From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

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Abstract

Eye Movement Desensitisation and Reprocessing (EMDR) therapy training has remained largely unchanged since its inception and is largely absent from the literature. There have been calls for the comprehensive evaluation of EMDR training and a more rigorous EMDR curriculum that is culturally appropriate for use in Aotearoa New Zealand. This research used community stakeholder insights to enhance a novel university-based EMDR training programme, ensuring it is fit-for-purpose in Aotearoa. Clients of trainees also provided feedback for course improvement and to assess training efficacy. The experiences of Stakeholder Advisory Group (SAG) members involved in a course co-design initiative were also explored to ascertain its efficacy and inform future similar projects. Data from semi-structured interviews and a focus group was analysed using general inductive thematic analysis to identify key themes. *Relationships* was a theme common to all groups and underpinned most other findings. *Cultural relevance*, *growth,* and *perpetual improvement* were noted as important considerations for course designers to guide refinements. *Confidence* was a key training outcome, largely due to its impact on client outcomes. Clients experienced effective, transformational EMDR therapy from trainees and the SAG co-design project was a success, largely due to authentic facilitation that encouraged the development of relationships within the group. This study is the first to use stakeholder and client insights to inform EMDR training design and adds an Aotearoa context to EMDR client literature. Implications for the training programme include adopting a relational approach, engaging in outreach, and being values-driven to produce successful outcomes for trainees and clients.

Keywords: EMDR training, client, stakeholder, co-design, qualitative

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Ehara taku toa i te toa takitahi, engari he toa takitini

Success is not the work of an individual, but the work of many

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List of Abbreviations

ACC - Accident Compensation Corporation – a publicly funded health insurance entity

CBT - Cognitive Behavioural Therapy – A form of psychotherapy, often used for treating depression or anxiety

CSG - Community Stakeholder Group – A group whose members represent various communities and have professional or lived experience of trauma or trauma-based therapies

EMDR - Eye Movement Desensitization and Reprocessing

EMDR G-TEP - EMDR Group Treatment Protocol

Otago – University of Otago

PISCF – Participant Information Sheet and Consent Form

SAG - Stakeholder Advisory Group – A group whose members were involved in the co-design of a trainee course evaluation survey as part of the Otago training programme

Chapter One: Introduction

Overview

This chapter introduces the current project, outlining my motivation for undertaking the research and the objectives. I provide the relevant background information on Eye Movement Desensitisation and Reprocessing (EMDR) training, highlighting the existing research gaps, and discussing the significance and contributions of the study. I conclude the chapter by presenting the project aims and offering an overview of the thesis structure to guide the reader.

Motivation and Objectives

This project explores the design and the value of EMDR training in Aotearoa New Zealand, administered by the University of Otago (Otago). Specifically, I explore the needs of the community, as expressed by stakeholders and individuals with lived experience receiving EMDR therapy from Otago trainees, in relation to refining the design and development of this new training programme. I incorporate these community perspectives into recommendations for course designers at Otago.

This research forms a critical part of a broader project to comprehensively evaluate the new EMDR training programme offered by Otago. My primary objectives are to assess the programme's effectiveness and identify areas of improvement to enhance future iterations. The findings from this study will directly inform the programme’s design and delivery, ensuring it effectively meets the specific needs within the context of Aotearoa. Additionally, this research will make a significant contribution to the proof-of-concept evaluation conducted by the parent project.

While the primary audience for this thesis includes course designers and educators involved in the development and delivery of the programme, the insights gained from this research hold relevance beyond this immediate group. The findings can inform international

EMDR training efforts and contribute to similar training initiatives within Aotearoa. Ultimately, a training course that is fit-for-purpose from the perspective of key stakeholders will be more likely to promote equitable access to high-quality mental healthcare, especially for marginalised communities impacted by trauma.

From a personal perspective, I began this research with limited knowledge of EMDR therapy. I anticipated deepening my understanding of trauma-focused therapeutic approaches, a crucial step in my journey towards becoming a registered mental health professional. Significantly, this research has enhanced my awareness of the unique needs of marginalised communities experiencing trauma, thereby enriching my professional growth and informing future practice.

Background to EMDR Therapy

Since its development in 1987, EMDR therapy has gained global recognition as an effective, evidence-based psychological therapy (Bell et al., 2024; EMDR Institute Inc., 2025). EMDR is considered an integrated psychotherapy that combines elements of psychodynamic, behavioural, cognitive and experiential approaches with a trauma focus (Shapiro & Forrest, 2004). EMDR has been acknowledged as a holistic treatment modality for individuals who have experienced trauma and addiction (Zweben & Yeary, 2006). As well as treating anxiety and depression, it is commonly employed to alleviate the distress related to traumatic memories in the treatment of posttraumatic stress disorder (PTSD; Shapiro & Maxfield, 2002). Currently, it is one of only two therapeutic modalities endorsed by the World Health Organization (WHO) for the treatment of PTSD, alongside cognitive-behavioural therapy (CBT; WHO, 2013).

EMDR is a highly structured therapeutic modality that follows a protocol consisting of eight-phases: treatment planning, preparation, assessment, desensitization, installation, body scan, closure and re-evaluation (Shapiro, 2001). Each phase holds distinct therapeutic significance and is systematically employed to facilitate the reprocessing of a client's

problematic target memory until it no longer triggers distress. Designed to ensure the safe and effective delivery of treatment, the protocol provides therapists with a clear blueprint for delivering treatment.

While the protocol provides a procedural guide for therapists, the Adaptive Information Processing (AIP) model provides the theoretical foundation of EMDR, helping to guide case conceptualisation and treatment planning (EMDRIA™, 2025a). Although the mechanisms by which EMDR facilitates memory reprocessing have been debated in the literature, there is consensus that the application of EMDR therapy requires comprehensive training to ensure safe and effective delivery. As such, it is imperative that the training process is rigorous and subject to appropriate oversight to ensure safe practice and optimal outcomes for trainees and clients.

In 2005, EMDR therapy came under criticism for its lack of falsifiability (Devilly). The author went on to discourage the development of all pseudoscience therapies and training, classifying EMDR as one such therapy. Over the past 20 years, research has advanced significantly, gaining EMDR therapy considerable credibility and recognition as a leading evidence-based practice. However, the 2005 article presented valid arguments regarding the importance of training students to use the scientific method and critically evaluating the scientific integrity of mental health practices (Devilly). Bringing rigour and research to EMDR training and its evaluation will further strengthen its credibility and ensure its continued development as an evidence-based practice.

EMDR Therapist Training

Currently, all EMDR training programmes must be accredited by the EMDR International Association™ (EMDRIA™), which sets the training standards and grants accreditation to those offering EMDR training (EMDRIA™, 2025b). As stipulated by the EMDRIA™, basic training must include a minimum of 20 hours of instructional tuition, 20 hours of supervised practicum and 10 hours of consultation (EMDR Institute Inc., 2025).

While a small number of overseas universities offer short course EMDR training over a single twelve-week semester, basic training typically occurs in two parts. Trainees first attend a three-day workshop, including consultation, followed by a period of skill development with clients. When trainees have completed their required practice, they return for a second three-day workshop with additional consultation to receive their certification. In Aotearoa, EMDR training predominantly utilises this standard two-part American model (Bell et al., 2024), which has remained largely unchanged since its development in the 1990s (Farrell & Keenan, 2013; Rydberg, 2024).

Some literature has questioned the efficacy of EMDR therapist training. Findings in a recent American study noted an increase in providers reported self-efficacy after completing the basic EMDR training course (Collins et al., 2024). However, Dr Andrew Leeds, a respected EMDR consultant, reported that basic EMDR training can leave many clinicians feeling inadequately prepared for the cases they face in clinical practice (2009). These conflicting findings highlight the need for further research into EMDR training, specifically to assess its strengths and weaknesses and to identify areas for improvement.

In 2021, Hase noted that while the original EMDR training curriculum is foundational, growth and development are inevitable. Regarding the training design, a recent article argued that the standard training model that has been utilised since inception is “an inadequate pedagogical model” (Rudberg, 2024, p. 183), and that the most effective way to train people in the delivery of EMDR has yet to be investigated. This echoes other literature noting a lack of research on EMDR training (Marich, 2009; Miller, 2024) and aligns with those recommending more research to determine the best training methods (Farrell & Kennan, 2013).

To remedy these issues, there have been several calls for the development of university-based EMDR training (see for example: Carriere, 2014; Farrell & Keenan, 2013; Mehrotra, 2014; Miller, 2024), a comprehensive curriculum (Laliotis et al., 2021) and training

standards (Mehrotra, 2014). Such initiatives would provide more robust and transparent EMDR tuition and trainee assessment, while integrating EMDR training into university curricula would stimulate additional EMDR research and enhance the credibility of EMDR therapy (Farrell & Keenan, 2013). Morrison et al. (2023) found that practicing clinicians prefer to use modalities from their university training and noted that EMDR therapy may continue to be underutilised by providers until changes are made to training pathways.

While currently only endorsing the standard training model, the EMDRIA™ appears to support teaching EMDR within university settings, noting that therapists may start delivering EMDR therapy earlier in their careers (EMDRIA™, 2024c). Looking beyond the classroom and into the community, Carriere (2014) suggested that university-based EMDR training programmes have the potential to provide essential, effective and affordable support for individuals experiencing mental health challenges.

The Otago EMDR Training Programme

In response to these concerns, The University of Otago developed a novel postgraduate EMDR training programme. The Postgraduate Certificate in Health Sciences endorsed in EMDR Therapy programme consists of two part-time, full-year courses, where the Foundational course (PSME 445) must be completed before proceeding to the Advanced course (PSME 446; Otago, 2025b). Both courses use a blend of online and in-person formats to deliver theoretical and experiential components. While the course syllabi encompass the international training curriculum, the comprehensive course design allows for expanded coverage of topics, with a view to ensuring trainees are meeting clinical, academic, professional and cultural competencies.

The eligibility criteria for enrolment are comprehensive to ensure trainees have the requisite theoretical and practical knowledge as a foundation for their training. Among the entry requirements, the course website specifies that trainees must have a minimum of four years' experience in clinical practice in a mental health field delivering one-to-one therapies

and full registration with a Professional Association (Otago, 2025b). Trainees are experienced professionals from a range of fields including nurses, social workers, occupational therapists and counsellors, and must provide evidence of their qualifications with their enrolment application (Otago, 2025b).

To ensure the Otago programme is robust, culturally responsive, and fit-for-purpose, a large-scale, multifaceted, proof-of-concept investigation is being conducted to comprehensively evaluate the Otago training programme (Bell et al., 2024). This project has two overarching objectives. First, from a classroom perspective, researchers will explore the experiences of educators and trainees, as well as trainee outcomes related to specific learning objectives and the development of professional and clinical competencies (Bell et al., 2024). This will require course trainees to be able to deliver evidence-based protocols and culturally responsive interventions. The course experiences of the educator-trainee group will provide guidance on ways to improve the course design and delivery from an insider's perspective.

The second objective serves as the foundation for the current study. It goes beyond the classroom to explore the needs of the community and experiences of clients who received EMDR therapy from trainees of the Otago programme. To enhance the community component and ensure representation of diverse perspectives, key community stakeholders were also invited to contribute their insights, lived experience and expert knowledge of the cultural and mental healthcare needs of Aotearoa-based populations. These client experiences and stakeholder insights will illuminate areas for course improvement and provide evidence of the efficacy of the training programme.

Theoretical and Practical Contributions

This study contributes to the evaluation's second objective by investigating the needs of the community, as identified by clients and key stakeholders, and using these insights to inform and shape future iterations of the Otago training programme. These stakeholders

include, firstly, the Stakeholder Advisory Group (SAG), which played a role in co-designing a course evaluation focussed on culturally responsive practice (Bell et al., 2024). Additionally, I engaged a second group of community stakeholders with relevant clinical, professional, cultural, or personal experience with trauma and/or EMDR therapy to advise on the expectations for a culturally responsive, university-based EMDR training programme. To complete the 360-degree view of the programme, this research also explores how the design and delivery of the training programme impact the community by exploring clients' experiences of receiving EMDR therapy from Otago trainees.

Evaluating the programme beyond the classroom facilitates an investigation of community stakeholder engagement, their input into the programme, and the impacts of the programme on the community. Adopting an exploratory case study approach, this project provides a crucial complement to the classroom-focused evaluation of the training programme. The inclusion of community stakeholders and clients highlights the bidirectional link between the classroom and the community, promoting further community-informed research and co-design initiatives. This study will add valuable community stakeholder perspectives to the EMDR literature. Additionally, by using a qualitative approach to understand client experiences of receiving EMDR therapy, this research will contribute to the limited body of qualitative, client-focused EMDR literature, particularly within an Aotearoa context. By exploring client experiences, this research also has the potential to aid EMDR therapy implementation and application of EMDR therapy by practitioners.

This research provides an opportunity to deepen our understanding of cultural and contextual factors in EMDR training and treatment. It ensures that the EMDR training programme contributes meaningfully to Otago's strategic goals of Te Tipuranga (Māori growth and development; Otago, 2025c) by considering culturally responsive and inclusive approaches to EMDR training and encouraging Te Honohono (Māori partnerships; Otago, 2025c). The findings will support the Otago training programme in properly preparing trainees to deliver EMDR therapy in Aotearoa's culturally diverse communities. By capturing

Aotearoa perspectives of EMDR therapy experiences, this research fills a crucial gap in the literature, which has predominantly represented American and European populations (Whitehouse, 2021).

Exploring the co-design experiences of SAG members adds an additional layer to the comprehensive evaluation of the training programme. By gaining insight into how SAG members experienced the co-design process, I can assess its effectiveness and identify areas for improvement. The findings from this research will provide valuable insights that can enhance the implementation of future co-design efforts and inform the development of similar initiatives in the future.

The primary aim of the study is to gather insights from community stakeholders to develop recommendations for enhancing the Otago training programme. Additionally, feedback from clients of Otago trainees will help better understand client experiences of EMDR therapy, assess the efficacy of the training programme, and inform potential course improvements. The research questions guiding this aim are:

- *What perspectives from community stakeholders and clients can course designers incorporate to ensure the course is robust and fit-for-purpose in Aotearoa?*
- *What are the experiences of clients receiving EMDR therapy from trainees of the Otago training programme?*

The secondary aim of this study is to understand the experiences of the SAG members involved in co-designing the trainee course evaluation. Feedback on the SAG initiative will indicate its value and may inform the use or design of future co-design projects. The research question guiding the secondary aim is:

- *What were SAG members' experiences of the co-design process in supporting the development of a robust and fit-for-purpose training programme?*

Conclusions

This chapter has discussed EMDR therapy, current training of EMDR therapists, and the rationale behind the present study. I noted that research into EMDR training is sparse, particularly regarding its cultural suitability outside the North American context. The development of a novel university-level training course requires a comprehensive evaluation to assess its rigour and determine if it is fit-for-purpose in Aotearoa. This study aims to gather feedback from clients and stakeholder insights to contribute to the enhancement of the Otago EMDR training programme, ensuring that it is rigorous and relevant in the context of Aotearoa. Additionally, this project will support Otago's commitment to Te Tiriti o Waitangi (Te Tiriti) and add to the limited body of research on EMDR training and EMDR therapy in Aotearoa.

The next chapter will review current literature related to EMDR therapy, EMDR training, service user-led training and co-design experiences. Where possible, I will explore Aotearoa-based, or trauma-focused research in these fields to align with the present project. This will be followed by a chapter detailing the project design and methodology. I will then present a summary of my findings and conclude with a discussion chapter.

Chapter Two: Literature Review

Overview

This chapter reviews qualitative literature relevant to the current study, exploring the current understanding, value, and effectiveness of EMDR therapy and EMDR training. To supplement the limited research on EMDR, I have incorporated research pertaining to other forms of psychotherapy and trauma-focused training. These predominantly focus on trainee perspectives but offer valuable insights pertinent to training design. This chapter will also examine literature relating to co-design methods in the context of enhancing mental health training programmes or services, particularly those using stakeholder and client feedback. The chapter will conclude with a summary of research and the gaps that this study aims to address.

EMDR Therapy

Although EMDR has not yet received as much attention as other psychotherapies, the body of qualitative research on the treatment is growing, and common themes are emerging. In 2022, Shipley et al. reviewed 13 studies aiming to provide a holistic view of client experiences. The researchers identified themes of initial scepticism towards EMDR therapy, its transformational impact, key therapist factors, including the therapeutic relationship, creating a sense of safety, and the importance of therapist confidence and competence in achieving successful client outcomes. This review provided a strong foundational understanding of EMDR experiences, enabling me to explore individual studies and gain a clearer sense of the nuances in study designs, limitations and remaining gaps in the research.

In 2023, a phenomenological study of client experiences conducted in Ireland explored how clients made sense of their EMDR therapy experiences (Hammond et al.). Researchers employed interpretative phenomenological analysis (IPA) to analyse interview data from six participants. Preparation and feelings of safety played a significant role in

clients' experiences of EMDR, which are consistent with existing literature (Shipley et al., 2022; Whitehouse, 2019). Additionally, the study highlighted a sense of agency as a key component of clients' therapeutic experiences, which was similarly noted by Brooks et al. (2021) and Butler (2022). Finally, participants also described the ability to "move forward in their lives" (p. 261, Hammond et al., 2023) post-therapy, echoing findings in Shipley et al.'s (2022) review.

A strength of this study was its development of both personal and group themes to identify commonalities and differences among participants. This suited the exploratory design and offered insights into how clients adjusted differently to the eye-movements. However, a limitation is that the participants all appeared to be highly motivated to attend therapy and resolve their trauma, which may suggest a biased sample. While the findings largely align with other research, the mixed understanding of the therapeutic relationship is a gap this study fails to resolve.

Brooks et al. (2021) conducted a study to explore how clients experienced psychotherapy and how these experiences aligned with their expectations. The researchers interviewed 10 clients, varying in age and diagnoses, most of whom identified as female. While participants were engaged in multiple treatment modalities, including EMDR, CBT and integrated approaches, the findings from the thematic analysis were largely consistent with previous research on EMDR client experiences. The study highlighted preparation and the therapeutic alliance as important factors in client outcomes, and confirmed the transformational power of the therapy, though primarily for those who developed a sense of agency in their treatment. Brooks et al. (2021) found that participants who felt adequately prepared by their therapists reported a greater sense of agency and engagement, which enhanced their outcomes. In contrast, those who felt underprepared found therapy to be more challenging than anticipated. Furthermore, better outcomes were achieved when therapists empowered clients through collaboration and encouragement.

This study aligns with other research with regards to safety and agency as key themes (Hammond et al., 2023). However, its participants were engaged in a variety of treatment modalities, meaning the findings are not specific to EMDR. Comparing participant data across different types of therapy could help to identify trends specifically linked to those receiving EMDR therapy. This study also highlighted the significance of therapist preparation in managing expectations and promoting client engagement in therapy. Further research into how therapists prepare clients and manage expectations would be valuable, particularly in the context of training new therapists.

In 2022, Butler published a PhD thesis on clients' experiences of intensive EMDR therapy for PTSD. This form of EMDR therapy involves more frequent sessions within a shorter time frame, such as, twice daily sessions over several consecutive days (Bongaerts et al., 2017). The study interviewed 10 participants, four male and six females, from American and Irish service providers. Butler (2022) employed IPA, identifying two main experiential themes: *the importance of psychological safety* and *the changing self*. Feelings of safety were facilitated by therapist guidance and reassurance, a strong therapeutic connection, a sense of autonomy, and the physical therapeutic space.

Notably, some participants in the study had experienced preliminary EMDR sessions prior to engaging in intensive EMDR, which may have influenced their feedback. These clients had additional sessions to both orientate to therapy and begin building a therapeutic relationship, factors that have been highlighted as important in shaping one's EMDR experiences (Marich, 2012). Nevertheless, Butler's (2022) study emphasises not only the importance of feelings of safety for clients undergoing intensive EMDR therapy, but also the complexity behind it. The variation in participants' understanding of their experiences demonstrates that safety can be established in different ways, depending on the individual client. Further research is needed to determine if similar patterns exist for clients undergoing standard EMDR therapy, as well as to explore the therapist's role in fostering autonomy and

connection. Understanding how therapists can cultivate a safe therapeutic space would be particularly relevant for training programmes.

These studies provide valuable insights into client experiences with EMDR therapy, providing strong evidence of its efficacy, and highlighting the importance of safety, preparation, and therapist factors. However, as Shipley et al. (2022) noted, not all experiences with EMDR therapy are positive. Further exploration is required to understand more about negative or neutral experiences with EMDR therapy. Another notable gap in these predominantly European- and American-centric studies is the lack of discussion of cultural factors, which are particularly relevant for culturally diverse contexts such as Aotearoa. In this setting, understanding and integrating cultural considerations into healthcare and educational practices is essential, yet existing literature on this topic is lacking.

Helping to fill this gap, Every-Palmer et al. (2023) conducted an important study to understand the experiences of EMDR therapy among individuals in a forensic setting in Aotearoa. The sample of 10 participants included mostly males, with equal representation of Māori and Pākehā (New Zealand European) individuals and a broad age range (20 - 59 years). The researchers employed thematic analysis to identify five key themes, including initial scepticism among participants and recognition that EMDR therapy was difficult, yet ultimately effective. The findings underscored the need for proper client preparation and guidance to help clients understand, engage with and persevere with the therapy. Unlike talk therapies, EMDR does not require clients to articulate their trauma, which led clients to regard it as an empowering therapeutic approach.

In their study, Every-Palmer et al. (2023) highlighted the benefits of using EMDR for treating PTSD, particularly in complex environments. A key strength of the study was its Aotearoa context and its unique sample, which captured perspectives of individuals who are often marginalised, as well as several male perspectives, which appear underrepresented in

the literature. Despite its diverse sample, Every-Palmer et al. (2023) did not investigate the cultural suitability of EMDR therapy, which remains a significant gap in research on EMDR therapy experiences. Additionally, the study was limited to the forensic setting and focussed only on individuals with comorbid psychotic illnesses. While these findings provide confidence in extending the efficacy of EMDR beyond the complex forensic context, they still leave a gap in understanding the experiences of EMDR among the broader populations of Aotearoa.

The literature exploring client experiences provides compelling evidence that EMDR therapy is an effective therapeutic modality. These studies highlight the importance of proper client preparation, both to engage clients in therapy and to establish clear expectations about what the process entails. However, the amount and type of preparation required for clients to feel well-prepared is unclear. Additionally, the therapeutic relationship and sense of safety are paramount, though more research is required to fully understand the complexity of these factors. There is a clear need for additional research into how EMDR therapy is experienced in an Aotearoa context. Gaining a better understanding of the experiences of Aotearoa-based clients will be crucial in ensuring that the Otago programme is designed to meet their needs.

EMDR Training

Despite an overall lack of literature regarding EMDR training, some studies have provided valuable insights from the trainees' perspective, identifying consistent themes and critical areas for improvement. Farrell and Kennan (2013) investigated the outcomes of standard EMDR training programmes in Ireland and the United Kingdom (UK). The analysis of 485 questionnaires revealed that approximately 10% of trainees did not complete basic training due to insufficient funding, lack of clinical supervision, or low confidence. Additionally, 33% of fully qualified trainees reported not using EMDR in practice, citing insufficient training and lack of confidence. Unfortunately, due to the use of a postal

questionnaire to gather data, this issue was not explored in greater depth, leaving unanswered questions about the specific aspects of the training that may have been lacking.

Similarly, Karagiorgos' (2024) mixed methods study emphasized the significant positive impacts of supervision, role-playing exercises, and trainer encouragement on trainees' confidence and self-efficacy. This study's recommendations notably highlighted relationship-building and ongoing education to maintain confidence and competence in practice. This confirmed the findings of Dodaj and Dodaj (2021), which also highlighted the importance of supervision and experiential role-play in their training. Although role play was an elective element, the participants found it incredibly useful in promoting self-awareness, bringing a client perspective to their practice, and enhancing their understanding of the therapy's efficacy. Dodaj and Dodaj (2021) also noted that participants independently sought external supervision to bridge gaps left by their abbreviated formal training.

Unfortunately, the Dodaj and Dodaj (2021) study is a brief case report and does not provide an explanation of their method of data analysis. Additionally, while the introspective data produced valuable insights into the shortcomings of the training, it was not balanced, and there was limited discussion of the positive aspects. This omission makes it difficult to understand what was done well, which could have provided useful information for other course designers when designing their programmes.

The training programme central to Karagiorgos' (2024) research was delivered entirely online. While several studies have reported on the positive outcomes possible through virtual EMDR therapy (McGowan et al., 2021; Strelchuk et al., 2023; Yurtsever et al., 2022), it is unclear how this mode of delivery may have impacted trainees' experiences of learning to administer EMDR therapy.

Across these studies, several key commonalities emerge: the necessity of trusting relationships, strong support systems and robust clinical supervision within EMDR training to foster trainee confidence and clinical competence. Another important shared finding is the

significance of adopting a client perspective by engaging in role play activities during training. This approach appears to enhance trainees' confidence and their ability to deliver effective, client-centred care.

However, notable gaps remain evident. None of the studies incorporated stakeholder or client feedback on training focus, quality or outcomes. Additionally, all studies were conducted within Western contexts (Ireland, the UK, Greece, and Bosnia and Herzegovina), and none considered the cultural appropriateness or adaptability of EMDR training for diverse populations. This lack of attention to cultural dimensions represents another critical gap in existing research.

Addressing these shortcomings and expanding the focus beyond trainees to include a broader range of stakeholder perspectives are key areas that require further investigation within the context of Aotearoa, particularly concerning cultural competency. These gaps have contributed to the motivation of the present study. Furthermore, exploring the cultural requirements for teaching EMDR therapy to trainees is an area that has yet to be investigated. Education in Aotearoa must cater to these needs as well as those of the service users.

Service User Involvement in Training

Incorporating client or service user perspectives into mental health services and training is becoming increasingly common. In the UK, involving service users in training programmes for mental health professionals is now mandatory (Health Care Professional Council, 2013, as cited in Schreur et al., 2015), and there is growing research to assess its success and feasibility. A literature review by Townend et al. (2008) concluded that service user involvement in psychotherapy training has the potential to enhance outcomes by making training more relevant to service users’ needs. However, Aotearoa lags behind international policy regarding the inclusion of lived experience in tertiary education for mental healthcare providers (Gupta & Taylor, 2022). This highlights the importance of

understanding how service user involvement or insights can enhance our training programmes enabling us to better meet the needs of those we serve.

To ensure service user involvement in training is both meaningful and successful, a group of researchers conducted an exploratory qualitative study to understand how and what clinical psychologists learn from service users and carers during their university training (Schreur et al., 2015). The researchers gathered data from 12 semi-structured interviews with clinical psychologists and employed grounded theory methodology for data analysis.

The researchers found that working with service users and carers during training facilitated a greater awareness of power imbalances in trainees' clinical practices, suggesting a better recognition and understanding of client perspectives. Notably, the findings revealed that even negative training experiences with service users still facilitated trainee learning through critical self-reflective practices. While this indicates that not all experiences of this type of training are positive, they can still contribute to professional growth. There were times that this training approach reportedly hindered learning, such as when service users and carers were disempowered. Despite this, their involvement was still deemed "an integral part of mental health training programmes" (Schreur et al., 2015, p. 145), indicating that the benefit from their involvement was significant.

The participant group for this study included psychologists from six different training courses. The time between their training and participation varied, with some participants having completed their training years before taking part in the study. While this diversity provides a good overview of experiences, this time gap may have affected the accuracy of participants' recall, potentially impacting the reliability of their responses.

Lea et al. (2016) conducted a qualitative study to identify key goals for service user-led training, as identified by eight clients, five clinical psychology trainees, and five clinical psychology educators. They conducted three separate focus groups, and through thematic analysis, they found that humanising clients and learning to incorporate a holistic approach in therapeutic practice were recognised as key priorities by all three participant groups. These findings aligned with earlier research into training outcomes conducted by Schreur et

al. (2015), which found that service user involvement in clinical psychology training programmes helped trainees develop more holistic, person-centred approaches.

While this participant group had good representation of service users compared with health professionals, all participants were self-selecting. If individuals elected to participate because they had strong views on service user-led training, this may have influenced the data. There was limited information on their approach to data analysis, limiting the trustworthiness of the findings. Furthermore, this was an investigation into what service user-led training has the potential to achieve, rather than evaluating what it has accomplished. While this information may be useful for those considering the integrating service user-led approaches, more valuable insights would be gained from research that examines the real-world effectiveness of these training initiatives, determining whether they live up to their potential.

Together, these studies highlight the value of service user involvement in university-level psychology training. They demonstrate that engaging trainees with client perspectives provides an added dimension to their training, enhancing the development of clinical and interpersonal skills. Their shared findings suggest that service users desire a holistic, person-centred approach from mental health professionals, which underscores the importance of training programmes that foster empathy, self-reflection, and prioritise the therapeutic relationship. Lea et al. (2016) also suggested that educators can model empathy for trainees, helping to prepare them for effective clinical practice.

Although these studies pertain to clinical psychology training rather than EMDR training, they demonstrate how incorporating service user perspectives into training could promote holistic approaches and lead to positive outcomes for both trainees and clients. This highlights the need to conduct investigations to understand how service user perspectives could be incorporated into EMDR training and the potential benefits of doing so.

As with other literature I have reviewed, these UK-based studies did not address cultural considerations pertaining to training or practicing, noting the need for further exploration of training within Aotearoa contexts. Additionally, the study relied on trainees'

self-reports of their training outcomes and did not explore the perspectives of clients, educators or supervisors. Gathering feedback from these stakeholders may provide a less biased view and offer a more comprehensive understanding of the training's efficacy, and it is similar external perspectives which provide the foundation for this research. While this research is not advocating for utilising service users in teaching roles, their input into course development and delivery via focus or advisory groups could improve the quality of the courses and be beneficial to trainee outcomes.

Co-Design Experiences

Co-design is another method of integrating service users' perspectives and is vital to the development and evaluation of healthcare services (Cooper et al., 2016). In 2019, Pallesen et al. evaluated the co-design experiences of individuals who contributed to the production of an intervention to develop collective leadership competencies within healthcare teams. Their goals were to gather qualitative feedback to evaluate the co-design experiences and develop recommendations for future co-design projects. The researchers conducted semi-structured interviews with 10 co-design participants that included healthcare professionals, researchers and patients. Thematic analysis helped them to identify four key themes which emphasised group facilitation, genuine collaboration and a positive team environment. The researchers found that the facilitation of the group was paramount, promoting equitable contributions and collective leadership. Furthermore, allowing time to build relationships and establish trust was critical to forming a safe environment, promoting teamwork and ultimately, a good outcome.

Unfortunately, the perspectives of healthcare professionals were under-represented in the study, as was the patient perspective, with only one patient involved in the co-design initiative and subsequent interviews. This may have impacted the power dynamics within the group, potentially influencing participants' experiences and the themes that emerged from the data.

More recently, Forrester-Bowling et al. (2024) engaged a group of 18 healthcare professionals and lived experience workers in a co-design project. The goal was to assess the value of co-design initiatives within an acute mental health service and to adapt the co-design process for future use in that setting. Researchers gathered qualitative data from participants and the group facilitator during focus groups and workshops, using thematic analysis to identify key themes. The findings showed significant overlap with Pallesen et al. (2019), with themes emphasising a safe and inclusive environment, facilitation, and facilitator characteristics.

In addition to collecting participant feedback, group facilitator feedback was also captured. This provided a valuable complimentary perspective on the process and adding additional depth and validity to the findings. The analysis of facilitator feedback revealed similarities to participant data, with one notable difference: communication and transparency were recognised as key factors rather than safety and inclusivity. These differences provide an interesting contrast and illustrate why gathering data from diverse perspectives is crucial in this type of research.

While the participant group was sizable for a co-design project, there was no information provided on demographics to provide insight into the diversity or homogeny of the group. This was also true of the Pallesen et al. (2019) study. Although qualitative research does not lend itself to generalisation, having this information would be helpful to better understand the context of the participants and identify gaps that could be considered for future research. Also, there was very little information provided on the data collection method, other than stating it relied on notes taken by the facilitator. Without some form of recording, it would be difficult to guarantee the accuracy and completeness of the data collected during the sessions.

The shared themes of these studies place high importance on how the co-design project is facilitated both logistically and personally. Relationships and a sense of safety

were essential for effective collaboration and for producing meaningful outcomes. There is a notable gap in that neither study mentioned the cultural appropriateness of their co-design approach. The studies were conducted in Ireland and Australia which have different cultural considerations to Aotearoa. It may be that the inclusive nature of co-design makes it appropriate to use in a heterogenous setting, but this was not addressed by either study.

While this research suggests that co-design is an effective way to incorporate service user perspectives, there is a gap in the literature regarding its use in the context of EMDR training. There is a clear need to examine co-design within this space, as it could serve as a valuable tool to enhance the relevance of training, including its cultural relevance. Integrating co-design into course development or evaluation could contribute to a responsive and robust training programme, ensuring it aligns with the needs of both trainees and clients. This research seeks to explore the co-design experiences of SAG members to understand the value of the group and understand how similar projects could be effectively incorporated into the training programme.

Other Relevant Literature

In a study published in 2022, researchers used qualitative feedback to improve the delivery of an intervention for refugee and asylum-seeking parents, which included the EMDR Group Treatment Protocol (EMDR G-TEP; Kaptan et al.). The study used one-on-one interviews to gather insights from two groups: refugee parents and asylum seekers, and professionals who work with the first group. The findings indicated that cultural and personal circumstances were important factors in engagement with the service. The feedback collected allowed researchers to adjust the recruitment process for the programme and alter the language they used in the programme.

A key strength of this study was its inclusion of service users and a culturally diverse and participant group with a high risk of trauma. It demonstrates how feedback from service users can meaningfully contribute to the design and delivery to mental health services,

ensuring they are better aligned with the needs of the groups they aim to serve. Unfortunately, their research did not extend to examining the efficacy of the EMDR G-TEP with this population, nor did they publish the results of the modifications they made, so it remains unclear whether these changes successfully improved recruitment and engagement with the intervention. This gap in reporting limits our understanding of the study's effectiveness and the potential application of similar measures, highlighting the need for follow up research.

This study explored barriers of engagement with a mental health initiative. Gaining a better understanding of the barriers to clients engaging in EMDR therapy could help inform training initiatives like the Otago programme. This study seeks to explore some of these barriers through feedback from community stakeholders and clients. Additionally, follow up research is essential to assess the efficacy of stakeholder- or client-informed initiatives as this demonstrates the value of their involvement and ensures their participation is not tokenistic.

Conclusions

The literature indicates that client experiences of EMDR therapy are largely positive, with an emphasis on safety, preparation, and the therapeutic relationship as key factors contributing to these experiences. Trainee experiences of EMDR training suggest that supervision and role play are key elements that support confidence, which is integral to their practice. Course designers should consider these factors to support successful course outcomes and ensure the continuation of trainees' EMDR practice. Current training literature underscores the value of incorporating service user perspectives and highlights the need for culturally responsive training, which will, in turn, promote the development of culturally responsive trainees. Co-design experiences in other healthcare initiatives were most successful when there was strong facilitation and trusting relationships between group members.

This research is at the forefront of EMDR training development as there are currently few studies utilising qualitative methods for EMDR therapy research, and none that specifically use stakeholder and client insights to inform the design of EMDR training. Furthermore, there is a lack of research investigating stakeholder input into any form of psychotherapy training, or co-design in the context of EMDR. Existing Aotearoa-based research is limited and much of the literature fails to consider culture in a meaningful way, if at all.

This chapter considered literature relevant to my project aims, highlighting key findings and identifying significant gaps in the existing research. The next chapter will detail my project design and methodology, including my approach to analysis. I will also discuss integrity, as well as ethical considerations and approvals, and conclude with a statement of positionality.

Chapter Three: Methods

Overview

This chapter discusses the details of the study design and methodology, including participants, recruitment, data collection processes and the analysis technique. I also address the integrity of the study, along with ethical considerations and approvals. The chapter concludes with a statement of positionality to provide transparency and clarify my perspectives.

Study Design and Methodology

Unlike quantitative research, which often seeks to explore cause-and-effect relationships, qualitative research is utilised by researchers wishing to better understand or explain experiences (Willig, 2013; Yin, 2009), contexts or communities (Hamilton & Corbett-Whittier, 2013). I employed a qualitative approach because it was the most effective way of achieving the research goals of understanding the experiences of clients and SAG members, assessing the needs of the community in relation to the EMDR training programme, and examining the context of EMDR therapy training in Aotearoa. This approach allowed me to capture nuanced perspectives and insights, adding greater depth to our collective understanding of experiences and community needs.

Case studies are a design frame with no common definition. They can incorporate many methods, allowing researchers to adapt the approach to suit the specific needs of their investigation (Camic, 2021; Patton, 2015). This flexibility was helpful in designing a study on EMDR therapy training, an area that had not been previously investigated in Aotearoa. As with other methods, case studies can be descriptive, explanatory or exploratory in nature, with exploratory designs appropriate for examining phenomena not yet well understood (Yin, 2018). They are also a valuable form of evaluation that can offer formative feedback (Yin, 2018) and contribute to programme improvement (Woodward, 2002). Given these attributes, an exploratory, qualitative case study was the most suitable design to achieve the research aim of providing recommendations to refine the Otago training programme.

The case at the heart of a study is the subject of focus, understood within the analytical framework of the research field (Starman, 2013). While the case may be a construct, unit, event, or person and may be specific or broad, it must be a bounded phenomenon clearly defined by the researcher (Patton, 2015). In this project, the Otago EMDR training programme serves as the central case for analysis, while the broader field is the evaluation of EMDR therapy training in Aotearoa. Within this framework, multiple levels of case conceptualisation exist, and the participant groups, as well as individual participants, can be considered sub-cases within the main project, each offering unique perspectives (B. Daniel, personal communication, March 4, 2025).

Within my case study design, I used generic qualitative inquiry to conduct a real-world investigation. This practical approach is often employed to improve programs and solve problems (Patton, 2015) and has been recommended for use by researchers seeking participants' subjective views (Percy et al., 2015). While Yin (1992) contends that those employing a case study design assume a single objective reality can be observed, generic qualitative inquiry does not align with a specific ontological or epistemological position (Patton, 2015). Given its alignment with the aims of this project and flexible epistemological stance, this approach was considered the best fit for my research.

There are five principles of generic qualitative inquiry that serve as a guide to support researchers conducting practical, solution-focused investigations aimed at generating actionable recommendations for programme improvement (Patton, 2015). These principles are summarised in Table 1. I have incorporated the first four principles into the design of this project, while the final principle, related to evaluation, is addressed through the recommendations and areas for future research in Chapter Five. By following these principles, I was able to incorporate community voices in a meaningful way and develop practical recommendations for improving the Otago training programme.

Table 1

Summary of Generic Qualitative Inquiry Principles

Principle 1	Principle 2	Principle 3	Principle 4	Principle 5
Establish practical research aims	Identify and engage change-makers	Ask questions that will yield actionable responses	Include intended users	Evaluate the implementation of recommended actions and their impact

Qualitative research is, by its nature, non-transferrable (Yin, 2015). Therefore, the findings, implications and recommendations are specific to this context, and readers should use caution when considering their applicability to other populations or individuals. While my conclusions are focused on the Otago programme, I have also considered how they may be relevant in a broader context. This is discussed in more detail in Chapter Five.

Participants

This study included two main participant groups: (1) community stakeholders, and (2) clients who received EMDR therapy from Otago trainees. The stakeholder group consisted of two subgroups. The first subgroup was the SAG, who assisted in co-designing an Otago trainee questionnaire used as part of the course evaluation. When recruitment began, the SAG had six active members and two former members who contributed throughout the two years of the delivery of the Otago programme. However, one SAG member decided to leave the group just as recruitment began for this project. The participation of four current SAG members helped meet both the primary and secondary research aims.

To diversify the stakeholder sample and enhance the information power of the study (Camic, 2021), I sought to engage additional stakeholders with relevant knowledge or experience. The second subgroup of the stakeholder participant group consisted of five

community stakeholders specifically recruited for this research. This group became known as the Community Stakeholder Group (CSG). Their insights were instrumental in communicating the needs of their communities, ensuring these needs were considered by Otago course designers in future course development. Their feedback also provided valuable suggestions for directing programme improvements. One SAG member, who was unavailable for most of the data collection period but eager to contribute, was included as a member of the CSG. Together, the CSG comprised six participants who contributed to the project's primary research aim.

All the stakeholders work in health in a variety of settings and occupations. Their roles include clinical psychologists, psychiatrists, AOD (alcohol and other drug) practitioners, registered nurses, Kaupapa Māori practitioners, educators, researchers, advisors, advocacy champions, and senior management roles within healthcare. They are employed across community, private, university and in-patient settings and have experience working with people in the justice system, survivors of abuse, members of the Rainbow community, and people with drug and alcohol addictions. Additionally, the stakeholders bring diverse lived cultural experiences, including being members of Rainbow, Samoan, Māori, bicultural, and Pākehā communities. Some stakeholders have been recipients or practitioners of EMDR therapy, while for others, EMDR is a novel treatment modality. The common thread connecting their varied experiences is trauma, which makes their input invaluable to the development of an EMDR training programme.

I had no prior connection to any of the SAG member participants before commencing this project, but I did have professional connections with two members of the CSG. I approached them for participation based on my knowledge of their roles, the communities they serve, and my belief that they could contribute valuable insights. While these professional connections may have influenced their decisions to participate, I believe it is unlikely that our prior relationships impacted the data they provided. The same interview and ethical protocols were followed for these participants as for the others.

The client participant group consisted of three females, ranging in age from 29 to 56. Two participants identified as Pākehā, while one did not disclose their ethnicity. I had no prior contact or interactions with any of the client participants prior to their involvement in this project.

Recruitment

The power of a qualitative study lies in the richness of its data, rather than its number of participants (Yin, 2015). Therefore, there is no precise number of participants required to create a good qualitative study (Yin, 2015). However, to gather insights from diverse perspectives and gain a comprehensive understanding of participants' experiences, I aimed to recruit as many participants as possible for each group within the project's time frame. Different recruitment methods were employed for each of the three participant subgroups, primarily due to accessibility and privacy protocols. Recruitment took place from June to November 2024.

SAG Participants

The SAG members were unknown to me prior to commencing this project. To connect with them, I engaged the research fellow for the parent project who coordinated the monthly SAG meetings. The research fellow planned to use her existing relationships with SAG members to assist with their recruitment for this study. However, the group consensus was to liaise with me directly to coordinate participation. The research fellow obtained individual consent from the SAG members to share their contact details with me. The SAG members were supportive of this research and were willing to participate, though they may have felt some obligation due to their participation in the SAG. They were reminded that they could withdraw from the study at any time without penalty and were under no obligation to participate.

Each SAG member brings valuable expertise, lived experience, community connections and a unique perspective on their participation in the SAG. To capture these

insights, I invited all eight current and past SAG members to participate in an interview and focus group via email. Each person received a summary of the project, along with a copy of the Participant Information Sheet and Consent Forms (PISCF) to review. These can be found in Appendices A and B, respectively. They were encouraged to ask questions via phone or email prior to providing written informed consent and committing to the study. As compensation for their time, all participants were offered a $40 digital gift card, though one SAG member declined this compensation.

Recruitment of SAG participants was limited by the small size of the group and members' availability. One SAG member resigned themself from the group, citing lack of time to undertake the commitment. I invited this individual to participate as part of the CSG in a one-off interview to capture their insights and recommendations for improving the course, but I did not receive a response. The two former SAG members also did not respond to invitations to participate. One SAG member contributed as part of the CSG due to their limited availability, while four SAG members agreed to participate in interviews and the focus group. Although a focus group typically has six to ten participants (Patton, 2015), there is no prescribed number (Camic, 2021).

CSG Participants

The inclusion criteria for CSG participants were:

- Experience as a professional working with traumatised clients, or
- Experience as a clinical practitioner working with trauma, or
- Lived experience of trauma or trauma-focused therapy, including but not limited to EMDR therapy.
- An understanding of marginalised or groups at high risk of trauma

The rationale behind these criteria was to include individuals who understand the needs of often underrepresented communities or those who experience high rates of trauma, ensuring

that these perspectives are considered by Otago course designers when refining the training programme.

The wider research team helped identify community stakeholders to contact for participation. This purposive sampling technique was employed to increase the likelihood of generating rich, relevant data (Yin, 2015) and aligned with the project's research goals. This approach is like a maximum variation sample, as we intentionally sought individuals with heterogeneity of culture, role and expertise (e.g., working with Rainbow, Pasifika, or Māori communities), who may have different views from each other (Patton, 2015). However, unlike maximum variation sampling, the primary goal was not to identify differences between participants' accounts, although some differences are explored in Chapters Four and Five.

I received email addresses for those who consented to be contacted for participation. Like the SAG members, I sent a summary of the project along with a copy of the CSG PISCF. These can be found in Appendices A and B, respectively. The PISCF noted that a $40 digital gift card would be conferred as compensation for their time. CSG members were encouraged to ask questions via phone or email prior to providing written informed consent. Twelve people were contacted, and four were successfully recruited using purposive sampling.

Snowball sampling was also employed to expand the CSG. This sampling method is convenient and effective for locating "information-rich key informants" (Patton, 2015, p. 298). During interviews with SAG members, I asked for suggestions of other stakeholders who I could invite to participate in the project, leveraging the extensive knowledge and connections of the SAG members. Two stakeholders were contacted, and one was recruited through snowball sampling.

Recruiting external community stakeholders for this research proved challenging. Regardless of working in high-profile managerial positions or client-facing practitioner roles, healthcare professionals often face demanding workloads and understaffing. Five individuals

failed to respond to research invitations, while one interested party did not confirm their participation within the data collection time frame. Another stakeholder withdrew from the study, believing they would not be able to make a meaningful contribution to the research. Other stakeholders also reported that finding time to participate in a meaningful way was challenging. Recruitment of community stakeholders ceased due to the time constraints of the study. However, the participants represented a variety of cultural and experiential perspectives, and I was satisfied with the diversity and quality of the data collected.

Client Participants

I aimed to recruit five to ten clients of Otago trainees to participate in this study, ensuring a variety of experiences were captured. To collect as diverse a range of client voices as possible, it was important to have broad inclusion criteria. These criteria, summarised in Table 2, were designed to minimise potential harm to participants while also addressing the time and financial constraints of the study.

Table 2

Client Inclusion Criteria and Rationale

Inclusion Criteria	Rationale
Aged 18 years or older	Easier consent process, lower risk of harm
Completed or discontinued a course of EMDR therapy	Potentially lower risk of harm than those currently undergoing therapy, more experiences to speak to, inclusion of those who have ceased therapy
Self-funded EMDR therapy*	No special permission required, time and cost efficient
Access to stable internet connection and device for video call**	Easier logistically for interview and recording, safer for both parties

*This was later amended to “Self- or ACC-funded EMDR therapy”

**In person interviews were possible if preferred by the participant

Negative or neutral experiences with EMDR therapy, as well as reasons for withdrawal, are valid but seemingly underreported in the literature. Systematic reviews of the literature remain unclear about whether clients with negative experiences are approached for inclusion or participate in research (Shipley et al., 2022; Whitehouse, 2021). To identify potential areas for improvement in the Otago training programme, feedback from clients who had negative or neutral experiences is crucial. I wanted to ensure these clients were offered a chance to voice their experiences, and tried to make this clear on the recruitment poster, which can be found in Appendix C. There was no minimum number of sessions a client must have attended to qualify for participation. Understanding why a person elects to discontinue EMDR therapy, regardless of when that decision occurs, may provide valuable insights for course designers to inform course improvements. I did not feel it was reasonable to exclude potential participants based on the number of EMDR therapy sessions they had attended.

In addition to self-funding EMDR treatment, clients' EMDR treatment may be paid for by Health New Zealand - Te Whatu Ora (the public healthcare system) or the Accident Compensation Corporation (ACC). ACC is a publicly funded entity that, like insurance, may pay for some or all the fees an EMDR therapist would normally charge for their services. Some EMDR trainees may also offer free services to practice clients at their discretion. Including clients from the public system in this research would have required special permission from Te Whatu Ora. Members of the wider research team, who have experience in this process, found it to be a lengthy and costly process. After discussion, we collectively agreed to forego the inclusion of publicly funded clients.

It was initially unclear whether I required permission from ACC to recruit their claimants for this research. Feedback from trainees obtained through the wider research team indicated that the majority of their EMDR clients were ACC-funded. By excluding these clients, I risked not capturing a representative sample of trainees' clients and significantly reducing the potential pool of participants. Furthermore, restricting eligibility to those who have the means to pay privately for EMDR therapy would target a more affluent group of

clients. While this might simplify and expedite recruitment, it would also exclude those who are more likely to be marginalised in healthcare, which does not align with research aims. Intent on capturing these voices, I contacted an ACC Portfolio Manager to inquire about the process for involving ACC claimants. After several internal discussions with their legal, research and ethics teams, the Portfolio Manager ultimately confirmed that I could contact ACC claimants for inclusion without special permission. The wider research team was informed of this development, and I submitted an amendment form to the Massey University ethics committee outlining the change in participant eligibility, which was subsequently approved.

Recruitment was challenging due to privacy protocols that prevented my direct contact with clients. The recruitment process was facilitated by the trainees who completed the Otago PSME 445 paper in 2023 and those enrolled in PSME 445 and PSME 446 in 2024. My supervisor and I each attended one in-person block course session in 2024 to introduce the project, outline the participant inclusion criteria, and encourage trainees to promote the project to eligible clients. The research fellow for the parent project also assisted with recruitment, as she was already in email contact with the trainees regarding their participation in other aspects of the project. The research fellow emailed all trainees the printable recruitment flyer, which included the project overview and my contact details for any questions. The trainees were asked to share the flyer with clients who may meet the inclusion criteria or post it in their practices. The flyer invited clients to scan a QR code to contact me by email for more information about the study, or they could call or text the number provided. The flyer also noted the offer of a digital gift card as compensation for participation. During the first five weeks of client recruitment, only one expression of interest was received. However, after the amendment to the inclusion criteria, which confirmed that ACC-funded clients could participate, the number of inquiries increased.

In considering this approach to recruitment, I was aware that clients might feel an obligation to participate due to the power dynamics and their relationship with their therapist.

I hoped that being offered the opportunity to provide feedback would be viewed by clients as empowering rather than as pressure from a person of authority. The recruitment flyer was clear that participation is voluntary, anonymous, independent to the therapist, and the research was conducted through a different university than where their therapists were trained. Both trainees and clients were made aware that data is anonymised and because client participants would contact the researcher directly via the recruitment flyer, I would not know which clients were associated with which trainees. This ensured that clients could participate without their therapist being aware that they chose to participate. Trainees would only know if one of their clients took part if the client chose to disclose this. Clients were also reminded that participation was entirely voluntary, and they could withdraw at any time without penalty.

An additional consideration was that trainees might perceive the interviews as an evaluation of their performance as EMDR therapists, which could make them hesitant to promote this research to their clients. I assured trainees that the goal was to gather general feedback on clients' experiences with EMDR therapy, specifically aimed at improving course design and delivery. To further clarify this, I provided trainees with sample client interview questions to confirm I was not prompting therapist evaluations.

During the recruitment period, five clients expressed interest in participating: two via text, one via phone, and two through the QR code on the recruitment flyer. I responded to all inquiries promptly, requesting consent to email the client version of the PISCF and screening questions to confirm eligibility. These can be found in Appendices A, B and D, respectively. Three clients provided written informed consent to participate in interviews, which were arranged via email. One client declined participation, and one did not respond. Although I fell short of my goal to recruit five clients, the project submission deadline limited the recruitment period. Nevertheless, the final sample size yielded an abundance of rich data, which aligned with the case study design and the research goals of gaining an in-depth understanding of client experiences.

Data Collection

Data collection was conducted in three phases, as illustrated in Figure 1. This approach was chosen for multiple reasons. First, because they were considered a low-risk group, I obtained ethical approval for SAG member participation before any other participant groups. Second, I wanted to use themes from the individual SAG member interviews as a basis for the focus group discussion. Finally, I aimed to leverage the SAG's expertise to inform the interview guides for the CSG and client participant groups, which necessitated conducting SAG interviews first.

Figure 1

Phases of Data Collection

SAG Participants

Data was gathered from SAG members via one-on-one semi-structured interviews. Interviews are commonly used in qualitative, evaluation case study research (Goldman, 2012). They allow participants space to detail their experiences and can be tailored towards resolving research questions (Yin, 2018). Interviews ranged from 27 to 50 minutes with an average time of 38 minutes. They were held online via Zoom, the preferred software as advised by Massey University's Information Services and Ethics teams. Conducting online interviews reduced travel time and made scheduling and logistical considerations easier (e.g., securing private interview space). Zoom interviews were recorded and transcribed using its in-built transcription function.

The SAG interview guide was developed with input from the wider research team, keeping in mind the research aims. Questions were predominantly open-ended, for example “What was your experience as a SAG member co-designing the Otago training programme evaluation?”. Questions covered elements such as participant background and perspectives and what opportunities and challenges they could see for the Otago programme. Further open-ended questions and prompts were used to explore their responses in greater depth. During interviews I noted key words and ideas that stood out or seemed important to the participant. After interviews, I reflected on the interview content and my impressions as well as my performance as an interviewer and how to improve. I maintained this methodical practice for all interviews during the project.

The SAG interviews provided a basis for an in depth focus group discussion with SAG members. Focus groups are often used in qualitative studies as participant interaction can result in the generation of new knowledge, problem solving (Dahlgren et al., 2007) and rich data (Patton, 2015). Collaborating as a group aligned with the ethos of the study and it felt appropriate to engage a collective process to meet the research goals. The directive of the focus group was to confirm and expand on shared views and ideas from the individual interviews and discuss points of difference. I hoped further exploration of interview topics would generate actionable recommendations for course improvement and provide me with a deeper understanding of their co-design experiences. I was also able to use SAG member input to guide the creation of the client and stakeholder interview schedules.

On the day of the focus group, two SAG members advised that they were unable to attend. Scheduling meeting times for this group that fit within the project timeline was challenging, so we decided to proceed with two SAG members. Absentee participants were able to provide input in the form of comments on the interview and focus group summary documents circulated to the group via email. The online meeting lasted 78 minutes and was recorded and transcribed using Zoom. I presented a content summary compiled from the four individual SAG interviews and a preliminary thematic analysis. These were used to

formulate topics and open-ended questions for the focus group discussion. For example, the question “Considering the context of operating within Aotearoa, what relationships are important for course designers to create or to nurture to ensure that this course is successful?” arose from the emerging theme of “Relationships”. Input from my supervisor helped ensure questions were suitable to meet research goals.

Community Stakeholder Participants

This group attended one-on-one semi-structured interviews ranging from 39 to 62 minutes in duration with an average time of 49 minutes. They were predominantly held online via Zoom, though one person required the use of Microsoft Teams video conferencing, and two participants were interviewed in-person. One was interviewed on the Massey University campus with another interview conducted at a mutually convenient location (location withheld to protect participant anonymity). Safety protocols for in-person interviewing were established for ethical approval; however, given the stakeholders were health professionals known personally by the wider research group, no safety risks were identified. Microsoft Teams and in-person interviews were recorded using the voice memo app on my phone and transcribed using Zoom. Phone recordings were not uploaded to the cloud and deleted after transcription.

The community stakeholder interview guide was developed using input from the SAG focus group. Their recommendations included asking a main question like “What are three key things you could highlight for course designers?”. To highlight the community voices I was seeking, I adapted this to “From your perspective and considering your communities, what are three key things Otago course designers should think about?”. I also adapted my interview technique based on focus group feedback and adopted a more conversational approach for all future interviews. While still guided by the research aims, this allowed more space for the participant to bring in ideas they felt were important.

Many community stakeholder participants reported having extremely limited time to participate, fitting interviews in between clients or on personal breaks. To make the most of our time together, they were emailed some interview questions in advance. This allowed stakeholders a chance to better understand the aims of the study and prepare thoughtful answers. Haukås* and Tishakov (2024) contend that providing questions in advance fosters greater rapport and collaboration between researcher and interviewee. Furthermore, it supports transparency and ethical safety of participants by giving them a better understanding of what participation entails and allows for better data quality resulting from better preparation (Haukås* & Tishakov, 2024). While this is not a common practice in qualitative research, it was a benefit in the present study, believed to enhance the quality of data collection in a time-restricted interview. I was able to ask probing follow up questions to their thoughtful responses and explore responses in greater depth. I did not consider this a necessary adaptation for the SAG participants as they were already familiar with the Otago programme and study aims.

Client Participants

Clients of Otago trainees attended one-on-one semi-structured interviews. While the Otago training course is based in Wellington, trainees are based around the country. Virtual interviews were anticipated; however, I offered an in-person option so as not to exclude local clients who do not have access to a device or internet connection. All interviews were conducted, recorded and transcribed by Zoom lasting 27 to 57 minutes long with an average duration of 43 minutes. The interview guide was informed by the SAG interviews and focus group. They recommended simple language and allowing clients space to tell their stories. I predominately used open questions like “Why did you decide to participate in this study?” and “What are three things we could learn from your experience?”. Probing follow up questions were used as needed.

Data Analysis

Discussions with the wider research team helped determine the most appropriate method for data analysis given my research aims and study design. Based on the recommendation of a methodologist with a background in educational research, I employed a general inductive method, commonly used in social science research (Thomas, 2006). This approach offers a straightforward means to efficiently summarise raw data and link it to the research goals (Thomas, 2003) and is approachable and manageable for a novice researcher with limited experience in qualitative data analysis (Thomas, 2006). Additionally, this approach aligns with the generic qualitative inquiry research design as it avoids allegiance to a specific philosophical position.

Thomas (2006) outlined a five-stage approach for performing inductive data analysis, which I have summarised in Table 3. The general inductive approach to analysis is a systematic, iterative process that continues until the researcher has identified three to eight high-level categories that capture the most important themes as they relate to the research aims. Categories may be descriptive, conceptual or interpretive in nature. While Thomas (2006) uses categories and themes interchangeably, I will consistently refer to my top-tier categories as themes for clarity.

Table 3

Summary of the General Inductive Approach

Stage	Description
Preparation of data	Files in common format, ensure accurate transcription of audio recording, anonymisation.
Familiarisation with data	Repeated detailed reading of transcripts.
Category creation	Identify meaningful units and assign codes for categorisation.
Identification of main themes	Reduce redundancy by merging related categories, identifying main and sub themes, links and relevant quotes.
Creation of framework	Important themes and relationships describe the phenomena.

Stage one was completed immediately after each interview. Zoom was used to create a verbatim transcription of all recordings, though these required extensive revision to ensure accuracy. A verbatim transcription is believed to enhance a researcher's connection with the data and support integrity of analysis (Halcolm & Davidson, 2006). Although Thomas (2006) does not specify a transcription method for use with the general inductive method, this approach seemed appropriate for the study design and aims.

The protection of anonymity is crucial in qualitative research to ensure participants feel safe providing honest feedback (Kang & Hwang, 2023). While it enhances the credibility of research findings (Kang & Hwang, 2023), some consider it unachievable to guarantee complete anonymity in qualitative research (Van den Hoonaard, 2003). I took great care to anonymise data to protect participants' identities while preserving the integrity and value of the data. Stakeholder participants were assigned numbers in place of names, while clients were given pseudonyms. Using distinct identification systems helped me differentiate between the two groups when organising data and referencing quotes. Additionally, using pseudonyms for the clients felt more respectful, as they were sharing their personal

experiences. I emailed each participant the cleaned version of their transcript for review to ensure anonymisation was satisfactory and to request any further redactions if desired (this was requested by one participant). Participants had one week to respond, either by requesting additional edits to their transcript, confirming their consent to proceed with analysis, or requesting additional time to review and comment.

After familiarising myself with the data and guided by the research aims, I added comments to selected sections of text on the transcripts, creating in vivo categories. Following Thomas's (2006) inductive coding method, some segments of text were coded to multiple categories. I created a spreadsheet for each participant group into which the significant sections of text were copied. For ease of comparison and to provide context, quotes were grouped by participant and question. SAG member quotes pertaining to the co-design experience (secondary research aim) were separated from their feedback on the Otago programme (primary research aim). Selections were reread and significant words or phrases within them highlighted. A brief interpretation was noted and compared with the initial in vivo coding to determine internal consistency. I considered the reasons for any discrepancies and documented my adjustments to track rationale and provide transparency.

To isolate main themes and look for relationships, I incorporated virtual sticky notes. This provided more flexibility grouping overlapping categories into representative themes than the spreadsheet format. Guided by the research aims, I continued combining categories until a maximum of eight main themes were identified for each participant group (Thomas, 2006). An example of the analysis progression from quotes to categories to themes is provided in Table 4. The same systematic approach was employed for all three groups independently prior to reviewing the data all together. This allowed me to make comparisons within and across groups, noting similarities and differences and consider reasons for these.

The SAG participants contributed a wide range of perspectives during the interviews, which was a strength of this group. However, in relation to the main research aim, it was

difficult to identify commonalities within the SAG data alone. When I compared SAG themes with the community stakeholder group, I noted significant overlap and chose to combine them into a single stakeholder group. Although there was some thematic overlap between the combined stakeholder group and the client data, I chose not to merge them. I believed this would dilute the findings, as the client data was primarily focused on their EMDR therapy experiences and what they believed the therapist did well, rather than offering specific recommendations for therapist training. As a result, I completed the analysis with two distinct participant groups: stakeholders and clients.

Table 4

Example of Thematic Analysis Progression from Text to Categories to Themes

Exemplar Quotes	Categories	Themes
Very useful, helpful, less suffering, fantastic, working well, my mental health is recovering, I feel better, get relief	Effective, helpful, resolves trauma	EMDR works
Overwhelming, difficult, confronting, exhausting, horrific, intense, exhausting, the most difficult thing I've ever had to do in my life	Emotional, challenging, demanding	EMDR is challenging
Blockage shift, new me, physically lighter, walking on air, a whole lot of stuff leaving my body, my brain is defragging, each session I become stronger	Transformation, physical effect, changes you	EMDR is transformational
Gets worse before it gets better, it's a hard work however it's worth it, it's gonna be hard It's not gonna be easy but it's gonna work, it's going to be worth it	Difficult but believes it will be worth it, hard but works	EMDR is worthwhile

The final stage of analysis in the general inductive approach is the development of a framework depicting the structure of the studied phenomena (Thomas, 2006). In this case, I created three models illustrating the development of a robust Otago EMDR training programme, the experience of an Otago trainee client and the co-design experience of a SAG member. I used a combination of digital and analogue design tools to bring together the themes and recommendations. It required many attempts, making difficult decisions and repeatedly revisiting the research aims to form cohesive representations.

Integrity

To support trustworthiness of data analysis, my supervisor and I selected transcripts from each participant group to perform independent parallel coding (Thomas, 2006). The five coded transcripts were compared and evaluated by the research fellow to determine the extent of overlap. It was determined that the initial coding was consistent to a satisfactory degree. I also reviewed my supervisor's codes to note other interpretations or ways of understanding the data and incorporated this into my reflective practice.

Along with coding checks, additional trustworthiness checks of the data analysis took the form of member checks (Thomas, 2006). Bringing community voices into the research is a vital component of this evaluation. It was important the community stakeholders and clients also had an opportunity to comment on the analysis of their interview data to ensure it was representative and accurate. Member checks with these groups were facilitated by emailing a summary of the analysis and requesting they review it and provide feedback. They were reminded they were under no obligation to do so. There was little feedback from the community stakeholders, but two clients felt it was accurate and representative of their experiences.

Additional member checks were performed by presenting a summary of the thematic analysis and frameworks at a research symposium to which SAG members were invited. There was an opportunity for me to obtain feedback and field questions from SAG members

who were present to support the trustworthiness of data analysis. To maintain the anonymity of community stakeholders, I circulated copies of the presentation with notes by email to all stakeholders requesting feedback.

I acknowledge that my prior knowledge, views and biases can and likely have influenced data collection and analysis (Camic, 2021). I attempted to maintain an awareness of this and an openness to receiving other views throughout the project. I felt this was key given the importance of gathering diverse community perspectives to meet research aims. To help enhance the quality of the project, I practised bracketing biases throughout to minimise any negative effect they may have had (Tufford & Newman, 2012). This took the form of keeping observational memos of my thought process and feelings as well as reflecting in a journal how my position may be influencing my thinking. I believe this helped me achieve a better understanding of the data (Tufford & Newman, 2012) and forge a deeper connection to the project.

Ethical Approval

Ethical approval for this project required multiple submissions. The SAG portion of the project was approved in June 2024 under Low-Risk Notification 4000028817. The application was later amended to include the community stakeholder participants and subsequently approved. Due to the higher potential risk of harm, the client portion of the project required a full Human Ethics application. Application OM1 24/32 was reviewed by Massey University Ohu Matatika 1 at their July 2024 meeting. It was returned with provisional approval, pending satisfactory responses to several conditions and queries. After consulting with my supervisor and wider research team, I submitted an eight-page response to the Committee Chair within a week. Final approval for client participation was granted in August 2024.

Ethical Considerations

I acknowledge the importance of cultural considerations when undertaking research in Aotearoa. In addition to peer review, I utilised the Massey Revised Human Ethics Code (2017), the Massey University Code of Responsible Research Conduct and Te Ara Tiki to guide project design. While iwi consultation was not performed for this study, the parent project's ethical approval (granted from the University of Otago Human Ethics Committee) included consultation with the Ngāi Tahu Research Committee.

The "by Māori, for Māori" ethos of Kaupapa Māori research has influenced the design of this project to consider how this type of research can best serve Māori. This research hopes to improve health outcomes for Māori, access to care and culturally responsive treatment options. Aotearoa is culturally diverse and giving participants a voice using qualitative techniques supports ethical, culturally sensitive practice. Participants were asked about ways to ensure they and their cultural beliefs were supported throughout their participation.

Additional ethical considerations focused on ensuring participant safety, anonymity and promoting positive experiences. As a Health Coach, I have training and experience discussing sensitive topics with vulnerable people. The information provided to participants included the contact details of support services if participation was distressing, as well as contact details for my supervisor to submit questions or complaints. All participants were made aware that data would be de-identified and every effort would be made to maintain anonymity. Given the context of a focus group discussion and offering insights that speak to their expertise and backgrounds, complete anonymity of SAG members could not be fully guaranteed. Their inclusion in the SAG is predicated upon their expert status and qualifications, so this was not considered problematic for SAG participants. Benefits to participants include empowerment (contributing expert opinion), validation of experiences, involvement in a project to benefit the community and catharsis. I hoped the experience

would enhance participants' mana and feedback from the client participants was that it was enjoyable and empowering.

Positionality

Self-awareness and reflexivity support robust qualitative research (Patton, 2015). Best practice for transparent, ethical research is to own and disclose one's positionality, which also serves as useful self-reflective practice for the researcher (Patton, 2015). I believe including a statement of positionality demonstrates respect and transparency and further supports the trustworthiness of my analysis.

I am a white, heterosexual, cis female working as a Health Coach in a primary care setting. I work with high needs populations and have seen how language barriers, stigma and social standing can impact the accessibility of health services for some. From my position of privilege, I do not often face this myself. While I knew very little about EMDR therapy prior to commencing this project, I am aware of the demand for mental health services and their benefit to patients. However, I do not assume that EMDR therapy from Otago trainees (or any therapy) is universally beneficial. I would love to see more trained mental health practitioners to help improve options and access for services for users, particularly where this would close equity gaps. I believe it is imperative that training programme evaluations are rigorous to ensure the best opportunity for good outcomes for trainees and clients and reduce the likelihood of poor user experiences.

Originally from Canada, I am conscious of my position as an outsider in Aotearoa. It was important to me to showcase a variety of cultures in this project, including indigenous voices, to include a true Aotearoa perspective. However, I also hold insider status as an immigrant citizen living and raising a family here for 15 years. I have a vested interest in the wellbeing of New Zealanders as well as the success of the healthcare and education systems. I am committed to supporting my community and hope this research will contribute positively to the wellbeing of all of us in Aotearoa.

Conclusions

Capturing the voices of stakeholders and clients was central to this study, so I employed an exploratory case study design and generic qualitative inquiry to explore their perspectives. The project underwent a comprehensive ethical review and received approval. A combination of methods was employed to recruit stakeholders and clients of Otago trainees, with interviews and a focus group serving as the primary data collection tools. Data analysis followed Thomas' (2006) general inductive method, and various strategies were used to ensure trustworthiness. The next chapter will present a summary of the research findings.

Chapter Four: Findings

Overview

In this chapter, I present the findings from the data analysis. I begin with a brief outline of the research aims and methods, followed by a description of data analysis and interpretation. I then present the combined stakeholder analysis of main themes, subthemes and a descriptive model that illustrates my interpretation of the themes and their relationships. The model, grounded in the data, imparts clarity and structure, providing a simplified illustration of the complex relationships between themes. I follow the same process with the findings from the client and SAG member analysis.

As part of a larger evaluation of a new Otago EMDR training programme, this research aimed to explore ways to improve the programme to better reflect the needs of the community and ensure it is robust and fit-for-purpose. Additionally, I sought to explore clients' experiences of receiving EMDR therapy from Otago trainees. The secondary aim was to gain insight into SAG members' experiences of co-designing part of the course evaluation. To achieve these aims, I employed a case study design and gathered data through one-on-one semi-structured interviews with both client and stakeholder groups of participants. I also conducted a focus group with SAG members.

Data Analysis and Interpretation

My analysis identified key themes from three distinct participant groups: stakeholders, clients, and SAG members. As discussed in Chapter Three, I assigned stakeholder participants identifiers P1 through P10 and used pseudonyms for clients to maintain anonymity. Different identification systems were employed to clearly distinguish between the participant groups. The three groups underwent the same systematic analysis, where relevant data was collated into tables. To support the rigour of the analysis, the stakeholder data table is included in Appendix F (truncated for brevity), while the complete client and SAG data tables are provided in Appendices G and H, respectively.

The stakeholder group consisted of both CSG and SAG members, as it was difficult to find consensus among only the four SAG data sets. However, when combined with data from the six CSG members, there was significant overlap. The stakeholder themes identified considerations relevant to programme improvement and growth, client themes offered experiential and outcome-oriented perspectives, and SAG themes provided insight to the experience and efficacy of the co-design process.

Each group's analysis contributed to the development of a bespoke descriptive model that integrates elements of causal networks with temporal sequencing (Thomas, 2006). Consistent with Thomas's methodology, not all the major themes I identified are explicitly included in the models. I acknowledge that analysis conducted by other researchers might yield different themes based on their unique perspectives and interpretations of the same raw data (Thomas, 2006).

Given the absence of a standardised reporting format for general inductive models within current literature, I have presented the models within the findings section to guide the reader and potentially support the interpretation of the findings. Additionally, the models presented in this chapter are intended to offer clarity, structure, and a simplified visualisation of the intricate interconnections among themes.

SAG and Community Stakeholder Participants

I will present the stakeholder findings, as they offer a new contribution to the literature. Following the inductive data analysis of the combined stakeholder data, I identified five main themes that were relevant to the research aims: *perpetual improvement, cultural relevance*, *growth*, *clinician confidence* and *trusting relationships.* Four of these main themes had associated sub themes that contributed to resolving the research questions. The themes and subthemes are summarised in Table 5 and have been assigned codes for reference. For example, stakeholder theme one is represented as ST1.

Table 5

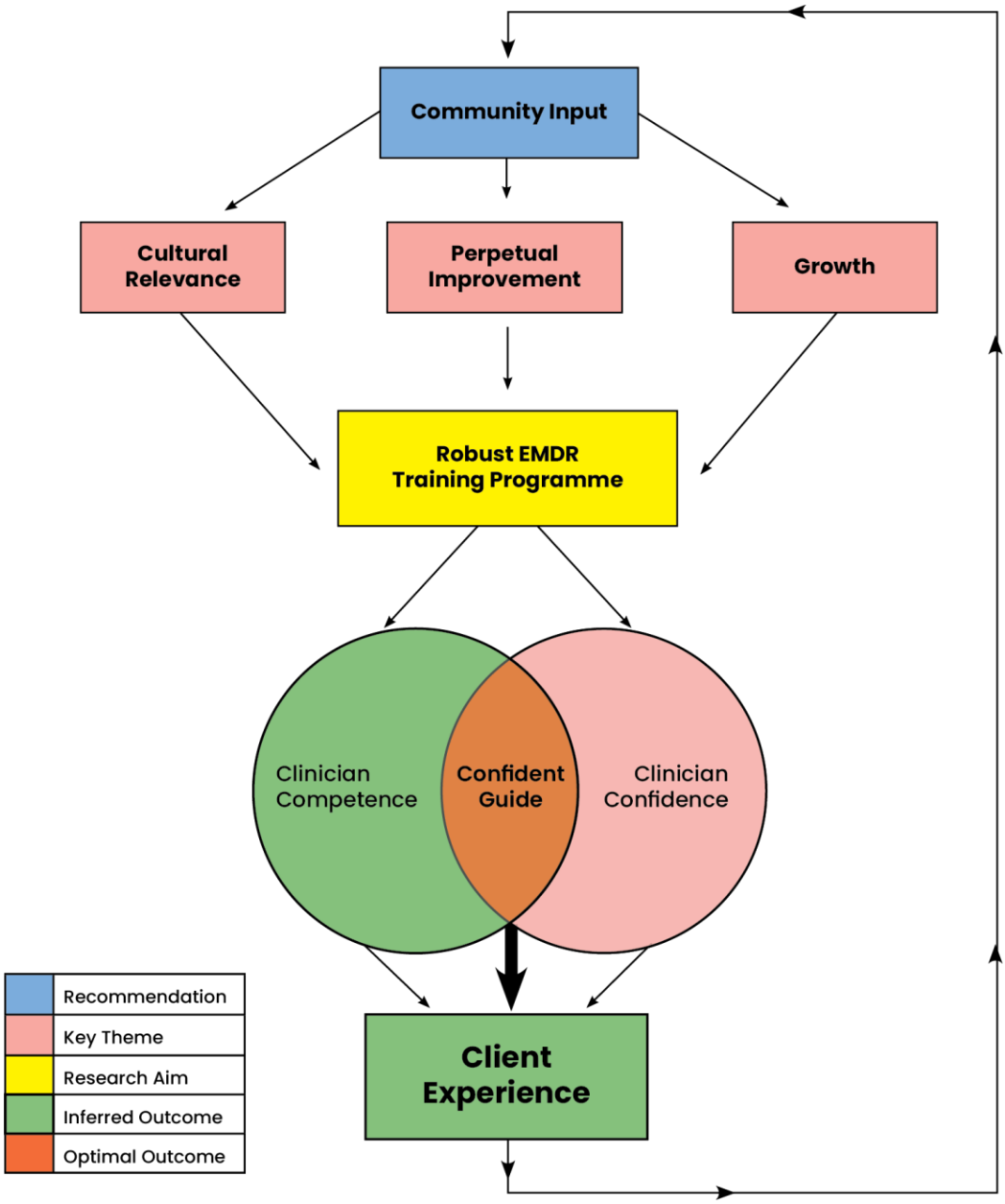
Summary of Main themes and Subthemes from Combined Stakeholder Data Analysis.

Main Theme	Subtheme
ST1 - Perpetual Improvement	ST1.1 - Humility
	ST1.2 - Self-reflection
ST2 - Cultural Relevance	ST2.1 - Te Tiriti-led
ST3 - Growth	ST3.1 - Inclusivity
	ST3.2 - Expanding Course Offerings
ST4 - Clinician Confidence	
ST5 – Trusting Relationships	ST5.1 - Collaboration

To offer an overview of the stakeholder themes and their relationships, I developed a descriptive model to represent stakeholder themes one through four. This model, shown in Figure 2, is a simplification of the course development process, course outcomes and a way of perpetuating community involvement in course development as I understood it from data analysis. Subthemes and additional relationships between themes are explored below as relevant.

Figure 2

Model for Developing a Robust EMDR Training Programme



The theme, *trusting relationships*, has not been included in this model, as it underpins all elements and cannot be represented in a single location. The model represents how course designers can use community input, like that of the SAG and this research, in terms of the themes, *perpetual improvement*, *cultural relevance* and *growth*, all of which support the development of a robust EMDR training programme. The model depicts these

three themes as channels through which the community input can influence the training programme, as identified in my research, although there may be others. Furthermore, community input need not relate to all three themes; some input may pertain only to *cultural relevance*, while other input may relate to two or three themes. However, I contend that a strong training programme will incorporate input from all three themes. Finally, I wish to clarify that the boxes representing these themes have the same dimensions; though this is not to imply that they each make an equal contribution to the development of the Otago programme.

Within the model, two primary course outcomes sit below the training programme: clinician competence and *clinician confidence,* which is theme four. These elements overlap to create the optimal training outcome, a confident guide. C*onfident guidance* is a theme that arose from the client analysis and is discussed in greater detail within the client findings. These three course outcomes contribute to the client's EMDR therapy experience, though a preferred pathway from the confident guide is noted as the bold arrow. Feedback from clients' experiences can also contribute as community input into the continued development of the Otago programme. This is covered in greater detail within the discussion section.

Stakeholder Theme 1: Perpetual Improvement

The first main stakeholder theme echoes the research aim in seeking avenues to strengthen the Otago training programme. *Perpetual improvement* is an action-oriented theme, suggesting a cyclical process of long-term course development. From my interviews, I understood that regularly asking "How can we do better?" (P1) would not only improve the Otago programme but also serve as an exemplar for professional practice. It is essential for course designers and trainees to be "constantly upskilling and moving with the changes" (P4). This continuous cycle includes adapting to changing social, political and cultural influences, which links with ST2, *cultural relevance*. The subthemes of *humility* and *self-reflection* highlight key approaches for course designers to adopt in guiding this process.

Stakeholder Subtheme 1.1: Humility. This subtheme was only briefly discussed by one stakeholder but has been included as it became increasingly salient as I progressed through this project. It is an emerging theme as it was not directly elicited from the interview guide. Humility is frequently defined as a lack of pride or ego and often has religious undertones. However, in the context of this research, the participant framed it as follows: “If you're going in with that humble approach…you're learning rather than you going in as the expert” (P5). They asserted that humility is an openness to receiving information from others to enhance our own knowledge and understanding. "Going in as the learner" (P5) also offers course designers and educators an opportunity to model for trainees the benefits of maintaining a growth mindset beyond the classroom.

This subtheme suggests that if Otago course designers adopt “a stance of humility” (P5), they can develop the programme by acknowledging areas for improvement and seeking input from others. This links with *collaboration* (ST5.1) and is vital when building *trusting relationships* (ST5) with communities. Humility also captures the tone for the broader Otago programme evaluation, which was initiated by course designers, and is perhaps why it felt so appropriate to include. Given my position as a student conducting this research in an educational environment, *humility* encapsulates how course designers can continually refine this training programme to ensure it is, and remains, fit-for-purpose in Aotearoa.

Stakeholder Subtheme 1.2: Self-reflection. Self-reflection was an emerging theme in some SAG interviews and was raised for exploration in the SAG focus group. To self-reflect is to “turn our attention inward to consider our own thoughts, memories, feelings, and actions” (Philippi & Koenigs, 2014, p. 56). Most discussions focussed on self-reflection for clinicians and trainees for general self-evaluation of clinical performance. One stakeholder (an EMDR clinician) noted that self-reflection was “pretty important…using self-doubt as a tool to a point” (P9). My understanding of our discussion was that there is a cycle of “practice, reflect, adjust, repeat” to build an awareness of one’s strengths and weaknesses

and how these can impact clinical practice. This same reflective cycle can be implemented by course designers to continually improve the training programme.

Another stakeholder spoke more generally about how biases and “blind spots” can cause issues, which seemed to apply to both clinicians and course designers. They explained the potential impact of having self-awareness of biases:

> *“It's default settings…understanding that those default settings might need to shift…if you're just aware of it I think that's a really big step. And it might not be changing. It might not even need to change too much but it could cost you significantly if you don't.” (P5)*

I understood this as a warning of the potential damage to relationships (ST5) or reputation that could come from failing to use self-reflection to check one’s “default settings”.

Echoing the main theme of *perpetual improvement*, another stakeholder impressed that self-reflection is an ongoing practice for clinicians to stay current. They commented: “You can't just do one thing and then that's it, you've got it for the rest of your life” and “You can never get enough check-ins around those things…it's never a 1 off.” (P4). As trainees join the Otago training programme as experienced professionals, they may already incorporate self-reflective exercises in their practice. However, this stakeholder was clear that it is a crucial element of clinical practice that Otago programme designers should promote to trainees: “Particularly that self-reflective practice, that still needs to be embedded in the teaching…emphasizing the importance of it” (P3).

Some stakeholders believed that self-reflection and the exploration of biases should be encouraged and emphasised to trainees as part of a strong, well-rounded course. Self-reflective practice can also be used by course designers and instructors as part of the cyclical improvement process to ensure the programme remains fit-for-purpose. This offers another opportunity for course designers to model desired clinical behaviour for trainees.

Stakeholder Theme 1 Conclusions. Improving the Otago training programme is not a singular event, but rather an ongoing process of development. In exploring ways to improve the Otago EMDR training programme, self-reflection emerged as a key tool for trainees that should be actively promoted during their training. However, I also recognised it could be a powerful tool for course designers to use as they work to strengthen the programme. Humility is closely linked with self-reflective practice, as it requires a willingness to acknowledge areas for improvement. A humble approach extends beyond the individual, embracing input from those around us. Given its importance, a robust training programme would actively promote trainees' self-reflective practice rather than assuming their proficiencies. By adopting a humble approach and engaging in self-reflection, course designers can both serve as models for trainees and effectively contribute to the continued development of the training programme, ensuring it remains perpetually fit-for-purpose.

Stakeholder Theme 2: Cultural Relevance

Culturally relevant design “appraises the fit between the service system and the unique ethnocultural qualities, needs, and expectations” of service users and their wider support networks (Barrio, 2000, p. 880). In relation to this research, a culturally relevant training programme considers the needs and perspectives of the cultural groups within Aotearoa, and ensures it is well-suited to our communities. Topics pertaining to cultural relevance arose organically in most stakeholder interviews, indicating that this is a key consideration for many Aotearoa-based stakeholders. However, because culturally responsive practice was important for course designers and is central to the primary research aim, these topics were prompted in some interviews. This inferred, descriptive theme includes the subtheme *Te Tiriti-led*.

There was a consensus among stakeholders that a robust, culturally relevant EMDR training programme would be “suited to the New Zealand context and the people that we see here” (P3) as well as being “relevant to what's going on out in our community” (P1). One

stakeholder felt that it would be useful if the training programme incorporated “a cultural component from Māori, Pasifika …Rainbow community…because there is certainly much need for all of that in New Zealand, particularly the Māori and Pasifika voice” (P10). These comments highlight the importance of establishing and maintaining a connection between the Otago training programme and the community. By utilising diverse community perspectives to inform course designers of the needs and expectations of the community, the cultural relevance of the programme can be enhanced. This will result in a greater impact on the community.

Many questions were raised about how to adapt a North American-designed treatment modality and training programme for use in Aotearoa. One stakeholder asked: “How do you contextualize this (EMDR training programme) within Te Ao Māori? How do you contextualize this within Te Ao Pasifika and so forth” (P1). This concern was echoed by another stakeholder, who asked, “How do we align a model that fits within the context of Aotearoa?” (P8). While the stakeholders did not offer answers to these questions, they emphasised the importance of addressing them and including representatives from relevant communities in the process:

> *“I don't know whether we should be retrofitting Māori models into pākehā ones and potentially having pākehā practitioners not do it properly…these are just things that I think are worth posing for discussion and for the Māori practitioners who are working in the space.” (P8)*

It is beyond the scope of this project or the Otago training programme to determine if or how to adapt EMDR protocols for other cultures or use with other health frameworks. However, these questions felt important to include with this theme to stimulate further discussion. The above comment illustrates how cultural relevance links with humility (ST1.1) and collaboration (ST5.1) and supports the Te Tiriti-led theme discussed below.

Stakeholders felt that the goal of the training programme should be to “ensure that

people at the end of the course feel that they're skilled and able to work with diverse communities in terms of cultural backgrounds but also gender minorities and different kinds of groups" (P3). One stakeholder noted the importance of "being agile" (P1) to achieve this. Another elaborated on this, saying "If they're [clients] bringing in wairua and spirituality, it's just adjusting to that…and that being okay, not putting it into a Western model" (P6). One stakeholder believed that encouraging discussions in the classroom will contribute to the development of trainees' cultural sensitivity, skill and confidence: "If there's an opportunity to unpack a situation that might be around a queer person, then do that...they could take that opportunity to unpack it with the class" (P4).

Cultural relevance speaks to both the way the course is taught and how the trainees practice, though some stakeholders also questioned the cultural relevance of EMDR therapy itself. Focusing on the suitability of the training programme for trainees and clients in Aotearoa, course designers can invite community perspectives to ensure the programme meets their needs and expectations. Additionally, they can facilitate classroom discussions and demonstrations to address the practicalities of this, helping to build the skills and confidence of trainees practising in Aotearoa.

Stakeholder Subtheme 2.1: Te Tiriti-led. This subtheme is more specific than the parent theme of cultural relevance, as it adopts a Māori perspective. To be Te Tiriti-led means being guided by Te Tiriti o Waitangi principles and acknowledging tino rangatiratanga (Māori self-governance) and working with mana whenua (local Māori authorities). For Otago course designers, this means working with Ngāi Tahu to incorporate Māori perspectives, consider Te Ao Māori (the Māori world) in course design and delivery, and prioritise outcomes for Māori. Though this theme did not emerge in all stakeholder interviews, it has been included as it aligns with the project's aim of ensuring the Otago programme is suitable within the context of Aotearoa.

While this theme is action-oriented, it is akin to ST5, *trusting relationships*, in that it underpins and connects all other themes. Being led by Te Tiriti requires considering Māori

perspectives and outcomes in efforts to improve (ST1) and grow (ST3) the course and foster clinician confidence (ST4) with regards to culturally responsive practice. Establishing relationships (ST5) with Māori leaders, iwi and providers will support outcomes for Māori within the course and the community.

One stakeholder noted that, to authentically create a training programme for Aotearoa, it must stem from a Te Tiriti perspective:

> *"From a course creation perspective that needs to be a foundation though… Like around equity and Te Tiriti and… a cultural context for Aotearoa, it needs to begin from there, not retrofitted, tokenistic space of adding something in or just putting tāngas on the end of your principles or the different stages of EMDR like adding whakawhenaungatanga or kaitahitanga or whatever. That it needs to be intentional, and it needs to be from the beginning." (P8)*

This stakeholder went on to emphasize the importance of contextualising the course within Te Ao Māori, noting potential risks with doing so:

> *"I think it's really important...and I don't have the answer to it, is how is or isn't Tikanga Māori incorporated into the process of this course? I'm not saying it should be or shouldn't be, I'm just wondering… I think there needs to be cultural context but…I think it's dangerous when we begin to retrofit Māori models into pākehā models. It also becomes tokenistic, and it sometimes lacks depth." (P8)*

Contextualising the course for Māori must be done well to achieve the desired effect. Using Te Tiriti to guide course development can help ensure it is genuine and appropriate.

Being Te Tiriti-led supports outcomes for Māori clients as well as trainees. One stakeholder called on their experience using EMDR therapy with Māori clients, noting: "there's an opportunity to really enhance the therapy by using that (Māori) framework and really going into that space with your patient. I think you could get 10 times more out of it." (P6). This stakeholder went on to explain how course designers can support trainees'

understanding of Te Ao Māori and bringing cultural elements into their EMDR practice:

> *"Really making sure that there's some coverage around Tikanga and incorporating Te Ao Māori into the way that you practice EMDR. Not just the setting of the scene and the whanaungatanga and the karakia. I mean, that all is really important, but also…the sense of wairua or your spiritual practice or your spiritual experience as almost central to the therapy itself…beyond culturally appropriate and actually incorporated wairua into the EMDR practice." (P6)*

This stakeholder describes different ways of including Te Ao Māori in EMDR therapy that may not be widely understood. It may require guidance from educators to provide trainees with a foundational understanding, upon which they can build confidence and competence.

Stakeholder data suggests that integrating elements of Te Ao Māori to EMDR therapy could be extremely beneficial to clients. Therefore, a Te Tiriti-led training programme should include instruction for trainees to enhance client outcomes. Recalling the caution about this being done incorrectly, it would be essential to involve Māori EMDR providers or Māori individuals with lived experience of EMDR therapy in the development of this aspect of the course.

Stakeholder Theme 2 Conclusions. Designing and teaching the course considering the diverse population of Aotearoa will help ensure clinicians are well prepared for real world practice and delivering effective therapy for clients in Aotearoa. Doing this requires contributions from the community to ensure their needs and expectations are understood. A robust, culturally relevant training programme should be led by Te Tiriti and stem from a Māori perspective. If course designers can adopt this perspective, it will enhance the training programme, positively influence trainees and, ultimately, benefit all of Aotearoa.

Stakeholder Theme 3: Growth

This theme denotes an increase in size or scope. In the context of this research, I

understood that there are many possibilities for growing the Otago programme that could enhance its suitability and quality. This was an emerging theme, as stakeholders were not specifically asked about expanding the program. However, prompting participants to consider opportunities for the programme may have influenced this line of thinking. This theme emphasizes action, but it is connections and collaboration that will help facilitate the growth of the course. This theme is strongly linked to ST5, *trusting relationships*.

Within this theme I noticed a considerable difference between stakeholders' feedback depending on their individual perspectives. SAG members considered big picture growth and long-term programme development, asking "How can we impact at a larger scale?" (P1) and "How can we do more?" (P1). This included establishing "a pathway for clinicians being trained to become trainers and then teach in this course" (P3) and "growing the number of trainers" (P2). There was discussion around "succession planning" (P2) to ensure that the course is "going to be sustainable long term" (P3) and consideration of "how do you get it (the Otago training programme) to that level…where you can roll it out to different universities?" (P1). I understood that developing a long-term conceptualisation for the training programme would help give the course focus, direction and stability, thereby supporting its overall robustness.

Stakeholders with a strong cultural lens spoke about course growth in terms of inclusivity, while stakeholders with EMDR training discussed growth in terms of expanding what is taught in the curriculum. These are discussed in more detail below in ST3.1, *inclusivity,* and ST3.2, e*xpanding course offerings*.

Stakeholder Subtheme 3.1: Inclusivity. This emerging theme was present in most stakeholder interviews, suggesting it is an important consideration for course designers. Inclusivity is the practice of welcoming all equally, particularly those who are often marginalised (REF?). My interpretation of inclusivity, as it relates to the strength of the Otago training programme, is that developing the course to promote greater and more equitable access for trainees aligns with Te Tiriti. It was included with the parent theme, *growth,*

because greater inclusivity denotes an expansion of the course. An approach that promotes inclusivity will ensure the course is fit-for-purpose in Aotearoa and enhance access to EMDR therapy for diverse communities. This theme encompasses the categories equity, diversity and accessibility identified in data analysis and links with ST2.1, *Te Tiriti-led*, and ST5, *relationships*.

Promoting the inclusivity of the training programme is paramount not only to support Māori as health professionals and uphold Te Tiriti, but also because “we should have better equity across everything, but the health system in particular” (P4). Some stakeholders viewed trainees as conduits to promote equity beyond the classroom: “whoever you’re working with, return to their community” (P7). One stakeholder identified “getting more Māori and Pacific people on the course” (P4) as a key strategy to reach underserved communities. Another echoed the need for supporting Māori access, stating, “it [the Otago training programme] has to be more accessible for Māori…I wonder if there needs to be an easier pathway for Māori and Pasifika to get into the training” (P10). A Kaupapa Māori provider explained, “Being able to have that course more accessible to us, in turn, makes it more accessible for the people we're engaging with” (P8). This suggests that if course designers want to ensure their training programme reaches high-need communities within Aotearoa, they must first ensure that the training programme is accessible to the people working in those communities.

One stakeholder noted how inequitable access for trainees, in part due to financial factors, could potentially perpetuate inequities in health outcomes: “the training is so expensive and the amount of upskilling and professional development that you have to do…cuts out a huge proportion of the community that could do really well with the EMDR” (P10). Another stakeholder added, “I would love to be able to do a course like this that's funded for me” (P8). Some stakeholders suggested that building relationships (ST5) with external organisations could see an increase in support and funding for Māori, Pasifika or Rainbow trainees to enrol in the Otago programme:

> *"Developing relationships with Te Whatu Ora…strongly encouraging them to provide funding for clinicians from key services to be able to…have the time and resources in terms of money but also the space outside their organisation to participate in the course." (P3)*

This illustrates that people require more than just financial support to enrol in this training and cultivating relationships (ST5) can be instrumental in promoting course inclusivity.

In addition to supporting access for trainees, another way to increase access to EMDR therapy for service users was to make it available in more settings. One stakeholder suggested building relationships with local iwi (Māori tribes) to facilitate group EMDR therapy. Not only does this endorse Te Tiriti and culturally responsive practice, but by moving beyond "the one-on-one model…you can access more people at once" (P10). Another suggestion was for course designers to make connections to help establish more EMDR therapy services in primary and public health settings: "having it accessible through those places as well would be helpful" (P10). Establishing EMDR services around Aotearoa seems beyond the scope of Otago course designers. However, as one stakeholder commented, "the more people feel as though they can access EMDR, that's ultimately the positive outcome that we'd be seeking (for the training programme)" (P2).

My understanding from stakeholder interviews was that increasing course inclusivity would diversify the pool of EMDR therapists in Aotearoa. This, in turn, would expand the programme's community reach, enhancing access to EMDR therapy for service users, particularly those from marginalised groups. Improved community access to EMDR therapy would be a clear indicator of the course's success and its suitability for Aotearoa.

Stakeholder Subtheme 3.2: Expanding course offerings. This theme was identified from interviews with stakeholders who are EMDR practitioners, which included three community stakeholders and one SAG member. Their feedback reflects their experience delivering EMDR therapy and their understanding of the complex presentations

of those seeking treatment. Course designers have created a basic and an advanced course for trainees, which serve as the foundations for EMDR therapy practice. However, feedback from practicing EMDR therapists may help inform future iterations of the course, helping facilitate better outcomes for trainees. By being better equipped to meet clients' needs, this helps trainees facilitate positive client outcomes.

Some recommendations focused on expanding the options available for those already trained. This could include offering "more advanced and specialized papers" (P3) like "intensive EMDR/EMDR 2.0" (P6) and "short term EMDR" (P9). One stakeholder suggested that "dissociation and attachment trauma is really important to cover...as an extension or optional module" (P6), while another felt it was important to "teach people some of the background assessment skills…helping people with those initial assessments is really helpful" (P9). Offering "shorter workshop type courses…to use EMDR strategies to help people regulate and stabilize" (P10) was another suggestion, while teaching about EMDR in inpatient settings was important to facilitate handovers between hospital and community EMDR therapists.

One stakeholder suggested that it may be helpful to teach trainees how to incorporate EMDR into an established healthcare service:

> *"It's easy for people to do training and work in an individual one-on-one context with clients, but I think it's less easy to make up part of practice, whether it's a mental healthcare practice where there would be several different clinicians working together, or secondary or tertiary mental health." (P9)*

This stakeholder also felt that "helping clinicians get the pitch right can be really important" (P9). Helping trainees understand how to set up and explain the service, the evidence and the outcomes would help promote engagement from clients and other healthcare providers.

Stakeholders offered insights based on their experience working as EMDR practitioners in a range of settings. I understood that expanding course offerings to include

more advanced or specialised topics would better equip trainees to meet clients' needs and support better client outcomes. Including guidance on the practicalities of selling and embedding EMDR within a service would enhance community engagement and support for EMDR therapy, enabling trainees to provide effective EMDR therapy to those in need.

Stakeholder Theme 3 Conclusions. The growth of the Otago training programme can take many forms. Within the classroom, this could involve adding specialised topics, like attachment trauma, as well as broader subjects like integrating EMDR practice into established services. Stakeholders believe these additions could help trainees achieve better client outcomes. Outside the classroom, growing a network of connections with groups and organisations would support the diversity of enrolments and increase the availability of EMDR services. This would enhance client access to EMDR therapy, particularly for those in marginalised groups, which is considered a key indicator of the programme's success.

Stakeholder Theme 4: Clinician Confidence

A confident clinician is one who is self-assured. In the context of this research, a robust training programme will produce trainees who have a strong belief in their abilities and the effectiveness of EMDR as a treatment modality. While this emerging theme was only present in a few stakeholder interviews, I believed it was important to the research aim. Additionally, this theme overlaps with client subtheme 1.1, *clinician confidence*, which I felt strengthened its validity and warranted examination from an alternative perspective.

Stakeholders trained in EMDR therapy understand the journey of an EMDR trainee and were able to draw on their lived experience to provide insightful comments on this topic. They reported that confident clinicians are more likely to incorporate EMDR therapy into their practice post-training. One stakeholder recalled that some of their fellow trainees, who lacked sufficient EMDR practice, "got anxious about it and stopped doing it" (P10). Another stakeholder noted a relationship between clinician confidence, patient confidence and

treatment outcomes:

> *“If the therapist is held by the model and knows the model and is confident in the model, it transmits very much to the patient and their confidence in the therapist and therefore in the treatment…I think in any therapeutic modality the stability of the therapist in terms of how they're held by the model is really key to…the success of that treatment.” (P6)*

This statement suggests that a confident clinician who is effectively using the model, can instil confidence in their clients and positively influence treatment efficacy. Therefore, adherence to the model should be emphasised in EMDR training, with educators actively promoting and assessing trainees' confidence throughout the training programme.

Another stakeholder supported these statements, noting that for trainees, confidence in the model, “A) makes them [the trainee] more likely they're gonna use it but B) makes them more effective in terms of the way they talk about it and deliver” (P3). This comment also implies that seeing the efficacy of the treatment contributes to trainee confidence, highlighting the importance of collecting and sharing client feedback and conducting research on client experiences. This is discussed below in client subtheme 1.1, *clinician confidence*.

Several suggestions were made regarding how to promote clinician confidence: “If that feedback can be shared with the students…then I think that would be really positive” (P3). Another noted a combination of strategies to support trainees, including “Watching videos, doing supervision, being able to call someone…pairing with a mentor…And it is just experience. It's just doing it over and over again” (P6). This stakeholder noted, “It's not easy and just conveying to the students “it's okay it is really hard and you'll get there”....just reassuring them” (P6). This comment echoed what one of the clients shared about their EMDR therapist offering reassurance during their sessions (discussed below in CT1.2). By offering reassurance to trainees, Otago educators have an opportunity to not only build

trainee confidence but also model how to support clients in a similar manner as part of their guidance through the EMDR therapy process.

Stakeholder Theme 4 Conclusions. From discussions with stakeholders, I understood that trainees must be confident in both the therapeutic model and their own abilities to be effective clinicians. Trainees who are confident in their skills are more likely to use EMDR therapy and can also facilitate better client experiences. Confidence in the model comes from evidence and feedback, while confidence in their abilities stems from practice and reassurances. Additionally, by providing trainees with reassurances to build confidence, course designers can model good therapeutic behaviour. While competence could be an expected outcome of any training course, this theme reminds course designers that trainee confidence is an equally important outcome of a strong training programme.

Stakeholder Theme 5: Trusting Relationships

Relationships serve as the connection between people or organisations. This theme emerged organically from the preliminary analysis of SAG data, suggesting that relationships are a critical element in facilitating the success of the Otago training programme. To explore this theme in greater depth and gather recommendations for course designers, the interview guide for the CSG included a prompt querying “key relationships to explore”. Consequently, this theme was both emergent and pre-determined and was highly prevalent in all stakeholder interviews. Within this theme there is subtheme ST5.1, *collaboration*.

Stakeholders, particularly those with a strong cultural perspective, emphasised that building relationships with the community is fundamental to the success of the Otago training programme and EMDR therapy more broadly. One stakeholder noted that building relationships with Pasifika-based communities and organisations is essential to gaining their support and involvement in course development. Course designers should consider the relationships they have with Pasifika-based organizations in the community, because “It's those relational things, from a Pasifika perspective, is what's important” (P1). Establishing

strong links with Pasifika organisations could lead to endorsement of EMDR therapy within their communities, increased funding for Pasifika providers to attend the course or a greater willingness to provide feedback for course improvement.

Establishing connections with EMDR providers will provide course designers with insights into real-world EMDR practice in various settings. One stakeholder noted that “being connected with people within the university setting or some of the people offering group therapy would be really beneficial as well...the people doing it on the ground” (P9). This will keep course designers informed of the needs of clients and clinicians as they pertain to training. It also establishes opportunities to develop supervision or peer support networks that can enhance trainee confidence (ST4) upon completion of the training programme. Maintaining relationships with Otago trainees post-training would serve to perpetually grow this network.

Recalling how a successful training programme would be seen to improve client access to EMDR therapy and be Te Tiriti-led, one stakeholder suggested that “connecting with iwi would be really another beneficial thing to do to help access more communities of people who could benefit from EMDR” (P10). This would promote greater equity and accessibility for Māori communities, as discussed in ST2.1 and ST3.1.

Some stakeholders firmly believed that building trust with communities is essential to the success of the Otago training programme and EMDR therapy more broadly. This requires leadership and promotion of EMDR therapy, as noted by this stakeholder:

> *“EMDR, if it is to succeed in the communities, it is about trusted faces that lead that out first of all…if it's going to succeed in the community and the community are going to accept it…that means that some people are going to have to be the faces, the trusted faces…to promote EMDR.” (P7)*

These comments illustrate that course designers and educators have a responsibility that extends beyond the classroom to support the success of the training programme and EMDR therapy more generally.

One stakeholder described how they take personal responsibility for patient referrals to other healthcare providers, and it is important that they are “able to refer to know that they're safe and… it's the right thing for them [service users]” (P8). This demonstrates the importance of trainees developing their own network of trusting relationships with other providers in their community to support referrals and integrated care. Course designers can emphasise the importance of this within the training programme while also modelling this themselves through their relationships with external organisations.

A robust training programme must meet the needs of the community. However, the Otago training programme cannot be considered fit-for-purpose if EMDR therapy has not been embraced by the communities of Aotearoa. As such, course designers and trainees must endeavour to establish trust with communities and other healthcare providers to encourage its acceptance. Having “trusted faces” to champion EMDR and the Otago programme will help meet this need.

Stakeholder Subtheme 5.1: Collaboration. Collaboration involves two or more parties working together to achieve a common goal. Within the context of this project, I understood that working in partnership and having input from other people or organisations will strengthen the Otago programme and help it have greater community impact. This theme directs us to action and suggests that together is the best way forward. This project hinges on working with community stakeholders to gather their insights, so while not prompted in discussions, this theme may have been inferred from the research design.

Again, this theme was strongest among stakeholders with a strong cultural lens. One stakeholder commented on how collaboration was fundamental to human existence, stating, “You never do anything on your own…if you're wanting it [the training programme] to have

impact on their community then they need to be part of that co-design and that co-delivery" (P1). Another reiterated this succinctly, saying, "If you're going to truly do something that's going to heal a community, it actually has to be with the community" (P7). Both examples highlight the importance of looking beyond the classroom and engaging with the wider community to ensure the training programme has a meaningful impact.

Some stakeholders provided suggestions for how the training programme could be strengthened through community collaboration. Reflecting on how the course could be more community-informed would be beneficial to course designers because the programme's success is "dependent on those who are probably the most underserved communities here in Aotearoa" (P1). To support a Te-Tiriti-led approach, one stakeholder suggested connecting with a local Māori organisation:

> *"Te Rau Ora are great because they're working in that space, Māori mental health and addiction, and they've got some amazing practitioners who they work with and collaborate with to create Māori frameworks and models, so I think they would be a really good place to begin with" (P8).*

Other suggestions were to recruit people with lived experience of EMDR therapy into advisory roles or forming an ongoing advisory group to which they could contribute. As one stakeholder noted, "it should be an infinity circle where you're actually learning all the time from each other" (P7). Being humble and seeking input from others will ensure a robust training programme.

Stakeholder Theme 5 Conclusions. The fifth theme, *trusting relationships,* acts as the unifying element that ties everything together and plays a crucial role in supporting the development, success and acceptance of the Otago training programme within the community. I concluded that a robust training programme must engage with the community and, where possible, involve them as active participants in course development. These external connections offer course designers diverse perspectives, which are vital for the

programme's improvement, cultural relevance and growth. This relational approach will promote the acceptance of both trainees and EMDR therapy within the community, contributing to improved client outcomes and community wellbeing.

Stakeholder Conclusions

The ten stakeholder participants provided me with a wealth of data across five themes and four subthemes. From the analysis, I understood that clinician confidence is important for trainee and client outcomes and should be prioritised by the training programme. It appears that the best way forward for the Otago programme is to continually develop in terms of its cultural relevance, inclusivity, accessibility and course offerings. It can do this by fostering trusting relationships with the wider community and within the university and using humility, self-reflection and Te Tiriti principles for guidance and collaboration. Finally, in doing the above, the training programme and educators can serve as a model for trainees in their clinical practice.

Client Participants

Upon completing the client data analysis, I identified five main themes that were central to understanding clients' experiences of receiving EMDR therapy from Otago trainees. These themes can inform feedback for course designers seeking to strengthen the programme. The client themes are *confident guidance*, *therapeutic relationship*, *preparation*, *trust*, and *EMDR works*. Four of these have related subthemes, which are identified and coded in Table 6 for reference. For example, client theme one is represented as CT1.

Table 6

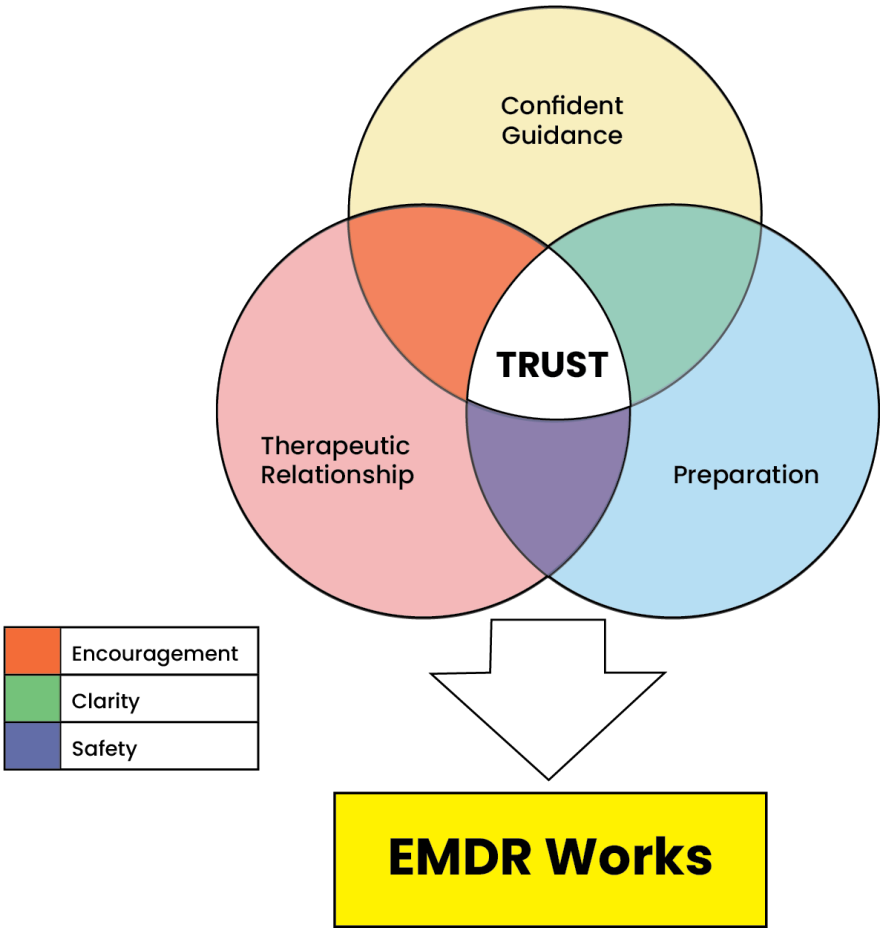
Summary of Main Themes and Subthemes from Client Data Analysis

Main Theme	Subtheme
CT1 - Confident Guidance	CT1.1 - Clinician Confidence
	CT1.2 - Skilful Guidance
CT2 - Therapeutic Relationship	CT2.1 - Connections
	CT2.2 - Safety
CT3 - Preparation	CT3.1 - Clarity
CT4 - Trust	
CT5 - EMDR Works	CT5.1 - Transformative
	CT5.2 - Worthwhile

To summarise my findings from the thematic analysis of the client data, I developed a descriptive model that includes all five client themes. This model, shown in Figure 3, provides insight into the elements that clients considered the most important for course designers to consider regarding their experiences receiving EMDR therapy from Otago-trained EMDR therapists.

Figure 3

Descriptive Model of Clients' EMDR Experiences



Isolating the client themes proved challenging, as I noted significant overlap and interaction between them, which varied across participants. Therefore, themes one through three are depicted as the overlapping circles, with subthemes in the areas of intersection. These are identified in the key. Theme one, *confident guidance*, intersects with theme two, *therapeutic relationship*, to provide *encouragement*. Theme two intersects with theme three, *preparation*, to create *safety*. Finally, theme one interacts with theme three to produce *clarity*.

As categories were refined during the iterative analysis process, the subtheme *encouragement* was integrated into the subtheme *skilful guidance*; however, it was the encouraging nature of the guide that seemed to best link with the therapeutic relationship

theme. The central intersection of the circular themes is theme four, *trust*. While it is difficult to depict in a 2-dimensional model, it is the central theme, *trust,* that contributes via the arrow to the therapy outcome and theme five, *EMDR works*.

The circles representing the main themes are presented as equal in size, but this is not meant to imply that each theme contributes equally to the creation of trust for every client. I regard this model as dynamic, with some elements shifting in size or perceived importance based on the individual client and where they are in their EMDR therapy journey. This variability will be discussed in greater detail as I present the individual themes.

Client Theme 1: Confident Guidance

This emerging, descriptive theme captured the idea that clients receiving EMDR therapy need an assured leader to steer them through the process and toward their desired outcome. EMDR therapy is a form of psychotherapy that follows a process that is less familiar to people compared to the traditional talk therapy model and requires guidance to achieve successful outcomes. A strong training programme will ensure that upon course completion, trainees are both confident and competent in following EMDR protocols. The two components of confident guidance as discussed further in the subthemes, *clinician confidence* and *skilful guidance*.

Client Subtheme 1.1: Clinician Confidence. This theme emerged unprompted from one of the client interviews. Although it lacked consensus, I felt it was important to include because it was a central theme for one of the clients and aligns with the stakeholder theme, *clinician confidence* (ST4). Exploring a client's perspective of the same theme was enlightening and, I believe, strengthens the veracity and significance of the theme.

As described in ST4, a confident clinician believes in the efficacy of the therapy and their ability to deliver EMDR therapy. From the client's perspective, I understood that an assured EMDR therapist can bolster client confidence resulting in better engagement with

the therapy. This, in turn, supports positive treatment experiences and outcomes for the client. This theme connects to client themes trust (CT4) and EMDR works (CT5).

Claire felt very strongly about clinician confidence in relation to the therapy: “It's really important that they [EMDR therapists] have that confidence going into it because you need to believe in the process for it to have any effect.” Claire clarified that it was both clients and therapists who needed this belief, stating:

> *“As a client you need to have trust and belief in it [EMDR therapy] and that comes from your practitioner…her having that confidence and having done EMDR multiple times before... that is what gave me the ability to relax into it and really let it work and now I'm at a point where I'm completely trusting and confident in the process as well.”*

These comments demonstrate how a clinician’s experience and practice delivering EMDR therapy increases their confidence. As a result, the client’s confidence grows, as does their ability to develop trust in the EMDR process.

One of Claire’s motivations for participation in this research was to provide feedback to promote trainee confidence:

> *“I think it's really important when it comes to any sort of psychology or training in mental health that you have the confidence and evidence as a practitioner to know that what you're providing works…and having that feedback…is only going to instil more confidence in people who are learning how to provide these services.”*

As well as understanding the efficacy of treatment, Claire also emphasised the importance of EMDR therapists’ understanding the client’s perspective of receiving therapy. She believed client insights would better equip therapists to provide effective treatment, increase their confidence and encourage the continued use of EMDR therapy.

Client Subtheme 1.2: Skillful Guidance. A skilful guide has the tools and knowledge to help others. In the context of this research, a robust training programme will produce well-trained EMDR therapists who follow the protocols and offer encouragement to successfully lead clients through therapy. This emerging theme was stronger for one participant than the others, appearing consistently throughout their data. I felt it was important to include, not only because of its significance for this participant, but also due to its relationship to the theme, *EMDR works* (CT5) and its implications for the training programme.

All clients reported that EMDR is a challenging therapy. Because of this, Iris felt she really needed “the guidance and lead from the therapist”. Having a guide who follows the plan is important for the clients to navigate EMDR therapy that can be confusing: “make sure that protocols [are] followed because...we are [the] receiver...we don't want to be confused” (Iris). This guidance needs to be ongoing, and clients need to be reminded of protocols “because during this therapy I'm confusing my thoughts” (Iris). I understood that part of the role of the guide is to prepare clients to receive EMDR therapy, illustrating a connection with CT3. The trainee’s “good introduction” and “good instruction” helped Iris feel able to navigate the therapy process. This could be seen to link with the client's confidence in EMDR therapy.

Iris believes that a good EMDR guide knows what they are doing and works to hone their abilities to promote good client outcomes. She told me, “They need the good skill as well” and “You [therapists] need to practice and keep updating”. A skilled therapist also provides clients with encouragement to help them through their EMDR therapy sessions. Iris said there was “always acknowledgement from my therapist ‘You did well. Fantastic’…I needed that [reassurance] otherwise I can't proceed.” Claire echoed the importance of having reassurance from her trainee as these supported her feelings of accomplishment along a difficult journey. I felt that words of encouragement served to promote the bond between client and therapist, illustrating a connection between confident guidance (CT1) and the therapeutic relationship (CT2).

Client Theme 1 Conclusions. I understood that clients need a therapist to be a confident guide, helping them navigate the challenges of EMDR therapy. A skilled guide will follow protocols, complete regular professional development, and provide encouragement to clients throughout the process. Clinician confidence stems from both experience and client feedback of the efficacy of EMDR therapy. This aligns with stakeholder findings that clinician confidence is important for enhancing clients' experiences and outcomes. The training programme will encourage development of both skills and confidence and ensure trainees are well-prepared to confidently and supportively guide clients through EMDR therapy.

Theme 2: Therapeutic Relationship

The relationship between trainee and client was discussed across all three client interviews, illustrating its significance. While some probing questions were posed to gain a deeper understanding of certain elements, this theme emerged organically as clients recounted their experiences. The therapeutic relationship is "a core element of EMDR therapy" (Hase & Birsch, 2022, p. 6) as it can support clients' feelings of safety (Shapiro, 2001). A robust EMDR training programme will ensure that trainees are aware of this and are well equipped to cultivate these relationships to support client outcomes.

Iris told me "A good rapport…is very crucial," while Claire said it was important that "there was an understanding of trust and respect from the ground point." To me this conveyed that the therapeutic relationship is foundational to the clients' experiences of EMDR therapy and illustrated a link to theme 4, *trust*. This theme has two subthemes: *connections* and *safety*.

Client Subtheme 2.1: Connections. Connections are how we describe the link between people, though their exact mechanisms can be difficult to articulate to an outsider. My understanding of connections as they relate to the clients' experiences of EMDR therapy is that a strong connection between client and therapist fosters feelings of comfort allowing for better engagement with the therapy. This is summarised by Andrea who said, "For me

personally, I think if I'd had someone who I didn't connect with in that first session it may have made me feel less comfortable to be able to go with the process." Participants described therapist attributes such as caring, being an attentive listener and showing respect as important elements in nurturing rapport.

Two participants described taking a year to develop their relationship and establish a strong connection. Claire noted, "At first it was of course building a relationship between the two of us, making sure that we were a good fit for each other." Claire described herself as "so very lucky" that she managed to find someone who was "such a good fit", indicating that suitability was an important part of connecting in a therapeutic relationship.

Andrea agreed that working on the connection was essential, saying, "I did feel like actually that was really important to put me in a space actually spending a bit of time building that relationship." However, she went on to report that "she [the EMDR therapist] created that rapport in that first session". This suggests that the process of building connections and how long it takes varies across patients and providers.

Claire also spoke about peer connections as an important factor supporting the success of her treatment. While these were separate to her therapeutic relationship, she felt that connecting with others who had successful experiences with EMDR therapy directly impacted her own EMDR experience. Claire stated:

> *"You almost want to have a fucking support group for people going through EMDR where you can have those connections and meet other people that have been through it…having that kind of confidence or example really helps you get through the harder parts."*

She described her peer connections as inspiring, motivating and said they gave her reassurance throughout the difficult process. Her message to course designers was, "It's really important to know you're not alone." Supplementing the therapeutic relationship with

peer connections may enhance patient outcomes and is something for EMDR clients, therapists and researchers to consider. While peer connections may fall outside the scope of Otago course designers, it is important to communicate the value of these connections to trainees to consider as they prepare their clients for therapy.

Client Subtheme 2.2: Safety. One feels safe when there is no perceived threat of harm or danger. A strong training programme will ensure that establishing and protecting a client's safety is paramount for trainees. Safety was described differently across participants and was often equated with feeling comfortable. However, there was consensus that it was a key element to their EMDR experiences. While feelings of safety could partially be attributed to the client's preparation for therapy (CT3), they seemed more strongly linked to the therapeutic relationship. This is because the therapist is seen as actively supporting the client's safety through their behaviour.

Andrea explained that it is important to "feel held and safe" because "it [EMDR therapy] can be quite intense in parts and quite overwhelming." She reported that the way her therapist developed their therapeutic relationship through attentive listening helped her feel comfortable in the therapeutic environment. This enabled her to "go with it and just allow whatever came, to come." These comments illuminate the challenges that can arise during EMDR therapy and that a sense of safety influences the client's trust in the process.

Iris described how her therapist made her feel safe, saying, "He always listened to me and he's not doing anything to make me uncomfortable." Iris's advice to others was to "make sure you are comfortable. If you're not comfortable, don't go because it's not safe sometimes." This underscores how the client's experience and outcomes of EMDR therapy are directly influenced by safety, as they may disengage if they do not feel comfortable. This also conveys that while safety is the responsibility of the therapist, clients should be mindful of their own safety in a therapeutic environment.

Speaking to the course designers, Andrea made a recommendation for the training

based on her experience:

> *"I would definitely think that to have some sort of training in creating that safe space would be important…it was important to feel that safety and to also feel that the person cared. I'm sure the EMDR would probably still do exactly the same thing but I think it makes a difference…So to make sure that all the practitioners have that base sort of understanding of creating that space."*

Andrea acknowledges that client safety may not influence the efficacy of the therapy, but it impacted her experience such that she felt it was an important consideration for Otago course designers. While she does not suggest that the course curriculum should explicitly teach trainees how to create a safe space, she believes educators should have a way of assessing trainees' skills in this area.

Client Theme 2 Conclusions. Clients viewed their therapeutic relationships as an important element of their EMDR therapy experiences. These relationships were developed by having a strong connection with their therapist, which clients felt was cultivated by the therapist demonstrating caring and respect. It was also important that therapists established a sense of safety for clients. This could be through listening and demonstrating caring. Course designers should ensure that trainees are adept at building therapeutic relationships and ensuring clients' safety, given their pivotal roles in shaping treatment experiences.

Client Theme 3: Preparation

Preparation is generally considered to be the things you do or time you spend getting ready for something. For these clients, the preparation they did with their therapists enhanced their experiences and outcomes. A strong training programme will ensure trainees know how to properly prepare clients for treatment by ensuring a clear understanding of EMDR therapy and establishing expectations and boundaries. Some of these elements are covered in the subtheme, *clarity*. This theme also links with client themes one, two, four and five and I highlight these instances as they arise.

This action-oriented theme aligns with the second phase of EMDR treatment whereby the therapist provides the client with information on the process of EMDR therapy and establishes expectations (Shapiro & Forrest, 2004). I specifically asked two clients how they were prepared for EMDR therapy, though this topic arose without prompting when speaking with the third participant. As someone who is not very familiar with EMDR therapy and not experienced it personally, I was curious to learn about the preparation process. I asked clients follow up questions to gather more specific information about their preparation for EMDR therapy to better understand how this relates to the therapists' training.

Preparation was the first factor mentioned by Claire when I asked what could be learned from her EMDR therapy experience: "Definitely preparation, yeah. The more the better. If there's any doubt that someone's not ready, don't start." She emphasised the time this may take, stating, "You might spend one year of preparation…I do really think it's the time that needs to be taken." When asked how she felt that a lengthy period of preparation facilitated her EMDR experience, she replied emphatically, "Oh God, fantastically." Claire felt that taking the time to properly prepare was extremely worthwhile in setting her up for a positive and effective EMDR therapy experience. Part of her extensive preparation involved developing a strong therapeutic relationship, as discussed in CT2.

Client Subtheme 3.1: Clarity. Standard definitions of clarity refer to being easy to understand, simple or explicit. In this context, it appears that when clients have a good understanding of the EMDR therapy process and what to expect, they tend to have better experiences. Trainees promoted clarity by providing clients with information about EMDR therapy, supporting their understanding of the process, setting expectations and establishing boundaries.

Iris received a good introduction prior to her EMDR therapy, which she felt was very important for her preparation. Her trainee carefully explained the eye movements and that they were helping her traumatic memories go to her long-term memory. She liked that the

guidelines and boundaries, including her ethical rights, were “always laid out.” Her trainee told her, “If you don’t want to talk, [you] don’t have to talk. If you want to stop, stop.” This was important to help her to feel comfortable to continue with her therapy. Here I noted an overlap with *guidance* and *safety*, because by helping establish a therapy roadmap with clear boundaries, her trainee fostered feelings of safety.

Andrea’s trainee kept her explanations of EMDR therapy “relatively straightforward” and she liked “not having to get into exactly how things are working.” Her trainee shaped her expectations by explaining, “This is what we need to do, and this is what could happen.” Having a framework for how to proceed on top of her foundation of a safe therapeutic relationship allowed her to trust the process (CT4) and proceed with the therapy.

For Iris and Andrea, trainees provided clarity but kept things relatively simple. In contrast, Claire felt that having more information was better, stating, “The more knowledge you can give clients around the whole situation, the more empowered they feel and the more prepared they feel.” Claire explained that her preparation included a lot of reading material and understanding how she reacts to triggers so there were no surprises during therapy. Claire admits that this emphasis on preparation suited her personality, noting that “I'm someone that likes to know what's going on…one of my triggers tends to be control.” She explained that having a detailed roadmap of the therapy including the potential outcomes was crucial for her: “Not knowing how it could look at the end would probably have given me a lot more anxiety around the whole process, around whether things are working or going to work and would have just decreased my confidence.” For Claire, clarity was important to quell worry and instil confidence. As discussed previously, this suggests that client confidence is important to the success of EMDR therapy.

Claire also felt that clarity extended to EMDR providers. She maintained that the client experience needed to be understood by therapists to support their practice: “You need to have that feedback from the client if you're going to be client focused…if you're not doing

it from a client focused angle, I don't think you're gonna be successful.” This indicated to me that client outcomes are improved by therapists who understand client EMDR experiences.

Client Theme 3 Conclusions. Preparation is an important aspect of receiving EMDR therapy but may vary by person. For some individuals, when there is a strong therapeutic relationship and the client feels safe, less emphasis is placed on understanding the therapy. Establishing clear expectations and boundaries contributes to feelings of safety while giving clients a sense of control helps foster trust. A comprehensive EMDR training programme will ensure trainees can properly prepare their clients to receive EMDR therapy and will ensure trainees understand client experiences to support effective practice.

Client Theme 4: Trust

This theme arose unprompted in all client interviews. Having trust means you feel safe and believe no harm will come to you. In this context, trust in both the trainee and the EMDR process supports the efficacy of EMDR therapy. Trust is a connecting theme, as it appears to stem from clinician confidence (CT1), feeling safe (CT2.2) and being adequately prepared (CT3). As trust is seen as the key to the efficacy of EMDR therapy, it is also connected to theme five, *EMDR works*.

Iris emphasised that trust was a crucial part of the EMDR therapy experience, stating, “Without the trust, this therapy doesn't succeed.” She felt she needed to trust the therapist to be able to “just go with the flow” and fully engage with the therapy. In the past, Iris had a negative experience with another provider, which caused her to stop her treatment: “I start to distrust the counsellor and that's the end…I built a distrust with this person, I have to stop.” Her advice to other EMDR therapists was, “Lead the clients to trust you.”

Claire explained that trust is important to establish from the beginning of one’s therapeutic experience: “I think if you don't have that foundation of trust… it's gonna be a much harder journey.” I understood this to mean that for Claire, trust was a requirement to

feel safe (CT2.2), where the others seemed to need safety to establish trust. For Claire, trusting her therapist was important, but equally, she needed to understand and trust the process, as discussed in *clarity*. This demonstrates how for Claire, having a confident guide (CT1) who prepared her well for therapy (CT3) can foster trust.

Client Theme 4 Conclusions. Trust is a fundamental component of a successful EMDR therapy experience for clients. When the clients trust the therapist and the process, they can relax and fully engage with the therapy. Successful outcomes further enhance clients' trust, which in turn supports continued engagement with the therapy and further opportunities to achieve successful outcomes. As such, establishing trust with clients should be highlighted within the Otago training.

Client Theme 5: EMDR Works

Research has shown that EMDR therapy is an effective tool for treating panic disorder (Faretta & Dal Farra, 2019), depression (Gauhar, 2016; Hase et al., 2015) and reducing and eliminating symptoms of PTSD (Shapiro & Forrest, 2004). Clients' symptoms or diagnoses were not discussed during interviews, but there was strong consensus among participants that receiving EMDR therapy from Otago trainees was effective. All client participants described the efficacy of their EMDR treatment without prompting, though I asked probing questions when necessary to gain a deeper understanding of this.

Clients described the utility of their therapy using phrases like "very useful", "helpful", "working well" and "feel relief". Iris described her EMDR therapy as "such a breakthrough for my life" while Claire told me within the first minute of our interview "it has worked, it's wonderful." This main theme contains the subthemes, *transformative* and *worthwhile*.

Client Subtheme 5.1: Transformative. To be transformative is to cause a change, generally for the better. In relation to this research, clients described personal changes they attributed to undergoing EMDR therapy. These changes were evident both in how they felt

and in how they behaved. Iris explained, “I feel better…new me…it's so easy to control myself. I'm not being controlled by emotions anymore.”

All clients described a physical change they attributed to their therapy. Iris acknowledged her progressive transformation, commenting, “Each session I become stronger.” She also likened her brain to a computer reorganising data for improved performance, stating, “My brain is defragging.” Claire shared that after successfully processing a memory, “I feel physically lighter. I feel like I'm walking on air for the next week or so.” She noted that the reprocessing felt as though “I've absorbed something back into me.” In contrast, Andrea described a moment of catharsis she experienced:

> *“It was like a real sort of rush of almost like a whole lot of stuff leaving my body…after that nothing really seemed as intense anymore. There was a bit more work after that, but it felt like something had shifted almost like a blockage or a– I don't know, something had shifted for me.”*

While clients’ personal interpretations of the experience of processing trauma through EMDR therapy may differ, they all agreed that EMDR therapy facilitated significant, positive change in their lives. These comments illustrate that the current iteration of the Otago training programme produces skilled EMDR therapists.

Client Subtheme 5.2: Worthwhile. When something is worthwhile, it has value beyond its cost. All clients reported that EMDR therapy was challenging, describing it as “confronting”, “exhausting”, “intense” and “difficult”. In interviews, clients frequently juxtaposed comments relating to the themes *challenging* and *EMDR works*. From this, I inferred that the difficulties faced during therapy were eclipsed by its benefits. There appeared to be a group consensus that EMDR therapy was “hard work, however, it's worth it.” (Iris). Therefore, I incorporated the *challenging* subtheme into the subtheme *worthwhile*, as it conveyed that the difficult EMDR process led to a positive outcome.

To communicate the effects of EMDR therapy, Andrea commented: “It's quite overwhelming, quite powerful, but it was also at the same time really good, and I felt really great afterwards.” Iris said, “It's really hard to share and then it's helping to talk about it.” At one point, Claire issued what felt like a warning, stating, “It does get worse before it gets better.” However, it was Claire’s straightforward summary of EMDR therapy that stood out as an important message for EMDR clients and therapists alike: “It's not gonna be easy, but it's gonna work.”

Client Theme 5 Conclusions. Clients reported significant personal changes they attributed to their EMDR therapy. Although clients found EMDR therapy challenging, the positive outcomes made the experience worth it. This theme illustrates the efficacy of EMDR therapy delivered by Otago-trained therapists. Consequently, course designers can feel confident in the quality of the current Otago training programme, knowing that it prepares trainees to facilitate meaningful changes for clients.

Client Conclusions

Clients highlighted several important factors that contributed to their successful EMDR therapy experiences with Otago trainees. Their feedback suggests that trainees’ confidence and skills, such as properly preparing clients, creating a safe therapeutic space and building trusting relationships, were essential to their positive experiences. The successful outcomes of therapy delivered by trainees reflects the quality of the current training programme and the calibre of therapists it is producing.

SAG Data Analysis

The SAG was asked to work with course designers to create an evaluation of course outcomes that had an emphasis on trainees’ culturally responsive practice (Bell et al., 2024). The group was primarily managed by the research fellow and supervisor for this project. When the interviews took place, two of the SAG members had only attend one SAG meeting

and did not feel that they could offer any meaningful insights regarding their co-design experiences. I gathered data on the co-design experiences from the other three SAG members during their individual interviews.

The SAG member experience was the secondary research aim and therefore not the primary focus of our interviews. Consequently, there was a limited amount of data from which to draw themes. From the analysis of the SAG member data, I identified three main themes that described the SAG members' experiences: *good facilitation*, *relationships*, and *positive experience*. These themes had four related subthemes, which are presented in Table 7 with codes for reference. For example, SAG theme one is represented as SAG1.

Following the general inductive method, I created a simple descriptive model of SAG themes and their relationships to represent members' co-design experiences. The model, shown in Figure 4, provides an understanding of the efficacy and dynamics of the co-design process. Good facilitation (SAG1) developed both relationships (SAG2) and a sense of safety (SAG1.2) among SAG members. This contributed to a positive experience (SAG3).

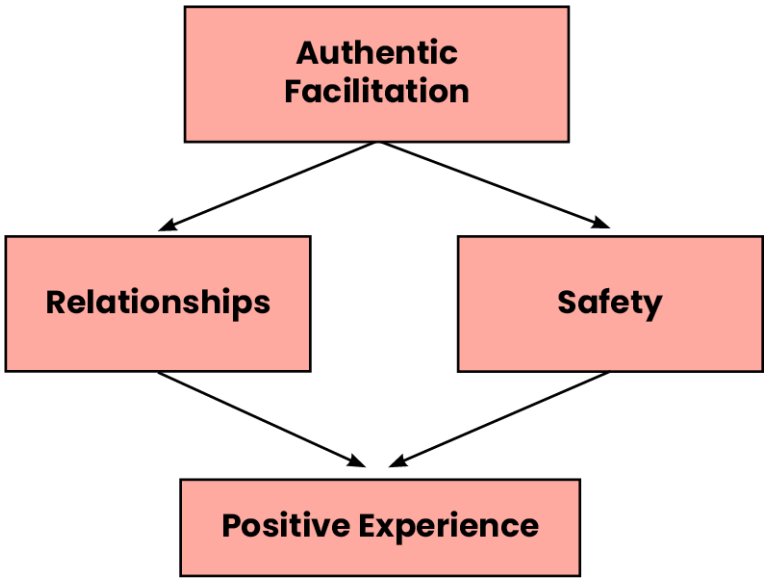
Table 7

Summary of Main Themes and Subthemes from SAG Data Analysis

Main Theme	Subtheme
SAG1 - Good Facilitation	SAG1.1 - Authenticity SAG1.2 - Safety
SAG2 - Relationships	SAG2.1 - Equitable Collaboration
SAG3 - Positive Experience	SAG3.1 - Feeling Valued

Figure 4

Descriptive Model of SAG Members' Co-Design Experiences



SAG Theme 1: Good Facilitation

To facilitate is to make something possible or easier. In the context of this research, good facilitation refers to the strong organisation and execution by the group conveners to ensure smooth operation of the SAG. They established clear protocols and followed meeting agendas to keep the group focused on its objectives. Facilitation also involved creating a safe and supportive environment, where members could voice their opinions without fear of reprisal. From discussions with SAG members, I understood that effective facilitation was instrumental in supporting successful group outcomes and positive co-design experiences.

The well-organised nature of the group was highlighted by one SAG member, who remarked, "The process that was followed through this, it was done well" (P2). Another member felt that the meetings were very thoughtfully conducted, which helped establish "a really lovely group environment" (P3). A third stakeholder elaborated on this idea, noting the cultural components that were integrated into the meetings. They stated, "I like that they

honour Te Tiriti and do stuff for whakataukī and close with some sort of karakia. I think that's really nice and important and sets the tone of the meeting [it] feels respectful" (P4).

Based on SAG members' feedback, the organisers recognised their roles as facilitators, present to guide discussions and compile knowledge and ideas from a group of knowledgeable stakeholders. Effective facilitation within the SAG ensured that power was evenly distributed among group members and organisers, supporting equitable collaboration. This ultimately contributed to the group's success in creating a comprehensive evaluation of course outcomes and positive member experiences. This theme includes the subthemes, *authenticity* and *safety*.

SAG Subtheme 1.1: Authenticity. Authenticity relates to being genuine and sincere. The SAG members believed that the group was created and run in alignment with its articulated values and aims, and that members' contributions were of genuine interest to course designers. This sense of authenticity encouraged genuine contributions from group members.

One SAG member noted that the formation of the group demonstrated that course designers were taking a humble approach to their work by seeking out external voices to strengthen the programme evaluation. They said, "Knowing there's that willingness to have a critique of sorts or have input, that means that you're striving to do the best you can" (P4). While some groups may be created to merely give the appearance of being thorough, another member noted, "I've really felt that they've genuinely taken on board things that we've [said]" (P3) adding, "It's felt authentic" (P3). Had group members not felt that their input was of genuine interest to course designers and be incorporated as stated, they may have been less inclined to share honestly.

The authenticity of this group also influenced one member's willingness to participate in future projects at Otago. They declared, "If Otago is going to run another project and they invited me to be involved, I would, if it was set up and run in the same spirit that the EMDR

project has been run" (P2). This illustrates how the organisation and motivation behind the group contributed to the member's co-design experience, and that Otago executed both elements well.

The sense of authenticity and expectation that member input would be integrated in the finished piece of work were important to encourage active participation and honest feedback from SAG members. Without this, the level of engagement and quality of input from the SAG would have likely diminished, limiting its impact on the course evaluation.

SAG Subtheme 1.2: Safety. A sense of safety refers to feeling protected and secure. In the context of the SAG, being in a safe environment meant members felt comfortable voicing their opinions and ideas while also respecting the perspectives of others. A safe environment fostered open and honest discussions, allowing for a more collaborative atmosphere (SAG2.1).

One SAG member described the meetings as having a "nice warm atmosphere," adding, "I never felt uncomfortable expressing myself" (P2). This was echoed by another member who commented, "I feel able to say whatever's on my mind without worrying about judgment…we can all speak freely" (P3).

One member observed that creating a safe space for collaboration was important for clinical and educational environments, noting, "that's sort of mirroring I guess what we would hope would happen in a therapeutic and learning environment" (P4). Considering this, I recognised that the SAG can be viewed as a model for both the Otago training programme and EMDR trainees' professional practice.

SAG Theme 1 Conclusion. Good facilitation of the SAG stemmed from the authenticity of the course designers. The thoughtful, well-organised approach to running the group contributed to an environment where members felt safe and able to fully engage, much like the therapeutic process for clients. Open discussions fostered a sense of respect

and productivity among members, which enhanced members' experiences supported successful group outcomes.

SAG Theme 2: Relationships

Relationships are the connections between people and organisations and have figured prominently in the stakeholder and client findings. This theme emerged unprompted in SAG interviews, and I explored it in greater depth in the SAG focus group. Relationships within the group were viewed by SAG members as important to perpetuate the respectful group environment cultivated by the organisers. This theme includes the subtheme, *equitable collaboration*.

One SAG member emphasised that creating relationships takes time and effort, noting, "You have to build relationships...it's getting to know the people within the group...allow[ing] time for that to happen" (P4). They felt this facilitated a better understanding of each other's perspectives, which was key to productive collaboration.

Like creating a sense of safety, having a focus on building relationships was seen as reflecting what should be happening in therapeutic environments. One SAG member noted,

> *"Having that attention to building relationships throughout the process has been really important and that's allowed for us to be open and feel connected even though we're all very different people in different spaces...that's modelling what we would hope would happen in the therapeutic space with EMDR." (P3)*

Once again this suggested to me that the SAG can be seen as a model for the clinical space as well as the educational space.

SAG Subtheme 2.1: Equitable Collaboration. As I discussed in stakeholder subtheme 5.1, collaboration involves multiple parties working to achieve a shared goal. In the context of the co-design project, SAG members felt the group was cohesive, their aims

were aligned, and voices were heard. The group worked well together and equally contributed to produce a good evaluation. This theme emerged organically in discussions about relationships.

One SAG member highlighted the feeling of equality within the group, commenting, “There was lots of space for everyone to contribute…I felt like everybody's contributions were welcomed” (P2). Feeling welcomed links with the feeling of safety that group organisers cultivated, indicating to me that this is a required precursor to equitable collaboration. Feelings of equity were echoed by another SAG member who noted, “there's no experts and then other people” (S3), suggesting that everyone was on equal footing regardless of their qualifications.

Another SAG member considered a cultural perspective with regards to how the group operated. They said,

> *“It fits beautifully with the Te Ao Māori way of approaching things. Removing that hierarchy, being very inclusive and relational, and it feels like it's a true engagement of Te Tiriti, you know, in doing things well on that level.” (P4)*

To me, these comments demonstrate how the SAG was organised and run considering Te Tiriti principles, and it was well executed. This provides another example of how this group serves as a model for both the training programme and clinical practice in Aotearoa.

SAG Theme 2 Conclusions. SAG members emphasised the importance of relationships within the group, and how spending time in the relational space can enable a mixed group to work effectively together. It appeared that developing these relationships was part of the successful group facilitation (SAG1). I also understood that using Te Tiriti as a guide can help facilitate this and further illustrates how this group can serve as an example for teaching and therapeutic spaces.

SAG Theme 3: Positive Experience

A positive experience is one that is enjoyed. In the context of the SAG, I understood that considering this to have been a positive experience means it was worthwhile, and members would consider participating in a similar group in the future. Within this theme was the subtheme, *feeling valued*.

There was strong consensus on this theme, as all SAG members reported enjoying their experiences as part of the group, noting it was “very positive” (P4). Another felt it was “a really easy piece of work to be involved in...it's never felt onerous” (P2), while a third member commented, “I haven't had any negative experiences being part of the group…really enjoyed it” (P3). I interpreted these comments to be a result of the effective group facilitation (SAG!) and respectful relationships (SAG2) that were formed within the group.

SAG Subtheme 3.1: Feeling Valued. When a person feels valued, they feel useful and important. In the context of the SAG members and their co-design experience, I understood that feeling valued meant that members felt that their voices were heard and acknowledged. These feelings contributed to their perception of the SAG as a positive experience. This theme may have been indirectly prompted in SAG interviews by asking about how members felt their contributions were utilised by organisers.

SAG members noted that the group felt “really meaningful” (P3) and that “your time was valued" (P4). With regards to the Otago organisers, there was consensus that “they really value our contributions” (P3). However, regarding the SAG experience, it was not solely contingent on having their feedback incorporated into the evaluation. One member noted that, “It's just about being heard" (P4). This comment indicated to me that the way the group was facilitated (SAG1) contributed to SAG members feeling appreciated.

I understood that this theme grew out of the authentic group facilitation and the relationships cultivated between organisers and SAG members. Had members not felt that

their feedback would be utilised, the project would have felt meaningless and been less enjoyable.

SAG Theme 3 Conclusions. SAG members felt that being heard within the group contributed to feeling valued and to their positive co-design experiences. This was fostered by authentic group facilitation (SAG1) and respectful relationships (SAG2) between SAG members and group organisers. Had the project not felt meaningful, the co-design experience would have likely been less enjoyable.

SAG Conclusions

The three main SAG themes build on each other, with positive co-design experiences stemming from authentic group facilitation. The way in which the group was organised and run with consideration of Te Tiriti, establishing a safe space and allowing time to develop respectful relationships enhance the groups collaborative efforts. From this, they were able to produce a meaningful outcome in the form of a course evaluation and each feel like a valued member of the group. This group serves as a model for educational and therapeutic environments, demonstrating important values and skills for educators and trainees alike.

Conclusions

In this chapter, I explored the findings from all three participant groups. In many cases, there was notable interaction between themes, which were best understood through their depiction in the corresponding models. The common thread running through all data sets was *relationships*, highlighting its significance as a central element in the findings The next chapter will discuss the findings with regards to the research questions and their contribution to the literature gaps. I outline the implications, consider strengths and limitations and directions for future research. I close with recommendations and personal reflections.

Chapter Five: Discussion

Overview

This chapter revisits the research objectives and summarises my overall research findings in relation to these goals. I relate the key findings to existing literature, highlighting where they align or contrast, their contributions to addressing research gaps, and areas where gaps remain. The implications of these findings are explored across multiple domains, with a particular focus on the Otago training programme. I also consider the strengths and limitations of this research and propose directions for future studies to build on this work. Finally, I conclude with my recommendations for the Otago course designers and offer personal reflections on my experiences throughout the project.

Summary of Main Findings

This research gathered insights from two key groups with the aim of enhancing the design and delivery of the new Otago postgraduate EMDR training programme. A group of key community stakeholders shared their understanding of community needs, while clients of Otago trainees provided feedback on their experiences receiving EMDR therapy. Data from both groups provided valuable feedback that contributed to recommendations to refine the training programme. Members of the SAG also shared their experiences working on the co-design initiative, providing a better understanding of the value of that project.

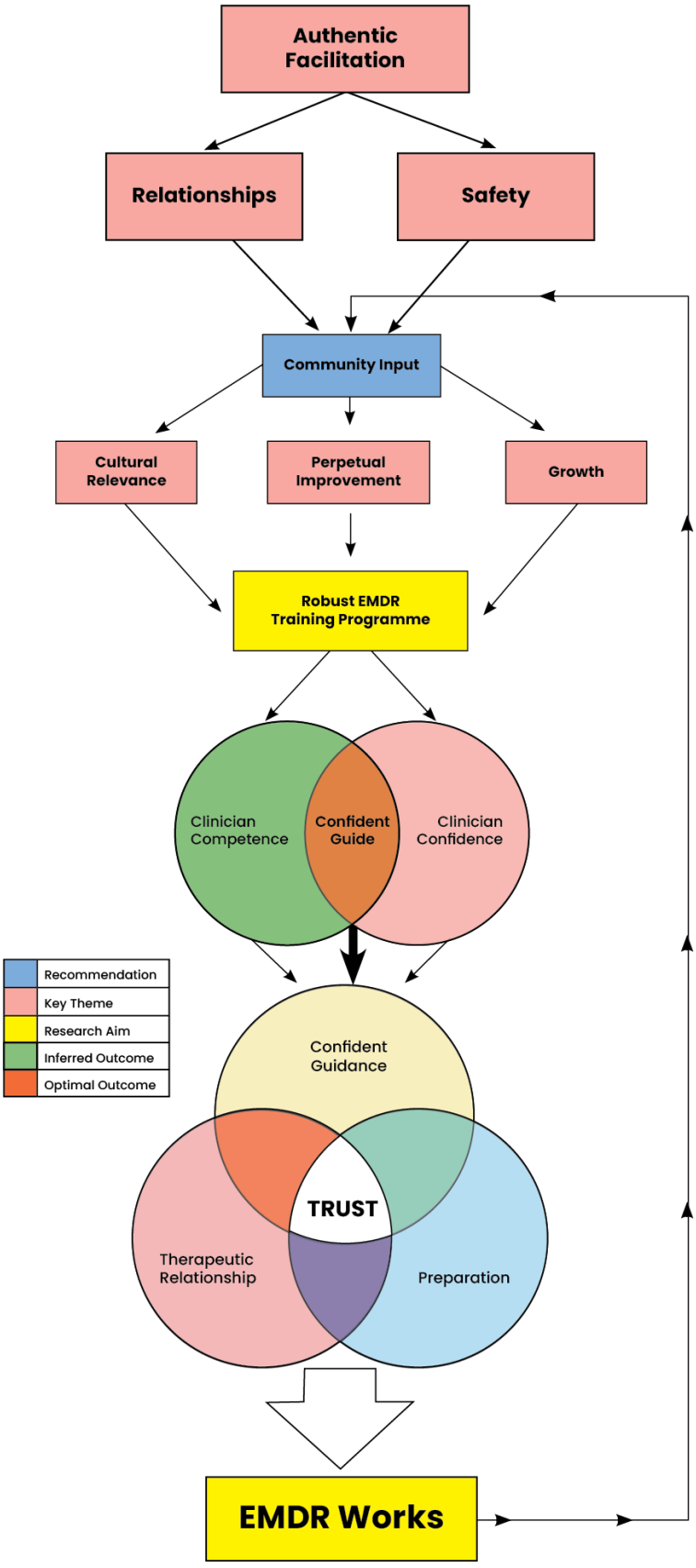
Thematic data analysis of the stakeholder data identified five major themes: *perpetual improvement*, *cultural relevance*, *growth, clinician confidence,* and *trusting relationships.* The analysis of client experiences also revealed five major themes: *confident guidance*, *therapeutic relationship*, *preparation*, *trust*, and *EMDR works*. The SAG data, which supports the secondary research aim, included the themes, *good facilitation*, *relationships,* and *positive experience.* Many themes had related subthemes and these often interacted.

Research Question One

The first research question was: *What perspectives from community stakeholders and clients can course designers incorporate to ensure the course is robust and fit-for-purpose in Aotearoa?* To answer this, I considered the models presented with my findings and developed an integrated framework, shown in Figure 5. This framework illustrates how the models align and demonstrates how the training programme can be continuously enhanced by incorporating community input, like feedback from client therapy experiences, advisory groups and research.

Figure 5

Integrated Framework for Developing a Robust EMDR Training Programme



A strong training programme stems from community input and the integration of diverse perspectives. The framework reflects the relational perspective offered by stakeholders, incorporating *humility*, *self-reflection* and *collaboration* as underlying, implicit elements of the framework. It also embraces the perspectives of *growth*, and *perpetual improvement*, ensuring that the course evolves to meet the ever-changing needs of the community. This framework uses community input to integrate cultural perspectives to the design and delivery of the training programme, enhancing its *cultural relevance* and ensuring that it is more inclusive and responsive to the diverse needs of both the trainees and the community. Including these perspectives in the design and delivery of the training programme will ensure it is robust and fit-for-purpose in Aotearoa.

Findings from stakeholder data emphasise that relationships are crucial to the success of the Otago training programme. Building trust and working collaboratively with groups and individuals outside the university will foster ongoing feedback and accountability. The data suggests that adopting a relational approach will help course designers become better attuned to community needs, be able to leverage the strengths of others to address areas of weakness and ultimately enhance the programmes relevance and effectiveness. Furthermore, broadening and strengthening community networks may support a cultural shift to greater acceptance of EMDR within clinical settings and communities where there is a stigma around EMDR and mental health. As there is no existing stakeholder literature regarding EMDR training, these findings provide a foundation for future research in this area.

While stakeholder discussions were largely centred on external relationships, I also considered how adopting a relational perspective could support relationships within the programme for more positive outcomes. Educators' relational factors are highly relevant, as they mediate skill acquisition and competence while providing reassurance to trainees (Rocco et al., 2019). Moreover, educators can serve as a model for the clinical relationship (Rocco et al., 2019), demonstrating the values and principles they believe are essential in

EMDR therapy. This relational approach not only strengthens the training environment but imparts a deeper understanding of the therapeutic process, ultimately benefiting both clients and trainees.

This research is significant due to the limited comparative literature that specifically focuses on using community stakeholder or client perspectives to enhance EMDR or other psychotherapy training programmes. However, existing literature on EMDR trainees' experiences emphasises confidence as a critical element in EMDR training (Dodaj & Dodaj, 2021; Farrell & Kennan, 2013; Karagiorgos, 2024), which this research confirms. Consistent with previous research, stakeholders in this study recommended role play (Dodaj & Dodaj, 2021; Karagiorgos, 2024), supervision (Dodaj & Dodaj, 2021; Farrell & Kennan, 2013; Karagiorgos, 2024), and peer support (Dodaj & Dodaj, 2021) as effective methods for fostering trainee confidence, supporting continued practice and improved client outcomes. Reassurance from educators was also identified as a key factor in promoting trainee confidence, highlighting the importance of relational factors within the classroom setting. Additionally, encouraging trainees to use self-reflection to assess their confidence and areas for improvement would be beneficial. Bennett-Levy et al. (2001) noted that trainings that encourage self-reflection improve trainees' experiences, contributing to their professional growth. Educators could provide guidance on this practice, offering strategies to overcome self-doubt, and encourage trainees to incorporate these activities into their professional practice post-training.

The client data supported the stakeholder finding that a confident clinician can positively influence client therapy outcomes. The therapist's confidence helped put clients at ease, which in turn supported their confidence in the treatment. The presence of this finding across two distinct participant groups with different perspectives strengthens its veracity and underscores its significance for educators, trainees, therapists and clients. These findings align with previous studies, indicating that fostering both confidence and competence should be central priorities for Otago course designers and educators. While training in EMDR is

mandatory to be a practitioner, it is insufficient without practice and experience (Shapiro & Forrest, 2016). As noted by some of the experienced stakeholders, confidence can be gained through continued practice, so it is essential to support trainees with this. Further longitudinal research would be required to assess trainees' continued use of EMDR therapy after training, as well as to examine how patient outcomes are influenced by changes in trainees' confidence.

Stakeholders identified a need for the training programme to be *Te Tiriti-led* and emphasised its *cultural relevance*. While there is limited literature on culturally relevant EMDR training programmes, others have argued that trauma training must include education on culture and context (Cook et al.,2019; Weine et al 2002). The findings also support those who claim cultural considerations for Aotearoa-based EMDR therapists are key (Neuenfeldt et al., 2024), and those who advocate for cultural competencies within EMDR therapy (Nickerson, 2023). Nickerson (2023) has suggested that therapists adopt a "culturally conscious" (p. 4) approach, characterised by curiosity and humility, to maximise their effectiveness. This was echoed by stakeholders in this study, who emphasised the importance of cultural awareness and sensitivity both within the course and in trainees' clinical practice. While mental healthcare providers can complete cultural training independent of the Otago programme, incorporating elements of cultural responsivity into the Otago curriculum would underscore its significance and ensure that some of the material is specific to EMDR.

Incorporating Nickerson's (2023) approach into the training programme not only meets the needs of trainees but also models a culturally responsive approach that can be integrated into their future practice. This could enhance the engagement of diverse cultural groups in both EMDR training and therapy, promoting equitable healthcare outcomes for Māori and other marginalised groups. The findings also support Otago's strategic goals, specifically Te Tipuranga/Growth and Development and Te Honohono/Partnership (Otago, 2025c), contributing to the success of Māori trainees and clients. Cultivating strong

relationships with iwi and Māori healthcare providers would ensure the course is effectively incorporating Māori worldviews and reaching Māori trainees and clients.

While this research highlights the importance of cultural considerations for the training programme as noted by stakeholders, it did not significantly contribute to our understanding of the cultural requirements of EMDR clients or trainees. Stakeholders and clients with lived experience of receiving EMDR therapy observed that, due to the mechanistic approach of EMDR, the therapy itself had limited interaction with culture, if any. However, some EMDR therapist stakeholders suggested that incorporating cultural elements could enhance the therapy. Research on EMDR experiences in Africa found that a culturally appropriate approach involved re-wording the protocol script and using tapping instead of eye movements (Mbazzi et al., 2021). Speaking to the client experience model, it may also be that adopting a culturally responsive approach strengthens the therapeutic relationship or improves preparation and, consequently, trust, and this facilitates better client outcomes. Further research is needed to explore this area and address this gap in our understanding of how cultural factors influence experiences and outcomes in EMDR therapy.

The stakeholder theme, *growth*, encompassed the need to both expand course offerings and increase the accessibility of the training programme. Stakeholders, particularly those trained as EMDR clinicians, noted the need for more advanced or specialised training options. This aligns with existing literature recommending advanced training options for EMDR therapists, as well as protocol-focused training for those offering short-term interventions (Laliotis et al., 2021). Supporting the work of Laliotis et al. (2021), stakeholders in this study expressed that such diversity in training would not only enhance the accessibility of EMDR training for therapists, but also better equip them to adapt to different clinical contexts.

The perspectives offered by clients to support the refinement of the training programme reflect the elements they felt were important to their therapy experiences. These are represented by the circles and areas of intersection in the model of the EMDR client

experience shown in Figure 3 and incorporated into the integrated framework in Figure 5. The complexity of these elements is evident, but I believe the model can effectively guide course designers in refining the programme to ensure that trainees meet clients' needs.

The client themes, *confident guidance, therapeutic relationship*, *preparation*, and *trust*, or their subthemes, align with existing research of client experiences. Client safety (CT2.2) is frequently mentioned in the literature, with various factors cited as contributing to its establishment. For individuals undergoing intensive EMDR, a sense of safety was created through a protected space and connections (Butler, 2023). In another study, safety was fostered through encouragement, confidence in the therapy, the therapeutic relationship, and adherence to protocols (Marich, 2010). My findings support existing literature in its assertion that safety is a crucial element of EMDR therapy (Butler, 2023; Hammond et al., 2023; Marich, 2010; 2012). However, based on my findings, I contend that safety is a product of the therapeutic relationship and preparation. It also plays a critical role in establishing trust, which is the integral component of the therapeutic process.

Trainees enrolled in the Otago programme are experienced clinicians who likely understand the importance of establishing a safe space for clients and how to do so. However, EMDR therapy is a unique form of psychotherapy, and instruction on creating a safe space within the context of EMDR is something for course designers to address within the curriculum. Created from client feedback, the client experience model highlights the importance of thorough preparation and the demonstration of strong relational qualities in facilitating safety. Trainees can also draw on their experiential learning from role plays to incorporate their own experiences as clients, which can further support them with this.

The therapeutic relationship played an important role in clients' experiences, confirming findings presented by numerous others (Dworkin & Shapiro, 2013; Hammond et al., 2023; Marich, 2010, 2012; Wise & Marich, 2016). While this finding is not a novel addition to the literature, the client experience model offers a new perspective on the role of

the therapeutic relationship in clients' experiences of EMDR therapy. The model depicts the therapeutic relationship as one of three key elements that fosters *trust,* alongside *confident guidance* and *preparation*, which in turn enhances client engagement with the therapy. This partially aligns with Hammond et al. (2023), who noted that guidance from the therapist and the therapeutic alliance were important factors in establishing trust, and Wise and Marich (2016), who found that rapport was crucial for facilitating trust.

The model offers an explanation as to why some clients in other studies, who reported a lack of a therapeutic relationship, still had successful EMDR experiences. The dynamic, integrated nature of the elements within the model illustrates that if one element is reduced or absent, the other elements can still facilitate trust and contribute to a positive outcome. For example, clients in a study by Edmond et al. (2004) attributed the success of their EMDR treatment to following the protocol and the confidence and experience of their therapist. The researchers also noted that self-efficacy may have also supported successful therapy outcomes. In the model, where there is an absence of a strong therapeutic relationship, these elements become the main facilitators of trust and therefore, outcomes.

As with creating a safe therapeutic space, Otago trainees will likely enter the training with a strong understanding of the importance of the therapeutic alliance from their existing professional practice. Rather than teaching this, course designers and educators should emphasise to trainees is that successful client outcomes in EMDR therapy are influenced by a combination of factors, which can vary depending on the client. The findings suggest that adopting a relational approach to help form an alliance and shared understanding with the client will ensure the best opportunity for a successful outcome for the client. Additional exploration is required to fully understand the nuances of the therapeutic relationship in relation to EMDR therapy, particularly in cases where there is less emphasis on the therapeutic alliance.

My findings also suggest that guidance, including encouragement and preparation, are important elements of therapy for EMDR clients that contribute to building trust and engagement. This aligns with the research by Brooks et al. (2021), who also noted that encouragement and preparation promoted client engagement. However, where my findings highlight the role of trust in this process, they attributed engagement to an increased sense of agency. Notably, the Brooks et al. (2021) study included clients undergoing CBT and combination approaches, and utilised template analysis to identify themes. As such, it is unclear whether the difference in therapeutic modalities, analytic approach, researcher interpretation, or other factors account for the contrasting results. I suggest that client agency could potentially emerge due to clients developing trust in themselves.

Summary. The five stakeholder themes comprise important perspectives for Otago course designers to consider when refining the programme. Although there was limited existing literature in this field for comparison, the findings align with previous studies that focus on trainees. These findings address the gaps in research regarding client and stakeholder input into EMDR and psychotherapy training, as well as the lack of exploration into cultural considerations in EMDR training. This study begins to fill the gap in our understanding of EMDR training in Aotearoa and the needs of our communities in relation to this type of training programme. Additionally, the wealth of insights this research has amassed demonstrates the value of seeking and incorporating community and client perspectives, providing a solid foundation for further research in this area. The integrated framework provides a guide for effectively utilising community insights for course development, which future research can continue to explore and build upon.

The client themes identify important considerations for course designers and largely support the existing literature. This research fills a gap and extends our understanding of the key elements that clients believe contribute to their therapy experiences, as well as the relationships between these elements. The client experience model I developed offers a new way of understanding EMDR therapy from a client's perspective, particularly within the

context of Aotearoa. Additionally, this research addresses the gap in Aotearoa-based client experience literature and in the literature on client involvement in training programme design.

Research Question Two

To explore the efficacy of the Otago training programme, I considered the second research question: *What are the experiences of clients receiving EMDR therapy from trainees of the Otago training programme?* Many aspects of clients' experiences were discussed in relation to the first research question, so to address this question, I will focus on overall client experiences and outcomes.

All client participants in this study reported positive outcomes, as demonstrated by the theme, *EMDR works.* These findings align with existing literature on client outcomes, which is predominantly positive, both within Aotearoa and internationally (Edmond et al., 2004; Every-Palmer et al., 2023; Hammond et al., 2023; Marich, 2010; 2012; Wise & Marich, 2016). While clients acknowledged the challenging nature of EMDR therapy, they emphasised that the experience was "worth it" given the positive results. The themes *EMDR works* and its subthemes, *transformative* and *worthwhile* support findings from another Aotearoa-based study (Every-Palmer et al., 2023), supporting the cultural suitability of EMDR therapy in this context. Furthermore, the subtheme *transformative,* corroborates much of the research included in Shipley et al.'s (2022) literature review, where fourteen studies reported themes or subthemes akin to *transformative*.

Clients in this study described significant improvements in their mental health. This not only confirms that EMDR therapy is an effective treatment option for clients in Aotearoa but also demonstrates that the current iteration of the Otago training programme successfully prepares trainees to practice EMDR therapy. As noted previously, confidence is an important element in EMDR therapy for both clients and therapists. Using the pathway depicted in the integrated framework in Figure 5, these findings can feedback into the training programme, enhancing the confidence of trainees and future clients. Moreover, the

positive outcomes reported in this study can provide reassurance to course designers and educators, affirming that the programme is facilitating positive outcomes for both trainees and clients.

Summary. This research adds further evidence to the life-changing power of EMDR therapy experienced by some clients. It also adds to the more general qualitative literature focused on client experiences and the efficacy of EMDR therapy and addresses the gap in Aotearoa-based research. This study makes a significant contribution to our understanding of receiving EMDR therapy from Otago-trained therapists, as this is the first study conducted in this area. This research was unable to contribute to understanding more about negative or neutral experiences of EMDR therapy and further research exploring client experiences is needed to fill this gap. Notably, clients did not comment on the cultural suitability of EMDR therapy, so this gap remains.

Research Question Three

To address the secondary research goal and better understand SAG members' co-design experiences, I considered the third research question: *What were SAG members' experiences of the co-design process in supporting the development of a robust and fit-for-purpose training programme?*

The SAG participants reported a positive co-design experience, driven by several key factors. The group's organisation and facilitation were crucial in establishing a safe space where members felt comfortable sharing their ideas openly. This finding aligns with existing research, which asserts that co-design organisers' hospitality and organisation are instrumental in facilitating a safe, inclusive, comfortable environment that promoted active engagement (Forrester-Bowling et al., 2025). This finding also supports other research suggesting that building trusting relationships and having safe spaces for challenging conversations are essential elements of an effective co-design process (McKercher, 2020;

Staniszewska et al., 2022). SAG members did not fear reprisal voicing their thoughts, feelings or opinions within the safe space that was curated by organisers.

Feeling heard in a collaborative space was important for SAG members, who acknowledged that disagreements were inevitable. This aligns with the assertion that “co-design must make space for manaakitanga” (kindness and respect for others; McKercher, 2020, p. 37) to ensure members can contribute equitably and collaborate constructively. Manaakitanga can be linked to both facilitation (Forrester-Bowling et al., 2025) and the development of relationships, as SAG members felt it was the organisers who created space in meetings to both build relationships and ensure that everyone had an opportunity to contribute. This approach, which made the members feel valued, is consistent with existing literature (Forrester-Bowling et al., 2025).

SAG members felt that the group was convened with a genuine interest in their insights and contributions, which enhanced their sense of value within the group. This authenticity empowered members and contributed to members’ motivation to engage in the group, promoting more meaningful experiences and outcomes (Schreur et al., 2015). Furthermore, this genuine desire to receive and incorporate feedback prevented the group from feeling tokenistic (Cooper et al., 2016).

By prioritising relationships within the SAG, equality among members was promoted and power imbalances ceased to be an issue. Adopting a relational approach fostered a collaborative and productive environment where members felt valued and reported positive experiences. I believe the SAG could serve as a model for both educational spaces and therapeutic spaces, where safety, respect and relationships are paramount.

For the training programme, this relational approach can facilitate enhanced learning for trainees, as well as improve accessibility and visibility of the programme. By continuing to incorporate co-design projects within the Otago programme, it will help ensure it remains relevant and responsive to the needs of trainees, clients, and the wider community.

Furthermore, it will demonstrate the programme's commitment to inclusivity, continuous improvement, and alignment with the Otago Māori Strategic Framework 2022.

Summary. Overall, the co-design project was enjoyed and deemed successful by SAG members, aligning with existing literature on other well-executed co-design projects. These findings support the implementation of future similar initiatives, emphasising the importance of facilitating relationships and promoting equitable collaboration. This research addresses the gap in existing literature around co-design in the context of EMDR therapy training. It also contributes to gaps in Aotearoa-based literature on co-design and the experiences of stakeholder co-design in mental health.

Contributions of This Research

While limited in size, scope, and generalisability, this study makes several notable contributions. This is the first study to explore the needs of the community with regards to the development of an EMDR training programme. There is a dearth of literature on EMDR training, and seemingly none that considered client of stakeholder perspectives. For the Otago programme, gathering perspectives of community members and service users ensures it is fit-for-purpose and is pivotal to its success.

This research also contributes to our understanding of client experiences of EMDR therapy in Aotearoa, offering valuable insights into how it is experienced within this specific context. It is crucial to explore our unique context to ensure that mental health training and services are suited to the needs of the community. By identifying the elements that are important to EMDR clients in Aotearoa, this research contributes to the advancement of client-centred training and treatment.

The models and framework that emerged from this study represent significant contributions of this research. Although grounded in the data collected from this study, the client EMDR therapy experience model I developed has the potential to extend beyond the

specific context of this research. It has the potential to be applicable to client experiences in other settings, including individuals treated by therapists who trained through other programmes. The model is dynamic and has the capacity to flex, which increases its generalisability and enhances its value for other researchers, educators, or therapists.

Similarly, while the course development model I created was designed specifically for the Otago EMDR training programme, I believe it can be a useful guide for others seeking to integrate service user and community perspectives into the development of training programmes. By adopting a relational perspective and elevating community voices, this model has the potential to support the development of more inclusive, responsive, and effective training programmes, both within Aotearoa and beyond.

One reason university courses in Aotearoa lack service user-informed design is that lived experience teaching is undervalued (Gupta & Taylor, 2022). This study has demonstrated the value of lived experience perspectives and insights for course design, providing evidence that may help move Aotearoa closer to aligning with international mental health education standards. Additionally, I believe my findings offer meaningful insights for those engaged in the development of other training programmes within Aotearoa. Elements such as adopting a Te Tiriti-led approach, building networks and promoting collaboration are relevant across a variety of educational contexts in Aotearoa and should be embraced.

This research makes several contributions to our understanding of client experiences of EMDR therapy, offering insights that can have meaningful implications for practice. First, confidence plays a crucial role in treatment efficacy. While EMDR may be challenging, this study illustrates that it can be an effective treatment option, making it worth pursuing and seeing through to completion. Second, clients need to feel safe, connected, and adequately prepared for therapy. It is important to ask questions, take the time needed, and establish trust with the therapist. Third, providing feedback, either to the therapist or through research opportunities, can have an impact on the design and delivery of training and services, while

also contributing to the confidence of therapists and future clients. Finally, connecting with others and offering or seeking peer support is invaluable. Seeing a model of successful outcomes can enhance treatment efficacy, so for those who feel comfortable speaking out, it could make a meaningful difference to someone else's experience.

Implications of this Research

There are several implications derived from this research. While these implications are primarily relevant to the Otago programme course designers, several may be valuable to others involved in designing EMDR training or other psychotherapy training initiatives, whether at a university level or otherwise. Additionally, EMDR trainees or therapists could reflect on how these implications might inform and enhance their individual clinical practice.

Implication One: Establish and Nurture Relationships

Relationships are essential to the development and success of the Otago training programme and go hand-in-hand with a Te Tiriti approach. A strong network of community connections, particularly with Māori groups, can foster trust in EMDR therapy, increase the visibility of both EMDR therapy and the Otago programme, and enhance accessibility and engagement. Trusting relationships will foster collaboration to promote ongoing representation from the community and service users in the continuous refinement of the programme. Adopting a relational approach to the design and delivery of the programme will also support internal connections between educators and trainees and will the best opportunity for trainees to flourish demonstrating the programme's overall success.

Implication Two: Engage in Outreach

The Otago EMDR training programme is the first of its kind in Aotearoa and operates with limited resources and capacity. For the programme to grow and succeed, course designers must actively engage in outreach efforts to raise awareness, generate interest and promote understanding of the programme. This will, in turn, foster additional research

interest, attract more diverse cohorts of trainees, support greater accessibility, and enhance its impact on the community. Engaging with external parties to build networks and support systems will ensure that the programme reaches its full potential and remains sustainable long term.

Implication Three: Be Values Driven

The Otago training programme is well-placed to serve as a model for clinical training and continuing development for EMDR trainees, enriching their educational experience. The themes of *perpetual improvement*, *cultural relevance*, *growth* and *relationships* can serve as key guides for course designers. Being led by Te Tiriti is perhaps the most important aspect for an Aotearoa-based course, as it integrates these themes and incorporates a Te Ao Māori perspective to best serve clients in Aotearoa. By embodying the values they wish trainees to adopt in their professional careers, course designers can elevate trainees' experiences within the Otago training programme, ultimately leading to better outcomes for both trainees and clients.

Implication Four: Embrace Co-Design

Co-design is an invaluable approach for supporting the development of a robust training course, leaning on collaboration, relationships, and humility. It brings together experts from diverse fields and backgrounds and highlights service user perspectives, which can drive client-centred EMDR therapy practice and enhance experiences and outcomes. Adopting co-design strategies signifies a commitment to collaboration and, when facilitated with authenticity, can have a positive impact.

Implication Five: Promote Trainee Confidence

Confidence is a key outcome of the Otago training programme due to its influence on client experiences and therapeutic outcomes. Clinicians who are confident in their skills and the model are more likely to continue to engage with EMDR therapy after training. Therefore,

a strong training programme should not only foster trainee confidence throughout the course but also educate trainees on the importance of maintaining and continuing to develop their confidence once their training has finished.

Implication Six: Continue to Build on a Solid Foundation

Feedback from clients of Otago trainees indicates that the current iteration of the training programme is producing skilled and effective EMDR therapists. While I am unable to comment specifically on the training programme's strengths and weaknesses, the consensus from client participants in this study was that Otago-trained therapists can provide EMDR therapy that delivers positive outcomes. Course designers can be confident that, as it stands, the training programme is clinically successful and provides a solid foundation for further development.

Other Implications

At a societal level, the Otago training programme has the potential to significantly improve the mental health of our communities by increasing the number of well-trained EMDR therapists. This could contribute to a growing shift towards more trauma-centred practices that address the underlying causes of substance abuse, physical abuse and other health conditions, benefitting the healthcare system and society more broadly.

From a policy perspective, Aotearoa could follow the example set by the UK and mandate the inclusion of stakeholder and service user perspectives in the design of mental health services and training programmes. This would ensure that the voices of those with lived experience are systematically incorporated, fostering a more relevant and responsive health system.

This research emphasises the importance of clinician confidence, which carries clinical implications. EMDR therapists must engage in appropriate supervision, peer support, and continuing professional development to build the confidence necessary to effectively guide clients through therapy. Additionally, this research highlights the importance of

fostering rapport with clients and adhering to the therapeutic model to build trust, which is essential for achieving successful treatment outcomes.

Strengths of This Research

One of the greatest strengths of this study is its inclusion of client and community voices. The stakeholder group represented a diverse range of communities and perspectives, all of which are highly relevant to healthcare training in Aotearoa. Collectively, the stakeholders brought several decades of experience in working with individuals who have experienced trauma and communities who are often marginalised. The clients shed light on the efficacy of the current iteration of the training programme and highlighted the aspects they felt contributed most to their EMDR therapy experiences. Accessing this group proved challenging due to privacy protocols, as I could only access them through their therapists, who were contacted via the research fellow. Given this indirect access and the double layer of self-selection, I felt fortunate that three clients agreed to participate. Together, both stakeholder and clients provided invaluable feedback that will enable Otago course designers to make informed and meaningful adjustments to the programme.

Also noteworthy are the actionable recommendations that emerged from the participant interviews and data synthesis. These recommendations include lenses and approaches for course designers to consider when making course adjustments, as well as specific topics to incorporate into future iterations. Together, these recommendations will help ensure the training programme is responsive to the needs of those engaging with EMDR therapy in Aotearoa, enhancing its relevance and effectiveness in training EMDR therapists.

The models and integrated framework developed during the final stage of data analysis make a valuable contribution to understanding of three key areas of this research. The first model illustrates how authenticity and effective facilitation can foster positive working relationships and experiences during the co-design process. The second model presents a cyclical approach to programme enhancement, emphasising ongoing community

input across multiple areas. The third model attempts to represent the complex nature of client experiences receiving EMDR therapy, identifying the most important elements that shape these experiences. This model enhances the understanding of client experiences for both course designers and EMDR therapists which can support improved EMDR training and practice. The integrated framework illustrates how the components work together to continuously inform programme development. These models are representations of my interpretations and have not yet been externally validated, though they may inspire future research hypotheses and guide additional empirical research and confirmatory analysis.

Lastly, this project was conducted with a high degree of rigour. The project underwent review by the Massey University Ethics Committee to ensure it adhered to ethical standards. While I am a novice qualitative researcher, I received support from my supervisor and the wider research team to ensure I adhered to Thomas' (2006) general inductive approach. To ensure the trustworthiness of the findings, I engaged participants by submitting findings for review and feedback at various stages of the analysis process. To spark discussion and obtain feedback from external sources, I presented my preliminary findings at the EMDR Conference in November 2024. I also shared an overview of my findings and models at an Otago Research Symposium in February 2025. This was well-received, and the client model was identified as a highlight of the presentation. Throughout the project, I have strived to consider multiple perspectives, and engaged in self-reflective practices to ensure my approach was balanced and comprehensive. I also believe that the limited knowledge of EMDR therapy I possessed at the outset strengthened this project, as it allowed me to approach the research and interviews with a fresh perspective.

Limitations and Directions for Future Research

Stakeholder participants provided valuable insights on behalf of important Aotearoa communities. However, a limitation of this study's design was that, as external parties, stakeholders were unable to provide direct feedback on the training programme's strengths and weaknesses. To capture informed stakeholder perspectives that identify barriers and

guide course improvements, it may be beneficial to provide stakeholders with an understanding of course details like entrance pathways and teaching and assessment methods. While it is not necessary for stakeholders to fully understand course content, having a grasp of its logistics and practicalities could enable them to offer more targeted, course-specific feedback that considers the needs of their communities. This informed feedback approach could guide future research involving stakeholders and prove useful if an ongoing course advisory group is established.

Of the eight possible SAG participants, four attended interviews and two participated in the focus group. Additionally, three clients took part in interviews and three SAG members contributed data for the secondary research aim. I was satisfied with the quality of the data produced by these groups, though larger samples may have strengthened findings by including a more diverse range of perspectives. The sample sizes may have been influenced by the study design, which also limited the generalisability of findings. However, these issues were anticipated and the latter accepted, given the focus on the Otago programme.

The case study design using online, semi-structured interviews is a distinctly Western approach to data collection, particularly when aiming to engage a culturally diverse participant group. Additionally, stakeholder participants reported limited availability to participate in interviews. A mixed-methods survey could offer a more efficient way to collect data from a larger, more diverse group. Furthermore, alternative formats for discussions or the involvement of a non-Pākehā researcher may have been more culturally appropriate and resulted in greater engagement or increased participant disclosure. Future research could incorporate survey data to or consider Te Tiriti-led approaches and collaboration with relevant groups to guide project design and data collection to promote greater engagement.

Only clients who received privately funded or ACC-funded EMDR therapy were eligible to participate in this study. Due to the time constraints on this project, informed by the thesis submission date, it was not feasible to obtain the required locality approval to

include publicly funded clients. These voices are important to capture to ensure balanced representation, but unfortunately, they fell outside the scope of this project. Gathering perspectives from publicly funded service users is noted as a key area for future research.

All client participants who elected to participate were female and reported positive experiences receiving EMDR therapy from Otago trainees. This could be a result of clients self-selecting for participation, or relying on trainees to recruit clients, inviting possible selection bias. This supports literature that suggests negative experiences are underreported (Shipley et al., 2022). While these are not necessarily limitations of the present research, it is important to highlight these elements to note where future research may address gaps. Future studies involving EMDR clients may wish to target male voices or those whose experiences were neutral or negative. This would support the call for more balanced accounts of client experiences of therapy (see Brooks et al., 2021).

Recommendations for the Otago EMDR Training Programme

Based on a critical analysis of participant insights and feedback, I have compiled several recommendations for Otago course designers to enhance the quality and suitability of the training programme. To fit within the scope of this paper, I have identified five of the most meaningful recommendations for discussion. Additional recommendations can be found in Appendix I. While these recommendations are specific to the Otago EMDR training programme, they may be useful for other trauma-related or Aotearoa-based courses.

Recommendation One: Create a Strategic Plan

The first recommendation relates to the how course designers adopt and integrate the findings of this research. This paper presents several ways in which Otago course designers could seek to enhance the training programme and not all will be feasible. Therefore, I recommend course designers review all the feedback and create a strategic

plan to map out priorities. This will guide focus, help to secure the appropriate resourcing and ensure decisions align with programme and university goals and values.

Recommendation Two: Adopt a Relational Perspective

The second recommendation for course designers is to adopt a relational perspective of course development, prioritising connections and collaboration with others. When creating the recommended strategic plan, designers can identify the key relationships to focus on to meet objectives, as well as consider long term maintenance strategies. Stakeholders provided the names of several people and organisations they recommend collaborating with, which I have included with the additional recommendations found in Appendix I.

Recommendation Three: Establish an Advisory Group

To continue harnessing community and client voices, I recommend establishing a course advisory group. Ideally, the group would represent a diverse range of cultures, ages, and experiences, bringing together former Otago trainees, other practicing EMDR therapists, and EMDR therapy clients. To ensure a broad array of perspectives, this group could also include individuals who have never engaged in any form of psychotherapy or who have received other trauma-focused treatments. The groups' objectives would include providing insights relating to cultural relevance, identifying barriers to engagement with both EMDR training and therapy, and making recommendations for the programme's ongoing growth and development.

Recommendation Four: Implement Self-Reflective Protocols

The fourth recommendation is to establish more explicit self-reflective protocols for both educators and trainees. This could involve a pre-training questionnaire to assess trainees' current self-reflective practices, emphasising the importance of self-reflection and identification of biases, and setting clear expectations for these at the outset of the course. By including these elements in the training and demonstrating how these can be

incorporated into professional practice, trainees will be better supported in making self-reflection and understanding of personal biases an ongoing part of their practices.

Recommendation Five: Pursue Ongoing Research

The fifth recommendation is to conduct follow up research to assess both the impact of any modifications made to the programme and the ongoing needs of the community. Continued research is essential to determine whether the programme has effectively addressed the feedback presented in this study. An ongoing feedback loop will ensure that the training programme remains agile, relevant, and fit-for-purpose in an evolving world.

Reflections

> "Getting the story right and telling the story well are essential qualitative methods commitments *and skills*." (Patton, 2015, p. 228, emphasis in original)

Over the past year, I have gained valuable insights into mental healthcare in Aotearoa from a variety of sources. I feel incredibly fortunate to have spent time with stakeholders who generously shared their wealth of knowledge and unique viewpoints, as well as clients who were willing to share their EMDR experiences. I am truly amazed at how open participants were in sharing their personal experiences and feel honoured to have been entrusted with their stories. I believe this openness signals a cultural shift towards more transparent discussions about mental health and reflects our incremental progress towards the destigmatisation of these topics.

Much like this research is a small piece of a larger study, I have come to understand that a university training programme is also part of something much bigger. It is influenced by a variety of factors, including policy, societal values and the ever-changing needs of the community. While there are entire communities that could benefit from this programme, we must establish the necessary connections to facilitate this. By cultivating relationships with

peers and communities, we can draw on each other's strengths and improve course outcomes, creating ripples of influence that benefit everyone. I firmly believe that relationships are at the heart of everything we do as humans, and that success is not the work of an individual, but the work of many.

Conclusions

This chapter discussed the findings in terms of the research aims and literature gaps. It presented an integrated framework for programme development, derived from the descriptive models presented in the Chapter Four. Relationships proved to be a foundational element for the success of the training programme, woven throughout the discussion. By embodying and demonstrating a relational approach, the training programme can serve as a model for trainees, building attitudes alongside their knowledge and clinical and interpersonal skills. This includes building and valuing strong relationships, reflecting and being humble, using Te Tiriti as a guide and being confident in the efficacy of EMDR therapy. The client experience hinges on trust, which is development through a combination of elements. If trainees are aware of these dynamics, they can better align their practice with the needs of their clients, embodying a client-led approach and supporting positive outcomes. The SAG group was well executed and supports the inclusion of future co-design initiatives of a similar nature to support a process of cyclical course refinement.

This study was the first to explore stakeholder insights and clients' EMDR experiences to enhance an EMDR training programme. It has successfully achieved both research aims of exploring client and SAG experiences and better understanding the needs of the community as they relate to improving the Otago training programme. By elevating community perspectives, this research helps ensure that the Otago programme is robust and effectively meets trainee and client needs now and in the future.

Given the limited research in this area, particularly in the context of Aotearoa, this study addresses many key gaps and illuminates many opportunities for additional research. Hopefully this work can offer a base upon which others can build to continue exploration in

this field. Research that follows the development of the training programme after adjustments are made, as well as investigating long term trainee and client outcomes, would be particularly relevant if establishing a continual cycle of course refinement. The implications of this research span multiple levels and inform several recommendations for course designers. However, the positive client outcomes should assure course designers that the existing programme is effective and provides a strong foundation upon which further enhancements can be made.

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Appendix A

Participant Information Sheets

From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

SAG MEMBER INFORMATION SHEET

Before you decide to participate, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and contact the research team if there is anything that needs further clarification. Thank you for considering this request.

Researcher Introduction

The Researcher on this project is Jaime Rendell. She is undertaking this research for the partial fulfilment of a Master of Arts (Psychology) degree through Massey University.

Project Description and Invitation

You are invited to take part in a study about a novel University of Otago Eye Movement Desensitisation and Reprocessing (EMDR) therapy training program. It is part of a larger study that is thoroughly evaluating the program from multiple perspectives. This will help ensure Otago students are meeting clinical, academic, professional, and cultural competencies to support client outcomes.

This part of the evaluation includes examining feedback from Stakeholder Advisory Group (SAG) members on their experiences of participating in co-design of the training program and evaluation. We want to identify opportunities and challenges for the program and areas for improvement. This project will be available in the Massey archives and portions of this research may be published as part of the larger study.

Participant Identification and Recruitment

We are hoping that all eight past and present members of the SAG will elect to participate in this study. Including all SAG members offers the best opportunity to have a comprehensive representation of backgrounds, views, and experiences and robust discussion during the focus group.

Eligibility: SAG member, former or current

Exclusion criteria: none

The project Research fellow contacted SAG members with project information and the researcher's contact details. SAG members opted to liaise with the researcher directly to arrange participation and will be offered a $40 gift card as compensation for their time (pending approval).

There are minimal risks associated with this study. People often find sharing their experiences and feedback with an empathetic listener uplifting and it is hoped that you enjoy taking part. However, it is possible that open discussions of experiences may cause distress. You may decide not to take part in the project without any disadvantage to yourself.

Project Procedures

SAG members who are interested in participating are asked to contact the Researcher. The Researcher will phone or email SAG members to further explain the project and answer any questions. Participants will be asked to attend a 30 - 60-minute interview with the Researcher, arranged at the time of the call. Interviews may be via Zoom, phone call or in person, depending on participant preference. Participants will also be asked to attend an online focus group with other SAG members.

To ensure your comfort, you may have a support person present during the interview, request to stop the interview at any time and decline to answer any questions you wish without providing a reason. You are welcome to contact the research team at any time should you have questions or require support. Along with your usual networks, you may find these services helpful if you are distressed:

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

Conflicts of interest will be discussed with the project supervisor and managed appropriately. Presently, no conflicts have been identified.

Data Management

The interviews and focus group will be recorded and transcribed using secure transcription software. Transcribed data will be deidentified (names and places removed) and participants will be assigned pseudonyms for reference. Please be aware that while we will make every effort to maintain participant anonymity, we cannot guarantee this this may not be entirely possible due to the specialised background of SAG members informing their experiences.

You may request a copy of your raw interview transcript and the removal of any information you wish. The research team will analyse interview data for common themes and ideas which may be discussed further during the focus group. Please be aware that we may not be able to remove specific focus group data due to the nature of the discussion. You will be provided a copy of the data analysis to review and offer feedback. No material that could personally identify you will be used in any reports on this study. Results of this research may be published using anonymised individual quotes. The data from this project will likely be publicly archived so that it may be used by other researchers.

Recordings and transcriptions will be securely stored in the Massey University cloud, accessible only by the research team. Raw data (transcriptions) will be retained for a maximum of 10 years in secure storage; however, the data derived from the research will likely be kept for much longer or possibly indefinitely in any publications arising from the research. Any personal information held on the participants such as contact details and audio recordings will be destroyed upon project completion in February 2025.

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

If you have any questions about the project at any point, please feel free to contact either:

Jaime Rendell, Researcher, Massey University, School of Psychology, Wellington
[redacted]
jaime.rendell.1@uni.massey.ac.nz

Dr Elliot Bell, Supervisor, Massey University, School of Psychology, Wellington
04 979 3611
E.Bell1@massey.ac.nz

Professor Susanna Every-Palmer, Project Lead, Head of Department Psychological Medicine
University of Otago, Wellington
susanna.every-palmer@otago.ac.nz

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 named above is 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.

From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

COMMUNITY STAKEHOLDER INFORMATION SHEET

Before you decide to participate, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and contact the research team if there is anything that needs further clarification. Thank you for considering this request.

Researcher Introduction

The Researcher on this project is Jaime Rendell. She is undertaking this research for the partial fulfilment of a Master of Arts (Psychology) degree through Massey University.

Project Description and Invitation

You are invited to take part in a study about client experiences of Eye Movement Desensitisation and Reprocessing (EMDR) therapy delivered by practitioners trained through a novel University of Otago training program. It is part of a larger study that is thoroughly evaluating the program from multiple perspectives. This will help ensure Otago-trained practitioners are meeting clinical, academic, professional, and cultural competencies to support client outcomes.

This part of the evaluation includes examining feedback from community stakeholders who understand the needs of often under-represented communities, or those who have experienced trauma. The University of Otago training course developers are supporting this Massey University research to understand expectations of an EMDR training program, identify opportunities and challenges for the Otago training program and areas for improvement. Portions of this research may be published as part of the larger study.

Participant Identification and Recruitment

We are hoping that four to six community stakeholders will elect to participate in this study. Combined with the four existing stakeholder participants who are contributing to the program evaluation, this group should represent a variety of backgrounds, views, and communities offering robust data.

Eligibility:
- Professional, practitioner or
- and/or lived experience of trauma
- and/or trauma-focused therapy
- and/or EMDR therapy
- Understands the needs of marginalised/high risk groups

Exclusion criteria: none

The Researcher used the wider research team to conduct purposive sampling and contacted people who fit the eligibility criteria via email. Current stakeholder participants were also asked for suggestions of people who may be interested in participating and were asked to contact the researcher. Participants will be offered a $40 gift card as compensation for their time.

This study has been deemed low risk by Massey University. You may decide not to take part in the project without any disadvantage to yourself.

Project Procedures

Community stakeholders will be invited to participate via email by the Researcher. The Researcher will explain the project, answer any questions, and ask those interested to attend a 30 - 60-minute interview with the Researcher. Interviews may be via Zoom, phone call or in person, depending on participant preference.

To ensure your comfort, you may have a support person present during the interview, request to stop the interview at any time and decline to answer any questions without providing a reason. You are welcome to contact the research team at any time should you have questions or require support.

Conflicts of interest will be discussed with the project supervisor and managed appropriately. Presently, no conflicts have been identified.

Data Management

The interviews will be recorded and transcribed using secure transcription software. Transcribed data will be deidentified (names and places removed) and participants will be assigned pseudonyms for reference. Please be aware that while we will make every effort to maintain participant anonymity, we cannot guarantee this and may not be entirely possible due to the specialised background of community stakeholders informing their feedback.

You will be offered a copy of the edited transcript to approve prior to data analysis, or your raw interview transcript to remove any information you wish. You will have one week to return the edited transcript to the Researcher for analysis. The research team will analyse interview data for common themes and ideas and compare with data from other stakeholder participants. You will be provided a copy of the data analysis to review and offer feedback to support trustworthiness of analysis.

No material that could personally identify you will be used in any reports on this study. Results of this research may be published using anonymised individual quotes.

Recordings and transcriptions will be securely stored in the Massey University cloud, accessible only by the research team. Raw data (transcriptions) will be retained for a maximum of 10 years in secure storage; however, the data derived from the research will likely be kept for much longer or possibly indefinitely. Any personal information held on the participants such as contact details and audio recordings will be destroyed upon project completion in February 2025.

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 **30 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

If you have any questions about the project at any point, please feel free to contact either:

Jaime Rendell, Researcher, Massey University, School of Psychology, Wellington
[redacted]
jaime.rendell.1@uni.massey.ac.nz

Dr Elliot Bell, Supervisor, Massey University, School of Psychology, Wellington
04 979 3611
E.Bell1@massey.ac.nz

Professor Susanna Every-Palmer, Project Lead, Head of Department Psychological Medicine
University of Otago, Wellington
susanna.every-palmer@otago.ac.nz

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 named above is 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.

From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

CLIENT INFORMATION SHEET

Before you decide to participate, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and contact the research team if there is anything that needs further clarification. Thank you for considering this request.

Researcher Introduction

The Researcher on this project is Jaime Rendell. She is undertaking this research for the partial fulfilment of a Master of Arts (Psychology) degree through Massey University.

Project Description and Invitation

You are invited to take part in a study about client experiences of Eye Movement Desensitisation and Reprocessing (EMDR) therapy delivered by practitioners trained through a novel University of Otago training program. It is part of a larger study that is thoroughly evaluating the program from multiple perspectives. This will help ensure Otago-trained practitioners are meeting clinical, academic, professional, and cultural competencies to support client outcomes.

This part of the evaluation includes examining feedback from participants regarding the EMDR therapy received from Otago-trained practitioners. The University of Otago training course developers are supporting this Massey University research to identify opportunities and challenges for the program and areas for improvement. The Researcher's focus would not be so much on the content of your therapy, but rather your experience of its delivery and suitability for you as someone in Aotearoa New Zealand. Portions of this research may be published as part of the larger study.

Participant Identification and Recruitment

We are looking for 6 -10 people who have completed EMDR therapy with University of Otago-trained practitioners. This number should provide diversity in participant backgrounds, views, and experiences and allow in depth analysis.

Eligibility:

- Clients who have completed or withdrawn from EMDR therapy from Otago-trained practitioners.
- Clients who received EMDR treatment in private practices (self or ACC funded)
- Clients who are 18 years of age or older.

Exclusion criteria:

- Clients who are currently engaged in EMDR therapy with Otago trainees.
- Clients who received EMDR therapy with a practitioner through public mental health services (like Te Whatu Ora).
- Clients who are younger than 18 years of age.

Participants are being recruited through practitioners who completed the University of Otago EMDR Special Topic I paper in 2023 and those who are currently enrolled in Special Topics 1 and 2. The project Research fellow emailed Otago students a flyer with project information and the Researcher's contact details and asked them to share it with their clients. Clients are invited to contact the Researcher if they wish to participate. The Researcher will not be able to link clients to their practitioners and practitioners will not know if their clients elect to participate unless the client chooses to disclose this. Clients who agree to an interview will be offered a $40 gift card as compensation for their time.

There are minimal risks associated with this study. People often find sharing their experiences and feedback with an empathetic listener uplifting and it is hoped that you enjoy taking part. However, it is possible that recalling the experience of therapy may elicit an emotional response. You may decide not to take part in the project without any disadvantage to yourself.

Project Procedures

Clients of Otago-trained practitioners who are interested in participating are asked to contact the Researcher via the recruitment flyer provided by their practitioner. The Researcher will contact clients to further explain the project, answer any questions, and gather demographic information. Participants will be asked to attend a 30 - 60-minute interview with the Researcher, arranged at the time of the call. Interviews may be via Zoom, phone call or in person at a research clinic in Wellington, depending on participant preference. Questions relate to your understanding of EMDR therapy and if you could offer any suggestions for improvement.

To ensure your comfort, you may have a support person present during the interview, request to stop the interview at any time and decline to answer any questions you wish without providing a reason. You are welcome to contact the research team at any time should you have questions or require support. Along with your usual networks, you may find these support services helpful:

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

Conflicts of interest will be discussed with the project supervisor and managed appropriately. Presently, no conflicts have been identified.

Data Management

All interviews will be recorded and transcribed using secure transcription software. Transcribed data will be deidentified (names and places removed) and assigned pseudonyms for reference. It will not be linked to you personally or your practitioner. You may request a copy of your raw interview transcript and the removal of any information you wish. You will have one week to return the edited transcript to the Researcher for analysis. The research team will analyse interview data for common themes and ideas. You will be provided a copy of the data analysis to review and offer feedback if you wish. No material that could personally identify you will be used in any reports on this study. Results of this research may be published using anonymised individual quotes.

Recordings and transcriptions will be securely stored in the Massey University cloud, accessible only by the research team. Raw data (transcriptions) will be retained for a maximum of 10 years in secure storage; however, the data derived from the research will likely be kept for much longer or possibly indefinitely in any publications arising from the research. Any personal information held on the participants such as contact details and audio recordings will be destroyed upon project completion in February 2025.

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 **30 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

If you have any questions about the project at any point, please feel free to contact either:

Jaime Rendell, Researcher, Massey University, School of Psychology, Wellington
[redacted]
jaime.rendell.1@uni.massey.ac.nz

Dr Elliot Bell, Supervisor, Massey University, School of Psychology, Wellington
04 979 3611
E.Bell1@massey.ac.nz

Professor Susanna Every-Palmer, Project Lead, Head of Department Psychological Medicine University of Otago, Wellington
susanna.every-palmer@otago.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 24/32. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email *humanethics1@massey.ac.nz*.

Appendix B

Consent Forms

From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

PARTICIPANT CONSENT FORM

I have read and I understand the Information Sheet attached as Appendix A. 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 any time up until 30 November 2024.

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:** _____

From classroom to community and back again: Using client feedback and stakeholder insights to enhance new university-based Eye Movement Desensitisation and Reprocessing (EMDR) training programme

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 A. 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.

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

Declaration by Participant:

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

Signature: _____ **Date:** _____

Appendix C

Client Recruitment Poster

VOLUNTEERS NEEDED FOR RESEARCH STUDY ON EMDR THERAPY EXPERIENCES

Have you recently stopped or completed a course of EMDR therapy?

You may be eligible to participate in a study that seeks to improve EMDR therapy training.

What is this study about?

This research seeks to gather honest feedback and understand the experiences of those who have had EMDR therapy from University of Otago trained therapists so we can improve the training program and, hopefully, client outcomes.

Your feedback is anonymous and will not be linked to you or your therapist.

Who can participate?

- Those who have stopped OR completed a course of EMDR therapy.
- Must have access to a device for a video or voice call OR be based in Wellington and able to attend an in-person interview
- ACC & self-funded clients invited to participate
- 18yrs or older

What is involved?

- A short phone call with the researcher to answer screening questions and arrange an interview.
- A 30–60-minute recorded interview with the researcher.
- Provide feedback and suggestions for improvement

Why participate?

- Sharing experiences and feedback can be empowering, validating and cathartic.
- Help improve the University of Otago training program for other service users.
- Participants will be offered a gift card as compensation for their time.

For more information

Please email the Researcher, Jaime Rendell, before 31 October 2024 by scanning the QR code or texting *022 091 9804*.

TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY

Te Ara Whakawhiti MASSEY UNIVERSITY COLLEGE

Appendix D

Client Screening Questions

- What year were you born?
- Have you completed or decided to stop your EMDR therapy?
- Was your EMDR treatment paid for by yourself or ACC?
- Are you able to access Zoom with a stable internet connection for 30-60 minutes?
- What is your ethnicity (if you wish to share)?
- Do you have any considerations regarding your culture you want me to be aware of?
- Do you have any questions for me?

Appendix E

Interview Guides

Interview Guide – SAG Member Individual Interviews

- What is your background?
- What motivated you to join the Stakeholder Advisory Group?
- What are your key expectations of the Otago training programme?
- How do you bring your community's interests and needs into your input as a SAG member?
- What were your experiences as a SAG member co-designing the evaluation of the training programme?
- What challenges or conflicts did you face during the co-design process and how were these resolved?
- How do you feel your input was incorporated during the co-design process?
- What challenges and opportunities do you see for the Otago training programme?
- How would you like to see the training programme impact the community?
- How would you like to see the community impact the training programme?
- Is there anything you would like to ask clients about receiving EMDR therapy from Otago-trained EDMR therapists?
- Is there anything you would like to add?

Interview Guide – SAG Member Focus Group

- ‘Relationships’ was noted as an emerging theme in SAG interviews. Given the context of operating in Aotearoa, what are the important relationships for course designers to create or nurture to ensure the course is successful and supports successful client outcomes?
- There was consensus in SAG interviews that one challenge for the programme was reaching a diverse group of students. How could course designers support the diversity of those enrolling in the course?
- A challenge that was identified in SAG interviews was capturing the heterogeneity of marginalised voices when seeking community input. How do how do we manage that in terms of the course design as well as for this research?
- It was noted in interviews that the wider sociopolitical and economic climate may impact the training programme, and it is important for course designers to adapt to this. Are there particular societal issues that course designers need to be aware of and adaptable to and how would they achieve this?
- There was consensus that opportunities for the programme included greater awareness of EMDR therapy for the community, which could increase the demand for EMDR practitioners. How do course designers work towards this and increase recognition of EMDR therapy within communities?
- Another challenge identified for the programme was access to supervision for trainees once they finished the course. This feeds into trainees maintaining their skills and confidence in EMDR ultimately impacting on the communities who would benefit from receiving this service. How can course designers address this issue?
- How important a consideration is being self-reflective for the course designers in terms of impact on the community?

Interview Guide – Community Stakeholders

- What is your background?
- What community or communities would you say you represent for the purposes of this project?
- What are 3 key things you could highlight for Otago EMDR course designers to be aware of or take into consideration when considering the communities you are familiar with?
- Is there anything you would like to add?

Additional prompts:

- How would you like to see the Otago training program impact the community?
- Is there anything you would like to ask clients about receiving EMDR therapy from Otago-trained EDMR therapists?
- Given your experience and relationship with [X community], what would be the best approach to successfully gather honest feedback about their experiences receiving EMDR therapy?
- Are there any people, organisations or groups that the EMDR course designers should be speaking with or building relationships with to improve the course, its delivery or client outcomes?

Interview Guide - Client

- What are 3 things we could learn from your experience?
- Is there anything else you would like to add?

Additional Prompts:

- What parts of receiving EMDR therapy were most helpful or challenging?
- How were you prepared for receiving EMDR by your therapist?
- Was there anything you didn't feel prepared for?
- How well did EMDR fit with your culture?

Appendix F

Stakeholder Table of Themes with Extracts

Theme	Subtheme	Definition	Interpretation	Exemplars
Perpetual Improvement		Continuing development	Rather than a one-off exercise in course improvement, the Otago training programme would be best served by incorporating an evaluation process to ensure continual improvements are made.	“You can't just do one thing and then that's it, you've got it for the rest of your life. Same with any kind of therapy...that's what we have supervision...and all these competency things to be constantly upskilling and moving with the changes.” P4 “What will you try and do better?” P1
	Humility	A lack of pride or ego.	By adopting a learner mentality, course designers can develop the training programme by acknowledging areas for improvement and seeking input from others.	“I always try and adopt that stance of humility, going in as the learner regardless of the cultural group. Because…if you're going in with that humble approach that you're learning rather than you going in as the expert.” P5 “I think that leaders of EMDR…if they see value in-- really value in community…it should be an infinity circle where you’re actually learning all time from each other.” P7

	Self-reflection	Looking at one's own thoughts, feelings and biases and evaluating these for ways to improve.	A robust training programme will ensure trainees regularly practice self-reflection to support clinical practice. Course designers can also use self-reflection as a tool to serve course improvement.	"You can never get enough check-ins around those things. It's not like you have a 1-off training and then you're all woke about cultural stuff or you're all you know it's never a 1-off." P4 "It's default settings… understanding that those default settings might need to shift. And I you know it's the whole blind spots thing...if you're just aware of it I think that's a really big step. And it might not be changing, it might not even need to change too much but it could cost you significantly if you don't…just making sure they could create a whole block and then you can't get a tool across because it's a good tool." P5 "It's pretty important. Yeah, always be reflecting. Yeah, using self-doubt as a tool to a point." P9 "Self-reflection is a huge part of that stuff as well…can't assume people will have it." P4 "We all have our own bias and privilege but I was quite struck by at times a lack of awareness and I felt that needed to be addressed in that forum [a training programme]." P4

				“How do we know that we're doing really well?” P1 “Particularly that self-reflective practice that still needs to be embedded in the teaching but also in the way that they evaluate. So when people are doing their case studies and that kind of thing and they'll be viewing people's videos of them doing EMDR and that kind of thing that's another opportunity to be able to ask questions that promote further self-reflection. And that's where self-disclosure on the part of the teaching staff comes in too.” P3 “You can train…AI to kind of prompt questions and for self-reflection...that's less scary for the clinicians as well or students because you do that in your own time… you don't have to feel really embarrassed...I think that would be something useful for self-reflective tools.” P4 “1st and foremost you've got to look really at your own staffing, who are the people that are delivering and implementing...or teaching the EMDR programme.” P1
Cultural relevance		Being meaningful, appropriate, and respectful within the	Designing and teaching the course considering the diverse population of Aotearoa will help ensure clinicians	“What we are teaching in the classroom…how important it is to make sure

		relevant cultural context.	are well prepared for real world practice and deliver effective therapy for clients in Aotearoa. It will help ensure the course is responsive and appropriate for a diverse range of trainees.	that it is relevant to what's going on out in our community.” P1 “How do you contextualize this within Te Ao Māori? How do you contextualize this within Te Ao Pasifika? And so forth.” P1 “How do we align a model that fits within the context of Aotearoa?” P8 “How is or isn't Tikanga Māori incorporated into the process of this course? I'm not saying it should be or shouldn't be I'm just wondering… I think there needs to be cultural context but…I think it's dangerous when we begin to retrofit Māori models into pakeha models. It also becomes tokenistic and it sometimes lacks depth.” P8 “It's understanding the context…for Pacific.” P5 “Clinicians are coming out much more knowledgeable and skilled in the delivery of EMDR and hopefully in delivery of EMDR with clients who live in New Zealand and …it's more suited to the kind of New Zealand context and the people that we see here.” P3 “There's an opportunity to really enhance the therapy by using that [culturally appropriate]

				framework and just really going into that space with your patient. I think you could get 10 times more out of it.” P6 “The way it's [the course] delivered is set up to meet what we would expect in in terms of the New Zealand context and ensuring that that it's culturally responsive and delivered in a way that fits with our de-Americanizing the course to some level as much as possible...hopefully ensure that people are at the end of the course feel that they're skilled and able to work with diverse communities in terms of cultural backgrounds but also gender minorities and different kinds of groups.” P3 “Māori and Pasifika…if they're bringing in wairua and spirituality it's just adjusting to that and if they need to bring in stuff from their ancestors or whoever then going with that and that being okay, not putting it into a Western model.” P6 “Also being mindful of other within that framework of other kind of groups or cultures Pasifika and Asian…Queer culture.” P4 “If there's an opportunity to unpack a situation that might be say around a queer person then you know do that...they could

				take that opportunity to unpack it with the class.” P4 “Really making sure that there's some coverage around Tikanga and incorporating Te Ao Māori into the way that you practice the EMDR. Not just the setting of the scene and the whanaungatanga and the karakia. I mean that all is really important but I mean also using the conc-- you know using the sense of wairua or your spiritual practice or your spiritual experience as almost central to the therapy itself…beyond culturally appropriate and actually incorporated wairua into the EMDR practice.” P6
	Te Tiriti-led	Being led by Te Tiriti o Waitangi (acknowledging tino rangatiratanga and working with mana whenua).	Designing the course from a Te Tiriti perspective (intentionally and authentically) will ensure the course is fit for Aotearoa and will uphold Otago’s commitment to being Te Tiriti-led.	“When you're creating a course in Aotearoa that it starts from...a Te Tiriti perspective.” P8 “How do you have a Te Tiriti-led EMDR program?” P1 “I thought that would be important for the course to look at what current practitioners or senior Māori practitioners and psychologists are saying around how we incorporate indigenous or Aotearoa indigenous Māori frameworks into an EMDR approach.” P8

				“Fundamentally hold the Te Ao Māori framework as a basis for what we do.” P4 “From a course creation perspective that needs to be a foundation though… Like around equity and Te Tiriti and a len-- a cultural a context for Aotearoa you know like and it needs to begin from there not like retrofitted tokenistic space of adding something in or like just putting tāngas on the end of your principles or the different stages of EMDR like adding whakawhenaungatanga or kaitahitanga or whatever, it needs to be intentional and it needs to be from the beginning.” P8 “I don't know whether we should be retrofitting Māori models into pakeha ones and potentially having pakeha practitioners not do it properly…these are just things that I think are worth posing for discussion and for the Māori practitioners who are working in the space” P8
Growth		Increasing in size.	There are many possibilities for growing the programme and increasing scope both internally and externally which would benefit trainees, clients and communities.	“How can we do more?" P1 "How can we impact at a at a larger scale?" P1 “Growing the number of trainers.” P2

				“Hopefully increasing awareness of EMDR.” P3 “Some thinking around let's call it succession planning.” P2 “Do they have kind of a pathway for ensuring that the course is going to be sustainable long term and not fall apart if a few people retire at the same time or have personal circumstances that mean that they don't continue?” P3 “There's just not that many people who are trained in training so is there a pathway for clinicians being trained to become trainers and then teach in this course?” P3 “How do you get it to that level of exposure…where you can roll it out to different universities?" P1
	Inclusivity	Providing equal access to those who are often marginalised.	Ensuring the course is and remains inclusive and accessible will support the diversity of trainees which will improve accessibility of EMDR therapy for marginalised communities.	“I'd see the challenges being getting more Māori and Pacific people on the course just because of the funding nature of it and so access to it.” P4 “You don't have to be Pacific to do that [influence positive change]. Non-Māori and non-Pacific can do that too and just be committed to...closing equity gaps.” P5

				“Bring the community into the ivory towers of academia.” P1 “You want it to feel accessible for well qualified people.” P2 “The more the more people feel as though they can access EMDR then that's ultimately the positive outcome that we're we'd be seeking you know...the more available EMDR therapy is to people that's the that's kind of the key marker of success.” P2 “More inclusiveness.” P4 “The training is so expensive and the amount of upskilling and professional development that you have to do which cuts out a huge proportion of the community that could do really well with the EMDR.” P10 “I think from practitioner perspective if it's made accessible for people like for myself I would love to be able to do a course like this that's like funded for me…when we talk about equity and relationships to Te Tiriti like how are you making this course accessible for frontline practitioners or therapists who are actually working with the marginalized vulnerable communities that you've referenced and how can we like increase accessibility will be around increasing

				accessibility for practitioners such as myself to access a course like that.” P8 “It [Otago programme] has to be more accessible for Māori … I wonder if there needs to be an easier pathway for Māori and Pasifika to get into the training to start with.” P10 “Even if we don't have the 4 years or some of the things under it [entry requirements] I know there's ways within approaches within an assessment phase that you can quality check those people to allow them to be able to enter and do that course.” P8
	Expanding course offerings	Offering more courses, covering additional topics	Growing the course content and offerings will reach different groups of clinicians and better equip them to meet the needs of clients.	“I know that there’s part 1 and part 2 but is there a way to do more advanced and specialized kind of papers as well to have more options?” P3 “There's so much complexity in the young people or in the clients that we see, having that additional knowledge I think would be helpful.” P6 “Helping clinicians get the pitch right can be really important…it's something that's really good to have an emphasis on because if you don't sell it sometimes people think EMDR is weird or kooky...so really helping [the

				trainees] get the pitch right is good...and…sell the outcomes as well.” P9 “Shorter workshop type courses not to do the full EMDR treatment but to use EMDR strategies to help people regulate and stabilize.” P10 “How do you incorporate EMDR into a service is a good thing for the course to potentially cover and that's good because it's easy for people to do training and work in an individual one-on-one context with clients but I think it's less easy to make [EMDR] a part of practice whether it's a mental health care practice where there would be several different clinicians working together or secondary or tertiary mental health.” P9 “Dissociation and attachment trauma is really important to cover...as an extension or optional module or something like that.” P6 “More short term EMDR.” P9 “Intensive EMDR/EMDR 2.0 and inpatient settings because I guess although most therapists won't work in this setting, I would often be handing over to an EMDR therapist in the community so it would be good for them to know the way that I work here and

				the potential benefits of actually bringing someone into hospital.” P6 “Teach people some of the background assessment skills…really helping people with those initial assessments is really helpful.” P9
Clinician confidence		Clinicians have little doubt of their ability.	Confident clinicians will be more likely to use EMDR and will support better client experiences.	“If the therapist is held by the model and knows the model and is confident in the model it transmits very much to the to the patient and their confidence in the therapist and therefore in the treatment.” P6 “Having the experiential training…being able to do it by yourself and pairs with somebody else is what helps people really get it because you try it so you know where your own psyche goes and how weird it can be. And you're also doing it with a peer who's on the same…level as you.” P10 “It'd be great for therapists to feel confident that they're seeing changes for their clients and has then a roll on of course for community.” P4 “A lot of people did the part one and then took a long time to get their hours to do the part 2 and so they had lost confidence to do the part 2 and so a lot of them did EMDR

				without all the knowledge behind it and it just didn't feel quite right and so then they got anxious about it and stopped doing it." P10 "I think therapists being confident in the model and going 'Oh whoa this actually works' A) makes them more likely they're gonna use it but B) I think makes them more effective in terms of kind of the way they talk about it and deliver." P3 "[The trainees] Feeling confident to proceed with doing that work with clients who might be a little bit like 'What?'" P4 [on challenges for the course] "It's not easy and just conveying to the students 'It's okay, it is really hard and you'll get there'…just reassuring them." P6 "If possible if that feedback can be shared with the students…and people can hear 'Oh whoa this is actually making a real difference' then I think that would be really positive." P3
Trusting Relationships		The link between people or organisations based on respect, honesty and reliability.	Developing trusting relationships (internally and externally) is important for the acceptance and success of the course and EMDR therapy within the community.	"Making relationships with some of the key people in those communities…we don't build communities and relationships overnight…we have to know you're going to stay with us." P6

				“How are we actually practically engaging with our communities…what relationships do you have with organizations such as Ara Poutama? What relationships do you have with organizations— Pasifika-based organizations in the community? What sort of links…it's those relational things I think from a Pasifika perspective is what's important...the maintenance and the sustainability of those things that I think always comes down to your relationships with the people that are in there.” P1 “It's pretty important to build that relationship by being curious.” P9 “it's mostly around feeling safe, people needing to feel safe and needing to feel comfortable.” P10 “I think being able to see yourself reflected… there's a way to connect.” P8 “If it [EMDR] is to succeed in the communities it is about trusted faces that lead that out first of all…I think that if it's going to succeed in the community and the community are going to accept it then they have to see something for it and that means that some people are going to have to be the

				faces the trusted face and some of those trusted places to promote EMDR.” P7 “If you're going to truly do something that's going to heal a community it actually has to be with the community and how do you do that? By knowing who in the community and the trusted faces.” P7 “Us [non-EMDR practitioners] requiring relationships with those [EMDR] practitioners to be able to have trust with the people we work with [clients] to be able to refer to know that they're safe and… it's the right thing for them.” P8 “The relationships with the maraes and the primary health and Vibe and Evolve the young people's health service as well because if you target people when they're young, then they're less likely to go on to need secondary health services when they get older.” P10 “Having contact with ACC is probably great... I think that's probably a good place to be connected with. I think being connected with people within the university setting or some of the people offering group therapy would be really beneficial as well...the people doing it on the ground.” P9

				“I think connecting with iwi would be really another beneficial thing to do to help kind of access more communities of people who could benefit from EMDR.” P10
	Collaboration	Working together to achieve a common goal.	Working in partnership and having input from other people or organisations will help improve the course.	“You never do anything on your own…if you're wanting it to have impact on their community then they need to be part of that co-design and that co-delivery.” P1 “If you're going to truly do something that's going to heal a community it actually has to be with the community.” P7 "If you're going to measure the success of any program you need to have those groups that are often missing.” P1 “Are there pathways for clients from the recipient to practitioner and are there roles…for clients on oversight groups or potentially in supervision roles?” P8 “It would be so great to then have those who have lived experiences of using EMDR that they are part of an advisory group or an expert advisory group leading and guiding the way into what might be our own creation of evidence-based practice of EMDR that's within the context of Aotearoa.” P1

				“The rōpū who are obviously Māori producers who are already applying EMDR within their practice…I think that's a that's a really good rōpū to begin with to engage with along with I think Te Rau Ora also...created some amazing resources so Te Rau Ora are great because they're working in that space, Māori mental health and addiction and they've got some amazing practitioners who they work with and collaborate with to create Māori frameworks and models, so I think they would be a really good place to begin.” P8 “I think the community voice is important. I think the voices of the students who are engaged bringing them and asking them.” P1

Appendix G

Client Table of Themes with Exemplars

Theme	Subtheme	Definition	Interpretation	Exemplars
Confident Guidance		Self-assured leadership.	A strong training programme will produce therapists who are both confident and competent in the delivery of EMDR to facilitate good client outcomes.	
	Clinician Confidence	Trainees trust in their abilities to lead the client through EMDR therapy.	A robust training programme will produce trainees who demonstrate confidence and believe in the efficacy of EMDR. This will instil confidence in their clients, thus facilitating good experiences and outcomes for clients.	Claire: “I think it's really important that they (EMDR therapists) have that confidence going into it because you need to believe in the process for it to have any effect.” “As a client you need to have trust and belief in it (EMDR) and that comes from your practitioner…her having that confidence... that is what gave me the ability to relax into it and really let it work.” “I think it's really important when it comes to any sort of psychology or training in mental health that you have the confidence and evidence as a practitioner to know that what you're providing works and to know how to look at it from the client

				perspective and having that feedback…is only going to instil more confidence in people who are learning how to provide these services.”
	Skilful Guidance	Trainees need good skills to effectively lead clients through EMDR therapy.	A robust training programme will produce well-trained trainees who follow protocols to lead clients through EMDR therapy to good outcomes.	Iris: “We need the guidance and lead from the therapist...they need the good skill as well.” “He's really help me to recover after the session.” “You need to practice and keep updating.” “Really make sure that…good introduction and guidance towards clients make sure to remind us because during this therapy I'm confusing my thoughts.” “Make sure that protocols be followed because...we are receiver...we don't want to be confused.” “He's really help me to recover after the session.” “Always acknowledgement from my therapist ‘You did well. Fantastic’” “I needed that (reassurance) otherwise I can't proceed.” “Comforting me.” “Having those sort of reassurances throughout.”

Therapeutic relationship		The alliance between the therapist and client.	This element is facilitated in many ways and was as essential to build trust. Training will encourage building a strong therapeutic alliance.	Iris: “A good rapport…is very crucial.”
	Connections	The link between people or organisations.	Connections foster feelings of comfort allowing better client engagement.	Claire: “I personally I think if I'd had someone who I didn't connect with in that 1st session it may have made me feel less comfortable to be able to go with the process.” “So we actually spent about a year before we even started EMDR therapy at 1st it was of course building a relationship between the 2 of us making sure that we were a good fit for each other.” “I am so very lucky that I managed to find someone and that they were such a good fit.” “There was a understanding of trust and respect from the ground point.” “You’re not alone.” “It's almost like you almost want to have a fucking support group people going through EMDR where you know you can have those connections and meet other people that have been through it.” Iris:

				“He is willing to listen.” “I know the therapist a year before I knew about the therapy...so that was really good to take this therapy with sort of background.” “Because some history behind us so I think that's why it's really worked for me.” Andrea: “I did feel like actually that was really important to put me in a space you know actually spending a bit of time building that relationship.”
	Safety	Believing no harm will come to you and feeling protected and secure.	Safety was facilitated by preparation and the therapeutic relationship. Clients needed to feel safe to promote engagement.	Claire: “I can't imagine doing EMDR in a stark blank office or something like that. I think it would just add to that clinical confronting uncomfortable feeling with it.” “Having a safe comfortable space where there are those kind of distractions and those things is I think really important.” “Having that open transparency is so important so that you make sure that expectations are aligned between the client and the therapist when it comes to the actual process.” Iris:

				“Make sure you are comfortable, if you’re not comfortable, don't go because it's not safe sometimes.” “I feel comfortable when I follow his fingers. I never lose myself.” “He always listened to me and he's not doing anything to make me uncomfortable and if I don't want to talk about it I don't want to talk about it and he doesn't dig it out.” Andrea: “That made me then feel pretty comfortable to actually I suppose to go with it and just allow whatever came to come.” “It can be quite intense in parts and quite overwhelming some of the feelings that come up and so I think to make sure that you feel held and safe.” “I would definitely think that to have some sort of training in creating that safe space would be important. So I think that part of it, it might not be for everyone but I think definitely for me it was important to feel that safety and to also feel that the person cared. I'm sure the EMDR would probably still do exactly the same thing but I think it makes a difference…So to make sure that all

				the practitioners have that base sort of understanding of creating that space.”
Preparation		The things you do or time you spend getting ready for something.	Properly preparing clients for EMDR therapy builds a feeling of safety and promotes the efficacy of the treatment.	Claire: “You might spend one year of preparation…I do really think it's the time that needs to be taken.” “Definitely preparation, the more the better. If there's any doubt that someone's not ready, don't start, just spend longer.”
	Clarity	Having information about how EMDR works.	When clients have a good understanding of how EMDR works and what to expect they have more confidence and better experiences.	Claire: “We had very clear open transparency from the very beginning which I think is another really important thing.” “Having that open transparency is so important so that you make sure that expectations are aligned between the client and the therapist when it comes to the actual process.” “Not knowing how it could look at the end would probably have of given me a lot more anxiety around the whole process around whether things are working or going to work and would have been just decreased my confidence for the whole process.”

				“The more knowledge you can give clients around the whole situation the more empowered they feel and the more prepared they feel.” “Knowledge is valuable from all sources.” “We spent a lot of time during then going over all of those expectations and it was really done by sitting down and setting out expectations.” “Make sure that the clients are aware of potential timeframes.” Iris: “Therapist explain carefully.” “Boundary clearly laid out.” “Good introduction...so I understand…I needed that otherwise I can't proceed.” “My therapist carefully explain that it means your traumatic experience traumatic memories is going to long term memory.” “He warned me that for the next 3 days you have to take it easy.” “Introduction was very important. What it is, eye movements everything. Why you need to do this.”

				“In the beginning my therapist said ‘if you don't want to talk don't want to talk. If you want to stop, stop’ so sort of guideline it's always laid out.” Andrea: “Not having to get into exactly how things are working just you know just actually…’this is what we need to do and this is what could happen’...and then just going with it.” “The practitioner did say that there might be…some strange dreams or there might just be some things which felt different.”
Trust		“To believe that someone is good and honest and will not harm you”	A trusting relationship between client and therapist supports the efficacy of EMDR therapy.	Claire: “I think if you don't have that foundation of trust and that relationship to begin with it's gonna be a much harder journey.” “There was a understanding of trust and respect from the ground point.” Iris: “I have a good rapport, good relationship with the therapist. I think that's important because Without the trust this therapy doesn't succeed so straight away doing therapy maybe not the best way.” “I trust my therapist so I just go with the flow.”

				“Sometimes I start to distrust the counsellor and…I have to stop” (a former therapist) “I have to accept all the therapy 100%” “Without the trust this therapy doesn't succeed.” “Build a good rapport with…your clients is very crucial because I want to trust my therapist…so hopefully that you can all lead the clients to trust you.”
EMDR Works		EMDR training is effective.	EMDR therapy from Otago trainees is effective.	Claire: “It has worked, it's wonderful.” Iris: “I…save myself taking that therapy.” “That is really helped and such a breakthrough for my life.”
	Transformative	EMDR therapy changes you	Otago-trained EMDR therapists can deliver effective treatment that improves people’s lives.	Claire: “My changes in quality of life even up to this point are incredible.” Iris: “I really feel more myself but new me. Emotion doesn't control me.”

				“I feel better, I feel new me and then it's so easy to control myself I'm not being controlled by emotions anymore.” “It’s easy to live because this memory doesn't eat me anymore.” “Inside of my brain is defragging.” “Easy to live because this memory doesn't eat me anymore.” Andrea: “It felt like something had shifted.” “I didn't notice the intense feelings anymore.” “After that nothing really seemed as intense anymore… it felt like something had shifted almost like a blockage…something had shifted for me.”
	Worthwhile	EMDR is a hard but effective therapy.	While EMDR is challenging, receiving EMDR from Otago-trained therapists is worthwhile.	Claire: “It does get worse before it gets better.” “It's not gonna be easy but it's gonna work.” “It's going to be worth it.” Iris: “All the memories it's really hard to share and then it's helping to talk about it.”

				“It's hard work, however it's worth it.” Andrea: “It's quite overwhelming, quite powerful but it was also at the same time really good and I felt really great afterwards.” “It's a very confronting process.”

Appendix H

SAG Table of Themes with Exemplars

Theme	Subtheme	Definition	Interpretation	Exemplars

Good Facilitation		Organisers help the group run smoothly.	The facilitation of the SAG cultivated a positive environment and supported good outcomes.	“The discussions were well facilitated thoughtfully facilitated.” P3 "Very good facilitation." P4 “The model that was used and the way that that was set up I think worked really well.” P3 “They're thoughtful about kind of how the meetings are started and ended and that that's kind of created a really lovely group environment.” P3 “The way that that it’s been set up and the way that the meetings are run…fostered a really lovely group environment.” P3 “Meetings feel productive.” P2 “There's a warm atmosphere in the meetings.” P2 “Well organized. Fun. Nice people. A nice warm atmosphere.” P2 “It was a really good experience…the way it was done the way it was run” P2 “The process that was followed through this it was done well.” P2 "I like that they honour Te Tiriti and do stuff for whakataukī and close with some sort of karakia. I think that's really nice and important and sets the tone of the meeting…feels respectful." P4

	Authenticity	Being genuine and sincere.	SAG members felt the process to be true to articulated values and aims. Their work felt meaningful and important.	“I've really felt that they that they've genuinely taken on board things that we've [said]” P3 “If Otago is going to run another project and they invited to me to be involved I would if it was set up and run in the same spirit that the EMDR Project has been run then again I would find it a really good experience.” P2 “I think has been really good. It’s felt authentic.” P3 "Knowing there's that willingness to have a critique of sorts or have input that means that you you're striving to do the best you can." P4
	Safety	Believing no harm will come to you and feeling protected and secure.	SAG members felt safe voicing opinions and ideas and showed respect to the ideas of others. This safe environment facilitated open discussion and supported good outcomes.	“The way that this group has been set up and…creating this safe space and us all being able to contribute and feel valued and heard.” P3 “That's creating that safety ability to express yourself to raise concerns get ideas and collaborate in a way... And that’s sort of mirroring I guess what we would hope would happen in a [therapeutic and learning environment] so I think that's a very nice kind of holistic circular path.” P4 “I never felt uncomfortable expressing myself.” P2 “I feel able to kind of say whatever's on my mind without worrying about judgment and that we can all speak freely.” P3 “Creating a safe space to be able to say what you think cause sometimes that's not always the case.” P3

				"Very kind respectful." P4 "Made a very safe space." P4
Relationships		Links between people and groups.	Relationships between SAG members and with group organisers promoted a respectful environment which facilitated equitable collaboration and good experiences.	“You have to build relationships...it's getting to know the people within the group...allow time for that to happen.” P4 "You build those relationships understanding of each other's perspectives.” P4 “they’ve done a really good job of trying to make it representative of different people.” P3 “Having that attention to building relationship throughout the process I think has been really important and that's allowed for us to be open and feel connected even though we're all very different people in different spaces... so in a way in a in that modelling what we would hope would happen in the therapeutic space with EMDR.” P3 “The importance of relationship building.” P3
	Equitable Collaboration	Working together on equal footing to achieve a common goal.	SAG members felt the group was a cohesive space where aims were aligned, and voices were heard. The group worked well together to produce a good evaluation.	“There's no kind of experts and then other people.” P3 “It fits beautifully with the Te Ao Māori way of approaching things. Removing that hierarchy being very inclusive and relational and it feels like it's a true engagement of Te Tiriti you know in doing things well on that level.” P4 “Real. true partnership and respect for each other's point of view.” P4

				“There was lots of space for everyone to contribute.” P2 “I felt like everybody's contributions were welcomed.” P2 “Through collaboration find a way forward.” P4
Positive Experience		Something that is enjoyed.	SAG members felt that overall the experience was enjoyable, and they would do something similar again.	“It was interesting.” P2 “Well organized. Fun.” P2 “It was a privilege.” P2 “Really enjoyed it.” P3 "It was very positive.” P4 “The importance of the work that we were doing.” P2 “Overall, it's been a positive experience.” P3 “I haven't had any negative experiences being part of the group it's been really enjoyed it and it's been really positive.” P3 “Just a really easy piece of work to be involved in...it's never felt onerous” P2 “No negative experiences at all.” P2 “They did a good job of taking things back to [the course designer].” P3

				“I'll take away from this experience things that I'll consider for work that I'm involved in going forward as well.” P2
	Feeling Valued	Feeling useful and important.	Part of what made the experience positive was a feeling that your opinions and ideas were heard and acknowledged, and the work was meaningful.	“Offered us koha for being involved so you felt like your time was valued." P4 "there's times where you're not always going to agree with each other which is fine. It's not that's not necessarily the point. It's just about being heard." P4 “We feel valued I think as well that they really value our contributions.” P3 “[feedback] was acknowledged and thought about." P4 "It felt really meaningful.” P4 “They were curious to know what we thought, and then they built our feedback into what they produced.” P2 “I was happy and comfortable with how my input was incorporated.” P2

Appendix I

Additional Recommendations

Discussion point	Action
There are many recommended actions for course designers and limited resources.	Create a strategic plan to map out priorities and guide focus through smaller, more manageable chunks.
Relationships are key to supporting many challenges and opportunities for the programme.	Explore and cultivate relationships with internal and external parties. Explore the appointment of an ongoing SAG for the course composed of EMDR providers, those with lived experience of receiving EMDR therapy, trainees, and cultural and other community stakeholders.
Self-reflection is important for course designers to continually acknowledge bias, allow space for heterogeneity of voices, maintain awareness of socio-political and economic issues and how EMDR delivery may evolve based on context.	Establish regular self-reflection protocols for course designers and educators. Invite outside parties to observe part of the course for different perspectives. Encourage self-reflection among trainees, provide links and resources for them to do this, look for and explore opportunities within classroom setting for teaching moments.
Promoting equitable access to the course will increase diversity of trainees and reach of EMDR into the community.	Explore subsidised funding within university. Link with relevant charities or trusts for trainee sponsorships. Expand diversity of teaching staff. Promote the programme through relationships (external & internal student groups).
More experienced therapists may need additional course options to meet client demands.	EMDR 2.0/Intensive EMDR. Group protocols. Short courses.

	Stabilising techniques using EMDR principles.
Developing trainee confidence is key for their success. Communicate this to trainees and offer ways to support this.	Encourage peer support, facilitating where possible. Encourage trainees to collect client feedback. Gather anonymous client feedback through the course website to provide to trainees. Promote supervision and other means of building confidence (e.g., watching videos). Build confidence assessments into the programme to track progress (self, peer, educator).
Encouraging supervision for trainees post-training will support confidence and competence - promote its importance and remove barriers.	Establish mandatory supervision. Provide trainees with a list of possible supervisors. Expand network of possible supervisors through relationships.
Trainees need to be able to promote engagement the EMDR services from clients and other practitioners.	Teach trainees how to sell EMDR. Provide guidance on how to establish an EMDR service within an existing healthcare service.

Specific Contacts

The following groups or individuals were recommended by stakeholders as potentially important contacts for Otago course designers. These groups may offer healthcare services, support marginalised populations, or serve populations with a high risk of trauma. Same may potentially assist with funding for trainees to attend the training programme or have an interest in incorporating EMDR therapy into their services. To enhance readability, I have organised them into categories; however, many of these groups may fit into multiple categories.

Healthcare organisations

- Health NZ - Te Whatu Ora
- Primary care providers
- Addiction Practitioners' Association Aotearoa New Zealand (DAPAANZ) and AOD practitioners
- New Zealand Psychologists Board and EMDR therapists

Groups with specific cultural connections

- Iwi
- Te Rau Ora
- Mapu Maia
- Pacific Health Service Hutt Valley
- Vaka Atafaga
- Vaka Tautua
- Taeaomanino
- Māori organisations incorporating EMDR therapy and Māori EMDR therapists
- Other indigenous healthcare providers

Youth Services

- Vibe
- Evolve

Educational Organisations

- Internal Otago stakeholders
- Other Universities including Te Whare Wānanga o Awanuiārangi
- Te Pou

Other Organisations

- New Zealand Defence Force
- New Zealand Fire and Emergency
- Department of Corrections
- ACC
- Non-Government Organisations (NGOs):
- Horizon Women's Trust
- Rule Foundation
- Clare (progressive philanthropic foundation)
- The Tindall Foundation
- Student groups within the University

Named individuals

- Dr Andre McLachlan
- Faumuina Professor Fa'afetai (Tai) Sopoaga (University of Otago)
- Dianne Sika-Paotonu (University of Otago)