. One trainee described their experience working in a public health setting and navigating the difficulties related to outdated or highly secure systems their workplace require they use when submitting video-based assessments (T FG2 P2). One trainee described spending in inordinate amount of time trying to upload the video: "it was about 15 to 20 hours. It was a nightmare [laughs]" (T FG2 P2). Particularly, they explained the effort involved with communicating between several IT staff while at the same time balancing a full caseload: "I was communicating with five people to try and get this uploaded, during work" (T FG2 P2). This example illustrates how logistical challenges related to workplace-based secure systems and the video assignment can place additional strain on busy clinicians and suggests a need for further support or preparation in this area. Other technology-based challenges were uploading the assignment and being sure it reached the assessor (ITI P2; T FG1 P4), and not having good enough equipment to capture sound (T FG1 P1). These participant experiences suggest the course place additional attention towards supporting trainees through the video-based assignment, underscoring the importance of accessible and prepared assessment structures.

Cost was also a factor influencing trainee preparedness. One trainee shared that cost for travel to and from the block courses was a financial burden, and suggested educators consider dropping to one block week instead of two (ITI P1). Their experience suggests self-funded trainees may face financial pressure with associated travel costs to and from the block courses (ITI P1). Future iterations of the course may consider avenues to reduce financial pressures placed on self-funded trainees. Additionally, some trainees expressed a desire for the training to "map up with the accreditation process" (T FG2 P2). P2 felt Otago's programme should better align itself with the current EMDR accreditation process (T FG2 P2). Another trainee shared their frustration with feeling uncertain regarding their

participation in the course being acknowledged in international settings (ITI P4). Together, these experiences suggest future iterations of the course clearly communicate where this training programme puts them in relation to accreditation pathways and international recognition. The last suggestion was for the course designer to consider "making a Master's pathway available, that would be fantastic" (T FG1 P2). This feedback suggests despite all participants suggestions to refine delivery, the training was experienced as particularly meaningful, and many would consider continuing their training.

Theme 4 Summary

This theme captures the concrete, experience-informed suggestions from trainees and educators regarding how the EMDR training course could be strengthened in future iterations. While most participants greatly valued the current programmes content, they also described areas where the course could enhance its inclusivity, support, and preparation. These reflections focused on refining how the training was delivered, from its structural design to its practical use. Recommendations are summarised in Appendix P, which outlines key areas for improvement across themes and participant groups.

Participants offered a range of suggestions for creating an increasingly inclusive learning environment, involving deeper integration of cultural perspectives, greater representation within teaching and trainee groups, and offering more opportunities for cultural reflection—specifically through engagement with Kaupapa Māori EMDR clinicians. They also identified opportunities to strengthen student support by enabling peer connection, enhancing the practicum experience, and outlining additional supervision options. Finally, trainees provided their suggestions centred on better preparing the training environment. These included clearer communication, careful venue selection, longer breaks, varied lecture formats, stronger case conceptualisation guidance, more detailed feedback, improved organisation, clearer confidentiality protocols, increased technological support, and planning

for future direction. Collectively, these suggestions reflect a shared interest in refining the programme's delivery to best support trainee learning, reduce avoidable pressures, and build an increasingly responsive and sustainable training model.

Theme 5. Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training

This theme explores how Otago's programme creates a unique opportunity, to deliver both a culturally responsive and contextually relevant EMDR training option and embed research within a university-based training model. Educators described the course as primarily driven by a desire to provide a research-informed, fit-for-purpose training model to meet New Zealand's unique clinical and cultural needs. The university setting allows for the integration of academic infrastructure, creates conditions for research and culturally situated knowledge development, and strengthens credibility of EMDR practice and theory. While participant experiences and practical challenges were addressed in previous themes, here the emphasis shifts towards explaining how the course offers opportunity for research and culturally situated knowledge to impact the EMDR training space to establish a nationally and internationally significant training model.

Establishing a Foundation for Research-Driven Training

Educators described how course design was shaped by a desire to integrate current evidence within a distinctly New Zealand training context. Their aim was to set up an option that was "both specific for the New Zealand culture, but also of sufficient quality and intensity so that these students could feel confident treating complexity" (IEI P1). To do this, they involved cultural advisors, remained flexible to feedback, assessed competency, and incorporated experiential learning components into course design. Additionally, there was an emphasis on integrating emerging research into course material.

> The design of the first year of the course and second year is highly influenced by research findings which are as much as possible up to date, including research published in this year…. we've redesigned certain facets of the course as new research becomes available, so that's been really important. (IEI P1)

The course's responsiveness to emerging evidence was framed as essential to course design. This component distinguishes it from other training offerings which follow a more rigid international model. One educator contrasted this course with the Institute model, noting how the course designer "led the way and integrated research from all around the world, that hasn't necessarily been put on the [EMDR Institute] manual yet or included" (IEI P2). This describes a training setting that is flexible to include emerging evidence and is carefully designed to lead innovation in EMDR training methods and theory. While this vision is primarily planted in Otago's programme, the course's local design and adaptability marks a clear departure from the standardised international models to create an opportunity for research-driven EMDR training.

These academic ambitions were met with the practical realities of launching a new programme. The course designer commented on the institutional friction involved: "The biggest, persistent challenge has been bureaucracy…. battling through bureaucratic hoops…. has been the biggest headache of the whole course" (IEI P1). Success depended on not only an educational vision, but on administrative relationships and internal advocacy (IEI P1). The involvement of senior administrators and departmental leaders was described as essential to overcoming bureaucratic obstacles (IEI P1). In addition to the logistical challenges associated with new programme delivery, there exist opportunities to adapt course design and delivery based off feedback. One trainee reflected on the nature of pilot programmes, "you can't iron all the things out before you know what you're ironing" (T FG2 P2). This describes how it is not always possible to anticipate where changes could be made until the programme has been

run. Fortunately, this programme enables research opportunities to exist. One participant stated, “I’m glad you’re studying this, Alexa [laughs]”, in response to a discussion around the challenges associated with experiential learning environments and maintaining psychologically safe and contained training spaces (T FG2 P2). This programme was designed from the ground up and primarily led by the course designers’ input, and later adapted to meet the practical realities and needs of trainee cohorts who experience the learning firsthand. The course designer described how the course is 95% “[their] design” and influenced by feedback from both stakeholders and students (IEI P1). This signifies how there is initially a top-down approach in course design, and later a bottom-up process of adapting to feedback. Meaning, there is a broader recognition that as the course evolves there leaves room for future improvement, highlighting the importance of research-informed design to explore emerging challenges, such as how to best manage emotional intensity with peer dynamics in applied learning settings. This suggests research-driven training enables course design and delivery to adapt to emerging research and provides the foundation to explore EMDR-specific training needs and experiences.

At a structural level, educators expressed their hopes for the programme to grow and become a reference point for future training efforts. One stated:

> My hope with regards to the course is that it becomes embedded over time as a regular part of EMDR therapy training in New Zealand and that in time it becomes the first choice of EMDR therapy training for students wishing to attend EMDR therapy training in this country. (IEI P1)

This signifies how the course was designed with the aim of becoming the leading pathway for EMDR training in New Zealand. Another educator added how they see this as “foundation is done, great” (E FG P3). Meaning that, for whoever comes on board, the course is viewed as a resource which sets the foundation for others to build from (E FG P3). Educators also

described their hope for other universities to follow suit, “particularly when the research comes out and evidence comes out and the bulk of the basic work has been done by [Educator 1] and [Educator 2]” (E FG P3). Additionally, “the way that we set it up is crucial to enabling a sense of collective growth” and that it’s about providing a “launching pad” for more trainers, more research, and connecting to other universities, while benefitting from not being held back by structural rules which are not relevant to this specific setting (E FG P2). It is important for the programme to foster a sense of collective growth, as Otago’s model may provide a foundation for other university-based EMDR trainings.

Growth of Research Opportunities

While the course was initially shaped by existing research, educators also described it as increasingly contributing to the broader EMDR evidence base. This includes building in processes for ongoing curriculum evolution:

> What we’re now building into the course is regular reviews of the literature…. adjusting the teaching of the course dependent… as new findings become available and also adjusting the teaching from feedback that we get from the students and from the advisory group. (IEI P1)

These adjustments were viewed by educators as a central mechanism for keeping the course aligned with emerging clinical research and stakeholder feedback. Plans to revise course structure iteratively in response to feedback are already underway, and this includes shifting the sequence of certain content and offering alternative case conceptualisation tools (IEI P1; IEI P2). These efforts signal an ongoing negotiation between flexibility and standardisation, whilst maintaining fidelity to core EMDR principles and facilitating responsiveness to diverse trainee needs. Additionally, the course administrator acknowledges the value of research in guiding these improvements, noting “that’s I think where some of your responses from your research will be really, really useful for us as well” (CA). This comment reinforces

the programme's ongoing commitment to iterative development, and the value placed on context-specific research. Putting EMDR training into a university setting allows the course to respond to feedback from context-specific research and addresses a major gap in this space.

Another strand of this forward-looking orientation involves shaping public and professional perceptions of EMDR therapy itself. One educator described their expectation of "wanting to change the image of EMDR therapy. You know to help people to see that its evidence based, and its evidence based in progress" (IEI P2). Putting EMDR training within an academic context creates a sense of legitimacy, facilitates opportunities for research to happen, and subsequently adds to the growing evidence base. A related element of establishing a credible research-driven training programme was the introduction of a competency-based framework, CanMEDS. This signals a shift to a competency-based approach in evaluating therapeutic competence within training settings. "The three areas of student's competency… are assessed using the four different assessment tools," an educator explained, describing how knowledge, skills, and attributes were evaluated through the written assignments, video recordings, case discussions, and an end-of-year viva (IEI P1). This framework was designed to scaffold learning and allows for consistent evaluation across a diverse trainee group. Meaning, that when aligned with research driven principles the novel use of competency-based measurement in EMDR training contributes to the research and development in this space. These efforts reflect a broader commitment to enhancing EMDR training through well-designed and tested evaluation systems.

One area of focus was on enhancing cultural responsiveness, and this was not viewed as separate from the research process but instead described as central to developing new theoretical insights. One educator expressed their hope for indigenous-led innovation: "hopefully there'll be some sort of Indigenous case conceptualisation tool that would develop

through Māori practitioners working. I'm hopeful that's going to emerge and we can bring that in" (IEI P2). This reflects a broader aim to shift epistemic authority, by acknowledging that research emerging from Aotearoa should not only adapt international tools but propose novel frameworks grounded in Kaupapa Māori perspectives. An educator described how, "we don't have to be stuck with different case conceptualisation tools from overseas" (IEI P2). This echoes a broader commitment to develop clinical tools that are locally generated and culturally robust, and suitable for use within Aotearoa. This course was developed in response to the lack of flexibility of other training models in adapting to current research "and a broader perspective of research and Māori practice" (IEI P2). P2 describes how their involvement in this course has led them to "bring in a lot more relevant research… [and] put into the training things that are culturally relevant to New Zealand" (IEI P2). This suggests the programme sits as a significant opportunity to adapt EMDR training to reflect the unique cultural setting of this country. Collectively, these narratives reflect a strong desire to position the training as a space to produce culturally grounded insights and contribute to an evolving international EMDR landscape.

Theme 5 Summary

Overall, this theme reflects the course's unique position as both an educational quest and a research catalyst. It sits within the context of enhancing and facilitating clinical training, while enabling cultural responsiveness and research production. Educators framed the programme as contributing to the future of EMDR research and practice, by generating new ways of thinking or exploring new tools and adds legitimacy to a model of therapy that continues to evolve in New Zealand and beyond. In this sense, the course does not only provide an EMDR training pathway, but it also creates the conditions for locally informed research and training development to emerge from within Aotearoa.

Thematic Synthesis and Conceptual Model Development

To support interpretation of findings, an integrated model was developed to illustrate the dynamic relationships between themes. It is anchored in the explanatory theme Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training to reflect how the course itself provides a foundation for EMDR research and innovation. Theme 5 appears at the top to show how the course was designed from the top down by the course designer, and again at the bottom to indicate that the programme is adapted in response to trainee feedback from the bottom up. Locating EMDR training within a university setting creates an environment that supports research and provides opportunities to explore Kaupapa Māori EMDR models and tools, which participants identified as an important component of culturally responsive training.

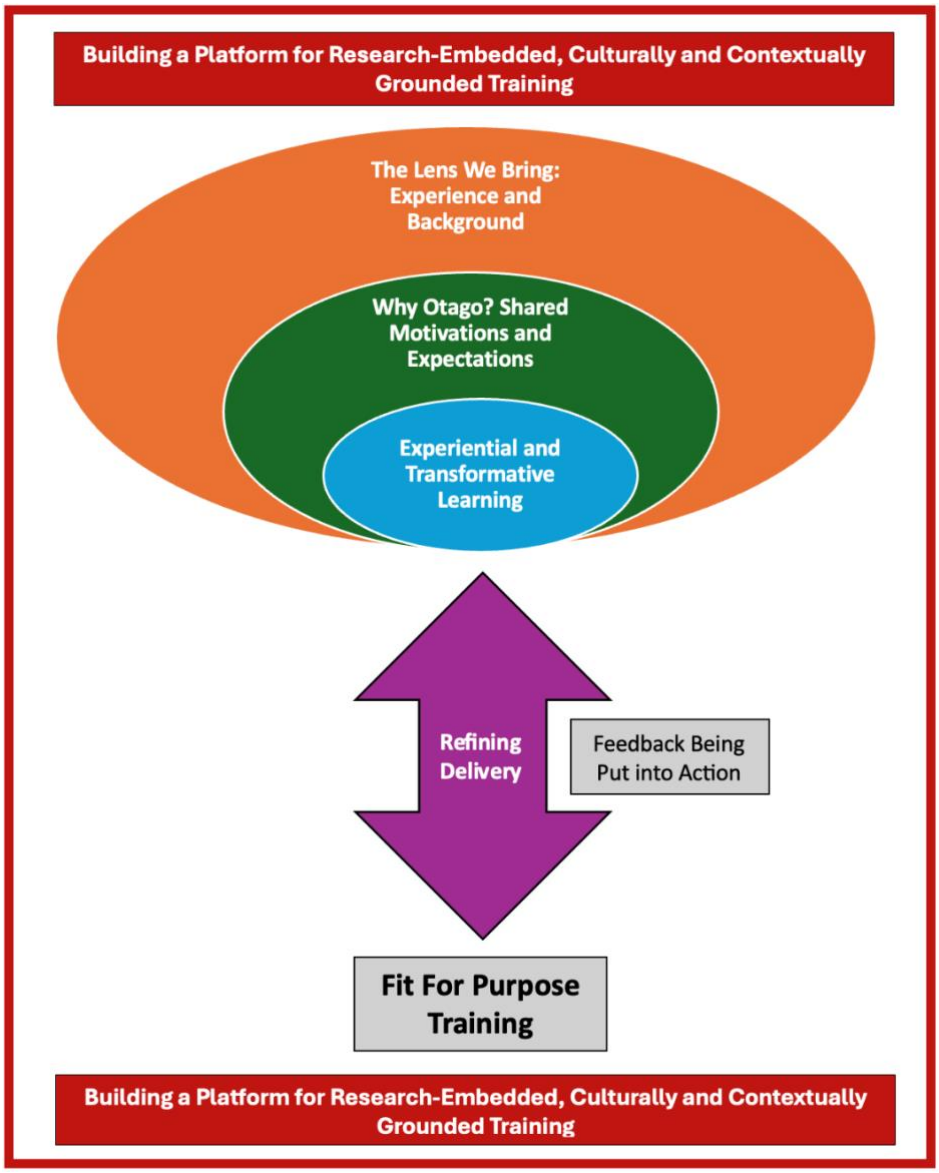
Themes 1 through 4 are placed within the red-outlined box to show that they are shaped by the platform itself existing. Trainees' and educators' backgrounds, including prior training, clinical experience, and preferred approaches to learning influenced how the course was designed and delivered and how trainees engaged with material. These experiences shaped motivations and expectations for undertaking training or contributing as educators, with shared values evident across both roles. Trainees frequently described the course as an exceptional learning opportunity that led to shifts in how they conceptualised trauma and applied treatment to clients, with the comprehensive and experiential design of the programme viewed as central to this process.

Participant-led suggestions to refine delivery are depicted in a bidirectional arrow to represent that feedback is not separate, but instead shaped by participants' backgrounds, shared values, and lived experiences of the course. Implementing feedback has the potential to influence future trainee cohorts by changing how the learning environment is experienced, and this may have ripple effects for motivations or expectations to train, and interact with

how backgrounds shape engagement with training. A programme that evolves in this way can remain responsive to the needs of trainees while continuing to be informed by research and innovation. By embedding EMDR training in a university setting, the course provides a platform for ongoing evaluation and culturally grounded development, supporting the creation of a training model that is both empirically structured and responsive to the clinical needs of Aotearoa New Zealand.

Figure 4

Layers of Influence: A Model to Explore Fit for Purpose University-Led EMDR Training



Key

	Exploratory and Descriptive Theme 1
	Exploratory and Descriptive Theme 2

Note. This model is contained within the context of this training programme, which is Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training. Theme 5 appears twice, once at the top to illustrate how the training is impacted from the top-down by educator design, and again at the bottom to show how trainee feedback is incorporated from the bottom-up, to create a training programme that is fit-for-purpose and informed by trainee and educator insight. Themes 1-3 are situated within concentric circles to demonstrate the layered element behind participants' suggestions to refine future course delivery. This feedback is situated within a bidirectional arrow to illustrate how, when feedback is put into action, it creates an increasingly fit-for-purpose training that influences how future cohorts might experience the training, impact motivations or expectations to train, and interact with the lens they bring.

Discussion

This study explored participants' experiences within the University of Otago's novel EMDR training programme, focusing on motivations, expectations, challenges, and opportunities for improvement. While guided by these aims, the interviews also provided a space for participants to share their insights. The five themes presented provide a contextually rich understanding of the EMDR training experience.

Themes 1 and 2 explored how prior experiences shaped motivations and expectations, and how the learning environment was experienced in either a teaching or training role. Theme 1 suggests clinical experience, personal therapy experience, and theoretical orientation shapes how the course was delivered and received. While Theme 2 establishes overlap between trainee and educators shared values, indicating that the course was designed to address what trainees want from EMDR training, and supports the course designers aim to create the leading EMDR training programme in New Zealand. Theme 3 captured the experiential learning environment and its impact on conceptualising trauma. Next, Theme 4 highlighted participant-led suggestions to improve delivery, focusing on enhancing inclusivity, student support, and preparation to train. The fifth and final theme, explored how the course facilitates future research and supports culturally and contextually relevant EMDR

training. Together, these themes address the study's aim of offering a grounded analysis to inform future iterations of the programme.

Figure 4 illustrates how these themes connect and contribute to the programme's potential to become increasingly fit-for-purpose. Anchored in Theme 5, Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training, the model depicts a top-down integration of current research by educators and a bottom-up influence of trainee feedback. Themes 1-3 reveal how participants' backgrounds and motivations shape their experience and directly inform feedback to refine delivery. Incorporating this feedback enhances the quality of training, which in turn influences the motivations, expectations, and engagement of future participants.

Cultural responsiveness emerged as a cross-cutting theme. This was evident across Subthemes 2.1, 4.1 and Theme 5, where participants discussed motivations for culturally responsive training, made specific suggestion for weaving cultural content throughout the course, and recognised the role of the programme in enabling future research in this area. Participants valued training that was context-specific to New Zealand and inclusive of Indigenous knowledge, suggesting stronger integration of Kaupapa Māori-informed approaches throughout the course. Similarly, supervision and practicum readiness spanned multiple themes in the data (Subthemes 1.1, 3.1, and 4.2). Confusion about the evaluative nature of group supervision reflected participants' prior professional experiences, while practicum readiness or suggestions to improve practicum readiness, were linked to personal therapy backgrounds, scepticism, experiential learning design, and peer rapport. These overlapping insights highlight the complex and multilayered nature of participant-led discourse.

While key findings from the study align with the literature (Beidas & Kendall, 2010; DiNardo & Marotta-Walters, 2019; Farrell, Keenan, Knibbs & Jones, 2013;), which

underscore the value of supervision driven, experiential, and culturally responsive training, the data emphasises that in a university-based EMDR programme, implementation needs to draw a clear balance between international frameworks and local cultural and clinical realities. For instance, the bicultural nature of Aotearoa society means an effective EMDR programme must be culturally and clinically responsive and address cultural safety (Cutis et al., 2019), while ensuring partnership with mana whenua (Clare, 2024). Participants also identified other areas where course could improve, including clearer pre-practicum preparation, enhanced IT and video support, greater accessibility to supplementary supervision options, and stronger cultural inclusivity. Feedback serves as a catalyst for refining the course, ensuring it remains responsive to the needs of participants and the clinical contexts in which they work.

Summary and Conclusion

This research revealed five key interconnected themes that capture participants' experiences of Otago's EMDR training programme. The programme functions both as a cite for clinical skill development and as a catalyst for personal and professional transformation. Participants' engagement with the training was shaped by the diverse lens brought with them from their personal and professional backgrounds.

Choosing Otago was driven by shared motivations, including a commitment to cultural responsiveness, the university's credibility, and access to specialised expertise. Participants described the EMDR training as an extraordinary learning experience, where experiential design deepened trauma understanding and enriched clinical practice—although it also required careful emotional support. Participant-led feedback highlighted the need for greater inclusivity, enhanced learner support, and improved preparation for the practicum.

Overall, participants' experiences of EMDR training reflect a dynamic, adaptable model shaped by thoughtful course design, lived learner perspectives, and ongoing feedback.

Sustaining this iterative process will help ensure the programme remains clinically relevant, culturally responsive, and evidence informed. With continued refinement and integration of emerging research, Otago's model has the potential to strengthen national EMDR practice and make a meaningful contribution to the international discourse on trauma-focused training. These findings provide a foundation for the next chapter, which situates them in relation to existing literature and examines their implications for the future development of university-based EMDR training initiatives.

CHAPTER 5: DISCUSSION

Overview

This chapter interprets the study's key findings in relation to existing literature on EMDR training and clinical education. The limited existing research has focused primarily on post-training factors, with little attention to what happens before training or during training. This chapter addresses that gap by examining how participants experienced the course, illustrating how background and experience, motivation or expectation, and course structure, shaped the learning experience. The findings highlight training as an active and dynamic process and provide direction for future programme development and research.

Introduction

This discussion addresses the study's findings in relation to its core aims: to explore participant experiences within Otago's university-based EMDR training programme; to examine how motivations, expectations, opportunities and challenges shaped their engagement; and to present participant-informed feedback for improving future delivery. These aims were investigated through an exploratory, qualitative design using thematic analysis. The sample included trainees, educators, and the course administrator, each offering insight into the course across multiple roles and perspectives. The course administrator was interviewed after early participant accounts suggested their input could clarify aspects of the programme of which trainees and educators were less positioned to explain. Whilst their voice was not pervasive throughout the findings, their perspective helped contextualise and deepen the researcher's understanding of participant experiences.

When interpreting findings, the chapter is organised into three sub-sections which align with the following three clusters of themes: (1) backgrounds, motivations, and transformative engagement; (2) enhancing structural and supportive conditions for learning;

and (3) building context-responsive EMDR training. These three subsections are conceptually aligned, making for a helpful progression in discussing the study findings, how they relate to existing literature, and implications for future training efforts. Thematic overlaps are noted where they illuminate the complex and layered nature of how the programme was experienced across different participant roles.

Synthesis of Findings

The five themes reveal how participants' experiences in the Otago EMDR training programme were shaped by the interaction between background, motivation, course structure, and context. Participant perspectives could not be separated from the professional, personal, and theoretical frameworks they brought with them. Themes 1 to 3 form a layered progression where prior experience influenced motivations and expectations, which in turn shaped how participants engaged with the training, especially its experiential and transformative elements. These links were most visible in how trainees described the practicum, where previous personal therapy experience affected how they prepared for and managed emotionally demanding components. Additionally, trainees who were sceptical about EMDR sometimes entered the practicum less prepared and brought material that was difficult for them to work with. Preparing for experiential learning appeared to require awareness of how prior experiences, beliefs, and clinical frameworks influenced readiness to participate.

Theme 4 illustrates how these layered elements (Themes 1-3) shaped the feedback participants offered. Suggestions around support, preparation, and inclusivity were tied to how participants' background factors, motivations, and expectations influenced the experience of training. For example, confusion around the purpose of group supervision for some trainees (but not all trainees) was often linked to past experiences of supervision in other settings. Similarly, calls to strengthen cultural responsiveness reflected expectations of

what a high-quality programme in Aotearoa should provide, with some participants reporting that Otago's course meets their expectation, while others noted areas to improve upon. Subsequently, feedback is best interpreted in relation to participants' histories and values, instead of as a set of standalone recommendations.

Theme 5 takes a broader view by explaining how the programme functioned as a university-based model with built-in research infrastructure and obligations to bicultural partnership. Earlier themes focus on the individual and contextual aspects of training, while Theme 5 highlights how the programme was seen as part of a wider effort to strengthen EMDR training and research opportunities in Aotearoa. Participants noted that course design drew on clinical expertise and current evidence, with the expectation to evolve based on feedback. This indicates that a feedback-responsive structure in a research-driven and culturally grounded setting may be particularly well-suited to developing a comprehensive EMDR training model to inform other training initiatives.

Cultural responsiveness, practicum readiness, and supervision were cross-cutting issues. These were not confined to single themes but instead appeared in different ways across participant groups and contexts. For example, access to supplementary supervision was described both as a structural challenge (Theme 4) and group supervision was interpreted differently based on prior training experiences (Theme 1). The provided group supervision was viewed as beneficial, but participants offered suggestions to enhance access to other supervision pathways outside of the course structure to support learning during and post-training. Cultural responsiveness was described as both a motivation for enrolling or teaching (Theme 2), and as an area for iterative development (Themes 4 and 5). This reinforces the need for EMDR training models to be context-sensitive and responsive to the lived experience of trainees and educators. This helps create environments that support what

matters most and develops the conditions necessary to ensure trainee confidence and competence to practice safely.

Overall, the findings suggest that Otago's university-based EMDR training programme operates as a dynamic interaction between individual experience, course structure, and broader contextual factors. Participant feedback should not be separated from the conditions that shaped their experience of the training. This study does not provide an exhaustive analysis of all factors influencing the training experience but instead offers a first look of what is happening during the teaching and learning process at Otago's pilot EMDR training programme. By situating feedback within a layered understanding of experience, the analysis provides a more nuanced way to inform future development of EMDR training in Aotearoa, with lessons that may be relevant for other trauma-focused training programmes.

Interpreting Findings in Relation to Existing Literature

Most of the limited research on EMDR training has focused on post-training outcomes like implementation and supervision or consultation, with some attention to pre-training factors such as clinician theoretical orientation. Far less attention has been paid to how training is experienced as it happens. This study aimed to address that gap by exploring the learning process in real time. The interviews were designed to consider pre-course, during-course, and post-course experiences. By focusing on the learning experience, it gave participants the opportunity to reflect on what they brought with them to the training, and what they expect will occur after training. This focus helps to show that training is both a bridge between background and outcome, and a dynamic and active process. It also shaped the structure of this discussion, which examines how prior experience and motivation or expectation influenced engagement; how structural and support factors impacted the learning experience; and how educators viewed the programme as a foundation for future practice and development.

Backgrounds, Motivations, and Transformative Engagement (Themes 1, 2, 3)

One key finding in this study was that trainees' prior clinical experience, theoretical orientation, and personal therapy background influenced how they engaged with course content and practicums (Themes 1 and 2). This finding where it pertains to prior theoretical orientation, aligns with Dunne and Farrell (2011), who found that CBT-oriented clinicians reported fewer difficulties integrating EMDR compared to those from humanistic or analytic orientations. Their study also found that theoretical orientation appeared to have an effect on how clinicians explained EMDR to clients and whether they used the full protocol. The current findings extend this by exploring how similar differences played out during training itself, not just in post-training use. Some trainees with a background in clinical psychology described how their established case conceptualisation models helped them grasp EMDR principles quickly, while others found the programme's psychodynamic framing unfamiliar and made conscious efforts to translate them into their own frameworks (Theme 1). Together, this suggests theoretical adaptation influences how trainees interpret and adapt material throughout the learning process, and this may have implications for post-training application. Theoretical orientation may have a similar effect on how Otago graduates describe and use EMDR with clients. These dynamics highlight the importance of recognising professional background and conceptual familiarity within course delivery, particularly for programmes that aim to support integration across diverse trainee cohorts.

This study also contributes to ongoing discussions about whether EMDR should be taught as an integrative technique or as a distinct modality. While EMDR traditionally been presented as an integrative framework, Dunne and Farrell (2011) noted growing support for viewing it as a standalone paradigm. This was reflected in the current study, in the way some trainees spoke about EMDR as requiring a significant shift in thinking, rather than simply an added technique to use in practice. Meaning, EMDR therapy should be considered a distinct

psychotherapeutic approach that deserves comprehensive training and the right conditions to develop the associated perspective shift. Many trainees reflected on how their experience of the Otago training provided the space to deeply engage with the modality and lead to a shift in how they conceptualise trauma, its treatment, and its holistic impact on an individual. They noted that compared with peers trained in other ways, they continued using the therapy while others got stuck and gave up. This study shows the perspective shift is realised during a long-format and academic training programme, adding depth to existing literature. It also raises further questions about which orientations or prior experiences might make that transition easier or more difficult.

Another important finding was the strong alignment between trainees' motivations for choosing the course and the aims held by educators. Many trainees described choosing Otago's programme because it offered a comprehensive training pathway that was academically structured and culturally responsive (Theme 2). Trainees commonly described a driving motivation to better support their clients experiencing complex trauma or dissociation. This extends findings from Grimmett and Galvin (2015), who found that the most common reported motivation for undertaking EMDR training was hearing about positive outcomes from colleagues. Findings from the current study show that trainee and educator motivations largely overlapped and were more complex and layered than Grimmett and Galvin (2015) reported from their data. The Otago course seemed to attract trainees already motivated to deepen their understanding of trauma due to their experiences with clients, and this alignment between motivation and course delivery may have helped enable the perspective shifts observed during training. Whether this effect is unique to the university context or generalisable to other training settings remains a question for future research.

The experiential learning components of the programme played a central role in shaping how trainees engaged with and internalised EMDR (Theme 3). Many described the

practicum as transformative, particularly in how it changed their understanding of trauma and its holistic effects on an individual. Trainees spoke about gaining clarity around previously hard-to-explain symptoms, particularly the interaction between somatic processes and cognitive understanding. Similar to Ball and Corrie's (2024) findings regarding the transition from psychodynamic counselling to CBT training, participants in the current study described internal shifts in how they saw themselves as trauma therapists. Ball and Corrie (2024) argued for greater attention to the psychological impact of professional transitions, more structured opportunities for reflection, and support for integrating and making sense of working across distinct therapeutic approaches. Together, this suggests that more research is needed to examine which aspects of EMDR training contribute to transformative learning experiences and how this may influence clinicians trained in various other therapeutic modalities. It may also be important to attend to how to teach to these development processes in EMDR training.

Participants in the current study also stressed the importance of feeling emotionally safe and prepared to take part in the practicum. While most viewed the practicum as essential to skill development, many noted the intensity of the experience, how it exceeded their expectations, and suggested more preparation would have helped them engage more safely. Findings extend Dolcini-Catania et al.'s (2023) work on safeguarding experiential learning environments in trauma-focused education. While their study focused on novice doctoral clinical psychology trainees, the present findings suggest that experienced clinicians may also benefit from structured experiential activities that include clear safety measures and guided reflection. Trainees offered specific suggestions to improve preparedness, that aligned with Dolcini-Catania et al.'s (2023) emphasis on collaboratively setting group expectations, allowing flexibility and choice, and incorporating practices that support wellbeing. They also highlighted the value of instructors being trauma-aware, culturally responsive, and attuned to

student experiences to safeguard against "(re)traumatisation" (Dolcini-Catania et al., 2023, p. 141). Together, this suggests that experiential components should deliberately be designed to support both competence building and emotional wellbeing concurrently. Incorporating the trainee feedback from Theme 4 alongside the considerations highlighted by Dolcini-Catania et al. (2023) may help strengthen how the Otago programme supports both trainee learning and wellbeing to balance risk with pedagogical benefit.

Taken together, the findings show that EMDR training in a university context is shaped by background, motivation or expectation, and the emotional and cognitive demands of experiential work. Trainee history and theoretical orientation influenced how participants engaged with the course and how easily they integrated EMDR concepts. The match between trainee motivations and the structure of the programme appeared to support engagement and may have contributed to the perspective shifts reported during training. The practicum provided opportunities to integrate theory with practice which also may have prompted critical reflection on professional identity. Participants also stressed the need for preparation and emotional safety to ensure that experiential components were beneficial and manageable. These results highlight the value of course design that is responsive to trainee differences, supports transformative learning, and incorporates feedback to strengthen both competence and wellbeing.

Enhancing Structural and Supportive Conditions for Learning (Theme 4)

Trainees described course structure, opportunities for practice, and expert facilitation as key strengths that helped them feel ready to use EMDR in clinical settings. At the same time, they also identified several gaps that affected how fully they could engage with training. Feedback focused on improvements that could be made regarding access to supplementary supervision, peer connection, inclusivity, and practical delivery issues. These issues were closely linked to how supported trainees felt as they moved through the course. Farrell and

Keenan (2013) found that lack of confidence was one reason clinicians discontinued using EMDR or chose not to pursue further training, while Grimmett & Galvin (2015) call for refinements to EMDR training settings to enhance clinician confidence and competence in using the modality with clients. Most participants in the current study felt ready to begin using EMDR with clients and attributed this to the programme's structured design, high level of instructor support and communication, and opportunities for in-course practice. These findings suggest that consistent and embedded support systems may help trainees transition from learning to practice with greater confidence and a stronger sense of safety.

Access to supplementary supervision emerged as a core concern across participant roles. While trainees valued the group supervision provided, many described seeking additional support elsewhere to help them navigate individual factors in clinical application. Educators noted the limited availability of EMDR-specific supervisors in New Zealand and acknowledged this may create challenges for trainees seeking support. Farrell, Keenan and Knibbs (2013) identified that access to high-quality EMDR consultation or supervision, is an ongoing and widely agreed upon issue that EMDR therapist's encounter. Similarly, Grimmett and Galvin (2015) found that a lack of consultation post-training was one of the reasons practitioners in their study discontinued use of EMDR. The current study builds on these two observations, by exploring how to combat associated challenges and explaining how the need for additional supervision opportunities begins during training itself, not only afterward. Trainees described wanting to see more built-in options for supplementary supervision, due to the current challenges and shortages of available consultants in New Zealand. Their suggestions included gaining access to a list of pre-approved EMDR supervisors, inclusion of cultural-specific advisors into course structure or delivery, support for peer-led supervision groups, and connecting those seeking accreditation (needing to supervise) with trainees in the course looking for affordable supervisor options. Results in light of the literature, suggest that

offering and identifying supplementary supervision pathways during training may best support trainees to continue using EMDR therapy post-training.

Peer support and communication were also described as beneficial but inconsistently experienced across the training. Some trainees formed informal connections, while others felt isolated and suggested the need for more structured opportunities to engage with peers. This aligns with Dolcini-Catania et al. (2023), who found that trainees in trauma-focused training settings preferred in-person learning in smaller groups and valued opportunities to build peer relationships within a safe and supportive environment. For post-training skill development, Grimmett and Galvin (2015) highlighted that having a peer or "buddy" was viewed as important for sustaining EMDR use after training (p. 10). In this study, peer interaction was sometimes left to chance, and the lack of consistent peer infrastructure meant that some trainees felt unsupported when navigating course demands. These findings suggest that peer learning environments should be intentionally designed and facilitated, instead of assumed to emerge organically. This would help support trainees as they are learning and provide the opportunity for those connections to persist post-training.

Taken together, these findings highlight how structural and interpersonal supports were central to trainees' experiences in the programme. Supervision access, peer connection, and clear course organisation were linked to how confident and supported participants felt as they moved through the training and used EMDR with clients. Where these elements were lacking, trainees described challenges that could have been mitigated with more deliberate planning and additional resources. The results suggest that university-based programmes are well placed to embed supplementary supervision pathways, and culturally responsive support into training design to promote safe and sustained EMDR practice. Results suggest this will require mindfulness of and practical support for how prior experience interacts with transformative and experiential learning environments.

Towards Sustainable, Context-Responsive EMDR Training (Theme 5)

One of the clearest insights from educators was that university-based delivery gives EMDR training and therapy added credibility and depth. Trainees and educators described the programme as distinct from private models in both its structure and purpose. For many, the university context was linked with expectations for research-informed and culturally responsive EMDR training. This aligns with Farrell and Keenan's (2013) stance that EMDR's future depends on developing training and research in parallel, which also helps create evidence that supports the inclusion of EMDR training in academic institutions itself. While their study focused on post-training accreditation outcomes in private models, the current findings suggest that when training is delivered within universities it can be experienced as both rigorous and comprehensive. Participant's viewed Otago's model as offering a more contextually and culturally relevant option than standard professional development workshops, which may help enhance long-term trust in EMDR among clinicians and health care professionals.

Educators viewed the broader research evaluation project as a meaningful part of programme development. They described it as enabling a feedback loop between trainee experience and course development to iteratively refine the training programme over time. This reflects calls from Marich et al. (2020) for more qualitative research in EMDR training to explore how the training is experienced and applied in different contexts. Marich et al. (2020) argued that qualitative inquiry can provide a foundation for further research, particularly by uncovering the "*how* and *why*" behind individual experiences and offering pieces of the puzzle that inform future understanding (p. 119). The present study reflects this bottom-up approach by exploring experiences within the training environment, allowing participant feedback to actively shape programme development. Qualitative research provides nuance typically unavailable in the standard teaching and course evaluation surveys that

academics otherwise rely on to obtain feedback. It also demonstrates how qualitative findings, while context-specific, can provide insights that are transferable to other training environments and may inform future quantitative work. University-based delivery offers a structural advantage for this type of embedded evaluation, and aligns with broader efforts to integrate research and training in ways that strengthen the evidence base for EMDR education.

Cultural responsiveness was another area where Otago's model stood out, although many participants still viewed it as a work in progress. Trainees valued the course's efforts to include Indigenous perspectives and emphasise cultural safety, but several emphasised that more could be done. Suggestions included more consistent integration of cultural content throughout the course, stronger involvement of Kaupapa Māori EMDR practitioners, and ensuring that those delivering the content reflect the communities being discussed. These reflections align with Curtis et al. (2019), who argue that cultural safety requires clinicians to critically examine their own biases and the impact of their cultural lens on clinical interactions. While not directing their comments at EMDR training, they caution against treating cultural competency in broad health contexts as a "tick-box" endpoint and instead emphasise the need for an ongoing, reflective process (Curtis et al., 2019, p. 13). Similarly, Clare (2024) highlights that much of psychology, including EMDR practice, has developed through a predominantly pakeha or WEIRD (Western, Educated, Industrialised, Rich, Democratic) lens, underscoring the responsibility to adapt training and organisations in Aotearoa through genuine partnership with mana whenua. Educators in this study also stressed that cultural responsiveness should not be seen as a goal that can be completed but instead involve an iterative process that incorporates reflexivity and shared power. Framing cultural safety in this way situates Otago's programme as having a foundation to build on,

while also highlighting that sustainable EMDR training must remain responsive to the cultural context in which it is embedded.

Taken together, the findings indicate that sustainable EMDR training benefits from being embedded in structures that are culturally grounded and open to ongoing refinement. Participants viewed the Otago programme as an opportunity to shift how trauma training is delivered and understood, particularly by integrating cultural responsiveness and remaining responsive to feedback to improve design and delivery. This reflects broader calls for clinical training models that adapt to feedback, context, and trainee diversity, rather than relying on static design. For other training programmes, the findings raise key questions about how course delivery can remain responsive to the realities of practice, what infrastructures best support this responsiveness, and whether introducing EMDR earlier in clinical education pathways could foster greater familiarity and reduce perceived barriers to its use. These considerations point to the value of training models that build in systems of reflection and adaptation, ensuring that EMDR education remains relevant to both clinicians and the communities they serve.

Contributions to Knowledge and Practice

New Insights into EMDR Training in Academic Contexts

This is the first qualitative study to explore trainee and educator experiences of a university-based EMDR training programme in Aotearoa New Zealand. It extends prior research by exploring how EMDR training is experienced within an academic context and how this shapes learning, support structures, and cultural responsiveness. Trainees described unique challenges associated with elements of experiential learning, such as practicum preparedness and challenges with access to supplementary supervision outside of the training, which are areas not yet fully addressed in the current EMDR literature. The study contributes new insights for how elements of prior background, experience, and motivations affect

trainee preparedness, confidence, and engagement with EMDR as a treatment modality. This has important implications for how clinical training programmes (EMDR or otherwise) are designed and delivered, and suggests careful attention be brought to experiential learning environments. It also highlights gaps in cultural content delivery, with participants asking for deeper integration of Māori voices and investing in those with diverse lived experience. These findings deepen our understanding of what culturally grounded trauma training looks like in practice, as experienced by those engaging with it firsthand.

Recommendations for Strengthening EMDR Training Models

The findings provide clear and actionable participant-informed suggestions for improving the EMDR training experience. These include more transparent assessment expectations, structured preparation for practicums, improved organisation of course material, and providing accessible options for supplementary supervision. While these findings reflect the experiences from one university-based programme, the implications extend more broadly to other training contexts. Private providers may benefit from insights related to which elements of the training experience matter most to trainees, and what elements require the most structure or support. Universities considering EMDR integration can use these findings to understand what trainees and educators experienced as helpful or challenging when delivering comprehensive trauma-focused training. More broadly, the study contributes to clinical education literature by identifying features that support safe, culturally responsive, and sustainable training structures.

Limitations and Strengths

Limitations

This study explored a single university-based EMDR training programme that was developed and delivered in Aotearoa New Zealand. While this context was central to the research aims, it limits the extent to which the findings can be generalised to other

institutions, international contexts, or private training models. In addition, all participants were self-selected into the research, which may have introduced bias toward those with stronger views that are either highly positive or negative. As a result, the perspectives of those who disengaged from the course or who were less confident in articulating their experience may not be fully represented in the participant group.

The study focused on the experiences of those participating in or delivering the training but did not examine community impacts such as clinical outcomes or how EMDR was implemented in real-world settings, post-training. While such outcomes fall beyond the scope of this study, they are being explored through parallel components of the wider programme evaluation. For example, one study will survey training uptake of Otago University EMDR graduates and examine client outcomes. Another has qualitatively explored patterns in client and stakeholder experiences, similar in approach to the current study. And a further project has used a co-design method to identify barriers and supports to learning for trainees in the programme.

Although reflexivity was embedded throughout the research process, there is always potential for data analysis to be influenced by the researcher's own bias. The findings also do not claim causal conclusions, but instead reflect real patterns grounded in participant narratives that are highly relevant to training delivery and programme improvement.

Strengths

This is the first study to qualitatively explore how EMDR training is experienced by trainees and educators within a university setting in New Zealand. It contributes original knowledge to an under-researched area and provides early insight into how training structure, delivery, and context shape participant experience. The study included participants from multiple roles, including trainees, educators, and the course administrator, allowing for a degree of triangulation in findings. This diversity of perspectives enabled a more layered

analysis and supported a deeper understanding of how the programme was experienced. By focusing on a locally developed training model, the study aligns with organisational efforts (Te Pou, 2024) for culturally responsive practice and fit-for-purpose clinical education. It offers grounded insight into how trauma training can be delivered in ways that are structurally embedded and contextually informed.

The exploratory case study design and use of general inductive thematic analysis were particularly well suited to the aims of this research. This approach ensured that participant voices remained central and enabled the identification of patterns directly relevant to programme improvement without any preconceived theories or frameworks. The study employed multiple strategies to support rigour. These included intercoder reliability, using a reflexive journal (see Appendix A), and documenting analytic decisions. The researcher also remained reflexively aware throughout the study. Based at Massey University, the researcher had no pre-existing relationships with Otago staff or students, which positioned them outside the immediate research context. The study generated rich, specific, and data-informed recommendations for improving EMDR training. These findings are directly relevant for future iterations of the programme to consider and may also inform similar initiatives in other training settings.

Directions for Future Research

Further research should explore the clinical impact of training. Fit for purpose training involves a balance between competence (both clinical and cultural) with optimal experience. Related projects in the wider evaluation are already examining client outcomes and stakeholder perspectives, which together may provide a fuller picture of how this programme affects both learners and the community it serves. Future studies could also track how specific training components influence long-term EMDR use and compare outcomes between Otago graduates and clinicians trained in other formats.

The role of trainee background in EMDR training experience and outcomes remains an open question. While Dunne and Farrell (2011) found that CBT-oriented clinicians integrated EMDR more easily, Grimmett and Galvin (2015) found no statistical significance between theoretical orientation and ongoing EMDR use. Mixed-methods or follow-up studies could examine whether professional identity, theoretical orientation, or scepticism influences how trainees engage with EMDR and use it in practice.

Experiential learning environments also require further attention. Several participants noted the emotional intensity of paired practice. Dolcini-Catania et al. (2023) suggest that trauma-focused training should prioritise safety and choice, as trainees may have lived experience of trauma themselves. Future research should evaluate these strategies for supporting emotional wellbeing during practicums, including opt-out options and the role of peer connection.

While not necessarily a course problem, access to supplementary supervision remains a challenge in the EMDR training landscape. Farrell, Keenan, and Knibbs (2013) highlight ongoing gaps in consultation for EMDR clinicians. Research could examine whether implementing the supervision-related suggestions from Theme 4 affects trainee confidence and skill consolidation. One idea was to connect trainees seeking supervision hours with EMDR clinicians (or trainees' post-course) working towards accreditation who need to provide supervision hours. It would be useful to explore whether this could be a practical and sustainable way to address the supervision gap for Otago trainees.

Cultural responsiveness in EMDR training is also under-researched. While some literature calls for trauma training to focus on addressing culture and ensure that it addresses cultural attunement (DiNardo & Marotta-Walters, 2019), little research has examined how EMDR programmes achieve this. Future studies should explore Indigenous-led approaches within EMDR training and highlight how these can inform mainstream delivery models.

Finally, Farrell and Keenan (2013) emphasise that EMDR's future may depend on training and research developing in parallel, while Marich et al. (2020) highlight the role of qualitative research in exploring clinician experiences. The current study contributes to these aims by qualitatively examining training as it was experienced, but further quantitative work could examine how other training elements such as confidence and client outcomes affect clinician uptake.

Future research could also examine differences between trainees in how they experience EMDR training. It is not yet clear which clinicians find it easiest to engage, who struggles the most, or how scepticism and preparation factors influence outcomes. It would be useful to explore whether university programmes attract clinicians who are already highly motivated or are more open to experiencing a perspective shift, or whether the training environment itself supports this change. There are also grounds to investigate whether introducing EMDR earlier in professional training pathways would support confidence and uptake in later professional development trainings, such as these. More work is needed to understand what factors lead to good or poor training outcomes, and how course design can help to reduce starting disadvantages and better support a diverse trainee group.

Conclusion

Engaging with EMDR training in a university setting involved navigating dynamic the interaction between background, motivations or expectations, and course context. This study explored how trainees and educators experienced the training and identified areas for refinement. The findings provide insight into what supported learning, where challenges arose, and how participants understood the training's purpose and values. Training or teaching experiences were shaped by prior experience, motivation or expectation, and the learning environment, which suggest that the training needs to account for these dynamics in both its design and delivery. These insights inform academic and practical considerations, as

well as provide a foundation for future research on sustainable, culturally responsive EMDR training.

CHAPTER 6: CONCLUSION

This study explored how trainees and educators experienced a university-led EMDR training programme delivered through the University of Otago. The course administrator was also interviewed to provide context on funding, feasibility, and logistical factors related to the course structure, providing the necessary context for the researcher to situate participants' experiences. Situated within a broader evaluation of the programme, the research aimed to capture participant perspectives to understand and identify what worked, what proved challenging, and what could be improved in future iterations. Through qualitative analysis of interviews and focus group data, the study generated insights into how the programme was experienced across multiple roles.

Summary of Findings and Contributions

Participants' experiences were shaped by the interaction of who they were as clinicians, how the programme was structured, and how cultural content and research integration influenced their learning. Findings highlighted the importance of clear expectations, access to supervision, and culturally responsive delivery. EMDR was widely described as a powerful and complex model, with experiential components seen as essential for building competence and confidence. The university setting provided credibility, structure, formal assessment, opportunities for feedback, and competency-based learning. At the same time, it had to remain flexible to support trainees from varied backgrounds. Educators and trainees consistently emphasised the value of inclusivity, preparation, and embedded support. The administrator perspective added further depth by contextualising the logistical realities shaping course delivery.

This study is the first to qualitatively explore training experiences in a university-based EMDR training programme in Aotearoa New Zealand. It fills a gap in the literature,

which has largely focused on outcome studies and post-training uptake rather than the process of training itself. It is also the first study in this context to include multiple perspectives, including insights from trainees, educators, and the course administrator, to provide a more comprehensive picture of how a new model of EMDR training is designed, developed, and experienced. The study extends earlier work by Farrell and Keenan (2013) and Marich et al. (2020) that called for training and research to develop in parallel and for qualitative inquiry to inform the field. By embedding research directly within a training context, the study shows how participant voices can inform programme refinement in real time.

The inductive qualitative approach used here captured nuanced patterns of experience that structured surveys or outcome focused studies might overlook. Findings have relevance beyond EMDR. They illustrate how experiential learning, structured supervision, and cultural responsiveness can be integrated into postgraduate training for new or emerging therapy modalities. Otago's model offers lessons for other contexts considering how to embed trauma-focused interventions into formal academic settings, showing that university-based delivery can provide both rigour and adaptability to meet trainee needs. It also contributes to broader discussions around the development of sustainable, research-informed trauma education.

Implications for Practice and Research

The findings confirm earlier concerns raised in EMDR training literature, including limited access to EMDR-specific supervision and gaps in cultural content. They also extend this work by examining how these issues were experienced in a longer, postgraduate academic programme. The study highlights the role of peer connection, clarity of assessment, and experiential learning in shaping confidence and skill development. The results suggest that EMDR training is not simply about learning a protocol, but also about undergoing a

perspective shift in how trauma is understood and treated. This research shows the values of inductive approaches for capturing nuanced perspectives, especially when there is little existing research to pull from. The inclusion of educator and administrator perspectives adds depth that has not yet been seen in EMDR training research, offering a more comprehensive understanding of how training is developed, delivered, and experienced across roles.

Several implications arise from this research. One being, that embedding research within training enables iterative feedback loops between participants and programme design, which supports ongoing refinement of course delivery. For course developers, findings point to the value of providing structured supplementary supervision pathways, creating clearer expectations around assessment and practicum readiness, and strengthening cultural responsiveness throughout the training. For future trainees, the findings emphasise the importance of preparation for the emotional and intellectual demands involved with experiential learning. For researchers, the study lays the groundwork for further exploration of training outcomes. This includes client-level impacts and the long-term sustainability of university-based EMDR models. It also reinforces calls for research to examine how trauma training can integrate cultural responsiveness in ways that move beyond surface-level inclusion.

Strengths and Limitations

This study examined a single university-based EMDR training programme that was developed and delivered in Aotearoa New Zealand. While this focus provided rich data, it limits its generalisability to other institutions, countries, or private training models. The self-selected nature of participation may have also introduced bias toward those with stronger opinions, meaning that perspectives of individuals who disengaged or were less comfortable articulating their experience may be underrepresented.

The research did not examine clinical outcomes or long-term EMDR use post-training. However, these questions are being addressed in related components of the broader programme evaluation. Although reflexivity was embedded throughout the research process, there remains the possibility that the researcher's background influenced interpretation. The findings are therefore presented as grounded in participant data rather than as causal conclusions.

The study's strengths lie in being among the first to qualitatively explore EMDR training within a New Zealand university setting. It provides original insights into how training structure, delivery, and context influence experience. Its inclusion of educator and administrator voices adds a layer of insight never before seen in EMDR training studies. The exploratory case study design and use of Thomas's (2006) general inductive approach ensured that findings were firmly rooted in participant accounts, enabling the development of specific and actionable recommendations for programme improvement.

Directions for Future Research

Future research should examine clinical outcomes associated with university-based EMDR training, including client-level impacts and long-term clinician use of EMDR therapy. Comparative studies could explore differences between Otago graduates and clinicians trained in other settings or models. Mixed-methods or follow-up studies may extend this study's findings by providing insight into how professional identity, theoretical orientation, and motivation influence engagement with EMDR training and its application in practice.

There is scope to better understand differences between trainees. It is not yet clear who finds EMDR training easiest or hardest to integrate, who begins most sceptical, or which factors best predict confidence and readiness. Examining these differences and providing targeted support, may be helpful for reducing starting disadvantages. It would also be useful to explore whether clinicians drawn to university-based programmes are already more

motivated and open to a perspective shift, or whether it is the learning environment itself that supports this engagement. Educator perspectives could also be examined further. Future studies might look at how trainers can best be prepared to work with diverse trainee groups and whether university-based trainers differ from private trainers in the ways they teach and support EMDR skill development.

Experiential learning in trauma-focused training remains under-researched. Findings from this study reinforced that these components are valuable for competence building but can also be emotionally demanding, particularly for trainees with lived experience of trauma. Future work could evaluate strategies for scaffolding practicums in ways that balance skill development with emotional safety. This could include looking at the role of opt-out options, peer support structures, or other wellness-based interventions.

Access to supplementary supervision continues to be a recognised challenge in EMDR training and clinician post-training support. Future research could evaluate whether trainee-suggested models (see Appendix P), such as connecting those seeking accreditation with trainees needing affordable supervision, provides a sustainable solution that benefits both groups. Cultural responsiveness is another area that requires more attention. Few studies have examined Indigenous-led approaches to EMDR training or how culturally grounded perspectives can be embedded in mainstream delivery. Expanding this research would support the development of more equitable and contextually relevant training models. There is also an open question about where EMDR should sit in professional training pathways. It is worth exploring whether introducing EMDR during foundational training supports confidence and normalises its use compared with learning it only in later development.

Final Reflections

This research demonstrates that EMDR training in a university setting is shaped by a dynamic interaction between trainee background, motivation or expectation, and course

design. The findings highlight the value of structured, research-informed training that prioritises experiential learning, cultural responsiveness, and robust support systems. By centring participant voices, the study offers grounded insight into what supports learning, what challenges exist, and how EMDR training can be improved to better prepare clinicians for safe practice.

These findings reinforce the responsibility Shapiro (2018) described in the epigraph: that clinicians must be prepared to meet the profound trust placed in them by clients. This study highlights the important role training programmes have in shaping clinicians' competence, confidence, and cultural awareness. The quality of training not only affects individual clients but also creates ripple effects across communities and generations. Delivering EMDR training with integrity, responsiveness, and a commitment to continual improvement allows programmes to meet this responsibility and ensures that clinicians can approach their work with the highest possible standard of skill and compassion.

Ultimately, how we train clinicians today will shape the future of trauma treatment. This study provides one example of how a training model can be designed as both rigorous and adaptive, while emphasising that responsible clinical education requires ongoing reflection, collaboration, and commitment to doing better for the clients whose lives depend on effective care.

REFERENCES

Ahmad, M., & Wilkins, S. (2024). Purposive sampling in qualitative research: A framework for the entire journey. *Quality & Quantity: International Journal of Methodology*, 1-19. https://doi.org/10.1007/s11135-024-02022-5

American Psychological Association. (2025, February). APA clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults. https://www.apa.org/ptsd-guideline/ptsd.pdf

Ball, C., & Corrie, S. (2024). "Bridging the Gap": A reflexive thematic analysis of the experiences of therapy trainees transitioning from psychodynamic counselling to cognitive behavioural therapy. *Counselling and Psychotherapy Research*, *24*(2), 631-641.

Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice*, *17*(1), 1-30. https://doi.org/10.1111/j.1468-2850.2009.01187.x

Bell, E., Mansoor, Z., Flewett, T., Daniel, B., & Every-Palmer, S. (2024). Protocol for evaluating a novel university-based clinical training course in Eye Movement Desensitisation and Reprocessing (EMDR) therapy in Aotearoa New Zealand. *Journal of the New Zealand College of Clinical Psychologists*, *34*(1), 59-74.

Bell, E.M., Mansoor, Z., Stevens, M., Flewett, T., Daniel, B., & Every-Palmer, S. (2025). Development of a novel distance taught university-based training in Eye Movement Desensitisation and Reprocessing (EMDR): Increasing access to clinical training [Paper Presentation]. *30th International Council for Distance Education World Conference*. November 10-13, 2025, Wellington, New Zealand.

Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219-234. https://doi.org/10.1177/1468794112468475

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, *2*(1), 1-10. https://doi.org/10.1186/s42466-020-00059-z

Carriere, R. C. (2014). Scaling up what works: Using EMDR to help confront the world's burden of traumatic stress. *Journal of EMDR Practice and Research*, *8*(4), 187-195.

Carvalho, E. R., & Hoersting, R. C. (2023). The TraumaClinic model of EMDR basic training in Brazil: A country case study for in-person and online training. *Journal of EMDR Practice and Research, 17*(1), 33-37

Clare, D. (2024). Towards Indigenised Practice for EMDRNZ. *Journal of the New Zealand College of Clinical Psychologists*, *34*(1), 28-39.

Cook, J. M., Newman, E., & Simiola, V. (2019). Trauma training: Competencies, initiatives, and resources. *Psychotherapy*, *56*(3), 409-421. https://doi.org/10.1037/pst0000233

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International journal for equity in health*, *18*, 1-17.

De Jongh, A., Amann, B. L., Hofmann, A., Farrell, D., & Lee, C. W. (2019). The status of EMDR therapy in the treatment of posttraumatic stress disorder 30 years after its introduction. *Journal of EMDR Practice and Research*, *13*(4), 261-269.

DiNardo, J., & Marotta-Walters, S. (2019). Cultural themes and discourse in EMDR therapy. *Journal of EMDR Practice and Research*, *13*(2), 111-123.

Dolcini-Catania, L. G., DeVlieger, S. E., & Cyranowski, J. M. (2023). Clinical trainee perspectives on the implementation of Trauma-Focused Training. *American Journal of Psychotherapy*, *76*(4), 137-143.

Dunne, T., & Farrell, D. (2011). An investigation into clinicians' experiences of integrating EMDR into their clinical practice. *Journal of EMDR Practice and Research*, *5*(4), 177-188.

Eftekhari, H. (2024). Transcribing in the digital age: Qualitative research practice utilizing intelligent speech recognition technology. *European Journal of Cardiovascular Nursing*, *23*(5), 553-560. https://doi.org/10.1093/eurjcn/zvae013

EMDR International Association. (2025, February 28). *Find an EMDR therapist®*. https://www.emdria.org/find-an-emdr-therapist/

EMDR New Zealand. (n.d.). *Accredited training*. https://www.emdr.org.nz/accredited-training

Faretta, E., & Dal Farra, M. (2019). Efficacy of EMDR therapy for anxiety disorders. *Journal of EMDR Practice & Research*, *13*(4), 325-332. https://doi.org/10.1891/1933-3196.13.4.325

Farrell, D., & Keenan, P. (2013). Participants' experiences of EMDR training in the United Kingdom and Ireland. *Journal of EMDR Practice and Research*, *7*(1), 2-16.

Farrell, D., Keenan, P., & Knibbs, L. (2013). An Interpretative Phenomenological Analysis (IPA) of EMDR clinicians experiences of bullying. *Soc Sci Direct*, *2*, 6-25.

Farrell, D., Keenan, P., Knibbs, L., & Jones, T. (2013). Enhancing EMDR clinical supervision through the utilisation of an EMDR process model of supervision and an EMDR Personnel Development Action Plan. *Social Sciences Directory*, *2*(5), 6-25.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, *12*(2), 219-245. https://doi.org/10.1177/1077800405284363

Grimmett, J., & Galvin, M. D. (2015). Clinician Experiences With EMDR: Factors Influencing Continued Use. *Journal of EMDR Practice & Research*, *9*(1), 3-16.

Kar, N. (2011). Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review. *Neuropsychiatric disease and treatment*, *7*(1), 167-181.

Kessler, R.C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E.J., Cardoso, G., et al. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. *European Journal of Psychotraumatology*, 8(sup5), Article 1353383. https://doi.org/10.1080/20008198.2017.1353383

Koenen, K.C., Ratanatharathorn, A., Ng, L., McLaughlin, K.A., Bromet, E.J., Stein, D.J., et al. (2017). Posttraumatic stress disorder in the World Mental Health Surveys. *Psychological Medicine, 47*(13), 2260-2274. https://doi.org/10.1017/S0033291717000708

Levitt, H. M. (2020). *Reporting qualitative research in psychology [electronic resource]: how to meet APA style journal article reporting standards*. American Psychological Association.

Liness, S., Beale, S., Lea, S., Byrne, S., Hirsch, C. R., & Clark, D. M. (2019). The sustained effects of CBT training on therapist competence and patient outcomes. *Cognitive Therapy and Research*, *43*(3), 631-641.

Liu, L. (2016). Using generic inductive approach in qualitative educational research: A case study analysis. *Journal of Education and Learning*, *5*(2), 129-135.

Marich, J., Dekker, D., Riley, M., & O'Brien, A. (2020). Qualitative research in EMDR therapy: Exploring the individual experience of the how and why. *Journal of EMDR Practice and Research*, *14*(3), 118-134.

McMullin C. (2023). Transcription and Qualitative Methods: Implications for Third Sector Research. *Voluntas: international journal of voluntary and nonprofit organizations*, *34*(1), 140-153. https://doi.org/10.1007/s11266-021-00400-3

Morrison, N. M. V., Morrison, B. W., & Mahlberg, J. (2023). Clinician perspectives, attitudes, and experiences with eye-movement desensitization and reprocessing therapy: A systematic review. *Research Square,* [Preprint]. https://doi.org/10.21203/rs.3.rs-2749986/v1

National Institute for Health and Care Excellence. (2018, December 5). Post-traumatic stress disorder: NICE guideline. https://www.nice.org.uk/guidance/ng116/resources/posttraumatic-stress-disorder-pdf-66141601777861

Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., ... & Southey, K. M. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing, 2*(3), 18-31.

Point, S., & Baruch, Y. (2023). (Re)thinking transcription strategies: Current challenges and future research directions. *Scandinavian Journal of Management*, *39*(2). https://doi.org/10.1016/j.scaman.2023.101272

Postgraduate Certificate in Health Sciences (PGCertHealSc). (n.d.). University of Otago. https://www.otago.ac.nz/courses/qualifications/pgcerthealsc

Pyo, J., Lee, W., Choi, E. Y., Jang, S. G., & Ock, M. (2023). Qualitative research in healthcare: necessity and characteristics. *Journal of preventive medicine and public health*, *56*(1), 12.

Rakovshik, S. G., & McManus, F. (2013). An anatomy of CBT training: trainees' endorsements of elements, sources and modalities of learning during a postgraduate CBT training course. *The Cognitive Behaviour Therapist*, *6*. https://doi.org/10.1017/S1754470X13000160

Scelles, C., & Bulnes, L. C. (2021). EMDR as treatment option for conditions other than PTSD: A systematic review. *Frontiers in Psychology, 12.* https://doi.org/10.3389/fpsyg.2021.644369

Sepehry, A. A., Lam, K., Sheppard, M., Guirguis-Younger, M., & Maglio, A. S. (2021). EMDR for depression: A meta-analysis and systematic review. *Journal of EMDR Practice and Research*, *15*(1), 2-17. https://doi:10.1891/emdr-d-20-00038

Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures* (3rd ed.). Guilford Press.

Sin, J., Spain, D., Furuta, M., Murrells, T., & Norman, I. (2017). Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness. Cochrane Database of Systematic Reviews, *1*, CD011464. https://doi.org/10.1002/14651858.CD011464.pub2

Te Pou. (2024). *Trauma-informed approach literature review summary*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Te_Pou_Trauma_Informed_Approach_Lit_Review_2024_Sept_update_v2.pdf

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, *27*(2), 237-246.

Thomas, G. (2011). A typology for the case study in social science following a review of definition, discourse, and structure. *Qualitative Inquiry*, *17*(6), 511-521.

Valiente-Gómez, A., Moreno-Alcázar, A., Treen, D., Cedrón, C., Colom, F., Pérez, V., & Amann, B.L. (2017). EMDR beyond PTSD: A systematic literature review. *Frontiers in Psychology*, *8*. https://doi.org/10.3389/fpsyg.2017.01668

Woodside, A. G., & Wilson, E. J. (2003). Case study research methods for theory building. *Journal of Business & Industrial Marketing*, *18*(6/7), 493-508. https://doi.org/10.1108/08858620310492374

World Health Organization. (2013, March 17). Guidelines for the management of conditions specifically related to stress. https://www.who.int/publications/i/item/9789241505406

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *Qualitative Report*, *20*(2), 134-152.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Sage Publications.

APPENDICES

Appendix A: Examples from Reflexive Journal

July 29, 2025

I just had my first interview with a trainee participant. I went into it with a plan, but feeling a little bit uncertain as to how it would go. However, once I started the interview I could tell that the participant was very kind and willing to share their experience without me necessarily needing to be well-practiced at it yet. Reflecting on the experience, I think I could work on my flow between asking each question, and I could really listen to what they were saying to ask follow up questions instead of being focused on the next question to ask. I'll work on this for tomorrow's interview with the next trainee participant.

September 18, 2025

Today marks the end of participant interviews. I feel both relieved and overwhelmed for the next stages of data analysis and write up. I'm really happy with the information shared in interviews, I think the main issue will be narrowing things down, I definitely have very rich and detailed data to pull from! I really enjoyed the group interviews, I could see a lot of good discussion between participants', and they connected well with each other—they also brought things up that I wouldn't have known to and related their experiences to each other's. I noticed that I connected a bit closer with the trainee psychologists, so I need to make sure that I'm balancing participant perspectives in the data analysis. I also realised that sometimes my gut intuition is wrong, for example, trainees did not want staff organising informal get togethers for trainees, but trainees do want structured peer connection in the classroom setting. I'm really glad I clarified this and didn't just write off the idea, when I heard that they didn't want structure for this. Keeping track of my biases helps me feel confident moving forward.

November 22, 2025

I underestimated how mentally draining the data analysis would be. I found that it wasn't just about organizing and displaying content, but it was also about balancing different perspectives and making decisions about what to prioritise. It's hard because of who I am as a person, as a detail-oriented and slight perfectionistic type of student. I really want to do justice to this project. I hope that I was able to do that.

December 3, 2025

I'm still finding it hard to discern which emerging themes are more important to focus on than others. To me it all feels important and it's this big spider web that I need to untangle. I underestimated how challenging this would be. I keep looking back at the data and shifting my attention to different areas. It's been helpful to discuss with my supervisor and other members on the research team to keep me on track. It's important to connect insights to my research aims and questions, and I need to not forget that. I'll get there in the end, but this is certainly a challenging process to go through.

January 28, 2025

I took a step back from the data for a couple of weeks and came back to it with a fresh mind. This really helped me figure out where I need to focus on, and I've finally come to a point where I can see how themes connect with each other. The integrated conceptual model has helped me see the bigger picture and realise I can go into detail under each theme/subtheme instead of trying to capture every detail at once.

June 16, 2025

I'm finding the write up of the Findings chapter challenging. I know what I want to say but choosing which evidence to present isn't always straightforward. I've solidified my themes/subthemes but choosing which quotes to include or not include has been a mental exercise. I keep reminding myself that I need to keep a balanced outlook across participants and not focus on including more of what some participants said just because I connected with them closer.

July 20, 2025

As I get closer to my submission date, I've reflected on the research journey. I didn't expect to connect with qualitative-based research as much as I have. I didn't realise that interviews would help me feel like I got to know the participants on a deeper level than I expected with research projects. I think I expected it to feel similar to my undergraduate experience at UBC, where I was a research participant in numerous psychology studies (they give extra credit to your final grade, to incentivize you!). As a participant in those studies I felt replaceable, and that anyone could stand in and they would still get a diverse sample. Whereas, in this project, every participant brought meaning through their lived experience in the training course. I've reflected on this and have found these two experiences to be very different, and I don't think it's because I'm sitting in the researcher role instead of the participant role. Instead, it must be due to the context-specific nature of this research and how qualitative approaches make meaning from their data. I think more qualitative approaches should be used in under-explored areas to reveal important information that you wouldn't necessarily uncover with quantitative methods (especially when there is a weak level of existing literature to build off of). I'm very grateful to have had this opportunity, and it has forever changed my outlook on qualitative research methods.

Appendix B: Recruitment Email—Trainees

View this email in your browser

TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND
TE KURA PŪKENGA TANGATA
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

University of Otago
ŌTĀKOU WHAKAIHU WAKA

We want to hear about your experience!

Kia Ora Otago EMDR graduates and current trainees,

You are invited to participate in a qualitative research study which aims to explore your experiences as a trainee student undertaking the EMDR courses at the University of Otago.

This research project is being undertaken by Alexa Volkova, a Masters research student at Massey University, supervised by Dr. Elliot Bell, Associate Professor in the School of Psychology at Massey University, and Registered Clinical Psychologist. This study is part of a wider project evaluating the courses involving graduate research students and academic staff from Massey University and the University of Otago.

As the first university-led EMDR clinical training programme in New Zealand, and one of only a few available internationally, it is important to hear your feedback regarding your experience in the course. Very little has been published on student experiences in EMDR training courses. Therefore this study has the potential to inform both future delivery of EMDR training at Otago, and EMDR training more broadly. Our primary aim is to establish whether Otago's training courses meets the needs of the community and effectively trains its students to become competent, culturally responsive practitioners of EMDR therapy in Aotearoa New Zealand.

Participation in this research study is voluntary, and you may withdraw your consent to participate in this study without any disadvantage to yourself. Data will be de-identified in the resulting thesis and in any published works which may arise using this data.

Interviews will be audio-recorded and last approximately 30-60minutes. Interviews will occur over zoom unless any participant wishes to have their interview in person in Auckland (where the researcher is located). Participants will be compensated for their time with a **$40.00 gift voucher**.

Thank you in advance for considering our request to participate in this research study. **If you would like to participate in this study please contact Alexa Volkova, Master's research student, Massey University at Alexa.Volkova.1@uni.massey.ac.nz or by text or telephone at** [redacted]

Click here for more information

For any questions or concerns regarding this research project either now or in the future, please contact the researcher, Alexa Volkova at Alexa.Volkova.1@uni.massey.ac.nz, or her supervisor, Dr. Elliot Bell at E.Bell1@massey.ac.nz

This research project has been evaluated and approved by the Massey University Human Ethics Committee and The University of Otago Human Ethics Committee. For any concerns about the ethical conduct of this research please contact Patsy Broad, Team Leader, Massey University Human Ethics Committee, telephone +64 6 356 9099 extension 83840, email humanethics@massey.ac.nz

Appendix C: Recruitment Email—Educators

View this email in your browser

TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY UNIVERSITY OF NEW ZEALAND | TE KURA PŪKENGA TANGATA COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

University of Otago ŌTĀKOU WHAKAIHU WAKA

We want to hear from you!

Kia Ora EMDR Educators,

You are invited to participate in a qualitative research study which aims to explore your experience as an educator teaching the EMDR courses at the University of Otago.

This research project is being undertaken by Alexa Volkova, a Masters research student at Massey University, supervised by Dr. Elliot Bell, Associate Professor in the School of Psychology at Massey University, and Registered Clinical Psychologist. This study is part of the wider project, that you will be familiar with, evaluating Otago's new EMDR therapy Special Topics courses. The primary aim of the broader evaluation is to establish whether Otago's training courses meet the needs of the community and effectively trains its students to become competent, culturally responsive practitioners of EMDR therapy in Aotearoa New Zealand.

As you are already aware, this university-led EMDR training programme is the first of its kind in New Zealand and one of only a few available internationally. Because very little has been published about the educator experience in EMDR training courses, we believe that it is important to explore your experiences delivering the courses. Your feedback within this study has the potential to inform both the future delivery of EMDR training at Otago, and EMDR training more broadly.

Participation in this research study is voluntary, and you may withdraw your consent to participate in this study without any disadvantage to yourself. Data will be de-identified in the resulting thesis and in any published works which may arise using this data.

Interviews will be audio-recorded and last approximately 30-60minutes. Interviews will occur over zoom unless any participant wishes to have their interview in person in Auckland (where the researcher is located). Participants will be compensated for their time with a **$40.00 gift voucher**.

Thank you in advance for considering our request to participate in this research study. **If you would like to participate in this study please contact Alexa Volkova, Master's research student, Massey University at Alexa.Volkova.1@uni.massey.ac.nz or by text or telephone at** [redacted]

Click here for more information

For any questions or concerns regarding this research project either now or in the future, please contact the researcher, Alexa Volkova at Alexa.Volkova.1@uni.massey.ac.nz, or her supervisor, Dr. Elliot Bell at E.Bell1@massey.ac.nz

This research project has been evaluated and approved by the Massey University Human Ethics Committee and The University of Otago Human Ethics Committee. For any concerns about the ethical conduct of this research please contact Patsy Broad, Team Leader, Massey University Human Ethics Committee, telephone +64 6 356 9099 extension 83840, email humanethics@massey.ac.nz

Appendix D: Participant Information Sheet

Evaluating a novel university-based clinical training course for Eye Movement Desensitization and Reprocessing (EMDR) therapy using trainer and trainee feedback

INFORMATION SHEET

Thank you for reading this information sheet and for taking an interest in this project. Please review this information carefully and in full before deciding if you would like to participate. Please do not hesitate to reach out to members of the research team (see section "Project Contacts" below) with any questions or concerns you may have about this study. If you were to participate, we thank you. And if you were to decide not to take part it would not disadvantage you and we appreciate you considering our request.

Researcher Introduction

Alexa Volkova is the Researcher involved with this project. This research is being carried out for the partial fulfilment of a Master of Arts (Psychology) degree at Massey University.

Project Description and Invitation

You have been invited to participate in this study about trainee (student) and trainer (teacher) experiences of being involved with a novel Eye Movement Desensitization and Reprocessing (EMDR) therapy training course at the University of Otago. This study is part of a larger research project looking to provide a comprehensive evaluation of these novel "Special Topics" courses.

It is important to explore both student and teacher feedback to ensure that the course meets its learning objectives, and produces competent culturally responsive practitioners capable of meeting the needs of clients in Aotearoa/New Zealand. The course administrator will also be invited to participate in an individual interview, to gain an understanding of the course from an administrative angle as it relates to the student and teacher experiences. Data derived from this project may help identify the unique challenges, opportunities and expectations to better inform future adaptations to the course.

Participant Identification and Recruitment

Researchers from the wider research team may be involved in recruitment by advertising information about this research project to the potential participant pool. For those looking to take part, a $40.00 gift card will be offered as compensation for their time.
This project is looking to involve at least 8-12 student participants who have either completed or are in the process of completing the University of Otago's EMDR training courses. We also hope to recruit the course administrator for one individual interview. Additionally, we hope to recruit all three teachers of the courses. These participant numbers will ensure a sufficient qualitative analysis of the data.

Eligibility:

- Students enrolled in (or previously enrolled in) either:

    - "Special Topic 1: Eye Movement Desensitization and Reprocessing (PSME 455)"
    - "Special Topic 2: Eye Movement Desensitization and Reprocessing (PSME 456)"
- Teachers involved with delivering either:
    - "Special Topic 1: Eye Movement Desensitization and Reprocessing (PSME 455)"
    - "Special Topic 2: Eye Movement Desensitization and Reprocessing (PSME 456)"
- Course administrator involved with administrative tasks related to either:
    - "Special Topic 1: Eye Movement Desensitization and Reprocessing (PSME 455)"
    - "Special Topic 2: Eye Movement Desensitization and Reprocessing (PSME 456)"

Please note that participation is entirely voluntary, and you may decide not to participate without any disadvantage to yourself. We do not anticipate any significant risks involved with participating in this study. We hope that if you do choose to take part you enjoy the process of self-reflection and sharing your valuable insight into your experience of the course(s).

Project Procedures

Individual student interviews and student focus group interviews occur separately from the individual teacher interviews and teacher focus group interviews. The course administrator, students and teachers of the course will be contacted by either the Researcher (Alexa Volkova) or the Research Fellow (Zara Mansoor) via email. Those interested in participating will be asked to take part in either an individual or group semi-structured interview of a 30-90minute duration with the Researcher. Student focus group interviews may consist of 4-10 other students, whilst teacher focus group interviews recruit only from the three lecturers of the courses. The course administrator will be invited to participate in one individual interview only, with the researcher. Depending on participant preference and availability the interviews may be conducted in person, over Zoom, or by phone call.

This project employs both the use of individual and focus group interviews to gain a comprehensive look at your experience in this course(s). Questions may relate to your expectations and experiences of the course, any challenges or barriers you may have faced, and cultural responsiveness.

In general, it is thought to be that the process of sharing experience(s) in a group environment is mutually beneficial, positive, and uplifting for those involved. However, there is the potential that some discussion may cause distress due to the nature of multiple open ended questions. In addition to your usual support networks, you are welcome to contact these helplines should you need further support:

- 24/7 Mental Health Support Number: 1737 (call or text)
- Lifeline: 0800 543 354

At present, no significant conflicts of interest have been identified. If a conflict were to arise, it would be discussed and dealt with in consultation with the study Supervisor.

Data Management

Each interview will be voice recorded, and later transcribed using secure transcription software on Zoom, and Microsoft Word. The transcribed data will be de-identified, and a copy will be available to you upon request. Data will be analyzed collaboratively with the research team to search for any common themes or to highlight unique feedback. Following analysis, you may be provided with a copy of the data to review your contribution and offer additional feedback. Results from this study may be published, and data (de-identified transcriptions) from this research will be accessible to the researcher (Alexa Volkova), the supervisor (Dr Elliot Bell), and the research fellow (Zara Mansoor).

Once data is obtained, it will be securely stored on Zoom as a saved Cloud recording as well as on Massey OneDrive and only accessible by members of the research team. Unanalyzed and de-identified data (transcriptions) as well as data obtained from the research team's thematic analysis may be kept for an unlimited or unspecified time. Participants personal identifying information (such as contact details and audio recordings) will be eliminated from data storage subsequent to the project's completion.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until **1 November, 2024**;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

You may contact the researcher or the supervisor listed below at any point with any questions or concerns you have about the project.

Alexa Volkova, Researcher, Massey University, School of Psychology, Auckland
[redacted]
Alexa.Volkova.1@uni.massey.ac.nz

Dr. Elliot Bell, Study Supervisor, Massey University, School of Psychology, Wellington
[redacted]
E.Bell1@massey.ac.nz

Compulsory Statements

LOW RISK NOTIFICATIONS

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz.

Appendix E: Interview Schedule—Trainees Individual

Interview Schedule – Individual (Trainees)

Pre-course

- Introduce yourself - Please tell me a bit about your background.
- What motivated you to enrol in this training course?
- How do you expect your background to interact with your experience in the course?
- What were your main expectations coming into the course?

During-course

- How would you describe your overall experience as a trainee during the course?
- Which aspects or components of the course did you find the most helpful and the most challenging?
    - Workload prompt
    - Learning Environment prompt
    - Curriculum prompt
- At times, did you supplement the course content with outside resources?
    - Did you find there was diversity reflected in the course content? (such as in the readings, case examples, other course materials?)
        - Any examples? Useful/relevant to your work?
- Did you feel like the course was culturally responsive, and fit for use within a diverse New Zealand?
    - What does being culturally responsive with EMDR mean to you in practice?
    - Were there opportunities to explore the role of culture in practicums (e.g. reflecting on your own worldview)
- How accessible was it for you to discuss course content with your peers?
    - Did you feel connected to your peers?

Post-course

- Were you pre-course expectations met?
- What specific learning outcomes or objectives do you feel the most confident in?
- Do you plan to utilize EMDR therapy in your clinical work? And how well prepared do you feel to practice EMDR therapy post-course?
    - Supervision prompt

What would you suggest to make the course better?

Appendix F: Interview Schedule—Educators Individual

Interview Schedule – Individual (Educators)

Pre-course

- Please tell me a bit about your background as a Lecturer.
- What motivated you to seek out or become involved in this teaching position?
- How do you expect your background to interact with your experience teaching in the course?
- What were your main expectations coming into the course?
- Please describe your involvement in the course design. And was the course designed to fit within a specific framework?

During-course

- How would you describe your overall experience as a lecturer during the course?
    - Did you find it manageable to provide support to the trainees at the level they needed during the course?
- Could you please describe some of the key learning outcomes or learning objectives for the course you were involved with.
- From your perspective, how well do you think the students were able to manage the workload?
    - Did you notice any differences between those working in public vs. private or rural vs. urban areas?
- How did you ensure the courses expected learning outcomes and clinical competency were met for students?
    - How effectively were you able to access any additional resources to support student development in an area of practice?
        - such as specific cultural advice for working with a particular population
- Were there any unexpected challenges that arose during the course? And if so, what new strategies did you put into place to tackle those challenges?

Post-course

- Were your pre-course expectations met?
- Based on your perception, were there any particular areas of the course content the students engaged with the most?
- How was the student's ability to practice in a culturally responsive way measured or assessed? And how confident do you feel in their ability to practice EMDR in a culturally responsive way post-course?
- What would you suggest to enhance future adaptations to the course?
    - Workload prompt
        - How many requests for extensions on assignments did you receive during the course?
    - Learning Environment prompt
    - Curriculum prompt

Appendix G: Interview Schedule—Course Administrator

Interview Schedule for Course Administrator

Introduction and Purpose:

- **Introduce research project/give a brief overview**
- **Purpose of interview:**
  - to expand upon common or unique themes that came out of both the trainee and trainer individual interviews in relation to your experience as a course administrator
- **Confidentiality:**
  - Might not be possible for you to be fully anonymized due to your role as being the only course administrator. Every attempt will be made to de-identify you, are you happy to proceed?

Questions:

- **Communication**
  - **Preliminary Results**: Preliminary results from the individual interviews demonstrate that you have a key role within the course by communicating directly with students/trainees and being responsive to their questions. This has significantly enhanced their experience in the course. Could you please expand on your experience of communication in the course between students, staff, and yourself?
    - **Questions:**
      - What do the trainees talk to you about, and in what ways do they communicate with you? (frequency, style of communication)
      - Are there any particular communication methods you thought worked better than others?
      - When the students reach out at the same time with either similar or different questions, how did you handle that? (i.e., how did you manage the busier periods of time when students required more communication with you)
        - Did you have additional support, or methods to manage this?
      - Any challenges you have experienced or anticipated for your role as the course administrator?
      - Do you have any recommendations to enhance communication in the future?
        - What could be improved, and what do those designing the course need to know in order to improve the course?

- **Feedback on Course Content**
  - **Questions**:
    - From your observations, are there any specific parts of the course content that students/trainees found particularly challenging or beneficial? And was this something that trainees or educators communicated with you about?

- How do you think these areas could be improved or expanded upon?

- **Support and Resources**
  - **Questions:**
    - What was your role in providing support or resources to any students or staff?
    - What kinds of support and resources are available during the course? (i.e., pastoral care – supporting wellbeing, development etc.)

- **Enrollment and Prerequisites**
  - **Questions:**
    - What is your role in the enrollment process for prospective trainees?
    - Could you describe some of the prerequisites for enrolling in the EMDR clinical training course?
      - If a trainee looking to enroll does not meet the prerequisites, what aspects are considered to make an exception?

- **Extensions**
  - **Preliminary results:** It became clear during the interviews that you were the point of contact for students/trainees needing to request extensions on assignments. What was your experience of processing requests for assignment extensions?
    - **Questions**:
      - About how many extension requests did you receive from trainees during the course?
      - Based on your interaction with students, did you notice any common reasons for extension requests? And how would you classify those reasons (for example needing more time etc.)?
      - Did any unexpected challenges arise?

- **Technology**
  - **Questions**:
    - What was your experience or perspective of the tools or platforms used in the course?
    - Are there any technological improvements or tools that you believe could enhance the course in the future?

- **Trainees' Background/Experience**
  - **Question:**
    - Based on the volume and nature of questions you are getting from the students, did you notice any common themes from the questions coming from any particular student group/students of similar professional backgrounds?

- **Challenges, Strategies, and Future Course Adaptations**
  - **Questions:**
    - Were there any unexpected challenges that you had to manage during the course?
    - If so, what strategies did you implement to address these challenges?

        - Considering your experience and role as the course administrator, do you have any suggestions for future adaptations of the course?
            - From your perspective, please provide your top 3 recommendations for enhancing the course.

- **Additional Feedback**
    - **Question:**
        - Is there anything else you would like to add or any other feedback you would like to give?

Thank you for your time and valuable insights.

Appendix H: Interview Schedule—Trainees Focus Group

Interview Schedule – Focus Group (Trainees)

Focus group introduction:

- Reminder of group rules (which you agreed to on signed consent form)
    - Please don't share personal information about other members of the group to others outside this interview.
    - Be respectful and considerate of fellow trainees.
- Reminder about the motivation behind holding this group interview session.
    - To go into more detail about common or unique themes which came out of the individual interviews.
    - See if anything new pops up during group discussion.
- Protocol of engagement:
    - I ask a question, and then it goes around (so each and everybody will have an opportunity to comment and if they choose not to that's fine too)
    - And then can go for another round where they can ask any follow up questions/comments (related to my first question)

Questions:

- Please everyone introduce themselves, state your name, type of profession/educational background (i.e. counsellor, art therapist etc.), current/past enrolled in ST1 or ST2

Yellow = top priority
Blue = second tier priority
Non-highlighted = last priority

Pre-course

- Preliminary findings from the data suggests that trainee's professional or educational background coming into the course did seem to have an influence on how the course was experienced. Could you briefly comment as to what extent that has happened? – in other words to what extent has your background contributed to either enhancing or creating some barriers with your experience in the course?
    - For those who have said their background has enhanced their experience, ask:
        - If you imagine not having your own individual background, how do you think your experience in the course would have differed?
    - Is there anything for future adaptations of the course to consider? More support in any specific area etc.

- What drew you in to taking this EMDR training course through Otago versus other methods of training in EMDR?

- Is there any information you wish you knew before starting in the course?

During-course

- One of the common themes which emerged from the individual interviews was the perspective shift that occurs when a trainee begins integrating components of EMDR therapy in their clinical work. Could you please tell elaborate on how you experienced this shift in your thinking and perspective?
    - **What:** Is there anything within your professional/educational background that influenced this perspective shift? (for example - moving away from CBT based conceptualization)
    - **When:** Did you mainly notice it in your case conceptualization? Or when asking questions about a client's background?
    - Do you think this perspective shift would've been as prominent if you were in another EMDR training course outside of a university setting? (i.e., with less emphasis on strong theoretical foundational knowledge)
    - Thank you for sharing how this change in perspective was experienced, could you please comment on how do you think the teachers could consider or incorporate this into training in the future?

- Did you feel like there was adequate guidance around confidentiality for clients and consent processes for assignments? Such as with the video assignment and how to balance that within your organization's expectations.
    - Would it be beneficial if there was discussion between Otago and your organization as to these expectations?
    - Any other recommendations?

- Preliminary findings suggests that at times there was a lot of course-related information for trainees to take in at once, and if it doesn't get used it gets lost over time. Is there anything you might suggest future adaptations of the course to consider reducing the cognitive load/fatigue and to ensure that all of the information doesn't just get lost over time?

- Results from the data suggests that whilst the activity of doing EMDR therapy on each other was very helpful from a practical standpoint, people seem to have different opinions around the safety of practicing EMDR on each other during the block course or practicum. Could you please describe if this is something that you experienced, and is there anything you would suggest to make this more psychologically safe/accommodating for any and all trainee's going into this experience? (i.e., a warning/disclaimer about what this could possibly bring up for trainee's)

- Based on my analysis, it seems that there is a general agreement that while training students is very critical, providing them with opportunities to practice and apply their skills is equally important. Currently, a major challenge is the availability of supervision, which limits practical experience.
    - Do you have any ideas to address this issue? Could you please share your top three recommendations for addressing this issue around supervision?

- Your data suggests that there is a need to bring people together, to foster social interactions/socialize, and to some extent build some relationships with your peers or classmates. From your perspective, please elaborate as to what extent is this really

important (or necessary), and what is the significance or impact this may have upon the individual learning experience and presentation of skills?

- How do you suggest future delivery of the course address this need for social awareness?
- What about connection with other EMDR practitioners post-course? Would it be helpful to have an opportunity to network with other EMDR practitioners outside the course and already in the field to bridge that connection from classroom to the wider EMDR community?

Post-course

- One emerging theme, is the trainees' reflection on the course's strong emphasis on the theoretical or foundational knowledge of EMDR therapy. How do you think that your learning in this university-led training course compares to any peers who have trained in EMDR in other ways?
    - Based on this comparison, do you have any considerations for future adaptations of the course to consider?

- Preliminary data indicates that most trainees found that the course is culturally responsive and fit for use within New Zealand. From your perspective, are there any specific aspects that could be considered to further enhance the cultural component of the course in future deliveries?

- Does anyone have any comments around the accreditation process? Some trainees have mentioned plans to follow the accreditation path following ST2.
    - Do you feel prepared to do so?
    - Is there anything you wish you knew before about the accreditation process before enrolling in the training course?
    - What changes could be made to the course to better address any challenges around accreditation in the future?

- Is there anything else you would like to add today? Any other recommendations for future adaptations of the course to consider?

At end of interview:

- Thank you
- Any other questions/comments?

Appendix I: Interview Schedule—Educators Focus Group

Interview Schedule – Focus Group Educators

- Any questions about consent form or information sheet?
- Protocol of engagement
    - Everyone please responds (unless question does not apply to you)
- Please don't share information to anyone outside of this group
- Focus groups give the opportunity to come together, explore new ideas and dive deeper into any of the common or unique findings from the individual interviews

What was your experience in teaching students with different professional backgrounds?

- Did you notice any trends coming from any particular group, in regard to their experience or ability to engage with course content?
    - For example, were some trainees more confident or more advanced in their case conceptualization abilities?
- Do you have any recommendations for the course to support trainees with different backgrounds if they are needing additional support in any areas of the course?
    - For those working with public clients and experiencing difficulty in finding suitable clients for course related content, is there anything you would you suggest to make this easier for them?
- How do you facilitate collaboration and build rapport among students with different academic and professional backgrounds? And do you think it is important to do so?

From your perspective, how important is it for students to build social connections with each other over the length of the course and as well as prior to engaging in practicums?

- What level of social connection and understanding of each other is necessary or essential to achieve prior to engaging in practicums?
    - During practicums, is it best if there is a balance between feeling comfortable around each other but also not knowing too much about your partner for the exercise to be successful?

How was your experience in delivering practicums to students?

- Do you have any recommendations which might better prepare trainees for the experience of practicing EMDR therapy with each other?
    - Is there anything specific you might suggest trainees carefully consider before engaging in the activity (i.e., coming prepared with a carefully selected target memory? One that will fulfill the purpose of the activity but is not so traumatic or intense that it leaves the trainee with significant difficulties processing)

In what ways could the course enhance understandings of and responsiveness to cultural factors specific to the NZ context?

- What is it that is unique about NZ that this course is hoping to achieve in regard to training culturally competent EMDR therapists? In other words, how has this course been tailored to be fit for use within NZ?

- How would you like to see more Māori or indigenous voices be heard within the course?
    - For example, having an EMDR practitioner who is Māori reflect on what is going on in the AIP system from an indigenous perspective and incorporating that into the course?
        - And what would this look like from a practical standpoint?

What are some of the main challenges you face when developing course content?
- Anything specifically related to teaching in a university setting?

What kind of feedback have you been given (if any) from trainees of the course, and how have you incorporated this feedback to improve the course?

Is there anything put into place in the course to help bridge that gap between the classroom and the wider EMDR practitioner community? How are graduates from this training course encouraged to connect or network with other EMDR practitioners?

From your perspective, did you notice any significant barriers for EMDR supervision for trainees?
- What are your top 3 recommendations to help reduce those barriers?

From your perspective, what are the main ways this training course through Otago differs from other ways of training in EMDR therapy?
- Why do you think this course is so important to be offered within NZ?

How do you envision the course evolving in the next five to ten years? And how do you imagine the course will continue to adapt to new and emerging research? And what would you most like to develop in the training?

Appendix J: Participant Consent Form—Individual

Evaluating a novel university-based clinical training course for Eye Movement Desensitization and Reprocessing (EMDR) therapy using trainer and trainee feedback

PARTICIPANT CONSENT FORM – INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ (name printed) hereby consent to take part in this study.

Signature: _____ **Date:** _____

-

Appendix K: Participant Consent Form—Focus Group

Evaluating a novel university-based clinical training course for Eye Movement Desensitization and Reprocessing (EMDR) therapy using trainer and trainee feedback

FOCUS GROUP PARTICIPANT CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, my questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.
2. I understand that all the information I provide will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher.

Note: There are limits on confidentiality as there are no formal sanctions on other group participants from disclosing your involvement, identity or what you say to others in the focus group. There are risks in taking part in focus group research and taking part assumes that you are willing to assume those risks.

1. I agree to participate in the focus group under the conditions set out in the Information Sheet attached as Appendix I.

Declaration by Participant:

I _____ (name printed) hereby consent to take part in this study.

Signature: _____ **Date:** _____

Appendix L: Example of Initial Coding Process—Participant 1

Appendix L has been redacted from the public version of this thesis to protect participant confidentiality. It included an example of the initial coding process with raw participant excerpts.

Appendix M: Initial Structure of Themes and Subthemes

Outline Of Initial Structure of Themes and Subthemes

Inclusive Space
- Empowering Trainees to Co-Create and Refine Learning Materials
- Expand Cultural Diversity in the Teaching Team
- The Right Trainee Attitude is Key
- Online Delivery
- New Zealand is Culturally Advanced
- Increase Diversity in Cultural Topics Covered and within Trainee Population

Driven by Growth Derived from Scholarly Research and Real-World Practice
- Cultivating Culturally Relevant Training
- Enhance the Perception of EMDR Therapy as Evidence-Based / Change the Image of EMDR Therapy
- Competency Based Learning
- Linking the Otago Training to the Wider EMDR Community Network
- Establishing the Groundwork

Refining Course Delivery
- Supporting Psychological Safety in Practicums
- Creating Space for Breaks, Dialogue, and Peer Connection
- Practicum Venue Matters
- Balancing Financial Constraints
- Technology Use
- Structure, Pace, and Workload of Course
- Educator Anticipatory Anxiety
- Outlining How this EMDR Training Course Translates to Overseas Qualification Structures
- More Supervision
- Organization and Format of Course Materials

Educator and Trainee Background and Experience
- Extensive Educator Experience Necessary
- Trainee Practical and Educational Experience
- Trainee Experience with Personal Therapy
- Translating Material to Suit Individual Trainee Professional Lens

Experiential Learning Environment
- Trainee's Receive Individualized Support at Practicums
- Group Supervision Sessions Provided
- Practicum Experience Essential
- Pre-Practicum Rapport Building Requires Management
- Emphasis on Practical Component to Ensure Competency
- Trainee Workplace Support Matters
- Managing Trainee Workplace Limitations
- Trainee Anticipatory Anxiety

Extraordinary Opportunity
- Trainee Perspective Shift in Conceptualizing Trauma
- Drawn to Course to Better Support Clients with Complex Trauma / Motivated to Seek Better Ways to Support Clients
- Trainee Expectations

- Educator Expectations
- Comprehensive Theoretical Foundation Covered
- Learning from Peers
- Humility: Practicing Within Trainee's Scope of Practice
- Accessible Communication
- Balanced Workload

Trainee Social Bonding and Peer Support

- Trainee's Initiative or Responsibility
- How Communication was Experienced by Trainees
- Suggestions to Better Facilitate Peer Connection

ITI = individual trainee interview
IEI = individual educator interview
E FG = educator focus group
T FG 2 = trainee focus group #2
T FG1= trainee focus group #1

High Level Themes – Examples from Initial Coding Process

Theme	Definition	Example	Interpretation
Inclusive Space	Refers to an environment that actively seeks to integrate diverse perspectives and experiences.	"it's everybody's course, it's not just something we own and we're going to say this is how it happens. That everybody who does EMDR can be part of this course, if they want to." (E FG P2) "You know, when I was trained in the beginning in EMDR, all people that I worked with were from different countries, different religions, different continents, different this and that. And I actually realized that EMDR is equally useful and important, because that's how human brain is wired and is working. But one needed to involve interpreters, needed to involve the cultural advisers, and that's particularly important if people have a particular spiritual beliefs and representing the inner world in a way that could sound strange, maybe to you and I but it's not strange to them." (IEI P3)	EMDR is for everyone Equally useful and important despite different backgrounds Cultural interpreters/advisors may need to be involved
Driven by Growth Derived from Scholarly Research and Real-World Practice	An approach that integrates evidence from scholarly research and practical experience, to ensure the training program is both evidence-based and applicable to real-world situations.	"the design of the first year of the course and second year is highly influenced by research findings which are as much as possible up to date, including research published in this year. So, over the two years of the course having been taught now, we've redesigned certain facets of the course as new research becomes available, so that's been really important." (IEI P1)	Course design highly influenced by research

Theme	Definition	Example	Interpretation
		"By setting up a research team to assess that [laughs], and I can't ensure it it's the research team who tells me whether I've succeeded in that. To try and set it up to make sure that the outcomes have been met and that the students are competent. I tried to be as inclusive as possible, getting as much information into the lectures and block courses as I thought the students could digest, trying to make the competency framework as robust as I could. And hopefully I've done that, but the research of which you are a part, will demonstrate that." (IEI P1) "EMDR Institute trainers so, that's the standardized training, and that's most popular in the world because it comes from Francine Shapiro, the originator. And it's based on her research and is based on research every time they change the manual. It just takes them a long time before they put research in, yeah? Because it's a big ordeal when you've got such a big organization I guess is to change your manual internationally. The advantage, I guess is of this course is that, you know, [Educator 1] led the way and integrated research from all around the world, that hasn't necessarily been put on the manual yet or included." (IEI E2)	Research team set up to assess if the courses' expected learning outcomes and clinical competency were met Advantage of this course vs. institute training is the flexibility to shape course content with current up to date research without having to wait for the manual to update
Refining Course Delivery	Involves highlighting participant feedback for future iterations of the training course to consider. Consideration of	"And we've also been heavily influenced in our design, by feedback from both students and the advisory group. Which has been great. So that's enabled us to adjust the course as we've gone along" (IEI P1)	For context, the course is already using feedback from students and the advisory group and making changes as they go.

Theme	Definition	Example	Interpretation
	these suggestions helps ensure that future iterations are more engaging, effective, and aligned with the training aims.	"I've been absolutely blown away and surprised by the difference in, sometimes between people's assignments their written things and what they're actually doing live, what they're actually doing in session, and it doesn't necessarily match in terms of quality. They might write a wonderful assignment, but in person they are not picking up what's going on with the other person. And then you can have someone just write some really, less academic assignment, but it's still spot on because when you see them in practice, you see that they actually are holding everything in mind and they know what they're doing. And they're really in tune with the client. They're actually doing really good work, but it won't be reflected in their written work. So they could get really good marks in their video, but not so good marks in their assignment. So, I think you know that would be something I would probably change about the training is to, have you know at the moment they submit a video and they submit an assignment but doesn't have to be about the same client." (IEI E2) "I think it would be really good to see the whole picture of somebody's work, yeah." (IEI E2) "At the moment we have a video of phase 3 to 7. So that's the processing phases, not the phase 1 and 2 which is the conceptualizing and preparation. I would like to see them doing their conceptualizing with their clients. I would like, a couple of people	Suggestion for change with course — to have video assignment and written assignment about the same client

Theme	Definition	Example	Interpretation
		actually submitted that as part of their videos. And that <u>really</u> gives you a lot better idea about whether they actually understand what they're writing in their assignments. And whether they're actually applying it properly to the specific client in a way that's therapeutic." (IEI E2) "Because they're not, because it's, they're not quite getting it, so I thought, you know, to actually watch them on a video doing it, then they would get some direct feedback about how to do this therapeutically. So I think actually demonstrating it and doing more videos on how to do a shared case conceptualization." (IEI E2)	Educator would like to see trainees conceptualization process / thought process Educator would like to see trainees conceptualizations with clients
Experiential Learning Environment	A learning environment which involves active participation, reflecting on experiences, and connecting theory to practice or real-world context. Experiential learning prepares trainees to apply their knowledge to their clinical practice.	"It didn't feel like I needed to put time away to complete this course. It was really inter wave/integrated with my work. And it just make the learning more <u>passionate</u>. Kind of <u>yes!</u> I'm using and especially for someone like me that I love to learn or I learn better, through doing. So I'm that kind of uh, you know, type of learner." (ITI P2) "Honestly going ah yeah tick tick read the research, that's interesting. It's kind of like it's an immersion thing, you know. So because you have to do it, so you get the experience of being both the client and the practitioner within the context of the classroom. Yeah, and seeing demos. You know, you get the experience of it, which so you're getting experiential learning, which I think is really essential." (ITI P6)	Highlights how the course connected in with their professional practice easily or without extra effort. The learning was experienced more passionately as it was so applicable to their work. Trainee also notes how learning by doing suits their learning style.

Theme	Definition	Example	Interpretation
		"there's one lens of you as a client and one lens as you as a, you know, a practitioner" (T FG1 P1)	Experiential learning with dual roles (client and practitioner)
Extraordinary Opportunity	Refers to the positive impact that this training course had upon trainees and encapsulates the idea that this training opportunity is highly valued.	"it truly has been amazing" (ITI P1) "I would say it absolutely exceeded my expectations" (ITI P1) "the first year was just personally, I find that experience was just tremendous, just really "I've been doing a lot of training and a lot of courses and papers over the 20 years and this has been by far, I've learned the most out of this training than I have any other training. It's been comprehensive, like incredibly comprehensive, incredibly. Really deep learning and fantastic learning. [educator 1] knows his stuff. It's a, a real opportunity and I'm really honored to be able to do it." (ITI P5) "it's fantastic. [educator 1]'s done an incredible job. I can't imagine how long it took to put this all together. You know the references are as long as the, you know, content is like. Really well put together. Really well thought out. Really well executed. You know, the communication that we have is fantastic. We can connect and ask questions anytime. It's easy to understand. It's straightforward." (ITI P5) "it's been incredible learning." (ITI P5) "really helped me working with my client"(ITI P1)	Fantastic learning environment, materials, structure and communication.

Theme	Definition	Example	Interpretation
		"I really hope this course can continue. I know it helped me a lot and yeah, so yeah, just benefit me so much the last two years." (ITI P1) "I enjoyed every bit of it. From online course, from group supervision, from even assignment. That was all very critical" (ITI P2) "Curriculum component is superb" (ITI P2) "I would say exceeded my pre course expectation. Absolutely wonderful." (ITI P2) "But I believe in general is a really good curriculum, is a really structured course. It's a very appropriate way to teach in therapy model, that really that really build clinicians confidence and safe using in this model or when they go back to their work or when they choose to continue using this model" (ITI P2) "I feel very grateful to the course because I feel very competent as an EMDR therapist…. And I feel really grateful for that" (ITI P3) "it's been overall a high, very high level of positive feedback about all the teaching and supervision and facilitation and you know it's been really, it was, [Name 4] was saying, it's you know, pretty mind-blowingly positive. You know, compared to the	

Theme	Definition	Example	Interpretation
		normal responses that they got at Otago trainings." (E FG P2) "I think the combination of [educator 2] and [educator 1] has been really good. You know they're very complementary." (ITI P6) "But I'm really aware because a lot of my colleagues and friends have done the other EMDR trainings. And I'm <u>really</u> aware I knew <u>so</u> much more, I <u>know</u> so much more than they did. Even those who've been practising longer. I know so much more than them. I'm so much more confident than they are and they, they were definitely getting stuck. Like some of them had actually stopped using it because they were like it's not working. And then it was conversations with me that got them restarted and like re-interested in doing it again. Yeah. So I definitely know, I feel really confident that my experience of this course has influenced, the practice and the confidence and the skill level compared to doing it the other way." (ITI P7) "I, you know, have a lot of friend's slash colleagues slash peers who have done the other type of training. And almost completely stopped practicing because the complexity with which they encountered, and the training they received were not quite a match, I think." (T FG2 P1)	

Theme	Definition	Example	Interpretation
		"And that's based on having watched other people who have done the other type of training get stuck and give up. That's mainly it I think, get stuck and then give up." (T FG2 P1) "I notice a very similar thing. I would be similar to [name 1] in that you have colleagues who have trained in different ways like there's, there's so many now, and they vary quite considerably at their level of support and the theoretical background that accompanies the kind of learnings." (T FG2 P2) "I think I share other people's sentiment, that we're just so grateful for the opportunity and the experience really like if I think about like you know you get this professional development kind of cost that you have to, well in my in my because I don't work for an organization I pay for it myself and if you think about like the value for money in this, is just <u>really</u> incredible." (ITI P7) "just feel really grateful." (ITI P7) "I actually really enjoy the academic environment and students. I'm impressed with everyone I met" (IEI P3)	Colleagues/peers who trained in other ways stopping practicing due to complexity of cases they encountered
Unexpected / unanticipated challenges		"I think we just didn't quite like [laughs] cognitively process how much time this was going to take…So like you're trying something new with a client, you know that means you have to look into it in more	Didn't expect to have to put so much time into it outside of academic environment — was the time preparing before seeing

Theme	Definition	Example	Interpretation
		detail before you start the session where you might kind of be able to kind of just do a short bit of prep before you see clients in your usual modality. With EMDR, like I really had to do some prep beforehand and know what I was doing and you're doing that like, it's part of the learning process, but I think in my head I just didn't quite realize how much time that would take to learn this new modality." (T FG2 P2)	clients/familiarizing oneself with new modality
		"I think I wasn't quite aware of what a toll it would take thinking about who am I going to have as a video? How am I going to get that organized in advance, and what if they don't attend that session? But I need it by this date, and if they DNA, who's my back up? And if they DNA, it like….if they DNA, how do I get this person in? But what if they say, like the mental gymnastics of how to get these assignments done was quite large….just the toll of thinking about all the parts of the course that needed to be done was a lot more than I expected. Because I just was like, oh, you rock up to some lectures and you learn in the block course and away you go. But it was way more than that." (T FG2 P2)	Mental effort required around managing the video assignment and client
		"I think the cognitive load to plan. That that was the big bit actually. Like how am I going to navigate this if my contingencies don't work out." (T FG2 P2)	Cognitive load associated with planning for video assignment was an unanticipated load
		"something that I wish I had known. When they use the term group supervision, it's not what we	

Theme	Definition	Example	Interpretation
		understand to be supervision [laughs]. It's not even nearly the same word. [laughs]" (T FG2 P1) "So I rocked up for the first one with like my questions [laughs]. And my readiness to be helpful to others as well [laughs]." (T FG2 P1) "And my, so I think I even announced at the start of it, like you know let me know like how I can be helpful to you when you present your case [laughs]….that's not what's happening [laughs]." (T FG2 P1) "You are totally right though, that group supervision is not supervision. It's like a group assignment. [laughs]" (T FG2 P2) "Yeah, it was like show up and show me what you know. And I was like, ohh, that's a <u>really</u> different question. So I don't know, I can't remember what I got. I just remember coming away super confused [laughs]. And [Educator 2] giving me feedback. And I'm like, this is so weird. Anyway, I got it now [laughs]." (T FG2 P1) "But that's misleading [laughs]. If you actually attend group supervisions, that's misleading [laughs]." (T FG2 P1)	Trainees going into group supervision sessions unaware that there was an assessment component Professional framework/background of clinical psychologists may have contributed to confusion around the purpose of the activity

Initial Subthemes Tables – Examples (not exhaustive of full tables)

Inclusive Space

Subtheme	Example	Interpretation
Empowering Trainees to Co-Create and Refine Learning Materials	"we've opened up the opportunity to make that part of the conversation" (E FG P2)	Trainees are invited to contribute to the course by sharing their case conceptualizations informed by their own cultural voice or experience.
Expand Cultural Diversity in the Teaching Team	"It's my belief that we should be enhancing opportunities for people who have, like, different backgrounds, different cultures, different experiences of the world that we should enhance their ability to get into positions like where [educator 1], [educator 2], [educator 3], in general are, and so if I could wish for anything it would be that there was a person or people who could sit in those roles with them….it would be great if either EMDR New Zealand or Otago could elevate somebody, support somebody so that they can move into those positions. I think that would be good." (ITI P7)	
	"I had recently had a conversation with somebody who's working at a Kaupapa Māori service and really working quite differently, because of that. And I think you know that maybe you know if there was anything further to add, I mean I thought it was really good everything that we've covered. But I think if there's anything further to add, it might be to hear from somebody who's using EMDR in a Kaupapa Māori kind of service because yeah, it can tend to look very different, and it might be really interesting to hear that." (T FG1 P2)	Weave in voice of somebody working in Kaupapa Maori space
	"we had a talk to the sort of Otago cultural advisors, that was quite easy. Yeah. And I've got a sort of a cultural adviser that I've sort of worked with already before I come into Otago. So it's easy because it's just an ongoing relationship. And but I would like to, about	Cultural support offered through Otago / past experience

	the diversity of the teaching team and you know and also consult some of the previous students I guess around their experience culturally from different, you know, different cultural perspectives of people coming through. And what lens they are putting on things, I guess." (IEI E2) "I do think that any cultural expertise should come from a member of that group themselves and not be through a person from a different background. Yeah. So, it's my view that there should be some investment in diverse groups. To be able to have them, be part of the teaching staff and yeah." (T FG2 P1) "it's going to be like a long-term investment to have like all the cultural groups represented in terms of EMDR therapists. And I agree that it's an important investment to be working towards." (T FG P2)	Increase diversity in teaching team Consult with trainees of different cultural backgrounds Increase diversity in teaching staff Increase diversity in teaching team / represent different cultural groups
The Right Trainee Attitude is Key	"I think that is a journey for us all. What matters I think we really highlighted and amplified the attitude. I think it starts with attitude. It's not know at all and I know how and everyone that comes my way I will know how. No, it's really attitude of learning from and I noticed that people were very open and interested in. And we did have also diverse population within the students. Which was also lovely. That also provided a bit of a on the spot, you know, to be culturally tuning and accommodating." (IEI P3)	Attitude of learning from is important Diversity in student population helped amplify cultural component
Online Delivery	"For the delivery of the course, I think it's quite helpful. It's it is really helpful that it's online because that's the only way you can have everyone from all over the country, from the top of the, you know, Northland to the bottom of the bluff. That's the only way you catch everyone, honestly, yeah, but otherwise there's no way the travel cost in New Zealand isn't cheap and it's not so, so compact of or you know or localized" (ITI P2) "And also I love the course that is doing online because people like me living in rural area and most of sort of our workshops or training courses is all set in urban. And so the timing	Inclusive decision to make the training course predominately an online delivered course.

	with this people start you know you get used to online platform after Covid. That was absolutely fabulous and advantage to people like us living in rural communities." (ITI P2) "Given the geography of this country has really made it much easier to deliver certain facets of the course." (IEI P1)	Inclusive learning environment
New Zealand is Culturally Advanced	"this is what I love about living here in New Zealand…because you don't ignore that, whereas in a lot of other cultures, certainly Western cultures, that's like, you know. Things like your trusting your instincts is like, you know that's, that's all, that's mumbo jumbo stuff. And so to be able to use that. To have those rich conversations that would tap into multiple cultures…is lovely" (ITI P4) "we start with Karakia, we end with the Karakia" (ITI P4) "and every time we started the course and or end the course, we start a lesson or we end the lesson [Educator 1] would always use the you know, karakia, yeah, to begin. And to open or to end. So that was just very culturally tied in and awareness driven that like now this is a part of our learning" (ITI P2)	New Zealand is accepting and embraces the attitude of including different cultural viewpoints. Tying in Karakia within the classroom, to be inclusive of Māori culture.
Increase Diversity in Cultural Topics Covered and within Trainee Population	"I mean, I never had difficulties delivering, facilitating EMDR with any population, except for this one population. But I didn't have any issues delivering it with Māori and Pacifica people. That was very fine, easy, straightforward. So it's not the population that I was struggling in. But there's just nothing really in the course about working culturally--there was like a brief piece I recall. Yeah, but it's like everybody taking the course was of the dominant culture [laughs]." (ITI P7) "Ah yeah, it was a constant struggle for me to implement EMDR with a particular cultural group and no one could answer this question for me about what was happening." (ITI P7)	Increase diversity of trainees in classroom Increase cultural material in course for working with specific populations Not enough diversity in course materials

Driven by Growth Derived from Scholarly Research and Real-World Practice

Table has been removed from the public version to protect participant confidentiality.

Educator and Trainee Background and Experience

Table has been removed from the public version to protect participant confidentiality.

Extraordinary Opportunity

Table has been removed from the public version to protect participant confidentiality.

Appendix N: Final Themes and Subthemes Table

Theme or subtheme; definition	**Quotes**	**Interpretation**
Theme 1: The Lens We Bring: Experience and Background Shaping Engagement with EMDR Training Definition: Refers to how Trainees' and Educators' unique professional or educational background interacts with their experience in the training course. Their diverse personal and professional histories influence and shape their engagement and interaction with course content.	"in the course, I often had to translate it. From psychodynamic into kind of a CBT type way of understanding it and then into EMDR. So I was doing like two levels of translating, which was really hard on my own. And so I actually reached out to some people who helped explain it to me from a CBT kind of perspective, and that made it a lot easier to understand because I was again like translating 2 levels of distance, rather than just one." (ITI P3) "having done the basic training. [educator 1] uses different words. So there's actually a sign over here that translates things because [educator 1] calls the four plateaus different names to what the EMDR Institute does. And so that can get confusing because my supervisor, often gets stuck on some of the words that [educator 1] uses, so I quite often have to try and translate them back to the EMDR Institute language…. So that's been a bit of a problem because I've had to kind of, try and get my head around things." (ITI P8) "for me I had to shift it from kind of cognitive behavioral to psychodynamic to EMDR, because I think the way, at least in the first course and it might not have been the same for the second. The first course, a lot of the language was quite psychodynamic. Like the threat to sense of self and the fight flight with something, or rather. Where in my head I had read an article which like just called them like defectiveness, like control safety and whatever the last one is. And that was way easier for me, because that mapped on to my model of way of understanding it. Where psychodynamically I was just like, those words don't make sense to me. And so I had to, like, convert it twice. That was what I noticed for me." (T FG2 P2)	Educators Challenge with one discipline background as course lecturer to understand the foundation of knowledge of trainee's coming in with different discipline backgrounds, and making assumptions about knowledge and experiences they may have/may not have had. Strong background of clinical experience was described as the most important factor, apart from the necessary academic skills and knowledge base which are also required to be involved in teaching position / development of course materials. Strong background in clinical skills provides the

	"something that I wish I had known. When they use the term group supervision, it's not what we understand to be supervision [laughs]. It's not even nearly the same word. [laughs]" (T FG2 P1) "So I rocked up for the first one with like my questions [laughs]. And my readiness to be helpful to others as well [laughs]." (T FG2 P1) "And my, so I think I even announced at the start of it, like you know let me know like how I can be helpful to you when you present your case [laughs]. Hilarious, because that's not what's happening [laughs]." (T FG2 P1) "You are totally right though, that group supervision is not supervision. It's like a group assignment. [laughs]" (T FG2 P2) "Yeah, it was like show up and show me what you know. And I was like, ohh, that's a <u>really</u> different question. So I don't know, I can't remember what I got. I just remember coming away super confused [laughs]. And [Educator 2] giving me feedback. And I'm like, this is so weird. Anyway, I got it now [laughs]." (T FG2 P1)"But that's misleading [laughs]. If you actually attend group supervisions, that's misleading [laughs]." (T FG2 P1) "it definitely felt very in line with how I like to learn and how I understand things, how I like to talk about things. It's a good fit." (ITI P7) "I suppose the thing is that we all have different brains. So the way that we absorb information, it's slightly different" (ITI P6) "Well, it can be good and bad…with clinical psychologists I think I really understand where they're coming from, if they're experienced and can kind of communicate easily, you know, in terms of the, and make good assumptions about what they know and what they think and how they think. But I find it more difficult with other disciplines, and sometimes assume things that they don't, you know. And sometimes expect them to have some experiences that they haven't had. And for me, I think the biggest challenge in this training is the fact that I'm working with all these different disciplines and I've got to figure out a way to understand a little bit more I think about their training and where they're coming from to understand what it is they actually need to move them on into the EMDR therapy	educator with the context to outline how EMDR therapy can be used effectively. These clinical skills are also imperative for the practicum experience to be able to support trainees through the experience. <u>Trainees</u> Terminology and how things are defined differed from what trainees may have expected based on their experience. For example, clinical psychologists became confused with term "group supervision" and were unaware it was an environment where they would be expected to show off what they know / it felt like an assignment, and they received feedback from educator. Some trainee's found that they had to translate

	training. So I think that is, yeah, there's some challenges and some things about having one discipline history, you know, in my professional work, yeah." (IEI E2) "I think as psychologists we do get like a lot of training in case conceptualization. I think that's largely what makes a psychologist kind of a psychologist. And so. Yes, agreed that you're then just adapting your case conceptualisation to the AIP model. So the shift is a smaller step compared to learning how to case conceptualize, and then how to do it in an EMDR way." (T FG2 P2) "So for an art therapist, it would be the art, yeah, the client and myself. And so with EMDR, I kind of feel it's the same, same type of way of approaching it and seeing it. So not having to keep on bringing in my bits and it's actually really easy [laughs] just to sit back and let the client do the work." (T FG1 P1) "One of the aspects of this course is that because trainees work on their own experiences, traumatic experiences within the block courses we have to make sure that we identify any trainees who might be struggling to offer them adequate support and that they are debriefed if required at the end of the block courses." (IEI P1) "For me, I think that the major differences would be that perspective understanding of about, you know, symptoms or a group of symptoms a client experienced. And I just recently in my mentality in my reflection of my work compare CBT, which was one of the major paper we had during my you know, sort of the postgraduate student, that kind of learning. And then the EMDR, of course, after I practiced over [many years], in fact, psychological work in the field. And I just look back at and reflecting on my own personal learning and the grasping of the modality of information from these two different courses, extremely different. Every time I sit in [educator 1]'s class, and taking in the information listening to the lecture. There's always a client in my head I can sort of reflect to or connect it to. Say uh-huh, uh-huh. And just a lot of light bulb moments. And that's so critical. And unfortunately for people like me, I learn from doing. I'm not those auditory or visual learner, I got to learn with hands on work. And so, with a sort of a, you know, experience	course materials and language from a more psychodynamic lens into a more CBT focus lens, and then into an EMDR framework. Translating materials twice was a challenge for some trainees who came into the course with a different lens than the course educators. For some trainee's this wasn't an issue, it appears to depend on the trainee's unique experience and background.

	worked in the field and coming to this course, it's just superb. It's right for me, for my learning type." (T FG1 P4)	
Subtheme 1.1: Trainee Experience with Personal Therapy Definition: Feedback shared by both trainees and educators/course facilitators that those who had prior experience with personal therapy were able to better navigate their practicum experience, knowing what material to bring into sessions and experiencing less distress in the process. Some trainees engage in therapy as a training requirement, whilst others may have pursued it voluntarily for personal growth.	"I was thinking that I forgot those trainees who come, who have had the experience of therapy, not just EMDR therapy prior to the training, do well. So, once again, there will be some of the professional groups who don't have to experience personal therapy, prior to coming to the training and yeah. They sometimes struggle, so it's multifactorial….the personal experience of therapy makes a big difference." (E FG P1) "Look again in my background… I have extensive psychotherapy training. But I also have extensive personal therapy. Is a part, and that was prerequisite and condition for someone to participate in their training….And one has to kind of think about that when people come to practicums. And they have to work on their own life, on their issues, in their life. And it's very clear, training is not their therapy for life or full stop, but it's still something genuine and they should choose something that they think that is appropriate. That there is advice that is given to them and I think [Educator 1] talked a lot about it and in each practicum, we will highlight that and it was in the student book. But people who didn't have experience of therapy before, or they had, but it was not the good one, and they exit prematurely and EMDR is a powerful approach to therapy. And maybe some people were surprised. How soon, how fast and how deep the issues have become. Even though they thought no, it's not going to. And we did have a few people who were really surprised by that. And then it's about to support them, talk through what they can do during the practicum, beyond the practicum, in their life. So that they know that there is a help out there." (IEI P3) "my personal professional wish will be, if people actually did have some therapy or more under their sleeve. But some did, but some I don't think so. I didn't ask and that was not my job to ask people. Have you had a personal therapy? You know? No. But I could tell." (IEI P3) "And that can be a challenge. If people start to have very strong feelings and they don't like that, that's noticed, they don't like that it happened. But in a hindsight, I think that's	<u>Educator</u> Feedback shared by the course educators and course facilitators highlights their belief that trainee experience with personal therapy prior to engaging in the practicum experience makes a difference in how the trainee is able to come prepared and have an optimal experience. However, trainee experience with personal therapy cannot be demanded upon trainees but it does seem to have an impact or strengthen psychological resiliency / safety within the practicum experience. <u>Trainee</u> Feedback from trainees strengthens this observation made by the educators. Two trainees,

	actually, paradoxically, good that it happened. That they were witness that they can be helped. That other guidance, what to do next and what's available is there." (IEI P3) "So, if I could suggest anything that will be, you know, more therapy to have before they come, or at least more experience with it. But can we demand it on people? I don't know." (IEI P3) "One I already shared, and that is really the well-being background of well-being of the students and their experience in therapy or not. But also, I will not like anyone to be deprived and prevented from learning EMDR in the course. But I just think that will add a little bit of safety overall for everybody involved." (IEI P3) "because I was already in psychotherapy at the time, so I could, I had planned with my psychotherapist, like how I-- was going to manage. Yeah, so it's not like, oh, I was just super talented with [laughs]." (T FG P1) "I had already been a client of EMDR, so I came into it with some understanding of what the process felt like as a client." (T FG1 P4) "I definitely found I needed more warning as to what EMDR might open up for me when I did the practice. Yeah, I didn't expect it and it opened up a lot more than what I was expecting. Yeah, and I didn't quite feel appropriately warned for that [laughs]." (anonymised) "But I don't regret it. I think it was good for me, I know that [laughs]. But it is feels a bit like it is it, yeah. I think they got the right balance for me. I don't know if that's for everybody, but I think I got the right balance for me in terms of keeping it safe while you are having a therapeutic experience. And also that you're in a room full of your colleagues, friends sometimes, crying [laughs]." (ITI P7)	one with experience with personal therapy and one without had two very different outcomes from the practicum exercise. The one with personal therapy history was able to come prepared with material to share with the acting "therapist" whilst in the "client" role during the practicum and was not left with issues processing. The other trainee did not expect to have such a strong reaction to the exercise, came in more curious to understand how EMDR therapy works from the client perspective, and experienced distress and needed to seek additional support.

	"I'm glad you're studying this, Alexa. [laughs] Because I think there's a lot more to this course than just learning EMDR, like you do actually have to, like it is an experiential course. And so, I think we need to attend to that element" (T FG P2) "now, whenever I hear anyone going off to do their EMDR training, I'm like, cool, let me tell you some things first, like pick a low level memory. Like when they say pick low level, actually do it [laughs]. Just put your toe in the water, don't do your like hardest, deepest stuff, because that might be more than one processing session and you're going to be left with it." (anonymised) "make sure you tell your like therapist, coworker person like have a code word or something, that's like I don't want to go there. And I think that needed to be better communicated of like, or I want to keep processing but I don't want to tell you what I'm doing. Like I want to experience this because I want to know what EMDR is like. But me talking about it in this bit, is not super safe for me and doesn't feel good. So I need to just give you a signal of like keep going, keep going. And I think that's hard when you're learning as a therapist. So it's like, it's this really delicate, difficult balance I think across the two of how do you make the client in that scenario feel safe and how do you make it a safe learning environment for the person who's learning to be a therapist? And I don't have the answer for that" (T FG P2)	
Theme 2: Why Otago? Discovering Shared Motivations and Expectations Definition: Course Educators and Trainees share overlapping motivations to engage with the	"the EMDR therapy trainings, which were previously available in New Zealand, didn't attend to the cultural mores of this country. And also, weren't sufficiently detailed to enable students to adequately treat the levels of complexity of patients attending for therapy, not just in the public sector but also in the private sector in this country. So, we wanted to set something up which was both specific for the New Zealand culture, but also of sufficient quality and intensity so that these students could feel confident treating complexity. And finally, we also wanted to introduce a competency framework which isn't available in the other training modalities for EMDR therapy in this country. So that, not just the students had an understanding of having attained a degree of competence, but also employers could say confidently, yes, this person has a degree of competence. So it would make the university training attractive to employers." (IEI P1)	Educators/Course Designers motivation was to create a course that is: 1. culturally relevant 2. go beyond basic training, and address the complexity of client cases often occurring

training program. Cultural responsiveness to Aotearoa, going beyond the scope of basic EMDR trainings, and appreciation for university-level competency were discussed by both groups in the interviews. Careful exploration of motivating factors are important points to consider if Otago's EMDR training program is to become embedded within NZ as a preferred pathway.		3. teach off a competency-based framework What is interesting, is that trainee motivations to do the EMDR training course through the University of Otago largely mapped on to the educators' motivations for creating the course. There was significant overlap between trainees' motivations to choose the University of Otago course to become competent practitioners of EMDR therapy and the educators' motivations to develop this course as an option for training in New Zealand.
Subtheme 2.1: Cultural Responsiveness in EMDR Training Definition: Educators applied a	"definition of culture. Because we apply, a broader definition of culture to the course. Which includes culture, not just an indigenous culture, but culture as it relates to gender identity, gender expression, religious expression. And so on, so that then becomes a centrally important component to the training. Especially not <u>just</u> for people who have been born in this country and whether they're Māori or Pakeha, but also refugees, new immigrants to this country, people who've been alienated from their cultural groups, in whatever way, religiously, socially, oppression of a wide variety of oppressions. So we	

broad definition of culture to the course, aimed to weave it throughout, and make it context-specific to NZ. At the same time, trainees expressed their appreciation for inclusion of cultural material and valued course design that creates space for reflection.	incorporate all of those facets of cultural training into what we teach because it's so relevant to trauma related disorders." (IEI P1) "It was really because the EMDR Institute training, wasn't really, there wasn't enough flexibility to update it with current research, and a broader perspective of research and Māori practice and didn't integrate enough into my, I suppose my experience and history of treatment. So, by being involved in this I've been able to work with [Educator 1] and bring in a lot more relevant research and integrate it with theoretical models that are already existing and yeah, put into the training things that are culturally relevant to New Zealand without sort of stepping outside the boundaries of the Institute…. It's been just a lot more flexible to make it fit for purpose really in Aotearoa in amongst the clinicians that I'm working with." (IEI P2) "I feel like we're missing something and that an indigenous perspective can really inform us on what's going on" (IEI E2) "it's made this course a New Zealand course, because we've been able to incorporate so many cultural perspectives that we've been really given. Yeah, it's been, we've been very humbled by the amount of support that we've had." (IEI P1) "I think it's so important that we work more on New Zealand ways, without compromising the evidence of how EMDR works." (E FG E3) "this is what I love about living here in New Zealand…because you don't ignore that, whereas in a lot of other cultures, certainly Western cultures, that's like, you know. Things like your trusting your instincts is like, you know that's, that's all, that's mumbo jumbo stuff. And so to be able to use that. To have those rich conversations that would tap into multiple cultures…is lovely" (ITI P4) "there was, you know, quite a lot of reflection for me through the teaching, you know, in terms of how to use that with my, you know, with my client who's Mauri or Pacific Islander. Yeah, and how to make this material very approachable and also very, um, kind	

	of, you know. Just make this material you know, kind of be in line with their cultural norms, with their social norms." (ITI P1) "I think that it is fit for purpose. I think that's the great thing about EMDR actually is that it can actually cross a lot more cultural barriers than standard talk therapy" (ITI P6)	
Subtheme 2.2: Moving Beyond Basic Training Subtheme 2.3: University-Led EMDR Training Definition: Educators were motivated to create a training programme that would teach clinicians the why and how behind EMDR therapy. They achieved this, with trainees reporting this to be a significant strength of this course compared to their perception of other ways to train in EMDR therapy.	"An expectation is that the students leaving this course have competence to apply EMDR therapy safely, respectfully, for clients across the age spectrum with a reasonable to high level of complexity." (IEI P1) "I think as well you know like with trauma we're helping, we're doing a lot of, well, for me, I see a lot of people with who are highly dissociative and I think you know as well, finding a way to work with that is super important with trauma. And again, EMDR has been really helpful in that respect." (T FG1 P2) "how I experienced this training, was for many years in mental health and addiction we didn't really talk about trauma. Now we do, and now that's all I do. We really, I really did need something more than talk therapy for that. And EMDR, I mean works and it I've just in 20 odd years or 20 plus years I just, you know have never had anything that works as well as it does. It is very client driven so it is really organically coming from the client and that's a heck of a lot better than anything I could bring to it." (T FG1 P2) "I came to the course because my recognition of something short in my work, not good enough to carry out a satisfactory treatment efficacy through my work. So I pretty much just see an opportunity to jump in, dive in, and loved it." (T FG1 P4) "I'm just slightly perfectionistic and really like to know what I'm doing and why I'm doing it. And the idea of coming out of a course and not quite feeling confident in it, didn't sit super well. So, I think I just really wanted to come out of a course feeling confident in what I was doing, and I felt like the university course being a year would give me that." (T FG2 P2)	EMDR really helpful for highly dissociative clients Seeing something lacking in their practice/wanting to learn EMDR to help clients better

	"I've trained with [Educator 1] over many years in different trainings and you know, know that he's incredibly knowledgeable, and passing up an opportunity like this would have been for me, foolish I think. Also, you know, just the depth and breadth of what was in the course. And yeah, and [Educator 1] obviously his knowledge. So yeah, I think we've just been incredibly lucky and really fortunate." (T FG1 P2) "By setting up a research team to assess that [laughs], and I can't ensure it it's the research team who tells me whether I've succeeded in that. To try and set it up to make sure that the outcomes have been met and that the students are competent. I tried to be as inclusive as possible, getting as much information into the lectures and block courses as I thought the students could digest, trying to make the competency framework as robust as I could. And hopefully I've done that, but the research of which you are a part, will demonstrate that." (IEI P1) "to be able to understand the adaptive information processing model and apply it to a therapeutic alliance that a person is speaking with. And to be able to provide the standard 8 phases of EMDR therapy. And to provide that in a way that's their standard type of EMDR therapy that is the most even space, with clients who sort of mild to moderately done well, rather than the more extremely complex clients. So that's the considered to be year 2 sort of work. And yeah, that's the main and to make sure that they're actually reasonably competent at doing it. And conceptualizing, so that they actually are treating the right things [laughs] and working collectively with the client and being culturally relevant." (IEI E2) "I really want us to be providing a training where we are ensuring competency by the end. You know we, that we can really see that these people when they're out there can do this in a safe and effective way. And rather than the Institute training where you teach people, but you don't really know what they're doing out there. It's quite a powerful therapy and so it's a bit scary. It's not like a talking therapy, where people can just keep themselves guarded and can be safe because we're doing this sort of processing thing, which really activates things inside people that that may not be ready for, it needs, we need to make sure that people actually are safe and competent in the way they practice it and they don't go off and	

	do what I call interpretive dance version of EMDR therapy so [laughs]. Some people you know, try to, instead of following all the routine steps, they just want to do their own version and merge it all in with it, what they're doing. And when they don't know how dangerous that is, they think it's fine to do that and you know so. Yeah, and also that it's not as effective. So they're not doing it properly if they're just sort of doing a half version of what EMDR therapy is, so I just, I really want us to have a really quality training in New Zealand and to make sure that people are actually doing it properly and for them to be, there to be follow up and checking with videos and things like that, to see what they're actually doing" (IEI E2) "There is a lot that we in a way watch during the practicums, and each practicum is created and rely upon the knowledge and skills people were given, or taught, demonstrated, videos shown. So that they have opportunity and chance to really step in and practice. And actually, that work to be a facilitator at the practicum is you look for a lot, the very first is whether people are wording things well and properly, whether they are understanding why they're saying what they're saying. You know what they do in the moments of that is when a troubleshooting is needed, when there is something that is not going according to plan. And how they resolve that, what support we can give this. And I think most of the people, they will be sort of competent in what they were doing. And some people were a bit behind. And that can be because of the hours they had the chance to practice or not." (IEI P3) "I know there'll be people who find it a little bit like, uncomfortable, like reading to a client for the start, for the practice, and then they will play with the words. You know, and then our role will be to encourage them not to do so, to be faithful to the protocols and to the model. There is the reasoning behind. So, it's really encouraging people to know themselves. Why they think they should know it now, but they're still learning, [laughs] you know, or making them OK, if they make mistakes. So, we are there to help them and support them. And they were also, is that the right word to say they're actually very exposed to us? You know, they have to do their work and we are there, kind of available to help, but also we are there to I will not say to assess. But you are there to be sure, that after those three days, they really know what they're doing. So I think we were, I think all	

	together as a team supportive. But we also kept them on the edge of growth. Like I think that has to be that that way somehow that people are not bored and it's not too easy." (IEI P3) "the main thing is skillfully and safely using this model, and I always recall or have this voice, [Educator 1]'s voice in my head that you know, you don't think that you can wave your fingers like monkeys, you know EMDR, you can do EMDR so that that is a really good warning. There's more, to just waving the hand and finger into it" (ITI P2) "And I do feel, I mean, obviously there's still a lot that I need to learn and a lot of practice that I need to go through for me to feel more, you know, competent. But I do feel pretty solid in terms of my theoretical foundation for EMDR therapy. And I think that really helps me in the in the way that when I introduce client, when I try to sell this really weird modality to my client I feel very confident within myself. I know what I'm talking about and I feel like that really helped my client to warm up to the idea and you know, help them to feel more heard. And yeah, more willing to give this a go." (T FG1 P3) "I agree the information overloading part is a lot, a lot to take in, especially during the you know the first few weeks, it just never stopped. And the reading, week after week. And it's not until I prepared for the viva exams, I was deeply appreciated about what the information that we have been given. And by the time I finished the viva and passed the course. I was super confident. I knew what I was doing. And what surprised me was that it's really go beyond what the, you know, sort of the ordinary weekend basic courses or trainings. Because after I passed the exam, the beginning of this year, I had quite a few recent trauma clients knock at the door, and I just keep going back to those menus. Keep going back to those, you know, lecture notes, and refer to them and I can walk into the room with the confidence that I know what I'm doing. I know I'm not doing any harm or out of my depth to my clients. So I terribly appreciate those in-depth information, even though obtaining and reading them comprehend them, it can be a challenge. But I feel forever indebted to [Educator 1]'s wisdom and knowledge passing down." (T FG1 P4)	

	"I, you know, have a lot of friend's slash colleagues slash peers who have done the other type of training. And almost completely stopped practicing because the complexity with which they encountered, and the training they received were not quite a match, I think." (T FG2 P1) "And that's based on having watched other people who have done the other type of training get stuck and give up. That's mainly it I think, get stuck and then give up." (T FG2 P1) "I notice a very similar thing. I would be similar to [name 1] in that you have colleagues who have trained in different ways like there's, there's so many now, and they vary quite considerably at their level of support and the theoretical background that accompanies the kind of learnings." (T FG2 P2) "I found it <u>really</u> hard at the beginning because it is a pressure cooker. Like it is like quite intense in terms of the amount you get taught how quickly. I found it <u>really</u> hard at the beginning and then kind of like was leaning on my colleagues quite a lot. And then really kind of like shot up quite significantly, beyond the colleagues that I had been learning from. And I think the difference was, that perspective shift was really important, but the difference was the theoretical understanding and the case conceptualization. So like, I actually knew how to conceptualize this case, how to formulate and target the memories that might be closely linked to the presenting problems. Rather than just going like, here's a list of target memories, let's just start. I could actually be like, OK, well, this memory relates to this in this way. And so actually if I want to have the most effect, I probably need to start here and then go here. Rather than my colleagues who are kind of like [laughs] meandering through a little bit more. And I think the difference being that because you have that theoretical background <u>and</u> the case conceptualisation, you know what you're doing and <u>why</u> you're doing it. And I think that's the <u>huge</u> benefit of this course is that I actually knew the <u>why</u>, not just <u>how</u>. And I think a lot of the other courses teach the how without the why." (T FG2 P2)	

Subtheme 3.3: University-Led EMDR Training Definition: Educators wanted to put training into a university setting so that clinician competency could be measured, and ensured upon trainee completion of the course. Trainees wanted to train in a university-based setting because of prior experiences, preference for structured academic training, and wanting to be competent by the end.	"the design has been driven by the desire both to teach EMDR therapy safely and effectively, but also to design a competency framework to assess students competence, which is unique, the competency framework is unique, and it's probably only the second or third course, EMDR therapy course worldwide, where students' competence has been assessed." (IEI P1) "the admin and the structure and the expectations of the university about people actually getting things finished and done. And you know, that's been really, really helpful because then you don't have to be the one with the big stick or anything to you know, you can just lecture and teach, and just the bit that I enjoy, so I'm not so keen on the admin [laughs] experience. And then in the block courses. Yeah, I've loved the actual face to face. I don't really enjoy the online lecturing so much, I find I don't feel like I can really connect with people as well. I don't feel like, it's a nice experience for me, the online lectures" (IEI E2) "And making sure that the students have adequate skills and within that developing a competency framework to assess the students competencies and then assessing competencies throughout the year through a variety of workplace based assessments." (IEI P1) "I was sick of and kind of didn't get much values from weekend. And then this sort of information came to my hand and I said to myself, that's the way for in-depth learning, for systematic learning and that's why I chose Otago." (T FG2 P4) "what's the word? Like the containment of a university felt, yeah, I felt like I was going to get so much <u>more</u> from a year's worth than a week's worth. I felt like that was an easy decision. And from a financial perspective as well, I was like, this is good value for money. In terms of my professional development." (T FG2 P1) "I'm just slightly perfectionistic and really like to know <u>what</u> I'm doing and <u>why</u> I'm doing it. And the idea of coming out of a course and not quite feeling confident in it, didn't sit super well. So, I think I just really wanted to come out of a course feeling confident in	Competency framework for EMDR training is relatively unique

	what I was doing, and I felt like the university course being a year would give me that." (T FG2 P2) "Same as above, but also for me I did two years training at Otago, so I did my postgraduate diploma in CBT at Otago. I now have, you know a great deal of respect for my training for my, you know, for my tutors there. So, I did it in 2020 and 2021. Yeah, it was, it was a very valuable experience for me. So, I'm yeah, that's another reason why I chose Otago." (T FG1 P3) "my reason for doing it through Otago was because of [Educator 1], and because he had such good reputation." (T FG1 P1)	
Theme 3: Extraordinary Learning Opportunity Definition: Refers to the positive impact that this training course had upon trainees and encapsulates the idea that this training opportunity is highly valued.	"it truly has been amazing" (ITI P1) "I would say it absolutely exceeded my expectations" (ITI P1) "the first year was just personally, I find that experience was just tremendous, just really I've been doing a lot of training and a lot of courses and papers over the 20 years and this has been by far, I've learned the most out of this training than I have any other training. It's been comprehensive, like incredibly comprehensive, incredibly. Really deep learning and fantastic learning. [educator 1] knows his stuff. It's a, a real opportunity and I'm really honored to be able to do it." (ITI P5) "it's fantastic. [educator 1]'s done an incredible job. I can't imagine how long it took to put this all together. You know the references are as long as the, you know, content is like. Really well put together. Really well thought out. Really well executed. You know, the communication that we have is fantastic. We can connect and ask questions anytime. It's easy to understand. It's straightforward." (ITI P5) "it's been incredible learning." (ITI P5) "really helped me working with my client"(ITI P1)	Trainees Feedback reflects that trainees describe their experience in the course as being fantastic, amazing, and exceeds their expectations. They feel gratitude for being able to learn from this course and enjoyed learning from and communicating with both of the course educators. When compared with peers who have trained in other ways, trainees reflect that their learning in this course went deeper, and they found they got less stuck when

	"I really hope this course can continue. I know it helped me a lot and yeah, so yeah, just benefit me so much the last two years." (ITI P1) "I enjoyed every bit of it. From online course, from group supervision, from even assignment. That was all very critical" (ITI P2) "Curriculum component is superb" (ITI P2) "I would say exceeded my pre course expectation. Absolutely wonderful." (ITI P2) "But I believe in general is a really good curriculum, is a really structured course. It's a very appropriate way to teach in therapy model, that really that really build clinicians confidence and safe using in this model or when they go back to their work or when they choose to continue using this model" (ITI P2) "I feel very grateful to the course because I feel very competent as an EMDR therapist…. And I feel really grateful for that" (ITI P3) "it's been overall a high, very high level of positive feedback about all the teaching and supervision and facilitation and you know it's been really, it was, [Name 4] was saying, it's you know, pretty mind-blowingly positive. You know, compared to the normal responses that they got at Otago trainings." (E FG P2) "I think the combination of [educator 2] and [educator 1] has been really good. You know they're very complementary." (ITI P6) "[educator 1] has been, he's so knowledgeable and he whenever you see him like you want to do more EMDR because he's so passionate about it. And he's always approachable, you can e-mail him, he gets back to you. He's lovely." (ITI P8)	using EMDR therapy in their clinical work. Educators They enjoyed the experience of teaching students, especially when interacting with trainees in person. Their impression is that there has been a lot of positive feedback from trainees about their experience in the course.

	"But I'm really aware because a lot of my colleagues and friends have done the other EMDR trainings. And I'm really aware I knew so much more, I know so much more than they did. Even those who've been practising longer. I know so much more than them. I'm so much more confident than they are and they, they were definitely getting stuck. Like some of them had actually stopped using it because they were like it's not working. And then it was conversations with me that got them restarted and like re-interested in doing it again. Yeah. So I definitely know, I feel really confident that my experience of this course has influenced, the practice and the confidence and the skill level compared to doing it the other way." (ITI P7) "I, you know, have a lot of friend's slash colleagues slash peers who have done the other type of training. And almost completely stopped practicing because the complexity with which they encountered, and the training they received were not quite a match, I think." (T FG2 P1) "And that's based on having watched other people who have done the other type of training get stuck and give up. That's mainly it I think, get stuck and then give up." (T FG2 P1) "I notice a very similar thing. I would be similar to [name 1] in that you have colleagues who have trained in different ways like there's, there's so many now, and they vary quite considerably at their level of support and the theoretical background that accompanies the kind of learnings." (T FG2 P2) "I think I share other people's sentiment, that we're just so grateful for the opportunity and the experience really like if I think about like you know you get this professional development kind of cost that you have to, well in my in my because I don't work for an organization I pay for it myself and if you think about like the value for money in this, is just really incredible." (ITI P7) "just feel really grateful." (ITI P7)	

	"I actually really enjoy the academic environment and students. I'm impressed with everyone I met" (IEI P3) "[the course administrator] has been absolutely fantastic. So not being able to obviously speak to the other, [educator 1] and [educator 2], she has been so responsive, just lovely emails, so I could not praise her enough. Absolutely is 100% is needed because she needs, somebody needs to be able to be responsible and answer to these questions and she's been fantastic. So I would give massive amount of praise to her and to obviously tell everybody else that help support and get people over the line." (ITI P4) "it's just been, really nice to be able to have, have [educator 2] and [educator 1] available" (ITI P4) "there was plenty of opportunity to ask questions" (ITI P1) "So having access to like [educator 1] to ask questions about these like specific cases. Having each other, I think probably helps as well, a little bit? Yeah, sometimes that's just nice to be like, are you doing this? How's that working for you? Yep, cool, same [laughs]. And then, yeah, so. Yeah, and I think the, yeah so I think those were the most helpful aspects." (ITI P7) "And I just approached [Educator 1] just kind of privately and I kind of asked him to recommend a supervisor for me, which I haven't connected to yet, but I just want to add that comment like, you know, he's really happy to, you know, kind of just thinking about what he knows about me and thinking about, you know, the skill set of the very experienced supervisor, accredited supervisor that he, he knows. And yeah, just I find that that knowledge is very, very valuable." (T FG1 P3) "But I must say our admin lady, she is superb. She was so patient and so helpful. Give us all possible instruction to ensure a successful uploading. So yeah, really grateful for that." (T FG1 P4)	

	"I've loved the actual face to face. I don't really enjoy the online lecturing so much, I find I don't feel like I can really connect with people as well. I don't feel like, it's a nice experience for me, the online lectures" (IEI E2)	
Subtheme 3.1: Experiential Learning Environment Definition: A learning environment which involves active participation, reflecting on experiences, and connecting theory to practice or real-world context. Experiential learning prepares trainees to apply their knowledge to their clinical practice.	"It didn't feel like I needed to put time away to complete this course. It was really inter wave/integrated with my work. And it just make the learning more passionate. Kind of yes! I'm using and especially for someone like me that I love to learn or I learn better, through doing. So I'm that kind of uh, you know, type of learner." (ITI P2) "Honestly going ah yeah tick tick read the research, that's interesting. It's kind of like it's an immersion thing, you know. So because you have to do it, so you get the experience of being both the client and the practitioner within the context of the classroom. Yeah, and seeing demos. You know, you get the experience of it, which so you're getting experiential learning, which I think is really essential." (ITI P6) "I'm glad you're studying this, Alexa. [laughs] Because I think there's a lot more to this course than just learning EMDR, like you do actually have to, like it is an experiential course." (T FG P2) "now whenever I hear anyone going off to do their EMDR training, I'm like, cool, let me tell you some things first, like pick a low level memory. Like when they say pick low level, actually do it [laughs]. Just put your toe in the water, don't do your like hardest, deepest stuff, because that might be more than one processing session and you're going to be left with it." (anonymised) "make sure you tell your like therapist, coworker person like have a code word or something, that's like I don't want to go there. And I think that needed to be better communicated of like, or I want to keep processing but I don't want to tell you what I'm doing. Like I want to experience this because I want to know what EMDR is like. But me talking about it in this bit, is not super safe for me and doesn't feel good. So I need to just give you a signal of like keep going, keep going. And I think that's hard when you're learning as a therapist. So it's like, it's this really delicate, difficult balance I think across	Trainee Trainee's feedback reflects how the course integrates within their work environment. Learning may be experienced more passionately when it's being connected to their client base. Experiential learning in this course involves dipping into both the roles of the therapist and the client within the practicum learning experience. Trainees reflect that this type of experiential learning with dual roles needs more attending to in order to better support psychological safety during practicums.

	the two of how do you make the client in that scenario feel safe and how do you make it a safe learning environment for the person who's learning to be a therapist? And I don't have the answer for that, but it is actually probably more complex…" (T FG P2) "but I often felt activated. I don't think I'm the only one either. Makes me wonder when you say what you said, but I often felt activated even during the lectures. Because so much of it is... well, and maybe it's just the way my mind worked or maybe your mind worked in the same way, I was like how would that apply to me? [laughs] So there's constant like dipping in and then, so I often found myself quite activated as well during the lectures. But now that you've said that, I'm wondering was that actually, what was a little bit what was happening? Was like it getting linked with the course a bit?" (T FG P1) "One of the aspects of this course is that because trainees work on their own experiences, traumatic experiences within the block courses we have to make sure that we identify any trainees who might be struggling to offer them adequate support and that they are debriefed if required at the end of the block courses." (IEI P1) "So as the course supervisors, lecturers, facilitators our job then is to help them work with that anxiety from the beginning of the block course. Helping advise them about what might be a suitable target if they ask us. Making it very clear that our role is to be present, to be supportive, and to help them, because it's a training setting it's not a therapy setting." (E FG P1) "Our task is to have a low ratio of students to facilitators. So that we can keep an eye on all the students at all times." (E FG P1) "And if students begin to get overwhelmed or do get overwhelmed, then our task is to support, help bring them back to Earth. And advise about where to go for the rest of the practicum. And how to manage fears and anxieties which have emerged." (E FG P1) "Within the block courses, the support has been individualized and I've made a point of making sure that I talked to each of the trainees during the block courses, for 5-10 minutes	Supporting psychological safety — Feeling activated during lectures

	as they're doing the work to make sure that I've gone around all the trainees, to offer support." (IEI P1) "So as the course supervisors, lecturers, facilitators our job then is to help them work with that anxiety from the beginning of the block course. Helping advise them about what might be a suitable target if they ask us. Making it very clear that our role is to be present, to be supportive, and to help them, because it's a training setting it's not a therapy setting." (E FG P1) "Look, this is where the in a way, the application of the knowledge happens and it's important for them and it's important for us and I think it's a lot is happening and I agree with you. You know I'm also the focus is so big you know you have to be available." (E FG P3) "Like for them to be in the role of therapist and the client, and for those to happen well, you know, lecturer does need facilitators or assistants, you know for that part because everyone will need to feel, I think, supported and have their questions answered." (IEI P3) "There is a lot that we in a way watch during the practicums, and each practicum is created and rely upon the knowledge and skills people were given, or taught, demonstrated, videos shown. So that they have opportunity and chance to really step in and practice. And actually, that work to be a facilitator at the practicum is you look for a lot, the very first is whether people are wording things well and properly, whether they are understanding why they're saying what they're saying. You know what they do in the moments of that is when a troubleshooting is needed, when there is something that is not going according to plan. And how they resolve that, what support we can give this. And I think most of the people, they will be sort of competent in what they were doing. And some people were a bit behind. And that can be because of the hours they had the chance to practice or not." (IEI P3) "I know there'll be people who find it a little bit like, uncomfortable, like reading to a client for the start, for the practice, and then they will play with the words. You know, and	

	then our role will be to encourage them not to do so, to be faithful to the protocols and to the model. There is the reasoning behind. So, it's really encouraging people to know themselves. Why they think they should know it now, but they're still learning, [laughs] you know, or making them OK, if they make mistakes. So, we are there to help them and support them. And they were also, is that the right word to say they're actually very exposed to us? You know, they have to do their work and we are there, kind of available to help, but also we are there to I will not say to assess. But you are there to be sure, that after those three days, they really know what they're doing. So I think we were, I think all together as a team supportive. But we also kept them on the edge of growth. Like I think that has to be that that way somehow that people are not bored and it's not too easy." (IEI P3) "human alike than not. And you know things like that. Yeah. And there is, I think one day someone who really was so activated and had just couldn't participate. And at that point, I was asked by the director of training to spend some time with this person, so that support it actually merit more support than just talk, this is what you can do beyond and I think we had a private place. A good time and resolution and outcome was good. So that person can come next day, be there, participate, and also go home in a very good state." (IEI P3) "There has also been feedback of people having difficulties, some a few people in their workplaces where they've been sort of barred from being able to do EMDR by sort of red tape in their organization. Not wanting, sometimes people aren't clinical psychologists and clinical psychologists are telling them they can't do EMDR unless they're clinical psychologists, stuff like that…. And how do we preempt to knowing that these are going to be issues before they start? Because it means that people can't actually see clients at work." (E FG P2) "sometimes, really the workplace is the place that holds people back and they get sort of disheartened or not appreciated." (E FG P3)	

Subtheme 3.2: Transformational Learning Experience Definition: Significant perspective shift in how trainees approached their clinical work, understood trauma and its treatment, and was impactful for their clients. Perspective shift was noticed even when not explicitly or intending to use EMDR therapy specifically.	"and I just had such a shift, so I kind of went from using, you know, like CBT. So a person training CBT. So went from working from CBT kind of structure. To working with, I'd say 90% of my client using EMDR conceptualization, and some of them EMDR reprocessing" (ITI P1) "it really it is really shaped the way I work with my client. I suppose you know, like really is the two parts, the conceptualization part and treatment part. Yeah. So now I'm kind of, I'm thinking about, you know, presenting issue like kind of moving away from. The diagnosis, diagnosis kind of like type of thinking. More like try to understand their trauma and you know, sometimes perhaps not really distracted by things secondary to trauma." (ITI P1) "quite an important shift in me" (ITI P1) "I think the other thing for me is the way to conceptualize trauma. Because I think, you know, EMDR therapy argues that unless there's organic cause, you know, the any pathology is related to the processing. And initially, I feel like that was a huge claim. But the more I learn EMDR therapy, I feel like they're so kind of like a learning curve happening, kind of, I feel like, you know, I kind of finally, to finally start to understand this, this new type of therapy, a little bit. And just the way it conceptualized, trauma makes so much sense to me. And also when I, you know, tell client story back to them using EMDR case conceptualization and it make so much sense to my client. And a lot of them just really, yeah. Just really resonate with it and, you know if, they, I get quite a lot of really positive feedback like they feel like, yeah, like they just feel like this makes so much sense and also very, what's the word? Quite empowering for a lot of clients, like listening to their story in in a quite trauma informed way." (ITI P1) "it really, like, reshaped my thinking, about working with client, yeah. So it's really, it's not just, you know, just doing, you know, waving fingers and just, you know, doing some trauma memories. I think you know now I think about client symptoms, in a very different way, like basically now I almost 100% think about my client presentation from this	

	spiritual Māori informed way, even though I know I'm not going to use EM use the you know the EMDR processing with the client, I still think about it that way, yeah." (ITI P1) "it actually takes quite a bit of mind shift." (ITI P6) "it's been, pretty mind shifting, you know it's. Yeah, it's been really, I suppose what I mean by that is like I've had to, I've had to think about things differently. So that's been both challenging. But quite exciting. You know, it's like a sort of a, you know, in terms of a course that can actually allow you to perceive things in a whole different way. That to me seems quite an exceptional thing." (ITI P6) "I feel like I'm weirdly, even when I don't use the EMDR, I've actually started incorporating the history taking component of it because it's, it's somehow elicits a different kind of response. It gets people kind of connecting things very quickly, so even if, like with some people I've really only done the history taking and the calm, safe place thing. And I've had a client that just found that was really effective. And at the moment they don't wanna do anything else around that, like ok fine, but yeah I just find it a really good tool. So I feel like more and more I'm actually kind of transitioning into a kind of more of a, yeah EMDR sort of mindset. So, yeah, I feel it'll be kind of how I move into the future really." (ITI P6) "And I think I think about things conceptually quite differently than I used to now as well. So I think it added in something that I think I've talked about this before, but something I felt like was missing from my practice before was like the somatic experience, I could get people to intellectually understand something was true, but they'd be like, yeah, but it doesn't <u>feel</u> true. And now I can make it <u>feel</u> true for someone, which has really just rounded out that last little piece for me." (ITI P7) "for me it's really my interest in working with client who has a trauma background. And I think the more I learned doing therapy from EMDR perspective, the more emphasis I put on trauma. So I kind of conceptualize a lot of things from a very trauma informed perspective. And I think that <u>really</u>, really helped my work." (T FG1 P3)	

	"I think this course is a lot stronger on developing the conceptualization. And the importance of having a really clear conceptualization and treatment plan. And I think there's a lot of engagement on discussing that and getting their heads around that and debating it and comparing it to their other formulation models, they have and lots of different people from different disciplines. There was quite a lot of discussion engagement in trying to get the head around that so, yeah." (IEI E2) "It's a big, I remember when I trained and whoa, you know, it's like you have to set aside your own view and previous models. To take a new one, but then you can't help yourself constantly comparing and trying to integrate it into what you've already got. And so it's a process that takes years to kind of bring them all together. Yeah." (IEI E2) "I did find that my perspective shifted thinking about memory, thinking about ways that the body holds like the somatic experiences of memory. Which I maybe would have picked up on in the past but not knowing what to do with? Yeah, I guess it's a slight shift because it's before your, when I'm thinking about how things happen for people when they were young and they would talk about that and then we'd talk about the links, but guess when they do that work, it's a bit more like, well, who knows where that will go. But they will make those connections in the way that makes sense for them. Instead of providing the scaffolding of like well this is probably how things have worked for you since then." (T FG2 P1) "I did notice it. My supervisee noticed it as well [laughs], in terms of the things I was following up about. Which was interesting. Yeah, I think you just start to think quite differently in terms of how early memories might shape a person in quite a holistic way, rather than that being an event that happened and now they've learnt something. You kind of think about how early events may have a holistic impact on how a trajectory of a life goes forward." (T FG2 P2) "And I also think from client perspective I think they also, I think it's quite a, you know, like you, you can do quite a lot of validation when working with client with trauma	

	background and I think that level of you know feeling being heard and being understood a lot of the time for the first time, I think can be quite a profound experience for them." (T FG1 P3)	
Theme 4: Participant-Led Suggestions to Refine Delivery Definition: Involves highlighting participant feedback for future iterations of the training course to consider. Consideration of these suggestions helps ensure that future iterations are more engaging, effective, and aligned with the training aims.	See Appendix P for full breakdown of participant-led feedback.	
Subtheme 4.1: Enhance Inclusivity Definition: Trainees call for greater diversity in instructors, cultural content, student	"I'm hoping that we're beginning to create an environment where EMDR therapy is woven in and cultural components are embedded into every aspect of what we do in the course. And that people feel comfortable with that. And I'm also hoping at the same time that we don't ever get there. That we will continue to be challenged on a regular basis for as long as we work in this area because we can't expect to get it right. And that's how it should be." (E FG P1)	

cohort, and investment into Indigenous knowledge.	“But, you know, being culturally sensitive and competent in New Zealand, we know that's really also layered and complex. And I like when you said, you hope you will be challenged, or as you go. It really matters how we adjust. It's not once forever. I think maybe attitude is important once forever. But what we do with it, I think it's so important that it's alive and it's changing.” (E FG P3) “it’s creating a platform that is, it's open and accessible for people to be able to talk about that means if you're weaving it all the way through as a cultural factor as a component of everything” (E FG P2) “One of the things about this course is that the students coming to the course will already have been taught cultural, how to practice in a culturally competent way. That's a given, as part of all mental health professionals' regulatory abilities, they ensure that that happens. So, we're enhancing that within the course.” (IEI P1) “I think it's so important that we work more on New Zealand ways, without compromising the evidence of how EMDR works.” (E FG E3) “I mean, I never had difficulties delivering, facilitating EMDR with any population, except for this one population. But I didn't have any issues delivering it with Māori and Pacifica people. That was very fine, easy, straightforward. So it's not the population that I was struggling in. But there's just nothing really in the course about working culturally--there was like a brief piece I recall. Yeah, but it's like everybody taking the course was of the dominant culture [laughs].” (ITI P7) “I had recently had a conversation with somebody who's working at a Kaupapa Māori service and really working quite differently, because of that. And I think you know that maybe you know if there was anything further to add, I mean I thought it was really good everything that we've covered. But I think if there's anything further to add, it might be to hear from somebody who's using EMDR in a Kaupapa Māori kind of service because yeah, it can tend to look very different, and it might be really interesting to hear that.” (T FG1 P2)	

	"It's my belief that we should be enhancing opportunities for people who have, like, different backgrounds, different cultures, different experiences of the world that we should enhance their ability to get into positions like where [educator 1], [educator 2], [educator 3], in general are, and so if I could wish for anything it would be that there was a person or people who could sit in those roles with them. And it doesn't look like there is someone I don't know. [laughs] They weren't there, but it would be great if either EMDR New Zealand or Otago could elevate somebody, support somebody so that they can move into those positions. I think that would be good." (ITI P7) "I do think that any cultural expertise should come from a member of that group themselves and not be through a person from a different background. Yeah. So, it's my view that there should be some investment in diverse groups. To be able to have them, be part of the teaching staff and yeah." (T FG2 P1) "I mean, I never had difficulties delivering, facilitating EMDR with any population, except for this one population. But I didn't have any issues delivering it with Māori and Pacifica people. That was very fine, easy, straightforward. So it's not the population that I was struggling in. But there's just nothing really in the course about working culturally--there was like a brief piece I recall. Yeah, but it's like everybody taking the course was of the dominant culture [laughs]." (ITI P7) "Ah yeah, it was a constant struggle for me to implement EMDR with a particular cultural group and no one could answer this question for me about what was happening." (ITI P7) "it's going to be like a long-term investment to have like all the cultural groups represented in terms of EMDR therapists. And I agree that it's an important investment to be working towards." (T FG P2) "my experience of culture being taught in one session, was probably a little bit different to what I might have expected in terms of it being weaved throughout. And I went to [case consultant/EMDR supervisor]'s EMDR child training and I think it was a beautiful	

	example of how you might weave like Te Ao Māori and Pacifica concepts into EMDR and with EMDR, rather than like adjuncts and I think that's probably like a growth area for the course. And I understand like it's, it's the first time it's being run, so they're trying to work out how to teach EMDR and do the cultural part. And I think there is a like, it's a continual growth to navigate the space between culture and clinical and that's probably still growing." (T FG P2) "I feel like we're missing something and that an Indigenous perspective can really inform us on what's going on" (IEI E2) "But actually and an indigenous perspective brings in a really important part of EMDR therapy which is about the connections…. thinking about things like Māori and being the glue, you know and whanaungatanga the sort of connection, the sort of, and korero is all about making connections and you know and so whanaunga is all about making connections. So it's thinking about all these things that are part of a Māori concept of wellness are all about the connections. And you think that's exactly what's happening during EMDR therapy and allowing a process of connections being made. Links and associations being made and that leads to healing, you know? So it's not about well, we've got to put this thing in here and this thing in here it's about we need to connect the two. And for me that seems to be what happens during EMDR therapy. That's the magic of it. That can't be explained by sort of Western kind of component type, OK, measuring all the components, you know it's like whoa, this magic happens when people's brains, just when this default mode network in their brain just starts to free associately link everything together. And it's in the state of being the state of rest and you know. It's not ohh we're trying to get stuff done and achieve and problem solve. It's when we're in that state where our brain runs freely. And so I find, you know that I would love to see that develop in New Zealand where these dialogue happens around us, you know" (IEI E2) "You know, when I was trained in the beginning in EMDR, all people that I worked with were from different countries, different religions, different continents, different this and that. And I actually realized that EMDR is equally useful and important, because that's how human brain is wired and is working. But one needed to involve interpreters, needed to	

	involve the cultural advisers, and that's particularly important if people have a particular spiritual beliefs and representing the inner world in a way that could sound strange, maybe to you and I but it's not strange to them." (IEI P3)	
Subtheme 4.2: Build Additional Student Support Definition: Trainees identified areas where the course could further enhance support for its students. These included elements of safety and connection with peers, and offering access to supplementary supervision resources.	"I'm glad you're studying this, Alexa. [laughs] Because I think there's a lot more to this course than just learning EMDR, like you do actually have to, like it is an experiential course." (T FG P2) "whenever I hear anyone going off to do their EMDR training, I'm like, cool, let me tell you some things first, like pick a low level memory. Like when they say pick low level, actually do it [laughs]. Just put your toe in the water, don't do your like hardest, deepest stuff, because that might be more than one processing session…" (anonymiseed) "it might go different places. If you don't want to go there, make sure you tell your like therapist, coworker person like have a code word or something, that's like I don't want to go there. And I think that needed to be better communicated of like, or I want to keep processing but I don't want to tell you what I'm doing. Like I want to experience this because I want to know what EMDR is like. But me talking about it in this bit, is not super safe for me and doesn't feel good. So I need to just give you a signal of like keep going, keep going. And I think that's hard when you're learning as a therapist. So it's like, it's this really delicate, difficult balance I think across the two of how do you make the client in that scenario feel safe and how do you make it a safe learning environment for the person who's learning to be a therapist? And I don't have the answer for that, but it is actually probably more complex..." (T FG P2) "it's experiential learning with dual roles. Which is the hard bit" (T FG P2) "rapport building has to be sort of managed. It's not just going to happen naturally." (IEI E2) "they haven't met in person, and so then they turn up to the block course at lunchtime and then launch straight into doing practicum with people they've never met in person before.	

	So in the second block, and so people are sort of shy and closed off and on defense mode. And so it's not a great sort of way to start therapy. And so in the second block course I sort of did [laughs] teenage groundbreaker type things for a while and got them all up moving and walking around…. so because the first one we had was sort of a bad experience with two guys that really didn't want to be together. And we had to end up getting [Educator 1] to do the treatment with one person and somebody else to do it with another because it was a bit of a clash. But if they would have, they would have sidled away from each other if we'd had something sort of crowd breakery, getting to know each other a bit. So I think especially the first block course. You know, obviously I did it in the second and it was a bit late, but it was just to test it out. And yeah, it really went down well." (E FG P2) "One of the things I found from block one was that it starts at midday…. it's just like cold straight into it, and I don't think that worked. And so in the block course 2 I did a bit more, sort of a few crowd breaker type exercises and things to get them to get their defense systems down a bit. Because they're doing really intense work and they're also having to face their fears of being seen doing therapy with other people and people going around and watching them and giving them feedback, it's quite scary. When you've spent many years working in an office by yourself, doing therapy and the only person that's there is the client. And then suddenly you've got two or three case consultants scrutinizing you. It's quite, it's quite intimidating. Plus you've got the therapist who's another therapist also, you know, feels like scrutinizing. So, I felt that was something that needs attention to make sure that people feel comfortable, to have that much self-disclosure or that much being exposed, you know, as a therapist." (IEI E2) "I think that would be really helpful. I think that, you know, we have an opportunity, I guess with EMDR being at this stage in New Zealand. And I guess what we do here, you know, really does set the scene going forward and it would be good, I think, to have those connections or as many opportunities as we can for those connections. You know the networking support whatever that looks like, whatever people kind of need from that. But I think, yeah, it would be, I think really helpful to have that." (T FG1 P2)	

	"I think there was quite a lot of encouragement to join EMDR New Zealand, just throughout both years." (T FG1 P3) "So, I think it's not the course itself, but it's like how to bridge and connect these students with the wider EMDR community. So, couple of my suggestions and answers will be like do become member of EMDR New Zealand Association. Do come to the conference, introduce yourselves, you know. Yeah, that was a kind of a bit of what now? And for sure I was asked by many to be their supervisor and for sure I couldn't say yes [laughs] because of all my other work. But that encouragement to trust beyond the safety of the university, you know, wonderful trainers they had. You know and the collegiality between themselves, I think it's, they're absolutely up to competence and speed and knowledge that they can, in my view, competently, you know venture out and be part of the EMDR professional group." (IEI P3) "And then so they kind of say to her that, you know you guys can form a peer supervision on the coast. So, I think that there is value in that, not just through sort of social platforms that connection and that human needs of our connectedness. But also, personal development, personal professional development perspective, as well as network." (T FG1 P4) "I just reach out to my classmates in our group e-mail and say that hey, this is my client situation. Of course I had the consent from the client, that's all basic covered. And I just reached out and a few people responded and they're very happy to, to pick it up. So that's the value I see, not just the personal professional development, but that professional network like [name 2] said. For a lot of private practitioners, we all work in isolated in our work environment that silo. And we lost the beauty of as an employee covered by an organization, you have a lot of sort of communities and other services and network of resources. So this become quite valuable." (T FG1 P4) "I think the lectures need to be like more condensed, like less wordy, more like what are the key concepts? How do we use break out rooms to then like test this out, make sure we're understanding it. There was a lot of just, being like lectured at and it then became	

	really hard to put your learning into practice because you were having to do that without kind of scaffolding. So I'd probably prefer more opportunities to kind of practice or to talk about and discuss with peers. And I think that would result in you feeling more connected to your peers as well because you've met them at breakout rooms?“ (ITI P3) “I sort of thought it would be quite it would have been good if they had suggested that we all do a meal or some kind of, you know, we're all in Wellington. A lot of people have come from away. Maybe there would have been a better chance to connect because I felt very much after the first block, that and we had the lecture and then we got into our peers that we stayed with, you know, to work through the examples. So I got to know one person really well, but I felt like I didn't really even know half the other people.” (ITI P6) “So outside of the class, so we, I think it's, you know, kind of leaving to you know your own preference. So you know some of us probably you know would be more inclined to contact each other. So I certainly have, you know, networked a little bit. Who was my classmates [laughs] and yeah. And we cause a lot of us work in this kind of trauma. Yeah, like client that has quite severe trauma symptomology” (ITI P1) “that is sort of each individual's responsibility, how much you want to connect with your peers” (ITI P2) “And we had a group emails and then people were just sort of using that and to sort of post questions or respond questions or do things because I guess we are all grown-ups.” (ITI P2) “So people find their own ways to connect with peers.” (ITI P2) “It felt like, I mean, we're all adults, right? We can do this stuff, but sometimes you go on trainings and they like, force all the stuff onto you and you like, roll your eyes where they do all these like warm ups and get to know you’s. And I'm glad we didn't do that because I would have been like, ah, this is eating into valuable time, I could be learning about something. So I'm glad we didn't do that. But maybe, I don't know. Like the first block	

	course last year, someone was like, shall we go out for dinner? So someone arranged it, so maybe it could have been like. You know, do you guys want to go out for dinner as a group or? We're very much left to it on our own and we are all adults and we can do that, but I guess I've had, I'm thinking of my internship where it was quite heavily focused on this is your group you need to connect, you need to rely on each other, so it's just quite different." (ITI P8) "I think I can definitely see the benefit of doing, you know, like having a bit of a group during the training and also maybe post training. I probably I'd say probably like, maybe like a chat group like you know, like what's the apps name? Like a chat group. Like, you know, people can just like people who wants to, you know, probably be able to have that forum can, yeah add themself into the group. But I would say, I personally, I would think that's something that probably better initiated from the student. I would feel a bit weird if the tutors say to us [laughs]…. I think there's something that, you know, definitely people can just initiate themselves." (T FG1 P3) "I just feel like, it shouldn't come from them." (T FG1 P3) "There's definitely values in it, and I really agree with the sense sort of how the channel formed, probably more connected when it comes from the students themselves." (T FG1 P4) "it takes, you know, one of the students, it's not Otago admins, the course admins job. And neither the lecturer's job, because we are mature students doing this course. And so, it'll probably be whoever share their values and just feel confident to feel comfortable, feel free to get the permission from the admin lady, you know about to sending this over you e-mail the lady and then she can distribute to other because some students do value their privacy in a much more distinct level. And so yeah, we had that kind of discussion came out in one of the sort of the group emails." (T FG1 P4)	

	"I went to that dinner. Yeah, it was very nice. I went to, I went to that dinner. And I think, you know, this is something that I think, there's always going to be someone from the group who's happy to, you know, do this initiative." (T FG1 P3) "I mean that's a nice thing to do. And I think it's, uh, you know, kind of build some bit more cohesive connection, which is probably really nice." (T FG1 P2) "But I did notice the people who went to dinner that night came back the next day in the first block course, they connected much nicer, quicker than people who didn't. Yeah. So definitely there's a value in that social connection" (T FG1 P4) "a bit more practice with your peers I think would be great" (ITI P6) "the other thing I thought would be helpful was if we, kind of spent more time together. Like it's, it's kind of weird because I did my psych internship and it was this really big thing where we had to break into small groups and we had to meet regularly. And so we really got to know each other. Whereas I think with this course we do the lectures and then we go to the block courses. But sometimes on block courses, the one we just had last week whenever it was. You didn't even really talk to some people because you were just working with a partner pretty much the whole time. So it's like I emailed someone and I was like, I didn't even see you last week. So it just I think it would be really cool to kind of build the, like, collegial support, networky thing." (ITI P8) "I feel like there was actually like really limited opportunity or to connect in with your learning mates and that actually I found really hard because I felt very isolated because no one I knew was doing the course. And so I really felt very alone when I was confused." (ITI P3) "I also noticed that you connect in kind of with some people when you talk at the trainings and that kind of stuff, but, I think it might have been nice to facilitate peer discussion [laughs] in some way. Like hey, like, let's group you up in these ways and if you want to connect in more, go for it. And if you don't, don't. But I didn't know anyone else in the	

	course, so I didn't have anyone to be like, how are you doing this? What? What are you doing? And that was quite hard because it's the first time the course has been run." (T FG2 P2) "set it up where…just group a group of people like 5 people together and just, or at least put it out there as at the very beginning, especially when we met for that first block to say hey, we're going to put you in groups. For you to kind of, you know, had the opportunity to meet if you want to, or you could sign up. I think, I feel like that would have been really helpful." (ITI P4) "Is to try and set up some, you know, a lot of us didn't really, and none of us knew each other. And so when we had our group meets, you know, even just to try and establish some kind of, uh, and it might sound a bit kind of artificial, but even starting some kind of groups, small working groups that would meet, or could be online throughout as an option. And also, I felt like uh, just having a bit more, more time doing when we were in our group sessions." (T FG1 P1) "I think it is important. Because everybody kind of works quite differently and with some therapists they were working kind of on their own." (T FG1 P1) "by the time we got to the second course, like, I felt quite confident in what I was doing. But I think, my impression was that some other people weren't feeling as confident, and I kind of wish that we'd had those kinds of points of communication earlier. And because it was in our second kind of gathering that I think people started to kind of connect a lot more and I feel that that kind of connection could have been earlier for, for us all." (T FG1 P1) "Some other people were doing it, though, but in cause in psychology it's really normal to have peer supervision. So I was part of, I've been a part of a peer supervision group, two different ones since we started. But there were only psychologists in those. I think that's because that, I think that's because it made sense to us, like this is how we would normally try to figure out something we were all learning together. We would get together and we	

	would do the same thing like we present cases, we ask questions, we check. [laughs)" (ITI P7) "I guess one thing I really wish because I podcast [Educator 1]'s lectures while I'm doing my long commutes and things like that. I find them so useful and we're all going to lose them, and access to everything at the end of this year. And it's not, I know other people who have experienced the same thing, in that every time you listen with your new level of experience, you get something new from what is being said. So I think we're all quite sad we're going to lose access to all of that. So, yeah, because it's just, I don't think there's really any way to take the three hours in, in one go at all. I just don't think that's humanly possible from what I know about the brain." (T FG2 P1) "Like cause you start with lectures which are online and I think you just jump in and you're just being taught [laughs]. And I think, that Whanaungatanga was missing, of that coming together in some way. And I'm not talking about, like, big social gatherings, but I just think about when I was at uni there were things like even just like whiteboard where you could write up your questions to your colleagues and like, not colleagues, to fellow students. You could be like, hey, I'm struggling with the assignment, does anyone know how to submit this? And that was kind of a running kind of message board. I don't know if that still happens, this was a while ago that I was at uni. But it didn't happen in this course. And so when I was really struggling with submitting, like my video and stuff, like you can e-mail people but a reply all e-mail feels a lot. It feels kind of intense, so I would have really liked something like that to be like, hey, does anyone have advice on how to do this? How have people cropped their videos? What did you use? Like and I think that is what felt really lonely. And because there wasn't a place to kind of reach out, that wasn't a reply all e-mail." (T FG2 P2) "I think the course should have more supervision, like we get these 10 hours but they are and they're group supervision, which is great, but you sort of do them twice and that's it. Whereas I think more sequential. Like you know, we start and then we need to sort of start into it and then we've got to do this log. So we've already, you know, 40 hours in with only 5, you know, hours of supervision to me, it feels not enough." (ITI P6)	

	"We incorporated 10 hours of group supervision into the training as part of the overall price, to make sure that at the end of each year, trainees had optimal possibility of embedding the skills and knowledge that we taught within the price range that they could afford." (E FG P1) "We do the supervision groups in a timely fashion after the block courses so that the students feel as supported as possible…. We know from experience of training EMDR therapy in a private setting, not a university setting that people drop out if they aren't adequately supported after the workshops, and it's the support afterwards which makes the difference." (E FG P1) "I personally the group supervision, felt more like it's not how I understood supervision, like in my world's supervision you go with your question. And you present your cases. To uh, you know, because you're looking for some specific, thing that you're trying to figure out. But I felt like in the group supervision it was actually, it's more like your chance to show what you know. [laughs]" (ITI P7) "So is that supervision? I don't know. That's not how I would understand it. So I think I went into the first one a bit confused. About like, what are we doing here [laughs]? But then I was like, OK, well, this is what we're doing. We're like proving what we know, fine. So then I, yeah so that altered like what cases I took and why. I personally was not that worried. I was still going to ask the question that I had, even if it made me look bad. [laughs] You know, like go, but so but I never felt penalized for not knowing something." (ITI P7) "I guess peer supervision seems like a, you know, one way that might be helpful. I mean definitely in my experience peer supervision sounds like a good idea and it's always a lot harder to maintain consistency of people coming to it. But yeah, that might be, that's one idea." (T FG1 P2)	

	"I think, if there are supervisors who are needing accredited hours in order to do their supervision, whether that's something that can, kind of there's a way to connect in. Because as we start, as the numbers start to increase then we have [laughs] I don't know, like a pyramid system, but you know that kind of connection. It helps them get their hours, but it's also helps us as new fledgling, you know, practitioners to kind of talk through some of the things that can come up. But I just, I appreciate that that involves quite a bit of organizing and, yeah." (T FG1 P1) "for me, it's really the matter of funding, cause I can't really afford having an EMDR supervisor because of my other work. So yeah, so I haven't been able to have one EMDR supervisor. Just since the start of my training. So yes, so what I think what was quite helpful for me was the peer supervision. So during the first year, I'm not too sure if this [inaudible] mentioned this year, but during the first year there was there was an encouragement for us to utilize the peer supervision facilitated by psychologist [name]. So, she runs a monthly peer supervision which was great, but it's only for kids and adolescents. Yeah, so every now and then, I probably just join that peer supervision. Yeah, which was very helpful." (T FG1 P3) "You know if there is a sort of Otago University paid someone. Kind of just casual supervisor and do the drop-in session. It's kind of you can pay them. You can contract them for two hours and student or 1 1/2 hours and students can just pop in." (T FG1 P4) "If they can allocate one supervision or two supervision before Block 2 or before Block 1, you know that kind of, or first semester before break and then second semester after break, if they can have that. And I think that that will be really really appreciated. Because the supervision if, I remember right, correct me if I'm wrong. Whoever is doing the, you know the Special Topic 1 this year. The supervision that Otago or [Educator 1] provided or [Educator 2] provided is more of following along the line of our assignment case presentation. And, but that's only just one client that we worked with, there was a log of we need to have 80 hours. And so those 80 hours now and maybe not everybody has the opportunity to switch their supervisors to EMDR focused supervisor for this courses, per person or what we are learning about training with this course. So, I just found you know,	

	something like that may be quite helpful to students and something like that, that is definitely, the university can support students in a much more practical, realistic way." (T FG1 P4) "I have a similar experience of feelings as [name 1] mentioned. That you know, you have a very intense few weeks bam, bam, bam, bam, bam and then all of a sudden everything stopped. And I can imagine the intention was OK, prepare for the video you know, sort of assessment and prepare for the viva and all those sort of kind of assignment preparation. But if instead of absolutely nothing, then to your exams and hand in your video, it probably that would be the second part because people, students is more sort of absorbed, grasped and doing the therapy itself, so maybe supervision drop in supervisions or peer supervision. They can be scheduled at the end of that kind of, you know, the course designed, that would be really helpful." (T FG1 P4) "I guess maybe having a list of available supervisors who maybe, like a list who we could have used? From, I guess their own connections because we were sort of left to like find one, and then sometimes you contact them and they aren't taking any new supervisees on. Or they maybe like they weren't aligned with what we had been trained in. So I think having a list that was one aligned and two willing and available would be good." (T FG2 P1) "Maybe having like cultural supervisor specific specialties as well would be nice." (T FG2 P1) "maybe like a nice link up between people who might supervise and accessing the course too, so they were like alongside in some way." (T FG2 P1) "think supervision is great, but I think EMDR NZ needs to be a bit more flexible about what supervision looks like, if they want to actually get accredited trainers trained up any time soon. Because they're creating like significant barriers" (T FG2 P2)	

	"I just really agree. I feel [laughs], I joke about the word ponzi scheme in terms of like needing to follow this particular pathway, which means that there's a small group of people, regardless of whether they're the right fit for you. Other people you have to go through in order to get accredited." (T FG2 P1)	
Subtheme 4.3: Preparing the Training Environment Definition: Feedback centred on improving course structure, delivery, organization to help better prepare trainees to engage with the learning experience.	"I definitely found I needed more warning as to what EMDR might open up for me when I did the practice. Yeah, I didn't expect it and it opened up a lot more than what I was expecting. Yeah, and I didn't quite feel appropriately warned for that [laughs]. " (anonymised) "But I don't regret it. I think it was good for me, I know that [laughs]. But it is feels a bit like it is it, yeah. I think they got the right balance for me. I don't know if that's for everybody, but I think I got the right balance for me in terms of keeping it safe while you are having a therapeutic experience. And also that you're in a room full of your colleagues, friends sometimes, crying [laughs]." (ITI P7) "my only challenge around it was, there was a lot of people in one room. We had two rooms and I just kind of felt like we actually needed a third space so that people could you know, kind of move around and or have conversations that you know that weren't. You weren't listening in or intruding on other people's space." (T FG1 P1) "what you said there was that you know that there wasn't really enough space. And so sometimes if you can have more room so that conversations are easier to be had maybe. I think that's probably really good." (T FG1 P2) "But the first year we were that was just, you know, sort of a conference room in a hotel. And it's a really restrained environment and we had about 30plus students. So you're looking at somewhere like 16 to 20 kind of a pairs. And it's really struggle with the proximity [laughs]. How far is the right distance to have a safe space? A safe space is not about what they worry about people to hear, but you can concentrate on your work with your you know your practice client or you practice clinician. So the proximity, the space was mainly my concern at the time." (T FG1 P4)	

	"The sound traveled differently. You know how, it was lovely, the special topic 1 we were, it's in the center of Wellington. We were in a big space clean, you know all fine, but I think in that that big space when people practice even they're very everyone was just behave. It was lovely people on time behaving diligent, doing their work. But the sound traveling. I think at times was a bit noisy. And, you know that that was like, if I struggle with something, or maybe that's my age and hearing, I hear well. But it's just like really being on that buzz that was a bit like I will have to come a bit closer to people to talk. Occasionally I will say look, sorry I have to come a bit closer that I can hear you and you can hear me." (IEI P3) "I just think we needed more frequent breaks and more diversity in the type of like adult learning style. Like a mixture of exercises and peer work and videos and just yeah, a bit more stuff." (T FG2 P1) "There was a lot of talking. Like literally we sat and listened for three hours, which is quite a lot like there was very limited kind of participation, even quite limited breaks like in a three hour lecture." (ITI P3) "I would have liked to have seen was some... sort of like simplified down like so you could see the train of thought and kind of the learning objectives a little bit more clearer in the slides" (ITI P3) "I would echo the need for more breaks" (T FG2 P2) "I think there does just need to be a little bit more frequent breaks and for longer so that we can actually absorb the knowledge that's coming at us…. for us, this is all new and you can only take so much in. As much as we might all be super keen to like, absorb every bit of it, there's only so much you can take in." (T FG2 P2) "Like kind of, I think there needed to be a clearer template of what was actually needed within the case conceptualization and what bits needed to be hit to make it good. Because	

	[Educator 1]'s case conceptualization, it had lots of good bits in it, but I think he's just doing it based off experience of like this is what a good case conceptualization is. And I mean, I supervise interns a lot and they even like, as an intern psychologist, you need a lot more structure of what a good paragraph in a report looks like. And how to structure your formulation and what goes first and how you tie it back. And I think that needs to be built upon. If he wants to keep case conceptualization as part of it, and I think that is like a wildly important part of the EMDR training. It needs more structure around how to actually do it." (T FG2 P2) "the feedback was really positive, but it's like he didn't say how I could have done better. And so that was a little challenging because it's like, you're saying all these great things, but there's obviously room for improvement." (ITI P8) "I think the marking schedules making them more for me. I've made them more specific. So that it's clear how to actually get 9 out of 9. So that there's a more of a this, this, this, this, this so that next year I'll communicate that, you know. But I've been working on kind of making that more specific." (IEI E2) "but they're quite often embedded in our lecture notes. So you kind of have to pull them out like it would be really cool if there was one folder that had all the scripts that we needed, all nicely organised cause it's a bit of a collection. I think that's probably something that [educator 1] would like to do, but doesn't have the time. But that's that, like a lot of time is spent getting the things, putting them into a document, printing them out. So that's probably been my main, negative." (ITI P8) "There's a couple of like, we're on the pilot program and there's been a couple of things that I'm hoping they tweak as the years go on. Like just little stuff like spelling mistakes and just stuff like consistency in documents with fonts and sizes and layouts and we get a lot of the scripts." (ITI P8)	

	"So it's just being a pilot program, sorting out the tweaks. It's just, it's just that stuff cause it would be so cool if you could just go online and then all the documents were there and you could just print them out." (ITI P8) "This one here is really helpful. You should look at that one, that kind of thing. And then there's kind of like extra for experts or something." (ITI P8) "the people working in public services are challenged by the fact that most of their clients are extremely complex." (IEI E2) "Whereas people in private work can actually choose to take into their client load some less severe clients that they can practice at an easier level. Which is very beneficial, like for somebody to, when they're beginning to not have to deal with the complexity. And just learn the process is an extremely useful thing that, you know, something that we need to think about a little bit about. How we could make that happen for people if they can't get it, in their DHB situation." (IEI E2) "I think there were a lot of barriers with like, the DHB systems are not great, right? They're old [laughs] like they're not up to date technology wise. And they're also like super secure so that they can't get like, so that, yeah, people's information is kept private, but the lack of editing software combined with needing to upload in a certain way it, it honestly was a nightmare [laughs]. And I was communicating with my IT at work and then with it at Otago as well as the course administrator and then [Educator 1]. And then a different IT person at my work. So I was communicating with five people to try and get this uploaded, during work because it has to be during work because I have to talk to IT at work. And I had a full case load, so it was. The videos, in particular it was an awful process [laughs], if I'm completely honest." (T FG P2) "I think, working in a DHB, it was actually like not the easiest to navigate this. The systems we work on don't have any editing software. Any video editing and so like, my ability to upload, like I spent, I counted how many hours I spent trying to upload these	

	videos and the back and forth to IT and it was about 15 to 20 hours. It was a nightmare [laughs].” (T FG P2) “but the plus side for people in public services is that they have funding, so they will come, they'll be actually paid an income at the same time as being often paid to come to the course and pay for accommodation and pay for, whereas people in private practice they're having to, they're having to give up income while they're there. Or whether at the lectures plus paying for, you know everything. So, you know, there's these challenges, for them too, yeah.” (IEI E2) “Rural versus urban, rural settings they're more likely to have some easier clients.” (IEI E2) “I think the consent processes in general do need tightening up around the consent process, even for like clients knowing when we're bringing that to supervision in this setting and who's there and what that means. And when we're writing assignments on their case, I think there needed to be clearer guidance around the consent process on that and that that assignment is being uploaded, yes deidentified. But I think like, I think there could be some tightening so that clients are really aware of where their information is going and how it's being used. And my experience is that like clients are normally like, yeah, great use it for your training if it's deidentified, that's fine. And I think we have an obligation to be really transparent with the people that we work with.” (T FG P2) “I think there need to be better systems in place to, yeah around the consent and video processes.” (T FG P2) “I thought the consent process was fine. I think there's, you know, an expectation on us as practitioners that we will also, you know be very mindful around consent and how we discuss that. I mean, so yeah, I mean I've done lots of different videos for different papers that I've done, and they've all been pretty much the same. So, I think it was totally fine from my perspective.” (T FG1 P2)	

	"no concerns and no problem. I never, I didn't have any client who once I explained to them what to expect and you know they can pull out at any time, and they were great with the video recording. Yeah. So, no problem." (T FG1 P3) "I'm quite surprised at how lovely people wanting to help clinicians or their clinicians, and I never had the trouble with that. But I always stress that I am a student, you know, and I use the consent form that [Educator 1] draft up for the course and I just pretty much kept most of the information there and use the Otago University logo. And one thing I've, I guess that also promote my success was for obtaining consent would be that I told them, it's only your voice will be recorded, not your person, not your face. The lecturer only wanted to see me there, examining me, they're assessing me, my skill and people just go with it." (T FG1 P4) "The only nervy moments that most of students in my ears experience is uploading the video, you know, to Otago" (T FG1 P4) "Some people have struggled with the IT side of it because you know, they were a bit older and might not have had the experience with that. But probably not much more than I would've [laughs]." (IEI E2) "especially I think that people who have worked in private practice for a while, you know, and don't have access to sort of good IT. I don't really need much to do private practice in terms of IT, just processing really." (IEI E2) "the technical part of loading the assignment you have to load, and that was nerve breaking because you have material ready but whether the material could get safely get to the end of assessor, that probably the most challenging." (ITI P2) "So I guess, you know, technology, especially if the students is kind of coming to my generations that is not suitable, grow up with the tablets in our hands or phones in our hands, there is a quite challenging and I'm sure for the generation that you know the XYZ	

	or whatever they call them now, that there's never an issue, everything is under their fingertips. [laughs]" (ITI P2) "something around the kind of the video stuff. Like having, I found that quite difficult to do because I don't have equipment that's going to be good enough with the sound. So that I found that side of things a bit tricky and I'm not using Apple products or anything like that." (T FG1 P1) "Having Moodle actually working when we started the course, we didn't get Moodle for about a month after we started. And I don't think that… was good enough" (ITI P4) "I think you know many of us don't live in Wellington. And it is quite a quite a big travel, and because we most of us are self, self fund. So yes also the cost so. Yeah, I don't know. Like whether, you know, there could be any consideration, you know, perhaps making it maybe one block week. You know instead of two and just kind of maybe, you know, do it a bit later. Ohh, maybe not a bit later, but yeah, so like you know, so that people can have the experience of, you know doing the practice on each other without you know, needing travelling to Wellington twice with the cost and you know." (ITI P1) "I do have one feedback I've already mentioned this to you, and it may just be me. So this may not be a good idea for other people [laughs], but I'm just going to mention it anyways. So like I said, I think funding is a problem for myself and for probably some of us and to you know, the need to travel to Wellington twice. And you know the accommodation, the flight. Yeah, it is a little bit much. So I think I mentioned this to you. So I was wondering if it's possible to just basically combine the two block works into one." (T FG1 P3) "But I think the EMDR accreditation process doesn't acknowledge that there's actually <u>many</u> ways you can become trained now. And it doesn't acknowledge the level of training that differs across different courses. It's just kind of like, did you do the basic training and then do this on top of it once you finish the basic training? It's like the accreditation recommendations are out of date. And really need to be updated. I don't think it's a <u>course</u>	

	problem necessarily, though I do think the course needs to map up with the accreditation process. Those need to be aligned, and currently they don't feel like they are." (T FG2 P2) "it'd be good to be able to at least have it acknowledged and that's the bit"(ITI P4) "what I have found a bit, a bit frustrating. This isn't the course. This is more about EMDR NZ. But they're not affiliated, or they're not connected to other European or the UK" (ITI P4) "But it's whether what I'm doing is going to be recognized in the UK for me to do my second year. You know, that was disappointing not having that, not feeling a little bit secure about that. It just seems to be... but I've obviously talked to [Educator 1] about that, and I think he's as frustrated as I am." (T FG1 P1) "I would just like to say if [Educator 1] ever thinks of doing a master's and, you know, making a master's pathway available that would be fantastic. But he probably doesn't after this [laughs]." (T FG1 P2)	
Theme 5: Building a Platform for Research-Embedded, Culturally and Contextually Grounded Training Definition: As one of the few university-led EMDR training programs available internationally, this	"So, we wanted to set something up which was both specific for the New Zealand culture, but also of sufficient quality and intensity so that these students could feel confident treating complexity." (IEI P1) "Institute trainers so, that's the standardized training, and that's most popular in the world because it comes from Francine Shapiro, the originator. And it's based on her research and is based on research every time they change the manual. It just takes them a long time before they put research in, yeah? Because it's a big ordeal when you've got such a big organization I guess is to change your manual internationally. The advantage, I guess is of this course is that, you know, [Educator 1] led the way and integrated research from all around the world, that hasn't necessarily been put on the manual yet or included." (IEI E2) "the design of the first year of the course and second year is highly influenced by research findings which are as much as possible up to date, including research published in this	

course establishes a strong foundation for the expansion of similar university-led initiatives. Research opportunities in EMDR training have already begun and will continue to grow as EMDR training becomes further integrated into university settings.	year. So, over the two years of the course having been taught now, we've redesigned certain facets of the course as new research becomes available, so that's been really important." (IEI P1) "The biggest, persistent challenge has been bureaucracy. Battling through bureaucratic or jumping over, battling through bureaucratic hoops, jumping over bureaucratic hurdles. Has been the biggest headache of the whole course. Getting funding, yeah, just bureaucratic stuff which having developed other initiatives over the last 40 years, I'm used to, but if I hadn't. If I hadn't have been used to it, I would have struggled. So that's been the biggest, but it always is when you're doing something like this, when it's new, other people haven't done it before and you're creating something new. The support from the administrator, our senior administrator, who knew the bureaucratic processes of the university, has been invaluable. She's set up systems which have enabled, really supported us getting it over the line. [name 1] has just been amazing and her continual support and also [name 2], when absolutely necessary, he's come in and waved the flag for this course, which has at times got us over the line when it's been touch and go. So, it's been touch and go on multiple occasions in the last couple of years and hopefully now it's embedded." (IEI P1) "it's the bureaucracy. Setting up a new program is always hard work." (IEI P1) "I think because it's the first time the course has run, like you can't iron all the things out before you know what you're ironing" (T FG P2) "I'm glad you're studying this, Alexa. [laughs] Because I think there's a lot more to this course than just learning EMDR, like you do actually have to, like it is an experiential course." (T FG2 P2) "By setting up a research team to assess that [laughs], and I can't ensure it it's the research team who tells me whether I've succeeded in that. To try and set it up to make sure that the outcomes have been met and that the students are competent. I tried to be as inclusive as possible, getting as much information into the lectures and block courses as I thought the students could digest, trying to make the competency framework as robust as I could. And	

	hopefully I've done that, but the research of which you are a part, will demonstrate that." (IEI P1) "my involvement in the course design is probably 95%. It's my design." (IEI P1) "And we've also been heavily influenced in our design, by feedback from both students and the advisory group." (IEI P1) "My hope with regards to the course is that it becomes embedded over time as a regular part of EMDR therapy training in New Zealand and that in time it becomes the first choice of EMDR therapy training for students wishing to attend EMDR therapy training in this country." (IEI P1) "what we're now building into the course is regular reviews of the literature. So that the lecturers meet to discuss new findings in the literature, adjusting the teaching of the course dependent, you know, as new findings become available and also adjusting the teaching from feedback that we get from the students and from the advisory group." (IEI P1) "we're probably going to adapt the second year of the course slightly to shift some of the focus away from specific interventions for diagnostic categories and incorporate more, focus on techniques which can be utilized for those diagnostic categories rather than teaching the diagnostic categories and then the techniques, just shifting it around it's a relatively minor change, but in terms of the paradigm of EMDR therapy an important change." (IEI P1) "Because this is the Santos conceptualization tool where you write a letter of what happened. But they're putting all this graphic detail, and so you're going to completely traumatize the client again by having all this information sent back to them that they've since had feedback to them, so I just don't think it's good. So I mean, that's what I've said in their assignments, I hope you're not sending this, I hope you're just doing this to get your head around it, and then you'll just say something that's actually therapeutic for the client. So you know, so I'm not happy with that being a model for how we train people	

	basically because of what they can do, what they do with it, not because of what it is, but that the things that they develop into aren't safe." (IEI E2) "So I see this really as a foundation is done, great." (E FG P3) "You know. And I hope that other universities will. Particularly when the research comes out and evidence comes out and the bulk of the basic work has been done by [Educator 1] and you." (E FG P3) "And then the way that we set it up is crucial to enabling a sense of collective growth. And, um because you know, it's just providing a yeah, a launching pad for all these things. Like more trainers, like more research, like connecting to other you know, other universities and things. And not being sort of held back by sort of, uh, sort of rules that aren't actually relevant to us." (E FG P2) "One of the feedbacks that we've always had is that could you make the block courses longer please? Could we have more time to practice this? Could we have more time to practice that? And that's something that we can look at." (IEI P1) "Well, we're really working on case conceptualization tools. So I sort of developed my own case conceptualization tool. Which I also included in the training as an option that they could try and it's kind of one that I've developed that makes the most sense to me, but it's coming from, it's my history, you know? So it makes sense to me because it integrates the present day sort of cognitive behavioral cycle. Being caused by, being caused by unprocessed memories. So, I would like to you know. So some people have used that as part of their assignments. Instead of this, the Santos case conceptualization tool. I'm hopeful that we can bring in different case conceptualization tools as options." (IEI E2) "hopefully there'll be some sort of Indigenous case conceptualisation tool that would develop through Māori practitioners working. I'm hopeful that's going to emerge and we can bring that in, you know, but like, the idea of that area I think is an area that we could	

	do some work on in New Zealand. We don't have to be stuck with different case conceptualisation tools from overseas." (IEI E2) "And I mean the other thing is, around expectations about wanting to change the image of EMDR therapy. You know to help people to see that it's evidence based and it's evidence based in progress. You know that, all psychological therapists are going to go with evidence based because they're not drugs and so we don't have the funding. What I see, we don't have the funding available that would be available for drug testing through drug companies. So it's always been like that and I you know, it's important I think to have this as part of university, to enable this kind of research that you're doing to happen." (IEI E2) "we've developed assessment tools, which are called workplace based assessments, covering written assignments to ensure that our students have the capacity to develop a written case conceptualization which is shared collaboratively with their clients incorporating the EMDR therapy framework of the adaptive information processing model, which defines the paradigm in which forms the basis of EMDR therapy. So, the written assignments focus on the history taking and the case conceptualization, which is shared with the patients. The video assignments assess the student's capacity to apply the structured EMDR therapy intervention. And the case based discussions are, so the video assignments are an assessment of the clinical skills to apply the therapy. The case based discussions are an assessment of the students clinical reasoning about why they chose specific adverse life events to target, why they didn't choose other life events, how they assessed a client's capacity to regulate affect or not regulate affect as they assess the client's capacity to dissociate or not dissociate and other clinical, other aspects of the clinical presentation, which are vital to know about. And then the viva at the end of the year assesses the students' knowledge base. So, the three areas of student's competency, which is the knowledge, skills and attributes are assessed using the four different assessment tools. And of course, we calibrate, the lecturers who do the marking calibrate are marking with each other to make sure that we're giving fair markings, and that one lecturer doesn't mark higher or lower than another lecturer." (IEI P1)	

	“I've really enjoyed this journey of getting this this course up and running. And that it would just be, I think we'll just keep on with the maintenance and keeping up with looking at ways to improve, sort of, where we can. And so that's I think where some of your responses from your research will be really, really useful for us as well. (CA) “It was really because the EMDR Institute training, wasn't really, there wasn't enough flexibility to update it with current research, and a broader perspective of research and Māori practice and didn't integrate enough into my, I suppose my experience and history of treatment. So, by being involved in this I've been able to work with [Educator 1] and bring in a lot more relevant research and integrate it with theoretical models that are already existing and yeah, put into the training things that are culturally relevant to New Zealand without sort of stepping outside the boundaries of the Institute, which meant you’re sort of not doing a standard Institute training, which means you're sort of can't be saying it's an Institute training, you know, so it just was a lot more. It's been just a lot more flexible to make it fit for purpose really in Aotearoa in amongst the clinicians that I'm working with.” (IEI P2)	

Appendix O: Ethics Statement

This research was approved by the Massey University Human Ethics Committee.

My Applications					
Template Category	Primary Investiga…	Application ID	Application Title	Workflow State	Status
Human Ethics	Alexa Volkova	4000029200	Evaluating a nov…	Complete (Low R…	Approved

Appendix P: Theme 4—Participant-Led Suggestions Table

Theme 4 Table

Summary of Participant-Suggested Improvements to Course Delivery, with Theme and Participant References

Participant-suggested improvement	Theme location	Participant(s)
Weave cultural components more consistently throughout course	4.1	T FG2, ITI P7
Include voices of EMDR practitioners working in Kaupapa Māori settings	4.1	T FG1 P2
Invest in culturally diverse teaching staff	4.1	ITI P7, T FG2 P1
Ensure cultural content is delivered by people from the cultural groups being discussed	4.1	T FG2 P1
Establish code words during practicum pairings to allow trainees to continue processing without revealing explicit details	3.1, 4.1	T FG2 P2
Proactively manage rapport-building before practicum through group bonding and icebreakers	1.1, 4.2, 3.1	E FG P2, IEI E2
Facilitate stronger connection to the broader EMDR community	4.2	T FG1 P2, T FG1 P3
Support optional student-led initiatives for social connection, such as dinners during block courses	4.2	T FG1 P4, T FG1 P3, T FG1 P2, T FG2 P1, ITI P6, T FG1 P1, T FG1 P2, T FG1 P4
Provide more opportunities for peer discussion and skill practice	4.2	ITI P3, ITI P6, T FG1 P1
Encourage trainees to form their own peer groups	4.2	ITI P4
Create a platform for trainees to ask questions and discuss with peers	4.2	T FG2 P2
Allow ongoing access to lecture resources after the course ends	4.2	T FG2 P1
Offer more supervision opportunities • Enable peer supervision groups	4.2	ITI P6, T FG1 P2, T FG1 P1, T FG1

Participant-suggested improvement	Theme location	Participant(s)
• Link trainees with supervisors completing accreditation hours • Contract supervisors for trainee drop-in access • Supply a list of supervisors aligned with course values/approach • Offer culturally specific supervisor options • Advocate for more flexible EMDRNZ supervision requirements to reduce barriers		P4, T FG2 P1, T FG2 P1, T FG2 P2
Offer clearer guidance on what to bring and expect at practicum	4.3, 1.1	T FG1 P1
Choose practicum venues carefully, considering acoustics and space	4.3	T FG1 P4, T FG1 P1, T FG1 P2, T FG1 P4, IEI P3
Schedule longer and more frequent breaks in lectures; vary the learning format	4.3	ITI P3, T FG2 P1, T FG2 P2, ITI P8, ITI P7, ITI P8
Provide clearer structure and examples of case conceptualisation	4.3	T FG2 P2
Offer more detailed and constructive feedback on assessments	4.3	ITI P8
Simplify and streamline access to course materials	4.3	ITI P3
Centralise all clinical tools and scripts in a single, easy-to-access location	4.3	ITI P8
Improve organization of course documents: fix spelling, formatting, and layout consistency	4.3	ITI P8
Allow earlier access to Moodle resources	4.3	ITI P4
Clarify video submission processes, especially for trainees in public health settings; tighten confidentiality and consent guidance	4.3	ITI P2, T FG2 P2
Increase technical support for video-based assignments	4.3	ITI P2, T FG1 P1, T FG1 P4, ITI P3, T FG2 P2

Participant-suggested improvement	Theme location	Participant(s)
Consider requiring only one block course to reduce financial burden	4.3	ITI P1, T FG1 P3
Clarify how the course aligns with EMDRNZ and international accreditation pathways	4.3	ITI P4, T FG2 P1, T FG2 P2
Develop a masters pathway linked to the training	4.3	T FG1 P2

Note. This Table reflects participant-driven suggestions to improve future iterations of the training programme. It illustrates how feedback is shared across themes, roles, and interviews. This table serves as an illustrative guide to summarise feedback in one location.