
Mastering EMDR

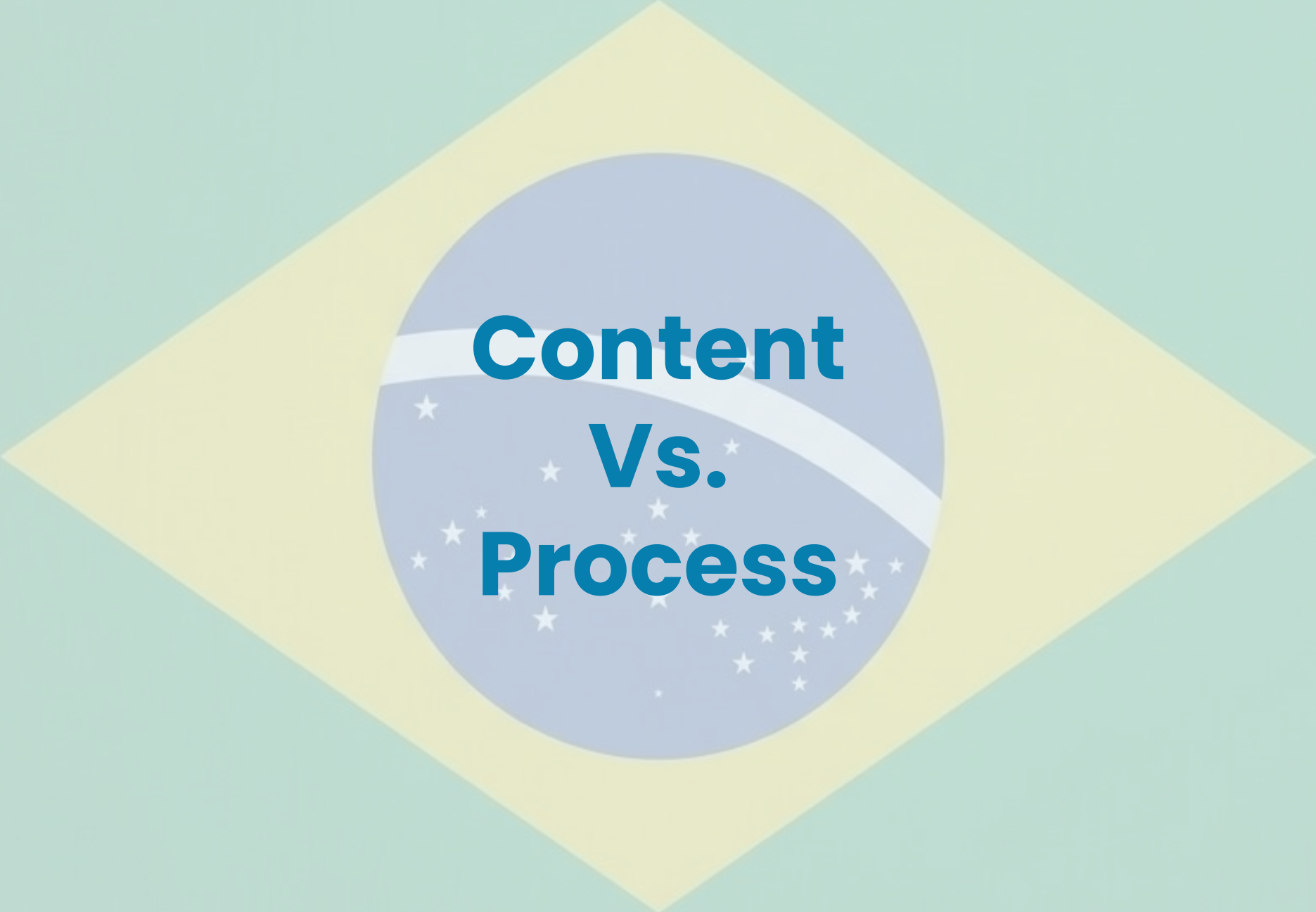
A Shift to Purposeful Practice

Brazil, October 2026

Rotem Brayer, MEd., LPC

Let's start with





Content Vs. Process

Why is Brazil so good at soccer?

Understanding the mechanics of excellence



Futsal

It's not just the passion.
It's the method.



A Smaller & Heavier Ball

Designed for low bounce and closer control.

A Smaller Court

Demands faster decision-making in tight spaces.

600%

More Ball Touches

Players touch the ball 600% more often.

Deep Practice Zone

Places players in highly concentrated learning loops.

| What are we going to discuss?

- ✓ The Global attention problem
- ✓ How the attention problem is impacting our field
- ✓ The problem in the EMDR world (PPP)
- ✓ The solution: better instead of more
- ✓ What experts do in other fields?
- ✓ How to apply effective learning strategies to your EMDR learning
- ✓ The science of purposeful practice

- ✓ Ocean/ breeze
- ✓ Leaf/ tree
- ✓ Sweet/ sour
- ✓ Movie/ actress
- ✓ Gasoline/ engine
- ✓ High school/ college
- ✓ Turkey/ stuffing
- ✓ Fruit/ vegetable
- ✓ Computer/ chip
- ✓ Chair/ couch

- ✓ Bread/ b_tter
- ✓ Music/ l_rics
- ✓ Sh_e/ sock
- ✓ Phone/ bo_k
- ✓ Chi_s/ salsa
- ✓ Pen_il/ paper
- ✓ River/ b_at
- ✓ Be_r/ wine
- ✓ Television/ rad_o
- ✓ L_nch/ dinner

Why now?

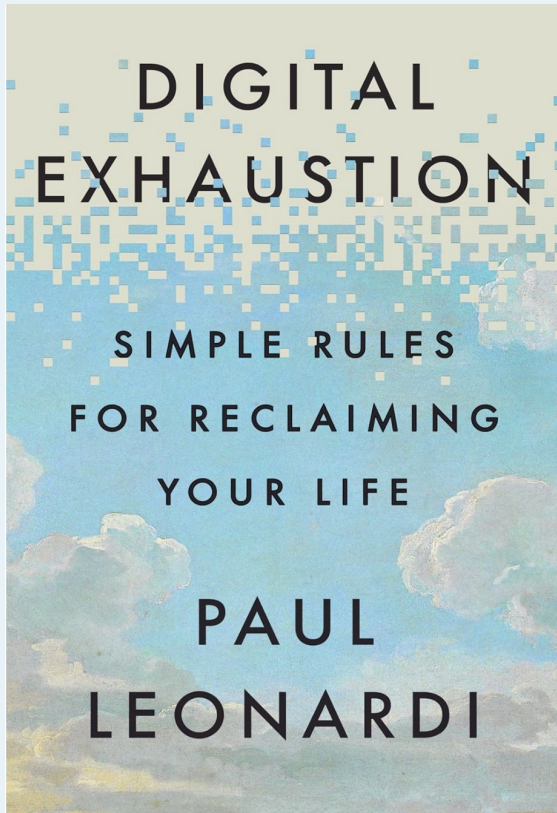
Information overload floods our world

- ✓ The internet is full of information
- ✓ AI generated content
- ✓ People are overwhelmed, therapists included

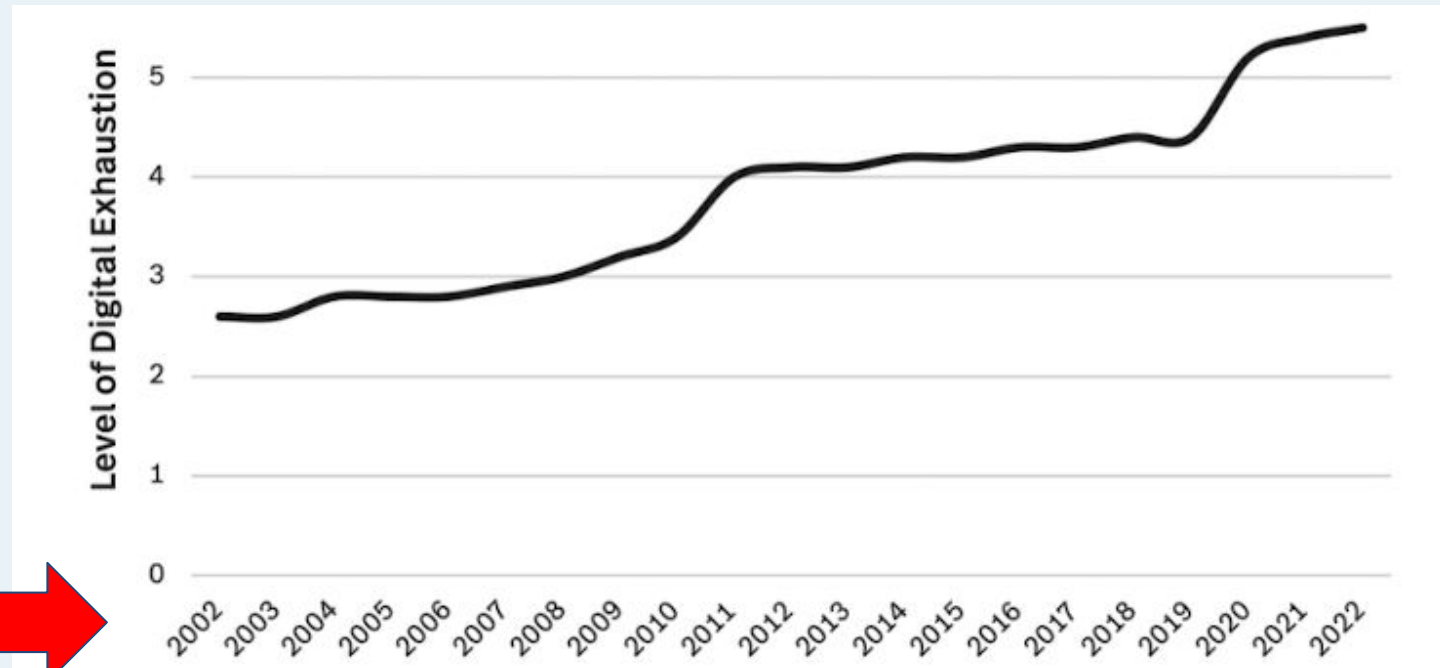


***A wealth of information
creates a poverty of attention.***

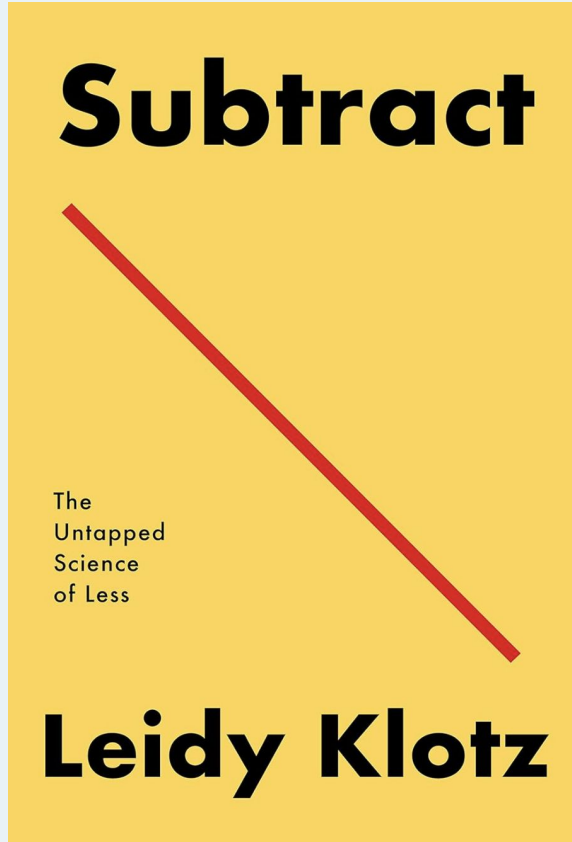
— Nobel Prize-winning economist, Herbert Simon, 1971



There appears to be general agreement that the symptoms of exhaustion include weariness, disillusionment, apathy, hopelessness, restlessness, irritability, and a general lack of motivation.



— Paul Leonardi, *Digital Exhaustion: Simple Rules for Reclaiming Your Life*



***It's not just that we accept
objectively worse results
because we subjectively like
adding, it's that we fail to even
consider subtraction in the first
place.***

— Leidy Klotz, *Subtract: The Untapped Science of Less*

The Developmental Path of the EMDR therapist

The Wide

- Learning a large number of protocols
- Knowing them superficially
- You don't get feedback on your work

The Deep

- Know the standard protocol very well
- Improve how you practice EMDR
- You get better at what you do over time

Different Ways of Learning

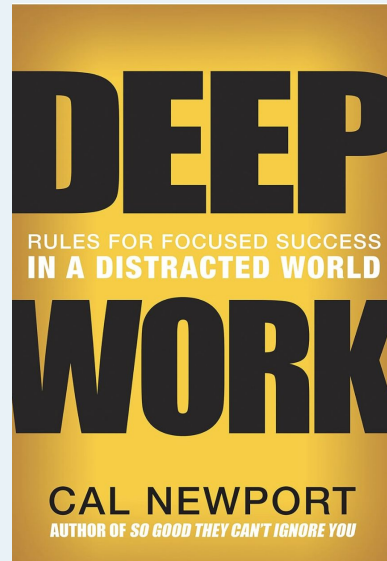
The problem

- ✓ The global attention problem
- ✓ How the attention problem impacts our field
- ✓ The problem in the EMDR world (PPP)

The solution: better instead of more

- ✓ What experts do in other fields
- ✓ Applying effective learning methods to EMDR
- ✓ Behavioral rehearsal (role play)

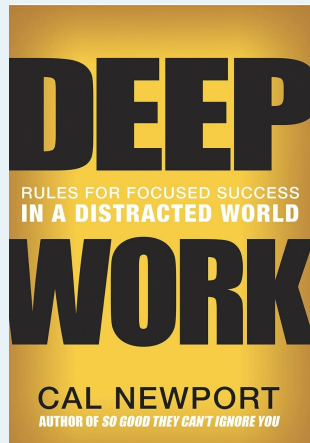
***Less mental clutter means more
mental resources available for deep
thinking.***



— Cal Newport, *Deep Work: Rules for Focused Success in a Distracted World*

The Deep Work Hypothesis

The ability to perform deep work is becoming increasingly rare at exactly the same time it is becoming increasingly valuable in our economy. As a consequence, the few who cultivate this skill, and then make it the core of their working life, will thrive.



— Cal Newport, *Deep Work: Rules for Focused Success in a Distracted World*

| The Protocol Proliferation Problem (PPP)

EMDR Therapy and Hoarding: The Hoarding Protocol

Priscilla Marquis and Christie Sprowls



Introduction

Compulsive hoarding is described as acquiring a large number of possessions and failing to discard them. These possessions create significant clutter in the environment and can pre-

| The Protocol Proliferation Problem (PPP)

24

EMDR for Mining and Related Trauma: The Underground Trauma Protocol

David Blore

David Blore has now been providing EMDR to traumatized miners since 1993. As with other specialized client groups, the Single Trauma (STP) and Recent Trauma Protocol (RTP) have required modifications. The author has collated the

| The Protocol Proliferation Problem (PPP)

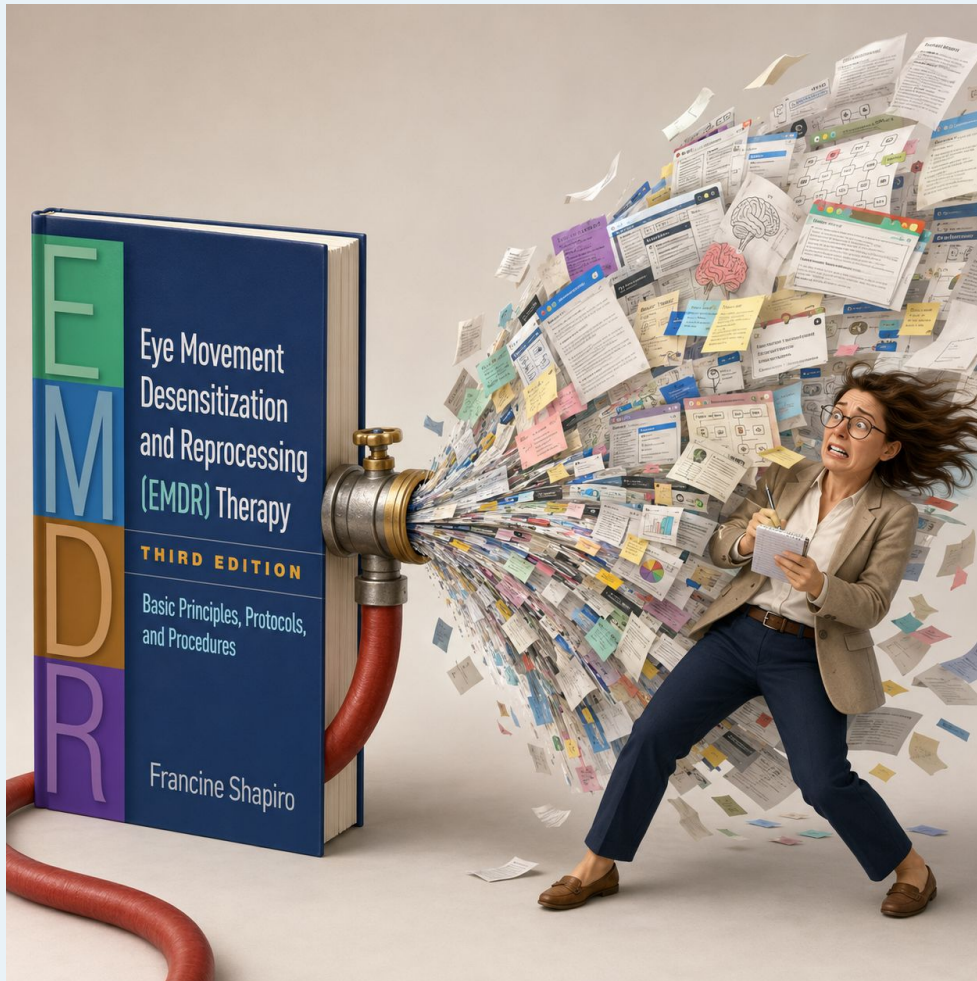
POSTPARTUM DEPRESSION

EMDR Therapy Protocol for the Prevention of Birth Trauma and Postpartum Depression in the Pregnant Woman

Anna Maria De Divitiis and Marilyn Luber



Knowing is Not Doing

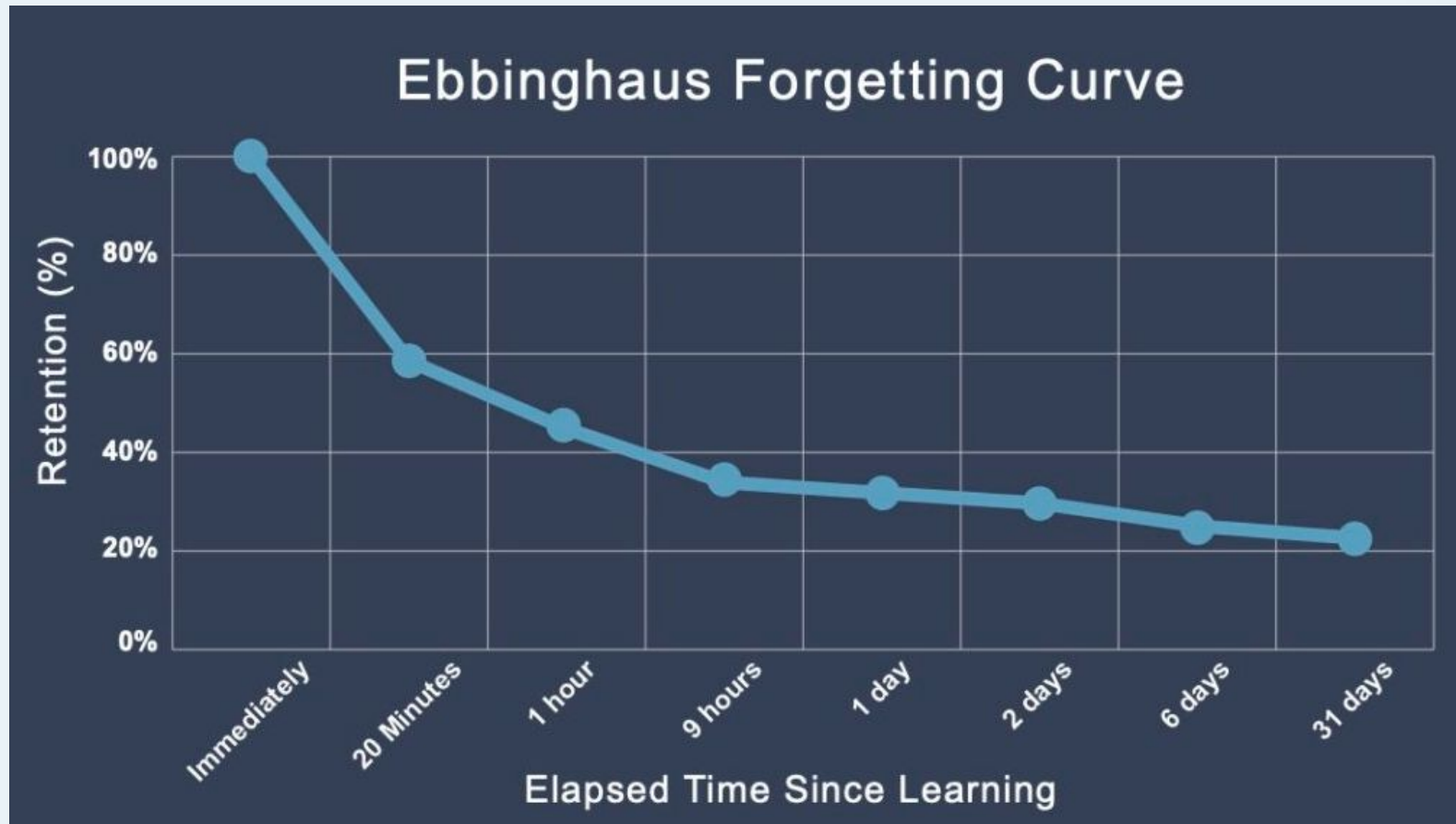


The Firehose Effect

Basic EMDR training is often like "drinking from a firehose." There is a massive gap between:

- ✓ **Conceptual Knowledge:** Knowing about EMDR theory.
- ✓ **Procedural Skills:** Knowing how to do EMDR therapy with the 8 phases effectively.

The Forgetting Curve



Ebbinghaus, 1880s

Supershrinks



The Secrets of Supershrinks: Pathways to Clinical Excellence

Miller, S. D., & Hubble, M. and Duncan B. L. (2007)

Who are the supershrinks?

“Supershrinks” consistently achieve success rates that are significantly higher, while their dropout rates are much lower than those of the average therapist

- ✓ Improved at a rate at least 50 percent higher
- ✓ Drop out at a rate at least 50 percent lower

The Information Paradox

pn Psychotherapy
NETWORKER
CLINICAL GUIDE

**The Secrets of
Supershrinks:**
Pathways to
Clinical Excellence

***Just because you've been
walking for 50 years doesn't
mean you're getting better at it.***

— Miller, S. D., & Hubble, M. and Duncan B. L. (2007)

| Experience ≠ Better Outcomes

Research shows that therapists generally do not improve with time alone.

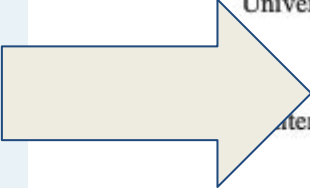
Clinical effectiveness may even slightly decline after the first few years.

Supershrinks, our own research shows, are exquisitely attuned to the vicissitudes of client engagement. In what amounts to a quantum difference between themselves and average therapists, they're much more likely to ask for and receive negative feedback about the quality of the work and their contribution to the alliance. We have now confirmed this finding in numerous independent samples of practitioners working in diverse settings with a wide range of presenting problems. The best clinicians, those falling in the top 25 percent of treatment outcomes, consistently achieve lower scores on standardized alliance measures at the outset of therapy—perhaps because they're more persistent or are more believable when assuring clients that they want honest answers—enabling them to address potential problems in the working relationship. Median therapists, by contrast, commonly receive negative feedback later in treatment, at a time when clients have already disengaged and are at heightened risk for dropping out.

Do Psychotherapists Improve With Time and Experience? A Longitudinal Analysis of Outcomes in a Clinical Setting

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University of Alaska—Fairbanks

Stevan Lars Nielsen
Brigham Young University

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University of Wisconsin—Madison

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University of Wisconsin—Madison and Modum Bad Psychiatric Center, Vikersund, Norway

Objective: Psychotherapy researchers have long questioned whether increased therapist experience is linked to improved outcomes. Despite numerous cross-sectional studies examining this question, no large-scale longitudinal study has assessed within-therapist changes in outcomes over time. **Method:** The present study examined changes in psychotherapists' outcomes over time using a large, longitudinal, naturalistic psychotherapy data set. The sample included 6,591 patients seen in individual psychotherapy by 170 therapists who had on average 4.73 years of data in the data set (range = 0.44 to 17.93 years). Patient-level outcomes were examined using the Outcome Questionnaire-45 and a standardized metric of change (prepost d). Two-level multilevel models (patients nested within therapist) were used to examine the relationship between therapist experience and patient prepost d and early termination. Experience was examined both as chronological time and cumulative patients seen. **Results:** Therapists achieved outcomes comparable with benchmarks from clinical trials. However, a very small but statistically significant change in outcome was detected indicating that on the whole, therapists' patient prepost d tended to diminish as experience (time or cases) increases. This small reduction remained when controlling for several patient-level, caseload-level, and therapist-level characteristics, as well as when excluding several types of outliers. Further, therapists were shown to vary significantly across time, with some therapists showing improvement despite the overall tendency for outcomes to decline. In contrast, therapists showed lower rates of early termination as experience increased. **Conclusions:** Implications of these findings for the development of expertise in psychotherapy are explored.

Goldberg et al. (2016)

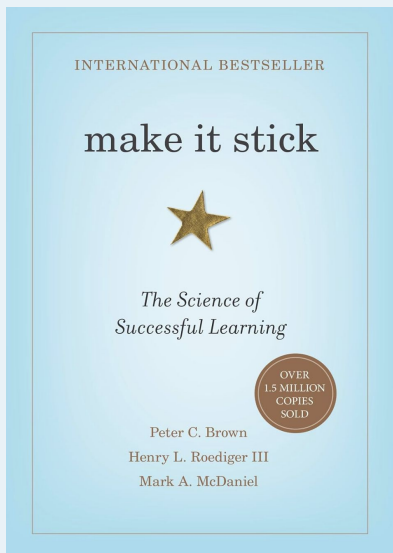
Discussion

The present study, which to our knowledge is the first large-scale longitudinal examination of therapist professional development over time using patient outcomes, involved 170 therapists treating over 6,500 patients over an extended period of time (on average, almost 5 years). Therapy was generally effective in this real-world setting, with pretreatment to posttreatment standardized effects of approximately one standard deviation, which is comparable to effects achieved in clinical trials (cf., Minami, Wampold, Serlin, Kircher, & Brown, 2007). At the same time, the present analyses show that, in the aggregate, therapists did not improve with more experience, operationalized as either time or number of cases. Indeed, results suggest that therapists on the whole became slightly less effective over time, although the magnitude of the deterioration was extremely small. The magnitude of the pretreatment to posttreatment effect size diminished 0.012 each year, which is a very small effect: each year, it would be expected that only 1 fewer out of 148 patients would have had a successful outcome, on average (Kraemer & Kupfer, 2006). Of note, this

Curiously, the results of the present study contrast with clinician self-reported experience. In a large, 20-year, multinational study of over 4,000 therapists, Orlinsky and Rønnestad (2005) found that the majority of practitioners experience themselves as developing professionally over the course of their careers. In particular, therapists with 15 or more years in practice were significantly “more likely than their juniors to experience work with patients as an effective practice, were less likely to have a disengaged practice, and only rarely found themselves in a distressing practice” (p. 88). As well, it appears that therapists tend to overestimate their effectiveness (Walfish, McAlister, O’Donnell, & Lambert, 2012) and fail to recognize failing cases (Hannan et al., 2005; Hatfield, McCullough, Frantz, & Krieger, 2010). It is important to note,

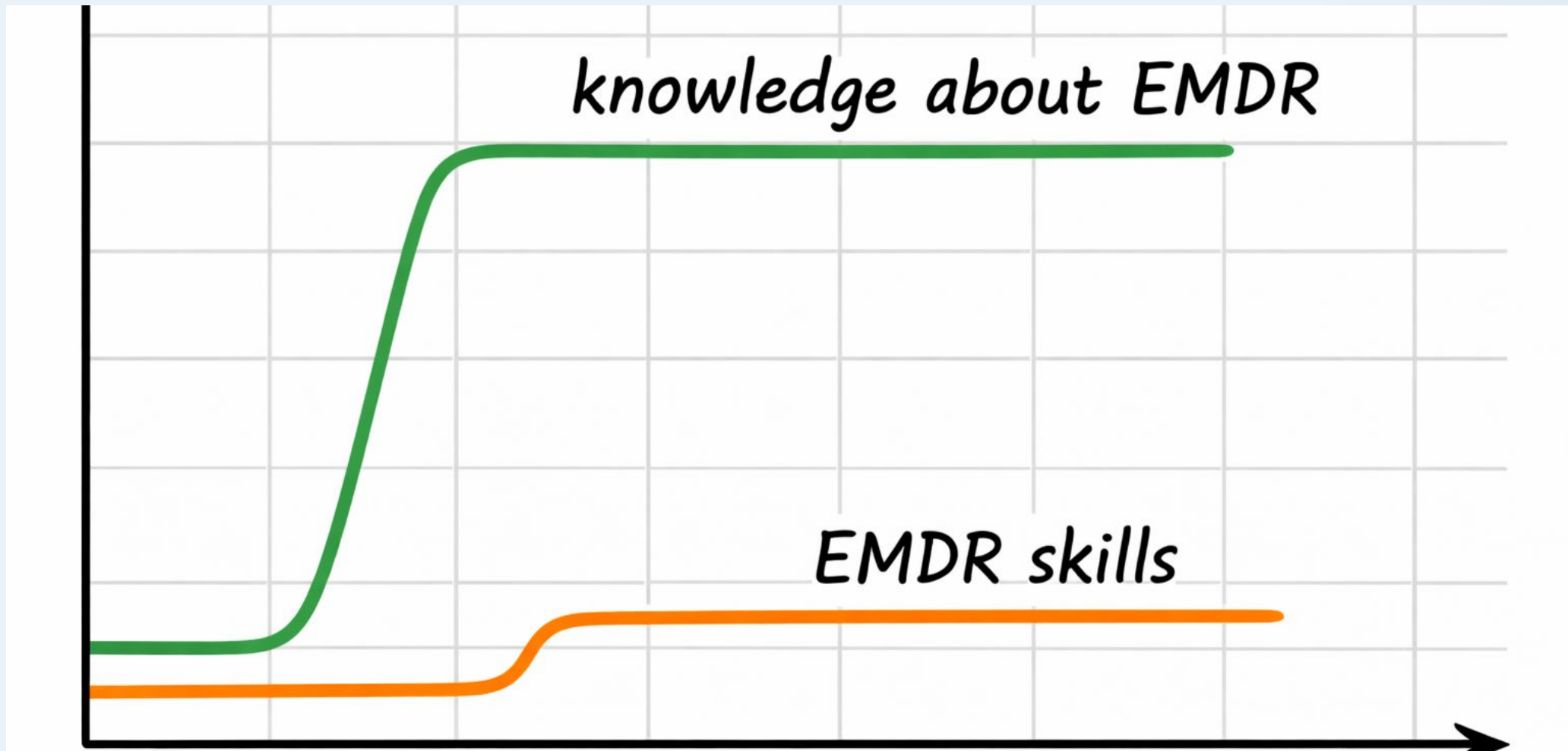
Goldberg et al., 2016

People generally are going about learning in the wrong ways. Empirical research into how we learn and remember shows that much of what we take for gospel about how to learn turns out to be largely wasted effort.



— Brown, Roediger & McDaniel (2014), ***Make It Stick: The Science of Successful Learning***

Conceptual Learning Vs. Procedural Learning



Knowledge vs. Skills

Improving Therapists' Effectiveness: Can Deliberate Practice Help?

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Robert J. Reese
Auburn University

Considerable attention has been given to the benefits of applying deliberate practice to the field of psychotherapy. The philosophical underpinnings of the deliberate practice framework have the potential to help improve psychotherapy training by encouraging lifelong learning. However, the deliberate practice model has been previously applied and studied in fields that differ from psychotherapy in important ways. These differences have significant implications for the application of deliberate practice to psychotherapy. This article aims to highlight the exciting possibilities and the current limitations of the deliberate practice model for psychotherapy. We offer potential ways to address some of these limitations via research and clinical practice. Giving more consideration to these limitations could increase the utility of deliberate practice for psychotherapists.

Public Significance Statement

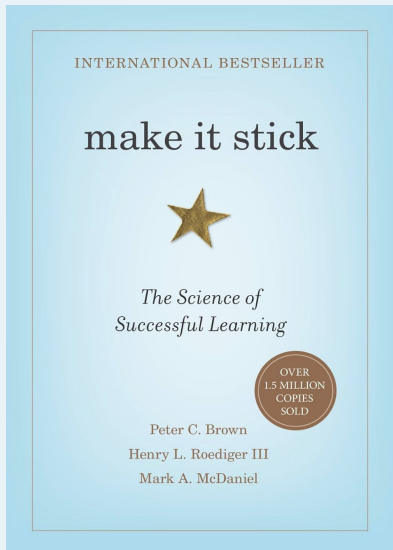
The deliberate practice model is a framework for improving performance that is increasingly being applied to the field of psychotherapy. This article discusses the limitations of the application of the deliberate practice model to the field of psychotherapy, as well as provides recommendations for how to address some of these limitations. Initiating a discussion about these limitations can help increase the usefulness of the deliberate practice model for psychotherapists.

Clements-Hickman & Reese, 2020

Unresolved Conceptual Issues

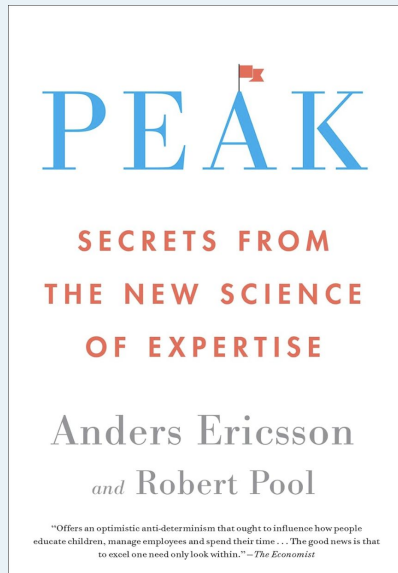
Deliberate practice is a reductionistic approach. Deliberate practice is an inherently reductionistic process. You identify a specific skill or set of skills to address and work on to improve with feedback. This seems like a logical, straightforward idea that is conceptually similar to traditional psychotherapy training programs. Yet, such an approach could be considered incongruent with the large amount of research support that suggests psychotherapy skills are not easily reduced down to skills that translate into increased benefit for clients (Wampold & Imel, 2015). Our concern is not whether therapists should practice specific skills, but rather it is a matter of emphasis given the theoretical underpinnings of deliberate practice that presume that practicing a set of discrete skills will yield improved performance with clients. We believe that such an emphasis downplays the complexity of the therapeutic process. Previous research indicates that the strength of

Learning is deeper and more durable when it's effortful. Learning that's easy is like writing in sand, here today and gone tomorrow.



— Brown, Roediger & McDaniel (2014), ***Make It Stick: The Science of Successful Learning***

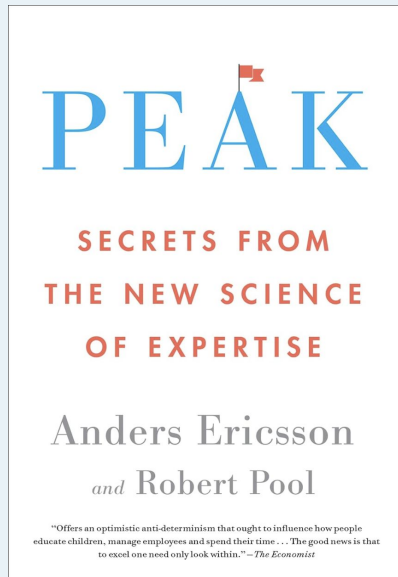
You try to do something you cannot do – that takes you out of your comfort zone – and you practice it over and over again, focusing on exactly how you are doing it, where you are falling short, and how you can get better.



— Anders Ericsson & Robert Pool, *Peak: Unleashing Your Inner Champion Through Revolutionary Methods for Skill Acquisition and Performance Enhancement in Work, Sports, and Life*

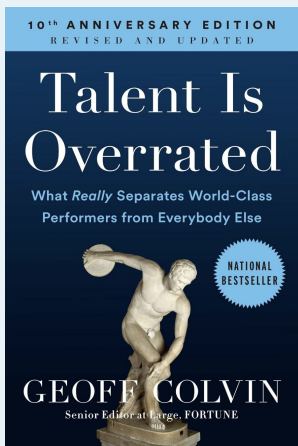
Mental Representations

So everyone has and uses mental representations. What sets expert performers apart from everyone else is the quality and quantity of their mental representations.



— Anders Ericsson & Robert Pool, *Peak: Unleashing Your Inner Champion Through Revolutionary Methods for Skill Acquisition and Performance Enhancement in Work, Sports, and Life*

*Identifying the learning zone,
which is not simple, and then
forcing oneself continually to stay
in it as it changes, which is even
harder—these are the first and
most important characteristics of
deliberate practice.*



— Geoff Colvin, *Talent is overrated: What really separates world-class performers from everybody else*

There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don't know. But there are also unknown unknowns. There are things we don't know we don't know.

Donald Rumsfeld,
Former United States Secretary of Defense

Most Therapists Vs. "Supershrinks"

Most Therapists

- Work alone
- Rarely get feedback
- Helping *some* clients
- No learning goals
- Performance doesn't improve

Supershrinks

- Observe work
- Get specific feedback
- Focus on helping all clients
- Define specific learning goals
- Practice (behavioral rehearsal)
- Assess performance

Deliberate Practice in EMDR Consultation



Traditional Vs. Purposeful EMDR Consultation

Traditional EMDR Consultation

- Focus on narrative, concepts, or interpretations
- Focus on the client
- Broad learning goals
- Skills practice rarely exists
- If skills practice happen – no repetition

Purposeful EMDR Consultation

- Focus on a specific observable skill
- Focus on the therapist
- Goals are small and concrete, targeting micro-skills
- Skills are rehearsed repeatedly with feedback and refinement

Stepping Outside Your Comfort Zone



Identify Your Learning Zone

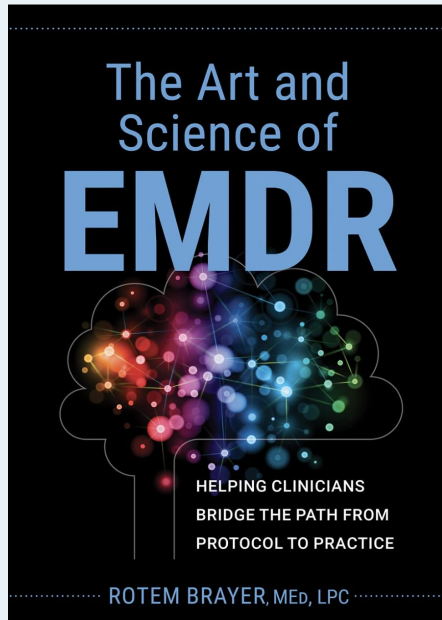
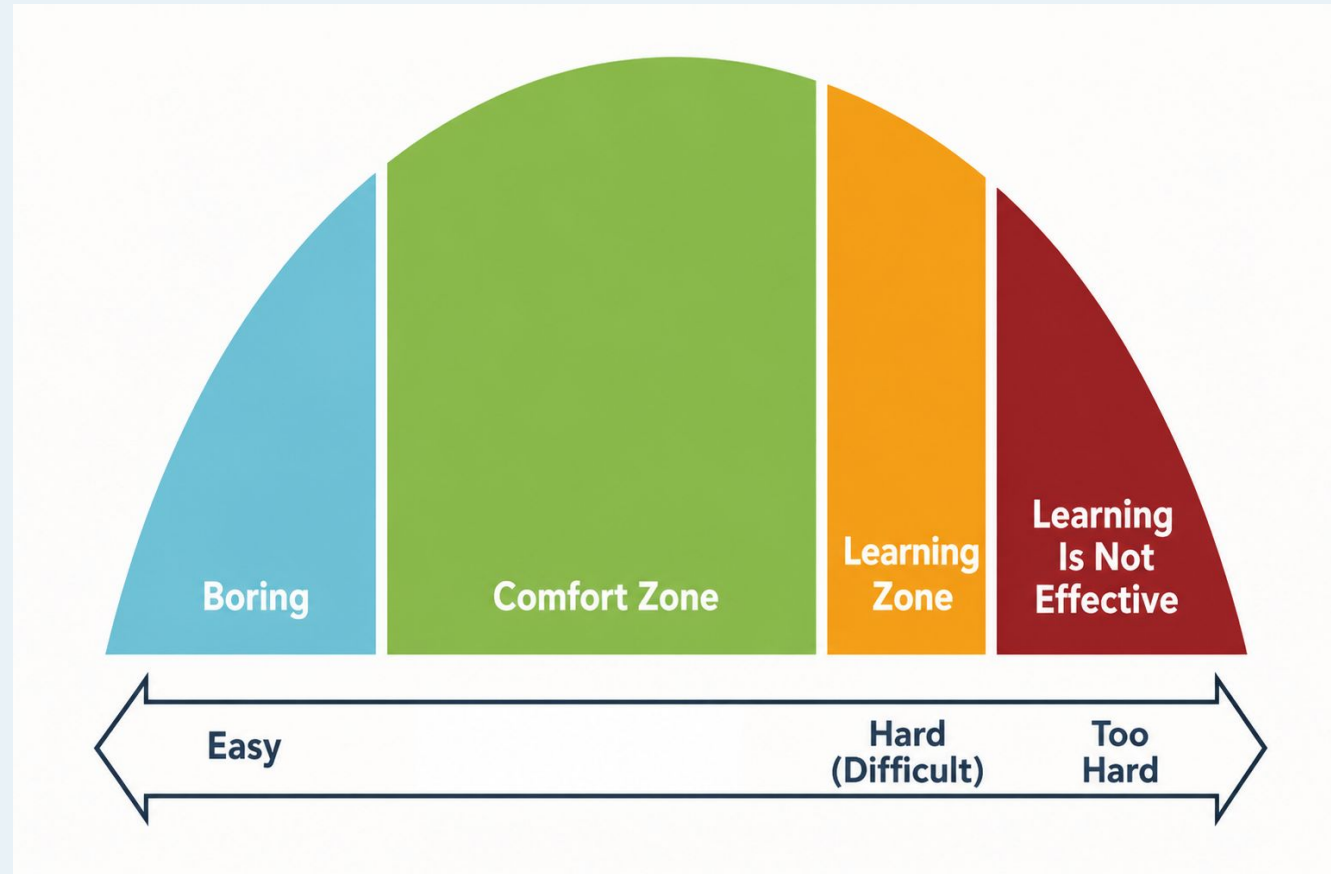
Deliberate Practice (DP) requires identifying your **Learning Zone**—the sweet spot between too easy (boredom) and too hard (overwhelm).

- ✓ Focuses exactly on where you fall short.
- ✓ Requires successive refinement of skills.
- ✓ Designed to improve performance, not just knowledge.

Deliberate Practice in EMDR Trainings

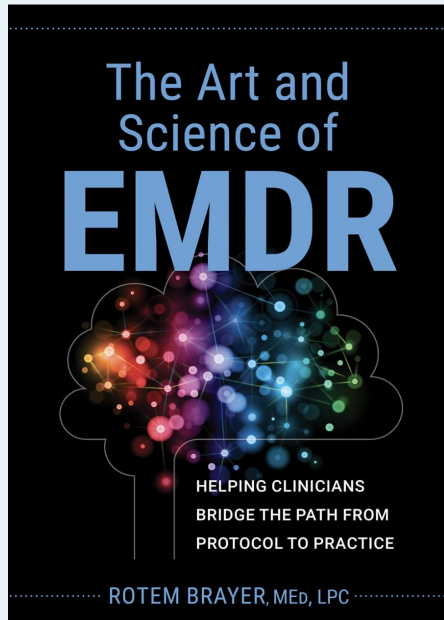
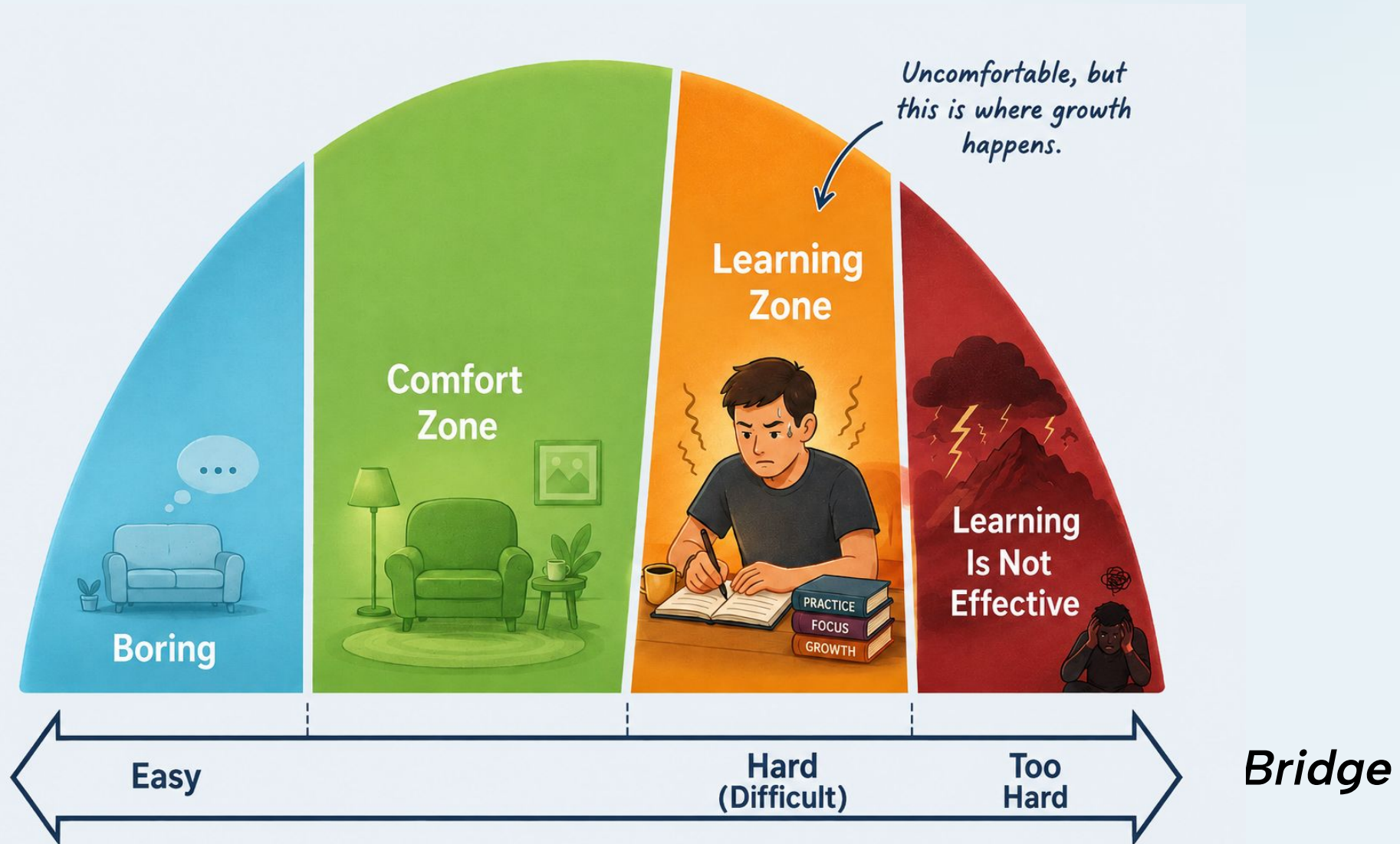


Deliberate Practice in EMDR Trainings



Adapted from Brayer (2023), The Art and Science of EMDR: Helping Clinicians Bridge The Path From Protocol to Practice

Deliberate Practice in EMDR Trainings



Adapted from Brayer

Limitations of Deliberate Practice in Psychotherapy Research

A Systematic Review of Deliberate Practice in Psychotherapy: Definitions, Operationalization, and Preliminary Outcomes

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⁴ School of Medicine, The University of Queensland

⁵ Burleigh Heads, Queensland, Australia

Deliberate practice has been introduced to psychotherapy training to improve therapist performance. The emerging empirical evidence supporting the positive impacts of deliberate practice is complicated by confusion regarding how deliberate practice should be operationalized and applied in the psychotherapy context and wider debate about its role in developing expertise. This systematic literature review aimed to appraise and synthesize the preliminary evidence available regarding the role of deliberate practice in improving psychotherapy outcomes. We searched MEDLINE, EMBASE, APA PsycInfo, CINAHL, Web of Science, reference lists of articles, and other sources (last checked June 2023). Quantitative English language studies that examined deliberate practice interventions in psychotherapy contexts were included. Two authors independently extracted study data and assessed quality using the relevant Joanna Briggs Institute critical appraisal checklist. Randomized controlled trials were further appraised using the Cochrane risk of bias tool.

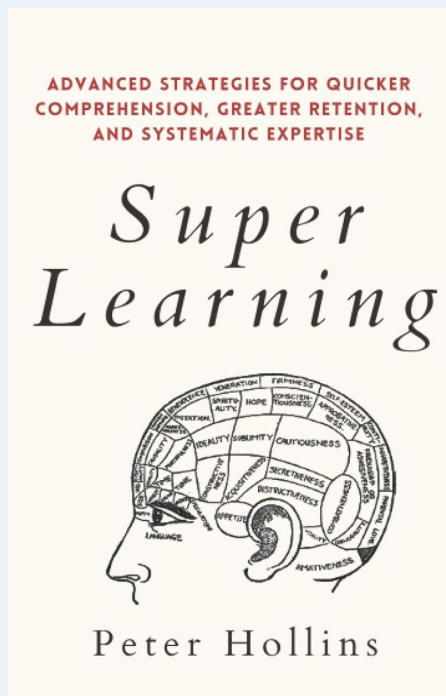
Limitations of Deliberate Practice in Psychotherapy Research

Effect of Deliberate Practice on Outcomes

The evidence remains too preliminary to conclude whether deliberate practice enhances psychotherapy outcomes. The field is still evolving and requires greater consistency in the operationalization of deliberate practice alongside improvements in study quality. Currently, no studies evaluate the deliberate practice framework proposed by Miller et al. (2023) and Miller, Hubble, and Chow (2020). Approaches suggested by Rousmaniere (2024), Rousmaniere and Vaz (2021/2024), and Vaz and Rousmaniere (2022) show tentative evidence that deliberate practice may create environments conducive to professional development as well as aid the improvement of specific therapeutic skills. However, limitations such as reliance on self-report measures, small sample sizes, and the presence of confounding variables restrict the strength of these findings and the conclusions that can be drawn. Furthermore, most studies focus on graduate-level participants, highlighting the need for research examining the effects of deliberate practice across different levels of experience.

Diamond et al., 2025

Learning relies on memory, and memory is in turn an interplay between two processes: storing and retrieving information.



— Peter Hollins, *Super Learning: Advanced Strategies for Quicker Comprehension, Greater Retention, and Systematic Expertise*

Consultant: Three Key Roles



Educator

Clarifies theoretical AIP model, models behavior, and provides technical resources.



Motivator

Encourages confidence, normalizes setbacks, and fosters clinical resilience.



Evaluator

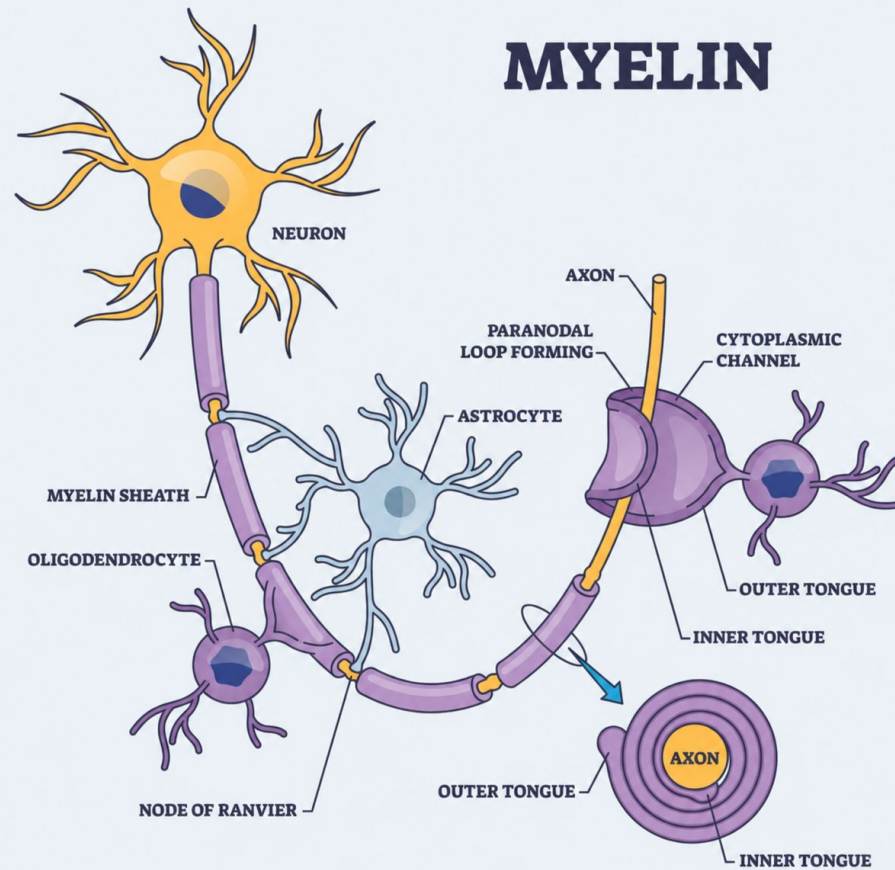
Provides objective accountability and assesses readiness for certification.

EMDRIA, 2026

We Are Lifelong Learners

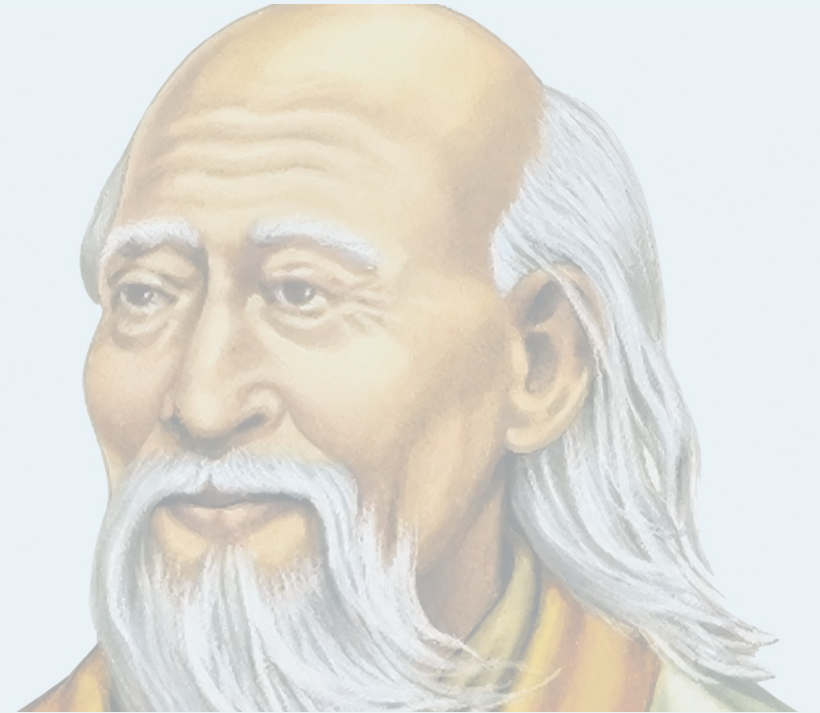
Humility means acknowledging that learning is ongoing and no one person holds all the answers.

The Science of Deliberate Practice



***To attain knowledge,
add things every day. To
attain wisdom, subtract
things every day.***

— Lao Tzu



Be in touch!

Rotem Brayer

<https://emdr-learning.com>

***If we have time
(or during the break)***

