EMDR UK

Annual Conference 2026

Presenters

DELTA HOTELS, BRISTOL

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Silva Neves

Biography

Silva Neves is an award-winning, COSRT-accredited and UKCP-registered psychosexual and relationship psychotherapist, and a trauma psychotherapist based in London. He is a Pink Therapy Clinical Associate.

Silva is a member of the editorial board for the leading international journal *Sexual and Relationship Therapy.*

Silva is the author of three books: *Compulsive Sexual Behaviours, A Psycho-Sexual Treatment Guide for Clinicians* (Routledge), *Sexology: The Basics* (Routledge), *Sexual Diversity* (Karnac), and he co-edited two textbooks with Dominic Davies: *Erotically Queer* (Routledge) and *Relationally Queer* (Routledge).

He also contributed chapters in various publications including: *The Handbook of Social Justice in Psychological Therapies, Queering Gestalt Therapy, The SAGE Handbook of Counselling & Psychotherapy, Sexual Minorities and Mental Health: Current perspectives and New Directions.*

Silva wrote several articles in psychotherapy magazines and peer-reviewed journals, including *New Psychotherapist, Therapy Today, Sexual and Relationship Therapy, The European Journal of Psychotherapy & Counselling, Attachment.*

He speaks internationally.

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Silva Neves

Working with trauma and LGBTQ+ clients.

Abstract

Working effectively with LGBTQ+ clients and trauma requires the knowledge of specific factors that influence the experience of traumatic events and its recovery. This talk will focus on societal oppression, minority stress and shame and how they intersect with traumatic events. In this talk, Silva will discuss:

1. The common individual trauma LGBTQ+ clients face, and how it is compounded with collective trauma.
2. The effect of ongoing oppression and how to avoid replicating societal oppression in the consulting room by being aware of heteronormativity.
3. The therapeutic relationship in the context of EMDR and LGBTQ+ clients.
4. How to adapt the standard EMDR protocol to suit LGBTQ+ clients best.

In this talk, delegates will learn:

1. The specific areas to pay attention to when making assessments with LGBTQ+ clients.
2. How to adapt the EMDR protocol to work effectively with LGBTQ+ clients.
3. A good understanding of the current context in which LGBTQ+ clients live that is relevant to positive therapeutic outcome.

Karsten R. Böhm

Biography

Dr. phil. Karsten R. Böhm, Clinical Psychologist, is a Senior Trainer in EMDR, lecturer in CBT and specialist in OCD, Anxiety Disorders and PTSD psychotherapy. He is president of the German EMDRIA board and also member of the German National Guideline Commissions on the treatment of OCD and of PTSD. Next to it, he is a lecturer for psychotherapy at the EMDR-Institute Germany, institutes for Cognitive Behavior Therapy (Universities of Freiburg, Munich, Bale in Switzerland, Berlin), medical councils and on different congresses (DGPPN Congress Berlin etc).

He has published a number of books, articles, chapters and working materials on the use of EMDR therapy. From 2003–2009, he worked as a clinical and ward psychologist (OCD unit) at the University Hospital of Freiburg and from 2009–2021 as a leading psychologist (latest in Clinic Friedenweiler in the Black Forrest close to Freiburg, Germany).

Karsten R. Böhm

EMDR in Obsessive Compulsive Disorder patients with sexual, aggressive or religious obsessions, regarding the NEW S3. NICE-guidelines in OCD.

Abstract

OCDs are difficult to treat, especially if sexual, aggressive or religious obsessions are part of them. Various studies have demonstrated that 15-40% of patients with obsessive-compulsive disorders (OCD) do not respond to it; they cannot be motivated to undergo treatment, drop out, or experience persisting difficulties in regulating their emotions. In this practical workshop on OCD, EMDR is presented in a new procedure, following international evidence-based guidelines such as NICE, APA, German DGPPN S3-guidelines. Furthermore, the new ICD-11 definition of OCD will be presented and related disorders discussed.

OCD-patients with sexual, aggressive or religious obsessions experienced EMDR as a useful and motivating therapy. Furthermore, they felt encouraged to deal with their emotions in additional psychological treatments. Our new in-vivo EMDR therapy markedly reduced OCD symptoms. EMDR is shown as a useful treatment in working with patients suffering from OCD by using videos, live role-plays, live-demonstrations and speech. Especially, the treatment planning, the timing in therapy and the best targets to use for OCD-patients will be shown.

Learning:

- Demonstrate the use of the EMDR-protocol for OCD patients, including role-plays to show it in a live demonstration
- Differences in Washing OCD, Control OCD, Hoarding and mainly aggressive/ sexual/religious thoughts
- Structured worksheet for the different OCD themes
- ICD-11: what is new in OCD?
- Which are the best targets for OCD patients to work with?
- Differentiation between the use of EMDR in OCD and PTSD
- Combination of behavior and emotional level in the treatment for OCD
- Use of negative and positive Cognitions in OCD Patients
- An individual treatment-plan including OCD-specific procedures

Amal Wartalska

Biography

Amal Wartalska is an integrative counsellor, psychotherapist, EMDR accredited practitioner and clinical supervisor. She has been practising since 2011 and has been using EMDR as part of her integrative model of practice since 2019. Her professional experience includes primary care, addiction at Crime Reduction Initiatives, Mind in Haringey, working with young people at Haringey Sixth Form Centre and private practice. She is an accredited member of the BACP and a longstanding member of BAATN (The Black, African and Asian Therapy Network).

Amal's therapeutic approach is intercultural, decolonial and anti-oppressive, with focus on intersectionality. She currently works in private practice, predominantly with clients from racialised and in other ways marginalised groups.

Her perspective on the topic presented is shaped by her professional experience as a therapist, supervisor and supervisee working with clients from marginalised groups. It is also influenced by her personal experiences of socially inflicted oppression and the healing work she has undergone, including through EMDR therapy.

Key Presentation Themes:

1. Reimagining EMDR for systemic healing: The two legs EMDR therapy practice needs to stand on.
2. Navigating therapeutic challenges: Overcoming blocks to effective practice in therapy, supervision and training.
3. Understanding weathering as a result of SIT and transformative impact of EMDR on mental and physical health of the oppressed people.

Why This Topic Matters:

This presentation aligns with EMDR UK Association's mission to advance trauma-informed care. By addressing gaps in standard EMDR practice, supervision and training, it equips practitioners to serve diverse populations more effectively. The topic is timely, resonating with global movements like Black Lives Matter and ongoing discussions on decolonizing mental health.

Amal Wartalska

Beyond Individual Pain: Using EMDR to Process Socially Inflicted Trauma and Foster Systemic Wellness.

Abstract

"Socially Inflicted Trauma" (SIT) is a term introduced by the presenter to describe the unique, cumulative trauma experienced by individuals from marginalized communities as a result of systemic social, political, and economic oppression.

Marginalized communities globally endure a unique form of trauma stemming not from singular events, but from persistent, systemic oppression. Unlike trauma arising from singular or acute events, SIT is chronic and pervasive—woven into everyday life through microaggressions, discrimination, and the enduring impact of historical injustice.

Standard trauma models often fall short in addressing the pervasive, complex and cumulative nature of SIT, necessitating a paradigm shift in our therapeutic approach. This presentation advocates for EMDR therapy as a powerful, yet underutilized, modality for this critical work.

SIT affects different groups of people through their lives depending on their marginalised identities (race, gender, sexuality, gender identity, religion, disability status etc. This list is not exhaustive). Some of these oppressed identities may be more visible (race), some often not (sexuality, gender identity, disability).

Recognizing SIT in its systemic context and through an intersectional lens, is critical for effective therapeutic intervention, since lots of people may inhabit different marginalised identities at the same time and experience multiple oppressions.

In this keynote presentation, I will explore how EMDR can effectively address this type of trauma, drawing on an intercultural approach and EMDR Standard Protocol adaptations to foster healing. Attendees will gain insight into overcoming common barriers to culturally attuned therapy, supervision and training, while understanding the profound health implications of SIT. The presentation will also highlight the physical and psychological toll of SIT—often referred to as "weathering"—and how EMDR can contribute to both mental and physical health recovery. Ultimately, this keynote aims to inspire clinicians to integrate anti-oppressive practices into their work, enhancing mental and physical outcomes for communities that have been historically excluded from effective, inclusive care.

Dr Michel Silvestre

Biography

Dr Michel Silvestre is a clinical psychologist since 1978 and a family therapist who has been in private practice since 1999 in Aix-en-Provence, France.

He is an EMDR Europe Accredited Child and Adolescent Trainer, one of the founding members of the EMDR French association and the former Chair of the EMDR France Association. He is a graduate of the Mental Research Institute, Palo Alto, California and a member of the European Family Therapy Association.

He is a Senior Lecturer and Supervisor at the Pierre Janet Center, University of Metz, France where he is in charge of a postgraduate Child & Adolescent EMDR training in Europe.

He is a senior supervisor and Child & Adolescent trainer of the French EMDR Institute in Paris.

He has been in charge with Joanne Morris-Smith of training the Child & Adolescent trainers candidates for several years and now both of them are in charge of training consultants candidates for Europe.

Dr Michel Silvestre

Impact of trauma on the child and his family, individual injury and relational injury.

Abstract

Complex traumatic situations teach us to think of trauma as a multi-level injury: individual and relational and confront us with the need to implement a complex integrative treatment model that can respond to this type of situation. This is particularly relevant in working with children but also in the context of a traumatized couple.

The integration of two paradigms, such as that of systemic family therapy and that of individual EMDR therapy, allows the construction of a broader therapeutic set where the synchronic, horizontal axis of family patterns in the here and now and the diachronic, vertical axis of the individual history of each person, particularly the suffering child, intersect. These horizontal and vertical scans allow us to understand current individual traumatic wounds and wounds of the relationships as well as other older and/or intergenerational wounds that may have been reactivated by the traumatic incident.

Objectives of the presentation:

1. Become familiar with this integrative approach, which takes into account the concepts of child development, attachment, resilience, family dynamics, dissociation, and the repetition of intergenerational processes.
2. Learn to enrich the EMDR eight-phases treatment protocol for a child with the interactional family dynamics dimensions.
3. Learn to integrate individual work that focuses on personal injury with family work on traumatized relationships.

Content covered:

1. Key points on trauma.
2. Consequences for children and families, individual and relational clinical perspectives.
3. Therapeutic intervention through an integrative vision of the eight-phases protocol.
4. Discussions of clinical cases and interaction with participants.

Dr Sarah Butler

Biography

Dr Sarah Butler is a Counselling Psychologist, accredited Cognitive Behavioural Therapist and EMDR Practitioner. Her doctoral research, "How do clients experience intensive EMDR for PTSD? An Interpretative Phenomenological Analysis," explores client perspectives on intensive therapy for post-traumatic stress disorder.

With nearly a decade of experience in the NHS and Ministry of Defence, Dr Butler has specialised in the assessment, formulation and treatment of trauma, PTSD, chronic pain and anxiety disorders, working within Cognitive Behavioural and EMDR frameworks. She has been exclusively private practice since 2023.

She is the creator of **The Mitland Plan,** an innovative intensive therapy programme for PTSD, developed through both research and clinical application. Dr Butler provides **intensive therapy workshops** to EMDR practitioners and consultation to organisations seeking to embed and scale intensive therapy models within their services.

Her research and clinical work are driven by a mission to improve access to effective PTSD treatment—reducing suffering, recovery time, and associated costs. Recognised for her innovation, Dr Butler was accepted onto the **NHS Clinical Entrepreneur Programme (2023).** She continues to lead the way in advancing intensive therapy through research, training, and organisational consultation.

Sarah-Jane Butler1

How do clients experience intensive EMDR for PTSD? An interpretative phenomenological analysis

Sarah-Jane Butler1, Christine Ramsey-Wade1,

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Abstract

Background Recent research indicates that intensive treatment for PTSD (multiple hours of therapy over consecutive days) may offer an improved client experience, faster reduction in symptoms, greater symptom reduction, and reduced drop-out rates [1][2]. However, there is a dearth of qualitative research exploring the benefits and challenges of intensive EMDR from the client's perspective.

Aims The aim of this study is to understand what might be lost and gained from intensive delivery of EMDR from the participants' perspective, and to explore participants' experiences whilst considering social, contextual, and environmental factors.

Method Interpretative phenomenological analysis (IPA) was used to analyse data gathered from 10 individual interviews with participants who had experienced intensive EMDR treatment for PTSD.

Results Two super-ordinate themes were identified: 'the importance of psychological safety' and 'the changing self,' with subordinate themes of 'the protected space', 'the importance of a continued connection', 'the wow! moment' and 'living the way I always wanted'.

Conclusion Intensive EMDR can be experienced as safe and affecting a significant change, which was valued by participants. These findings concur with Shapiro's assertion that EMDR is a humanistic and integrative psychotherapy and corresponds with established humanistic theories such as Maslow's hierarchy of needs.

Visitors to this talk will:

- Learn more about how intensive EMDR for PTSD can be experienced
- Learn some of the possible perceived benefits of intensive EMDR
- Take away some implications for practice and future research

References

[1] A. Ehlers et al., American Journal of Psychiatry 171., 294–304 (2014).
[2] A. Van Woudenberg et al., European Journal or Psychotraumatology 9., (2018).

Nick Adams

Biography

Nick Adams is a psychologist working in private practice in Lancashire. He holds a degree in Psychology and a master's degree in Forensic Psychology. He has been studying psychology for over 35 years and practicing EMDR for over 25 years.

He is an EMDR consultant and facilitator and works with both children and adults. He has therapeutic experience of working in children's homes with children who have been diagnosed with attachment disorder. This early career experience has formed the backbone of much of the way he practices therapy, with a strong understanding of early attachment styles and how these can influence thoughts, feelings and behaviour.

Nick has a passion for science and scientific understanding. For the past 5 years he has been studying neuroscience, genetics and ethology to better understand how we can improve therapy outcomes by understanding the neurobiological processes involved in fear and trauma. This research has led him to recognise the important contributions that other scientific disciplines can offer psychological and therapeutic practice. He is now keen to share insights from his scientific research with others to help them step beyond therapy for the answers that can help their clients.

Nick Adams

The neurobiology of EMDR: Enhancing practice through neuroscientific understanding.

Abstract

Having an understanding of how something works enables effective problem solving and informed decision making. If you know why you are doing something you can improve your therapeutic outcomes.

Neuroscience is still an emerging field; in the last 50 years there have been many incredible discoveries and developments in this arena. This has led to increased knowledge of how particular mechanisms of the brain work. These insights have led to improved treatments for both physical and mental health problems.

This presentation seeks to untangle some of this complexity and bring to life some the key research that relates to our therapy practice and show how it can be applied within the context of EMDR.

By understanding the neurological processes involved in EMDR processing, we can make more informed decisions about our practice such as when to deviate from the standard protocol, and why this deviation follows neuroscientific evidence.

This presentation aims to be a starting point for EMDR therapists to gain a core basis of knowledge in an accessible way that is relevant to their day-to-day practice.

It will explore the neurobiology of fear and look at how this knowledge can be reverse engineered to improve our therapy practice. Having a better understanding of the creation of fear helps us understand the processes that contribute to creating and maintaining the fear feelings. This knowledge can be used to better inform our work with clients, particularly clients who have difficulty processing.

Peter Pruyn

Biography

Peter Pruyn (“prine”), LMHC, is an EMDR Consultant and Facilitator in private practice in Western Massachusetts who works with female survivors. He has a research interest in using EMDR for women’s health and is the author of Peter’s Psycho-ed Handouts: Client Handouts and Therapist Resources for Trauma, EMDR, and General Psychotherapy, 3rd Edition. Peter writes about trauma recovery, women’s health, and gender equality at peterpruyn.medium.com. For more about his practice, visit emdrforwomenshealth.com. He would enjoy hearing from colleagues who are doing related work at pwp04@icloud.com.

Peter’s Psycho-ed Handouts: Client Handouts and Therapist Resources for Trauma, EMDR, and General Psychotherapy, 3rd Edition - Etsy UK
https://www.etsy.com/listing/993937295/peters-psycho-ed-handouts-client

Peter Pruyn

Revisiting Cognitive Interweaves: Exploring Clinical Choices in a Case of Processing Menstrual Pain.

Abstract

What factors should go into deciding when to offer a cognitive interweave during client reprocessing as opposed to simply saying, “Go with that”? How often do we get to debrief such choices with fellow EMDR clinicians?

This interactive session will provide the opportunity for a collaborative community conversation on interweave choices during an EMDR session in which a female client disclosed she was having menstrual cramps. A transcript of the actual session will be dramatized, and at periodic points audience members will be invited to discuss in small groups what interweaves, if any, would be most effective. Group members will then be invited to share with the large group.

Participants will also be invited to explore how the therapist’s identity might influence such clinical choices, including what all of us can do to help clients feel supported in discussing menstrual health issues.

The objectives of this session are:

1. To understand diverse choices in choosing cognitive interweaves.
2. To understand how EDI considerations may influence clinical choices.
3. To help normalizing using EMDR on menstrual pain.
4. To know three intake screening questions to help clients feel supported in discussing menstrual health.