Chapter 3
The Ethics of Not Treating Trauma

Almost any therapist who has ever worked in community mental health would quickly agree that most of the depression and most of the anxiety treated in these clinics is a byproduct of past wounding. When I ask a room filled with new EMDR trainees what percentage of their clients have experienced significant attachment wounding or horrible event trauma, the average percentage for each training is between 90% and 100%. However, the vast majority of mental health therapists are not trained in any form of trauma therapy, and fewer are trained in transformational trauma therapies.

It took several years after my EMDR foundational training before I met the first client who had ever engaged in any prior trauma work. I had a caseload filled with clients with significant trauma, and at least half of them had been in therapy for much of their lives. Very few of them had ever been diagnosed with PTSD by any prior therapist. They came to me with three to six other diagnoses. In reviewing the diagnostic assessments done by prior therapists, they reported multiple Criteria A PTSD events, and enough symptoms were reported to justify either a PTSD diagnosis or further exploration. Rarely was PTSD diagnosed, and nearly never was trauma an identified problem on the treatment plan. Why would a profession consistently assess something and then immediately disappear it as a subject of possible treatment?

I believe that it is an enormous individual and communal liability that most therapists do not know how to effectively treat one of the most common presenting issues to mental health clinics globally. This is not a defense against malpractice; it is the case for it.

The cultures around us are becoming more trauma-informed. As this happens, cultures expect accountability. They often want to know who knew what and when. They want to know who did something about it. All mental health clinics should be trauma centers. Trauma should not be a specialty. I have had therapists tell me with an absolutely congruous face, "I don't treat trauma." There is no avoiding it without substantial costs to our clients.

While we do need to train more trauma therapists, a more important task is to figure out how to keep more of the people we train. Our best research suggests that the vast majority of EMDR-trained therapists do not use it regularly. I suspect that most EMDR-trained therapists do not use EMDR therapy regularly with their clients because we don't train you to work with clients as complex as the ones you already treat. Clients with complex trauma are conceptualized as a special case, yet it is the only case that many of us will see. Treating clients with complex trauma is usually difficult for both clients and therapists. With the most complex clients, EMDR therapy is an 8.5 out of 10 difficult clinical task. This work is almost always really, really, hard. Don't let anyone convince you otherwise. Your clients need to heal, and there are no other professions that can do this work. Said differently, this work is squarely your job and your job only, so no one can save you from the need to learn to do it as well as you can. Working directly with trauma is easier than pretending that it is not in the room. There are substantial life consequences for clients who don't resolve trauma. There are ways to do this work more effectively.