EMDRIA

September 2016 | The Information Resource for EMDR Therapists | Vol 21 Issue 3

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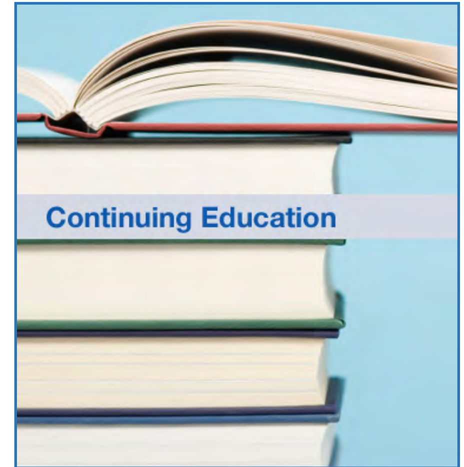

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A word from the President...

First of all, I want to welcome the newly elected, 2017 Board Members. They are: Rajani Venkatraman Levis, LMFT, Carol Miles, MSW, LCSW and Michael Peck, MA, MSW, Ph.D. Congratulations! I look forward to working with you on the EMDRIA Board. To those who were not elected, I am sad that we had far more talented individuals willing to volunteer than we had spots to fill on the Board and I am hopeful you will consider running again next year.

DaLene Forester-Thacker, Ph.D., LMFT
EMDRIA President

Did you see the new branding at the 2016 EMDRIA Conference? Wow, what an exciting time to be a member of EMDRIA. If you were not in attendance (either in person or through Live Streaming), you are in for a treat as EMDRIA rolls out its new look, new colors and new feel.

Some of what you might have missed if you were not able to attend the Conference…

Over the past year EMDRIA has had over 9,000 new Facebook likes, 385 new Twitter followers, 1400 new members and 2.2 million new website hits.

In 2014, EMDRIA conducted a member benefits survey. The top 3 areas of concern for our membership were 1) availability and costs of training, supervision and consultation 2) increased benefits of EMDRIA membership and address the costs of Conferences and 3) provide access to training and EMDRIA Credits.

While EMDRIA cannot restrain trade by setting fees for trainings, supervision and consultation, many of the EMDRIA Approved Training Providers and EMDRIA Approved Consultants offer discounts for a variety of circumstances.

In direct response to our membership request for increased membership benefits and the desire for EMDRIA to address the costs of conferences, EMDRIA focused increased efforts in planning, organizing and presenting the 2016 EMDRIA Conference. To specifically address the desire for increased membership benefits, EMDRIA is working to increase public awareness of EMDR and encourage the public to identify EMDR therapists who have attended EMDRIA Approved EMDR Training through the new advertising campaign.

In response to the request to provide access to training and EMDRIA Credits, EMDRIA offered scholarship opportunities, discounts for early registration and the live streaming option so members who could not afford to travel could attend. All options for attendance offered both EMDRIA Credits and professional Continuing Education Credits.

The EMDRIA branding effort was undertaken as a major part of increasing public awareness of EMDR and the importance of seeking an EMDR therapist who has completed an EMDRIA Approved Training.

The new logo was designed to resemble both an eye and our global outreach; we are all global citizens. The new typography illustrates the missing pieces of fractured lives and the new colors express the warmth of our mission. The whole look and feel of the new brand embodies a modern world, expresses a message for healing with tag lines such as *“The biggest battle shouldn’t be getting through the day”*, *“You shouldn’t have to die in battle to see the end of the war”*, *“Seeing through the darkness after seeing far too much”*, *“You lived through it. It’s time you lived without it"*, *“Growing without the pains”* and *“The greatest present is getting beyond the past”*.

We saw powerful images of what the new advertisements will look like in magazine print, on billboards, advertisements on mass transit and on bus shelters.

The most important message is that you are working to heal your clients; EMDRIA is working to make EMDR a household name. You learned EMDR therapy to help your clients; EMDRIA is here to help you by giving the public a place to connect with EMDR therapy. An added benefit is that when the public connects with the EMDRIA website, they are taken directly to the “Find A Therapist” feature, which will ultimately bring clients in your zip code area to you.

In conclusion, I want to take a moment to thank all those involved in preparing for the 2016 EMDRIA Conference. It was an amazing experience. I am grateful beyond words that you were generous with your time and talents in bringing the Conference to the membership. It is phenomenal educational opportunities such as the EMDRIA Conference that support our EMDR therapists in being better EMDR therapists and allow EMDRIA to truly create global healing, health and hope. Thank you! ❖

Announcements

2017 Board of Director Election Results

The EMDRIA Board of Directors would like to congratulate the following individuals on the election to the EMDRIA Board. They will officially begin their four-year terms on January 1, 2017.

- **Carol Miles, MSW, LCSW**
- **Michael Peck, MA, MSW, Ph.D., LCSW**
- **Rajani Venkatraman Levis, MS, LMFT**

Proposed Change to the EMDRIA Bylaws Passed by Vote of Membership

The proposed change to the EMDRIA Bylaws that was put out for a vote by the membership has been approved. See page 9 to view the approved changes.

EMDRIA on Social Media

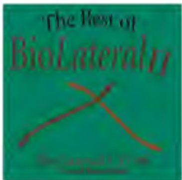
EMDRIA's Social Media presence allow the public and members an insider's view of day-to-day operations, office announcements and important news in the EMDR Community that you may often miss from a Newsletter or email. Tweet us, follow us on Instagram or share the latest news article on EMDR therapy by liking our public Facebook page! For questions regarding EMDRIA's Social Media venues, email Sarah Frazier, our Administrative Coordinator, at sfrazier@emdria.org.

Coming Soon: EMDRIA's YouTube Channel

Keep an eye out for more information on EMDRIA's YouTube Channel. From interviews to public service announcements on EMDR therapy, this will be a source of informative material for EMDR therapists and clients. Do you have a video that could benefit others on EMDR therapy? Send an email to Bergen Villegas, our Membership Services Coordinator, at bvillegas@emdria.org.

EMDRIA Office Closure

The EMDRIA office will be closed on November 24th & 25th for the Thanksgiving holiday.



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Executive Director's Message

Mark G. Doherty, CAE
EMDRIA Executive Director

Our Conference in Minneapolis was a great success. We had just over 800 in attendance and 197 watching via live streaming. For those of you who attended, you got to see the unveiling of EMDRIA's new logo and brand, which we will be rolling out over the next several months. Look for it. In addition, we released a public service announcement that is available to all members on YouTube. Watch it, encourage others to view it, and download it for your use. Check the flash banner on the EMDRIA website (www.emdria.org) to easily find it.

On Saturday morning of the Conference, those who attended heard from Paul Riedner of the Veterans Resilience Project in Minneapolis that offers EMDR therapy to vets and is getting positive results. Paul is an Iraq army vet who is helping his comrades. His remarks received a standing ovation. Then on Sunday before the Plenary, Scott Geiselhart, a fireman from Minnesota, shared with us his moving story of how EMDR therapy saved and changed his life. He has become a strong proponent of EMDR therapy as he speaks to first responders around the country. Again, there was a standing ovation. I'm proud to say that both these men have become friends of mine. In fact, Paul and his family are visiting Austin and staying with me at this time.

Many thanks and appreciation goes to the Conference Committee. Their efforts don't stop now. They are hard at work evaluating the 2016 Conference and already planning the 2017 Conference to be held August 24th – 27th in Bellevue (Seattle), Washington. Save the date!

I'm also grateful to our hard working staff, who spent long days making sure the Conference came off without a hitch. Making the Conference seem flawless is no small task. There are so many things that happen behind the scenes and it's our job to make sure that the attendees are not affected. Funny story – we had a keynote speaker show up early to prep for his Plenary talk. He then walked away, got engaged in a conversation, and lost track of the time. We hunted him down and got him to the podium.

Social media is becoming more important in getting our message out about EMDR therapy. We have about 14,600 Likes on Facebook and the number continues to grow organically. Having young staff members who are attuned to and savvy about social media has really contributed to interest in our Facebook page at https://www.facebook.com/EMDRInternationalAssociation/. If you haven't visited us there, do so and Like us.

Some of you know that I've announced my retirement once my successor is found and transitioned in, which should happen sometime around the first of the year. Coming to EMDRIA, I saw a challenge. As I got more involved, EMDRIA and EMDR therapy became my mission. I feel that we have momentum. Something like the VA pronouncing that EMDR therapy will be made available to those vets seeking it has been the culmination of a lot of determination and resolve on the parts of many EMDRIA volunteers and members as well as the efforts of people like Paul Riedner and the Veterans Resilience Project. That said, we still have a lot of challenges and work ahead of us.

As always, I welcome your thoughts and comments. Feel free to contact me at 512-451-5200 or mdoherty@emdria.org. The staff and I are here to be of service to you, our members. ❖

Conference Corner

Thank you to everyone who was able to attend the 2016 EMDRIA Conference in Minneapolis! It was a huge success thanks to all of you. We had just over 800 attendees in person and 197 individuals from all over the word who participated via Live Streaming.

2016 EMDRIA Award Recipients

We'd like to congratulate the 2016 Award Recipients who were recognized at this year's Conference.

Outstanding Contribution & Service to EMDRIA Award – Jill Strunk, Ed.D., L.P.
EMDR Advocacy Award – Jim Cole, Ed.D., Psych. & Jennifer Jones, LPC
Outstanding Research Award – Ignacio Jarero, Ph.D., Ed.D., MT
Outstanding Regional Coordinator Award – Karen Alter-Reid, Ph.D.
Special Recognition Award – Rolf Carriere

2016 EMDRIA Conference Certificates

Conference certificates of completion are available for download from the EMDRIA website. Click on the Conference tab, then choose 2016 Conference Certificates to get to the download page. You'll log in by entering your First Name and Last Name (as they appeared on your Conference badge). Click the "Submit" button and you will be able to print your certificate.

Please note that certificates from EMDRIA Conferences are only available online for 2 years. If you request a certificate from a Conference prior to 2015, there will be a fee of $25.

Conference Audio Recordings

Audio recordings from this year's Conference are available through Convention Media. A link can be found on our website. Under the Conference tab, choose Audio Recordings, then click on 2016 Audio Recordings. You will have several options for purchasing Conference recordings synchronized with handouts – you can purchase a complete set of audio recordings or you can purchase individual sessions. There are a small number of sessions that were not recorded at the speaker's request. Audio recordings from past EMDRIA Conferences can also be purchased.

2017 EMDRIA Conference

Planning for the 2017 EMDRIA Conference is already well underway. The theme for the 2017 EMDRIA Conference is: **EMDR Therapy: New Frontiers**. The Conference will be held August 24-27, in Bellevue, WA (just outside of Seattle) at the Hyatt Regency Bellevue.

2017 EMDRIA Conference Call for Presentations

The Call for Presentations for the 2017 EMDRIA Conference will be available in mid-October. Be sure to keep an eye on your Inbox if you're interested in applying to present at the 2017 EMDRIA Conference. ❖

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NOET Corner

Welcome again to news from the Network of EMDR Trainers (NOET)** – what we are doing, discovering and would like to disseminate.

To begin with, by way of clarification and to give credit where it is due, teaching EMDR processing as a continuum (Processing Continuum) was created and developed by Roy Kiessling (www.emdrconsulting.com) in 2006. The continuum can be summarized as follows: The continuum of processing - EMD, EMDr, EMDR - can then be seen as moving from more to less to no restriction with regard to the free associative process. EMD restricts the client to the one memory after 5-10 passes of bilateral stimulation (BLS). EMDr allows for longer sets, i.e. 10-15 passes of BLS before returning to the original target, thus containing the client within one memory system. EMDR is the whole enchilada, wherever the freely associating healing impulse takes the client.

One of the major difficulties in teaching EMDR is getting participants to use it. Roy reports teaching the processing continuum in his trainings since 2013 to over 1000 clinicians with impressive results. Although my numbers are much smaller, I can also report that trainees are significantly more willing to use EMDR if they know they can begin with the restricted (and more controlled) form of EMD. It's like wading in, rather than having to dive off the deep end. The EMD end of the continuum is also very useful when a client needs to process a recent, critical event that is creating daily turmoil and requiring immediate attention. The EMD approach can at very least take the edge off of the disturbance, while not leading the client into associated, past events.

On another subject, moving from the content of EMDR trainings to the experience of being a trainer, Jamie Marich (www.jamiemarich.com), writes:

> *"For many years I debated whether or not I wanted to become an EMDR trainer. I was rather content teaching standard trainings in trauma, mindfulness, and the expressive arts. I decided to offer my own training curriculum after listening to the demand of my existing students for a training course that was both EMDRIA-approved and trauma/mindfulness-informed. One year after embarking on my first cycle as a trainer, I find that my passion for practicing EMDR Therapy is renewed and I've reconnected with the excitement I first experienced as an EMDR client over twelve years ago. Here are some musings as to why I've fallen in love all over again:*
>
> ***1)** You remember 5% of what you learn and 95% of what you teach. I am now conducting my own therapy sessions in a way that is more technically refined yet artistically sound. I'm developing a newfound appreciation for how the AIP can guide my clinical decision making, and I'm experiencing another level of respect for how certain aspects of the very technical 8-phase protocol in EMDR can bring about deep healing shifts for people.*
>
> ***2)** EMDR Therapy is bigger than the politics. I experienced frustration early in my EMDR career over the squabbles and debates by EMDR providers over matters of technique or who was interpreting Shapiro's work in the most correct manner. All of this reminded me too much of the fundamentalist church where I grew up. Although I never abandoned offering EMDR therapy or consulting, I stepped away from getting too involved in the EMDR community due to my early frustration. Becoming an EMDR trainer has helped me to make peace with a great deal of my inner turmoil around the politics in the EMDR community. When I teach new trainees EMDR, I encounter open vessels who are just learning about Dr. Shapiro and are simply eager to learn a powerful new modality. When I witness this enthusiasm and see those visceral light bulbs illuminate for the first time, I am filled with a sense of This---this is what it's all about.*
>
> ***3)** There is joy in sharing my practice. As a teacher of meditation, yoga, conscious dance, and the expressive arts, a phrase I often use is share your practice. I've experienced a great joy in sharing my movement and meditation practices with others and am filled with a sense that I'm contributing to something so much bigger and more profound than my own practice Now, when I think of sharing my EMDR practice, I'm overcome with a great sense of gratitude when I think that students I teach may one day go on to consult and teach others, too, continuing the cosmically beautiful process of doing our small parts to bring healing to the world."*

A good place for us to end. Be well and share the joy.

**Credentialed EMDR trainers interested in subscribing to the NOET Google group, should contact Andrew Leeds, the list subscription manager (andrew.m.leeds.phd@gmail.com). For submissions to the NOET Corner, please contact the editor, Andrew Seubert: Andrew@clearpathhealingarts.com. ❖

Change to the EMDRIA Bylaws

Membership Vote Approved, as of August 30, 2016

PREVIOUS BYLAWS:
Article Six Board of Directors
Section 5. Terms of Service. Directors are each elected for a defined term. No reduction in the authorized number of Directors shall have the effect of removing any Director before the expiration of the full term to which that Director was elected. Typically, one fourth of the authorized number shall be elected each year, normally for a term of four (4) years, except if the office of President extends past the four years to complete the Past President's full board position, but will be no longer than one additional year.

Article Seven Officers
Section 1. General. The Officers of EMDRIA shall be elected by the Board from the Directors elected by the members. The Officers shall consist of a President and Secretary.
A. The Board member who is elected as President Elect will serve as President Elect, President, and Past President as a Full board member. They will remain on the Board through this tenure and be limited to one term inclusive of these positions, but be no longer than one additional year.

PREVIOUS BYLAWS WITH APPROVED CHANGES NOTED: (Changes noted in BLUE.)
Article Six Board of Directors
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Article Seven Officers
Section 1. General. The Officers of EMDRIA shall be elected by the Board from the Directors elected by the members. The Officers shall consist of a President and Secretary.
A. The Board member who is elected as President Elect will serve as President Elect, President for (2) two years, and Past President as a full board member. The tenure of the President, President Elect, and Past President will be extended to complete their term of office. A board member may run for President Elect during their normal (4) four years of Board service when the position is available. They will remain on the Board through this tenure and be limited to one term inclusive of these positions~~, but be no longer than one additional year~~.

REVISED BYLAWS, as of August 30, 2016
Article Six Board of Directors
Section 5. Terms of Service. Directors are each elected for a defined term. No reduction in the authorized number of Directors shall have the effect of removing any Director before the expiration of the full term to which that Director was elected. Typically, one fourth of the authorized number shall be elected each year, normally for a term of four (4) years, except if the office of President extends past the four years to complete the Past President's full board position.

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A. The Board member who is elected as President Elect will serve as President Elect, President for 2 years, and Past President as a full board member. The tenure of the President, President Elect, and Past President will be extended to complete their term of office. A board member may run for President Elect during their normal four (4) years of Board service when the position is available. They will remain on the Board through this tenure and be limited to one term inclusive of these positions.

EMDR RESEARCH FOUNDATION

BY WENDY J. FREITAG, PH.D. - *PRESIDENT, EMDR RESEARCH FOUNDATION*

The EMDR Research Foundation is not a part of EMDRIA; this article is published as a service to EMDRIA members.

Challenge Yourself

It was great to see everyone at our fundraising event in Minneapolis in August. We are grateful to everyone who stopped at our booth, bought raffle tickets, sent your "I love EMDR research" selfie to our Facebook page, picked up a poster for your waiting rooms and wore your badge ribbons and celebratory pin throughout the weekend. Our EMDR Research Foundation: A Decade of Making A Difference campaign goals were met and exceeded. We are thrilled and very grateful for your donations and continued support.

I want to acknowledge our vendors and individuals who donated prizes to our raffle. These included Cynthia Kong & Gerald Puk, ZynneMe, EMDR Consulting, Onsite Workshops, Neurotek Corp, Inner Courage, Convention Media Solutions, EMDR Institute, Mentor Books, HeartMath, The Ranch, Trauma Institute & Child Trauma Institute, OchsLabs, BioMat Sales, Barbara Hensley, Ross Institute, and TRR's Warrior Camp. We are grateful to each of these individuals and organizations, both the loyal repeat donors as well as those who provided a prize for the first time. This year's raffle was a success and we could not have done it without their help.

Every year the EMDR Research Foundation acknowledges one of our donors. We consider high-level donors, donors who uniquely understand the importance and impact of EMDR therapy research on their clinical work, and/or those who inspire others to donate. This year our donor recognition went to the EMDRIA Western Mass Regional Network, which met all of our criteria. Each year the Western Mass Regional Network holds a State of the Art EMDR Regional Conference that highlights the importance of research on EMDR therapy. Their efforts are exemplary and provide a wonderful example for other EMDRIA Regional Networks to follow.

Co-Regional Coordinator, Jim Helling, spoke on behalf of the Network and shared some inspirational words about the importance of research. Although his full remarks are on our website, here is a sampling (with minor editing for inclusion here.)

It is research that...

…lets us speak with confidence and authority about EMDR therapy.

…supports 3rd party authorizations for care and payment.

…helps develop safe, effective approaches to intensive treatment and demonstrate the efficiency of EMDR therapy.

…is helping to articulate standards of training, practice & professional development.

…show us how to adapt EMDR therapy across cultures and social contexts.

…will move EMDR therapy training into academic programs for new & young practitioners.

But most fundamentally, it is research that guides, grounds and empowers our work in our offices day by day.

We thank Jim for sharing his powerful thoughts and the Network for their passion to support high quality EMDR research.

The EMDR Research Foundation is honored to announce a new funding opportunity, ***"The Carol York Memorial Fund: Hope for Children."*** All monies raised will be exclusively earmarked for EMDR therapy research with children. Last October, the EMDR therapy community suffered a tremendous loss when Carol York died in a freak auto accident. Carol was a pioneer in working with children and made EMDR therapy a significant part of her life's work. Carol touched many people's lives in numerous ways. She was EMDRIA's first Executive Director and served in this capacity for 7 years. She was committed to enhancing the professionalism of EMDR therapy and remained dedicated to EMDR therapy as a trainer, specialty instructor, consultant and exemplary clinician. The EMDR Research Foundation is grateful to have had Carol as a donor and to all who have and will contribute in her memory. By donating to this fund you will support EMDR therapy research and provide "Hope for Children" as well as honor our esteemed colleague.

We offer each and every one of you a fundraising challenge! Organize your Regional Network, your consultation groups, your no-fee study groups, attendees at an EMDRIA Credit workshop and/or a gathering of local EMDR therapy clinicians to band together to raise funds for "Hope for Children" or EMDR therapy research in general. When you are interested in pursuing this challenge (soon, I hope), please feel free to contact either myself at wjfreitagphd@gmail.com or the EMDR Research Foundation office at kristen@emdrresearchfoundation.org for ideas and suggestions for a successful fundraising challenge. Thank you, in advance, for considering this important endeavor.

Before closing I want to take this opportunity to reflect on the first decade of the EMDR Research Foundation and its future. The Board has worked tirelessly and diligently over the last 10 years to raise money in support of high quality EMDR therapy research. We are grateful to our very generous but small number of EMDR therapy clinicians who donate. You have sustained our efforts thus far and made it possible to award $330,000 for research support since 2010. While our results are admirable, they have reached a plateau. This will soon affect our funding ability and will put the status of EMDR therapy as an evidence-based practice in jeopardy. For example, the re-evaluations scheduled for the SAMHSA endorsement will require more recent Random Controlled Trials (RCTs). At our current level of fund development, we cannot afford to support the necessary RCTs.

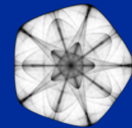
We continue to look for outside funding, corporate sponsors, or corporate partners. However outside funding agencies look first at what funding is accomplished by the clinicians who directly and substantially benefit from the research, both through their research-informed practices and from the evidence-based status that EMDR therapy has achieved via research. Given the percentage of practicing EMDR therapy clinicians who donate is extremely small, we find ourselves in a bind. Above I proposed a challenge to each of you. If you are a current donor, please reach out to your colleagues and spread the word about the importance of supporting EMDR therapy research and help them get involved. For those of you who have not donated yet, think hard and long about your choice. Go to our website and read Jim Helling's powerful message about what is accomplished through EMDR therapy research. Please consider this YOUR challenge as much as it is ours. By joining the Visionary Alliance or increasing your pledge, or making a single donation, you have the ability to make a big difference to our mutual success. Will you please help us?

In closing, we find ourselves in the fall of the year and soon heading into another holiday season. I extend my warmest wishes to everyone for a Blessed Holiday Season.

"Don't limit your challenges; challenge your limits" ~Jerry Dunn ❖

Sonoma Psychotherapy Training Institute
Andrew M. Leeds PhD Director

EMDRIA Approved Consultant and Trainer



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In the Spotlight: Mazal Menaham

BY MARILYN LUBER, PH.D.

Mazal Menaham lives in the southernmost tip of Israel called South Arava, near the Red Sea. It is the junction where Israel, Jordan and Egypt come together and is a peaceful part of the country.

Her parents were Malka, who was born in Jerusalem, and Samuel Menaham Bahar, who came to Israel early in the 20th century from Turkey, where he had been incarcerated for being a Zionist. After Samuel arrived, he settled outside the walls of Jerusalem and worked as a train conductor. He had a great understanding of people as a result of his friendly manner and ease with languages. The same loving and generous manner that caused him to bring people he met on the train home was expressed within his family, resulting in a close-knit and connected family. Mazal's mother was the pragmatist in the household; a hard-working woman who raised their four children with discipline and a love for education. Although her mother was very intelligent, she had to put her schooling on hold at 14 years to take care of her mother. From both parents, Mazal learned the importance of the family that continues today with her own sibs, her own nuclear family and her lifestyle.

Growing up, school was her passion. One of her most influential teachers in elementary school was a woman who talked to her students eye-to-eye and taught them by example about how to fulfill their own dreams. By high school, she noted that she had good teachers but they were no longer warm and humane. Mazal saw herself as a scientist and began her first semester at Tel Aviv University as a computer and special education major. However, she had impersonal classes with large numbers of students with teachers who did not face their students but kept their faces to the blackboard. This was not for her and she changed her major to psychology – a course of study that was more supportive of her education degree. In 1982, she won the Award of Excellence from her university.

Mazal's home is on a small kibbutz called Samar. It is one of the few kibbutzim that continue to maintain a way of life that is consistent with the original socialist tenets of the kibbutz movement. This kibbutz is famous for its support of "maximum individualization" and "maximum cooperation; " there are no institutes here and they consider themselves an anarchy. There are committees when they are necessary but everything is done on a voluntary basis. They do not vote on issues and people do what they want. They spend what is needed; nothing is divided equally. The question they ask themselves is if they take what they need, 'Can the community sustain it?'

When she decided to go to college, the kibbutz paid for it and she also worked in the city to support herself. When she came back as a special educator, she found that she needed more knowledge to understand what she did not know and wanted to go into neuropsychology. Since there were no programs in Israel at the time, she looked to the United States and ended up at Drexel University. It was the 1980's and Mazal, her husband and two children, at that time, moved to Philadelphia, PA to do her M.S. and the Ph.D. in Clinical Neuropsychology. She was on a Stein Fellowship from 1988-1991 and received the International Students Award of Excellence in 1990. Her thesis was a theoretical model integrating a new neurocognitive model concerning the pre-frontal lobes and tested on children with ADHD. She was interested in combining neuroscience and behavior. After this, she had a one-year internship at Lowenstein Hospital in Raanana to rehab those with head injuries. She also worked with children who had developmental problems in Eilat. She finished her degree in 1994.

Before she finished her doctorate, in 1992, she had become the Director of the Psychology Center for the Hevel Eilat Regional Authority until 2006. At the same time, she acted in the capacity of a Rehabilitation Psychologist and Clinical Neuropsychologist for the same center and created her own School Psychology Center as a private clinic. In this same span of years, she and her husband had three more children.

In 2001, after 9/11, the Entifada and more war, the concern of the Israeli community grew about how this was affecting the children and the importance of doing something about it. Coincidentally, Mazal had registered for the October ISTSS conference. It was interesting to her that there was so little about children and the effects of war; although the influence of home violence was already being studied and she learned as much as she could.

When she returned to Israel, the Chief District Psychologist in the South asked her to organize a conference to find out what was being done with children concerning trauma. In March 2002, 300 people came to this meeting put on by the Israel Ministry of Education; they included all of the school psychologists. She was the coordinator of an expert panel on "From Trauma to Resilience." During that time, Mazal found that psychologists in Mental Health clinics were only treating about 30 or 40 children with PTSD a year. Part of the reason was that Israelis were not supposed to admit that they suffered at all from anything, much less PTSD! She began thinking that children needed to be treated in their own community not in clinics; a child's community is school. The Chief Psychologist in the South asked her to create a National Committee of School Psychologists for the Treatment of Traumatized Children and she did. She was asked to begin a 3-year project –with the expert panel- to train school psychologists to treat trauma. This project was called "Trauma and Its Treatment" with the National Training Project for Educational Psychologists in Ashalim and underwritten by the American Jewish Joint Distribution Committee.

Part of her job was to look into therapies that were developed to treat trauma and that would be relevant for this program. In the course of her research for this project, she met Udi Oren, President of EMDR Israel and Past President of EMDR-Europe. From 2003-2006, 500 school psychologists were trained with trauma therapy all over the country. These clinicians were exposed to a number of trauma treatments and could decide which ones they would use.

Since 2006, Mazal has been the National Director of Trauma and Resilience in the Psychology Division of the Ministry of Education. All of her national projects are under the umbrella of this position. After the Second Lebanon war, in 2006, Mazal and her colleague, Dr. Shai Hen Gal developed clinics at schools providing psychotherapy for children with PTSD. They also had programs for parents and teachers. They provided therapy for 3000 children and collected data pre and post intervention for 500 children; they had no control group because they felt that ethically they had to treat their young subjects. The therapists themselves were included in the data collection in a qualitative research project where the therapists and school staff were interviewed. The concept of “common fate” was examined with therapists, most of them were personally involved in events of war. The gains and negative effects of “common fate” on both therapists and children were studied. This program continues in the South. Mazal noted that they found that the diagnosis of PTSD did not fully capture what was going on for the children; often, they had been traumatized but their symptoms did not meet the full criteria for PTSD.

From 2005-2010, Mazal was a Member and Initiator of a Professional Panel in Ma’anim for a Treatment Center for Expelled and Relocated Settlers from Gush Katif and Shomron. This was a program set up to support people evacuated from the Gaza Strip and Arabic settlements in the West Bank.

By 2008, the government in Israel decided to take care of all children at risk in Israel as a national project. The criteria are wide from learning disabilities to war-related trauma. There are about 150 municipalities who are using this national project and it is written into the budget of the country so it no longer has to be voted on; it is just given. One of the big programs in this project is the school psychotherapy project, developed and implemented by Mazal and Shai, where psychologists, social workers and art therapists are trained to work in schools with children at risk. These professionals are trained in long-term psychodynamic therapy as well as short-term therapies like EMDR, CBT, DBT, etc. They also are taught individual and group therapies.

Although Mazal had heard of EMDR in 1989 when Francine Shapiro gave her first EMDR training, she was a young clinician and did not train then. She did start her Basic Training in 2003 and finished her Part 2 in 2004. She became an EMDR Supervisor and works in her mental health community center. Six of the 15 psychologists in her clinic are trained in EMDR and she is looking forward to getting the others trained soon. She uses AIP and EMDR with her clients and supervisees and each year she presents a case study with EMDR to her team in her clinic. Mazal also continues her support in training more school psychologists in EMDR, especially with children.

When studying “common fate” with Professor Ester Cohen from Hebrew University, they found that about 30-50% of the therapists did not do trauma work.. They did resource work but avoided working with trauma. What the data showed was that many of these therapists were children during the 1967 Six-Day War. The researchers found that they were not doing this work because they were dissociated from their own issues, not because they had not received supervision. Mazal, as well, realized that she was not as strong as she wanted to be combining AIP and dissociation. She read more widely about dissociation and at a conference that integrated psychodynamic therapy with EMDR, she spoke about the dissociation of therapists and how you can use EMDR to deal with one’s own dissociation to progress in therapy. She noted that if a therapist is dissociated it is hard to do deep therapy work. Most of Mazal’s work is written in Hebrew and not yet translated into English.

She meets regularly with a group of women in Eilat. They “think, work and consult” with each other as senior EMDR practitioners and are rejuvenated by their connection and work together.

She has spent time working and training Palestinians on the West Bank who are working with children. In fact, on the first day of the Second Lebanon War, she was giving a workshop with Palestinians from East Jerusalem. There are more than 50% of children at risk from the Israeli-Arab population and they have found that the school psychotherapy model suits their culture.

For the EMDR Community:

> *In our roles as therapists, our daily practice consists of children and adults at risk and in emotional need, as well as communities at risk. The optimism, creativity and hope that EMDR and AIP provide, affords us a great opportunity to assist peace and wellness.*

For enjoyment, Mazal likes to cook, travel, hike and read non-professional books. She is very active in her kibbutz and helps develop programs there to support the continuance of their way of life. She was the treasurer for the kibbutz for a period of 2 years. Recently, her eldest son and his partner have come back to Samer to live; this is a great source of happiness for her.

Mazal is a warm, intelligent woman who is known for her ability to organize and get things done. She is an important member of our community and we are lucky to have her. ❖

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: aleeds@theLeeds.net.

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: http://emdria.omeka.net/.

Previous columns from 2005 to the present are available on the EMDRIA web site at: http://www.emdria.org/?page=43.

Banbury, N. M. (2016). Case study: Play therapy and eye movement desensitization and reprocessing for pediatric single incident posttraumatic stress disorder and developmental regression. *International Journal of Play Therapy*, 25(3), 166. doi:10.1037/pla0000026

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ABSTRACT

This qualitative study describes a successful 5-month pediatric treatment for posttraumatic stress disorder (PTSD) arising from a single incident trauma. Treatment was conceptualized through the adaptive information processing model and the use of eye movement desensitization and reprocessing integrated with child-centered play therapy, supported with family therapy and cognitive–behavioral strategies. When 5½ years old, the client experienced a tornado while separated from his mother and twin sister at a theme park. He developed significant symptoms of PTSD and developmental regression not present prior to the incident. Subsequent treatment from several providers and medications targeting symptoms were unsuccessful. This treatment, 1 year posttrauma, resulted in the resolution of his PTSD symptoms, reestablishment of pretraumatized development trajectory, and recovery to age-appropriate expectations and growth sustained 3 years posttrauma.

Benor, D., Rossiter-Thornton, J., & Toussaint, L. (2016). A randomized, controlled trial of wholistic hybrid derived from eye movement desensitization and reprocessing and emotional freedom technique (WHEE) for self-treatment of pain, depression, and anxiety in chronic pain patients. *Journal of Evidence-based Complementary & Alternative Medicine*. doi:10.1177/2156587216659400.

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ABSTRACT

In this pilot study, a convenience sample of 24 chronic pain patients (17 with chronic fatigue syndrome/fibromyalgia) were randomized into WHEE treatment and wait-list control groups for 6 weeks. Assessments of depression, anxiety, and pain were completed before, during, and at 1 and 3 months after treatment. Wait-listed patients then received an identical course of WHEE and assessments. WHEE decreased anxiety ($P < .5$) and depression ($P < .05$) compared with the control group. The wait-list-turned-WHEE assessments demonstrated decreased pain severity ($P < .05$) and depression ($P < .04$) but not pain interference or anxiety. WHEE appears a promising method for pain, anxiety, and depression in patients with chronic pain, compared to standard medical care alone. Though a small pilot study, the present results suggest that further research appears warranted. An incidental finding was that a majority of patients with chronic pain had suffered psychological trauma in childhood and/or adulthood.

Carletto, S., Borghi, M., Bertino, G., Oliva, F., Cavallo, M., Hofmann, A., . . . Ostacoli, L. (2016). Treating post-traumatic stress disorder in patients with multiple sclerosis: A randomized controlled trial comparing the efficacy of eye movement desensitization and reprocessing and relaxation therapy. *Frontiers in Psychology*, 7, 526. doi:10.3389/fpsyg.2016.00526.

Full text at: http://journal.frontiersin.org/article/10.3389/fpsyg.2016.00526/full.

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ABSTRACT

Objective: Multiple Sclerosis (MS) is a demyelinating autoimmune disease that imposes a significant emotional burden with heavy psychosocial consequences. Several studies have investigated the association between MS and mental disorders such as

depression and anxiety, and recently researchers have focused also on Post-traumatic Stress Disorder (PTSD). This is the first study that investigates the usefulness of proposing a treatment for PTSD to patients with MS.

Methods: A randomized controlled trial with patients with MS diagnosed with PTSD comparing Eye Movement Desensitization and Reprocessing (EMDR; n = 20) and Relaxation Therapy (RT; n = 22). The primary outcome measure was the proportion of participants that no longer meet PTSD diagnosis as measured with Clinician Administered PTSD Scale 6-months after the treatment.

Results: The majority of patients were able to overcome their PTSD diagnosis after only 10 therapy sessions. EMDR treatment appears to be more effective than RT in reducing the proportion of patients with MS suffering from PTSD. Both treatments are effective in reducing PTSD severity, anxiety and depression symptoms, and to improve Quality of Life.

Conclusion: Although our results can only be considered preliminary, this study suggests that it is essential that PTSD symptoms are detected and that brief and cost-effective interventions to reduce PTSD and associated psychological symptoms are offered to patients, in order to help them to reduce the psychological burden associated with their neurological condition.

TRIAL REGISTRATION: NCT01743664, https://clinicaltrials.gov/ct2/show/NCT01743664.

Coubard, O. A. (2016). An integrative model for the neural mechanism of eye movement desensitization and reprocessing (EMDR). *Frontiers in Behavioral Neuroscience*, 10, 52. doi:10.3389/fnbeh.2016.00052.

Full text at: http://journal.frontiersin.org/article/10.3389/fnbeh.2016.00052/full.

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ABSTRACT

Since the seminal report by Shapiro that bilateral stimulation induces cognitive and emotional changes, 26 years of basic and clinical research have examined the effects of Eye Movement Desensitization and Reprocessing (EMDR) in anxiety disorders, particularly in post-traumatic stress disorder (PTSD). The present article aims at better understanding EMDR neural mechanism. I

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first review procedural aspects of EMDR protocol and theoretical hypothesis about EMDR effects, and develop the reasons why the scientific community is still divided about EMDR. I then slide from psychology to physiology describing eye movements/emotion interaction from the physiological viewpoint, and introduce theoretical and technical tools used in movement research to re-examine EMDR neural mechanism. Using a recent physiological model for the neuropsychological architecture of motor and cognitive control, the Threshold Interval Modulation with Early Release-Rate of rIse Deviation with Early Release (TIMER-RIDER)-model, I explore how attentional control and bilateral stimulation may participate to EMDR effects. These effects may be obtained by two processes acting in parallel: (i) activity level enhancement of attentional control component; and (ii) bilateral stimulation in any sensorimotor modality, both resulting in lower inhibition enabling dysfunctional information to be processed and anxiety to be reduced. The TIMER-RIDER model offers quantitative predictions about EMDR effects for future research about its underlying physiological mechanisms.

Dautovic, E., de Roos, C., van Rood, Y., Dommerholt, A., & Rodenburg, R. (2016). Pediatric seizure-related posttraumatic stress and anxiety symptoms treated with EMDR: A case series. *European Journal of Psychotraumatology*, 7, 30123.

Full text: http://www.ejpt.net/index.php/ejpt/article/view/30123.

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ABSTRACT

Purpose: To examine the potential effects of eye movement desensitization and reprocessing (EMDR) in children with epilepsy-related posttraumatic stress and/or anxiety symptoms, using a case series design.

Methods: Five children (aged 8-18) with epilepsy identified for seizure-related posttraumatic stress and/or anxiety symptoms were treated with EMDR. To examine potential treatment effects, posttraumatic stress and anxiety symptoms were assessed (CRTI and SCARED) pre- and post-EMDR and at 3-month follow-up. Normative deviation scores were calculated to examine the severity of seizure-related posttraumatic stress and anxiety symptoms over time. The reliable change index was calculated for pre- to posttreatment change of seizure-related posttraumatic stress and/or anxiety symptoms.

Results: Before EMDR, overall or subscale scores indicated that all children had (sub)clinical seizure-related posttraumatic stress symptoms and/or anxiety symptoms. Directly after EMDR, most children showed significant and/or clinical individual improvement, and these beneficial effects were maintained or reached at follow-up. The mean number of sessions was 2 (range 1-3, 45 min per session).

Conclusions: In case of seizure-related posttraumatic stress and/or anxiety, this study indicates that EMDR is a potentially successful quick and safe psychological treatment for children with epilepsy.

De Jongh, A., Resick, P. A., Zoellner, L. A., van Minnen, A., Lee, C. W., Monson, C. M., . . . Bicanic, I. A. (2016). Critical analysis of the current treatment guidelines for complex PTSD in adults. *Depression and Anxiety*, 33(5), 359-69. doi:10.1002/da.22469

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ABSTRACT

According to current treatment guidelines for Complex PTSD (cPTSD), psychotherapy for adults with cPTSD should start with a “stabilization phase.” This phase, focusing on teaching self-regulation strategies, was designed to ensure that an individual would be better able to tolerate trauma-focused treatment. The purpose of this paper is to critically evaluate the research underlying these treatment guidelines for cPTSD, and to specifically address the question as to whether a phase-based approach is needed. As reviewed in this paper, the research supporting the need for phase-based treatment for individuals with cPTSD is methodologically limited. Further, there is no rigorous research to support the views that: (1) a phase-based approach is necessary for positive treatment outcomes for adults with cPTSD, (2) front-line trauma-focused treatments have unacceptable risks or that adults with cPTSD do not respond to them, and (3) adults with cPTSD profit significantly more from trauma-focused treatments when preceded by a stabilization phase. The current treatment guidelines for cPTSD may therefore be too conservative, risking that patients are denied or delayed in receiving conventional evidence-based treatments from which they might profit.

J. Gielkens, E. M., S. Sobczak, Alphen, S. P. J., S.Sobczak, & Alphen, S. P. J. (2016). Eye movement desensitization and reprocessing therapy for personality disorders in older adults? *International Psychogeriatrics* / IPA, 1-2. doi:10.1017/S1041610216000892

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ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) is a kind of psychotherapy, which is growing in popularity, particularly for treatment of post-traumatic stress disorder (PTSD). When Shapiro first introduced EMDR in 1989, it was approached as a controversial treatment because of lack of evidence. However, nowadays there is growing evidence for EMDR efficacy in PTSD (Mc Guire et al., 2014) and EMDR is recommended by international and national treatment guidelines for PTSD. Moreover, EMDR is also used for the treatment of other anxiety disorders, such as panic disorders (De Jongh et al., 2002). Furthermore, research continues on effects of EMDR in addiction, somatoform disorders and psychosis. So far, there is no empirical research on the efficacy of EMDR treatment in older adults.

Jung, W. H., Chang, K. J., & Kim, N. H. (2016). Disrupted topological organization in the whole-brain functional network of trauma-exposed firefighters: A preliminary study. *Psychiatry Research*, 250, 15-23. doi:10.1016/j.pscychresns.2016.03.003.

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ABSTRACT

Given that partial posttraumatic stress disorder (pPTSD) may be a specific risk factor for the development of posttraumatic stress disorder (PTSD), it is important to understand the neurobiology of pPTSD. However, there are few extant studies in this domain. Using resting-state functional magnetic resonance imaging (rs-fMRI) and a graph theoretical approach, we compared the topological organization of the whole-brain functional network in trauma-exposed firefighters with pPTSD (pPTSD group, n=9) with those without pPTSD (PC group, n=8) and non-traumatized healthy controls (HC group, n=11). We also examined changes in the network topology of five individuals with pPTSD before and after eye movement desensitization and reprocessing (EMDR) therapy. Individuals with pPTSD exhibited altered global properties, including a reduction in values of a normalized clustering coefficient, normalized local efficiency, and small-worldness. We also observed altered local properties, particularly in the association cortex, including the temporal and parietal cortices, across groups. These disruptive global and local network properties presented in pPTSD before treatment were ameliorated after treatment. Our preliminary results suggest that subthreshold manifestation of PTSD may be due to a disruption in the optimal balance in the functional brain networks and that this disruption can be ameliorated by psychotherapy.

Maroufi, M., Zamani, S., Izadikhah, Z., Marofi, M., & O'Connor, P. (2016). Investigating the effect of eye movement desensitization and reprocessing (EMDR) on postoperative pain intensity in adolescents undergoing surgery: A randomized controlled trial. *Journal of Advanced Nursing*. doi:10.1111/jan.12985.

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ABSTRACT

Aim: To investigate the efficacy of Eye Movement Desensitization and Reprocessing for postoperative pain management in adolescents.

Background: Eye Movement Desensitization and Reprocessing is an inexpensive, non-pharmacological intervention that has successfully been used to treat chronic pain. It holds promise in the treatment of acute, postsurgical pain based on its purported effects on the brain and nervous system.

Design: A randomized controlled trial was used.

Methods: Fifty-six adolescent surgical patients aged between 12-18 years were allocated to gender-balanced Eye Movement Desensitization and Reprocessing (treatment) or non-Eye Movement Desensitization and Reprocessing (control) groups. Pain was measured using the Wong-Baker FACES(®) Pain Rating Scale (WBFS) before and after the intervention (or non-intervention for the control group).

Findings: A Wilcoxon signed-rank test demonstrated that the Eye Movement Desensitization and Reprocessing group experienced a significant reduction in pain intensity after treatment intervention, whereas the control group did not. Additionally, a Mann-Whitney U-test showed that, while there was no significant difference between the two groups at time 1, there was a significant difference in pain intensity between the two groups at time 2, with the Eye Movement Desensitization and Reprocessing group experiencing lower levels of pain.

Conclusion: These results suggest that Eye Movement Desensitization and Reprocessing may be an effective treatment modality for postoperative pain.

Masson, J., Bernoussi, A., & Regourd-Laizeau, M. (2016). From the influence of traumas to therapeutic letting go: The contribution of hypnosis and EMDR. *The International Journal of Clinical and Experimental Hypnosis*, 64(3), 350-64. doi:10.1080/00207144.2016.1171108

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ABSTRACT

The development of new psychotherapies such as Eye Movement Desensitization and Reprocessing (EDMR) has led to numerous fresh approaches to both the treatment of trauma and to the understanding of underlying psychopathology. A unified view appears to be slowly emerging in an attempt to corroborate clinical practice with neurobiological data. This article attempts to demonstrate links between alternate psychotherapies by highlighting what appears to be an invariant among these approaches, namely “letting go.” This concept refers to a psycho-physical dynamic that combines psychological dissociation and reassociation, as well as the body’s vagotonic mechanisms. Following an explanation of this process, it is demonstrated how letting go can manifest itself physiologically and why this may be significant in the study of trauma.

Morina, N., Koerssen, R., & Pollet, T. V. (2016). Interventions for children and adolescents with posttraumatic stress disorder: A meta-analysis of comparative outcome studies. *Clinical Psychology Review*, 47, 41-54. doi:10.1016/j.cpr.2016.05.006.

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ABSTRACT

This meta-analysis aimed at determining the efficacy of psychological and psychopharmacological interventions for children and adolescents suffering from symptoms of posttraumatic stress disorder (PTSD). A search using the Medline, PsycINFO, and PILOTS databases was conducted to identify randomized controlled trials (RCTs) for pediatric PTSD. The search resulted in 41 RCTs, of which 39 were psychological interventions and two psychopharmacological interventions. Results showed that psychological interventions are effective in treating PTSD, with aggregated effect sizes of Hedge’s g=0.83 when compared to waitlist and g=0.41 when compared to active control conditions at posttreatment. Trauma-focused cognitive behavior therapy was the most researched form of intervention and resulted in medium to large effect sizes when compared to waitlist (g=1.44) and active control conditions (g=0.66). Experimental conditions were also more effective than control conditions at follow-up. Interventions were further effective in reducing comorbid depression symptoms, yet the obtained effect sizes were small to medium only. The findings indicate that psychological interventions can effectively reduce PTSD symptoms in children and adolescents. There is very little evidence to support use of psychopharmacological interventions for pediatric PTSD.

Matthijssen, S. J., & van den Hout, M. (2016). The use of EMDR in positive verbal material: Results from a patient study. *European Journal of Psychotraumatology*, 7, 30119.

Full text: http://www.ejpt.net/index.php/ejpt/article/view/30119.

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ABSTRACT

Background: According to the working memory (WM) theory of eye movement desensitisation and reprocessing (EMDR), dual tasks that tax WM during memory recall reduce image vividness and emotionality of memory during future recalls when no dual task is carried out. There is some evidence that WM taxing also reduces vividness and emotionality of auditory or verbal imagery.

Objective: The present study tests the effect of eye movements (EM) on positive verbal material (verbal imagery), which is used in different parts of the EMDR protocol. In the Dutch version of the standard EMDR protocol, a procedure "Positive Closure" (PC) is performed, which uses verbal imagery under dual task condition (EM). The value of EM in this procedure has not been established and according to the WM account would be counterproductive. Two earlier studies with undergraduates, with a set-up comparable to the present one, showed no additive value of the EM in the procedure, but no counterproductive effect either.

Method: Thirty-six patients rated the belief in possessing two positive personality traits and emotionality of the traits. They then had an EMDR session targeting a negative memory and recalled and re-rated the belief and emotionality of the traits afterward. Subsequently, they recalled one trait while dual tasking (EM) and the other trait without dual tasking. Afterward, they re-rated the belief and emotionality.

Results: EM did not affect the belief in possessing the trait or the emotionality. Secondary analysis shows an effective EMDR session itself enhances the belief in the traits, compared to a less or non-effective EMDR session.

Conclusions: EM are not effective in enhancing the belief in possessing a personality trait or the emotionality. If replicated by other patient studies, this suggests elimination of the PC procedure.

Nijdam, M. J., & Olff, M. (2016). Erasing memory traces of trauma with eye movement desensitization and reprocessing therapy. *European Journal of Psychotraumatology*, 7, 32545.

Full text: http://www.ejpt.net/index.php/ejpt/article/view/32545.

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ABSTRACT

With its open access character, the *European Journal of Psychotraumatology* aims to promote evidence-based treatments around the world, while at the same time welcoming new forms of treatment without losing its critical scientific eye. Eye movement desensitization and reprocessing therapy (EMDR) is by now a well-established treatment for posttraumatic stress disorder (PTSD). There is good evidence for its efficacy and together with trauma-focused cognitive behavioral therapy (TF-CBT) it is considered to be the first-line treatment for PTSD (Bisson, Roberts, Andrew, Cooper, & Lewis, 2013). All these effective psychotherapies for PTSD have many key elements in common (Schnyder et al., 2015). EMDR is as effective as other forms of trauma-focused psychotherapy (e.g., Nijdam, Gersons, Reitsma, de Jongh, & Olff, 2012) and a recent meta-analysis has shown EMDR even to be slightly superior to TF-CBT for reduction of intrusion and arousal symptoms (Chen, Zhang, Hu, & Liang, 2015). EMDR treatment has also been shown to be efficacious in terms of symptom reduction in refugee populations (Ter Heide, 2011; Acarturk et al., 2016; Mooren, Van de Schoot, de Jongh, & Kleber, 2016) and in survivors of childhood abuse (Ehring et al., 2014). However, some debate still exists about its mechanisms of action (Elofsson, von Schèele, Theorell, & Söndergaard, 2008; Engelhard, 2012; Landin-Romero et al., 2013; Shapiro, 2014).

Pathman, T., & Ghetti, S. (2016). More to it than meets the eye: How eye movements can elucidate the development of episodic memory. *Memory* (Hove, England), 24(6), 721-36. doi:10.1080/09658211.2016.1155870.

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ABSTRACT

The ability to recognise past events along with the contexts in which they occurred is a hallmark of episodic memory, a critical capacity. Eye movements have been shown to track veridical memory for the associations between events and their contexts (relational binding). Such eye-movement effects emerge several seconds before, or in the absence of, explicit response, and are linked to the integrity and function of the hippocampus. Drawing from research from infancy through late childhood, and by comparing to investigations from typical adults, patient populations, and animal models, it seems increasingly clear that eye movements reflect item-item, item-temporal, and item-spatial associations in developmental populations. We analyse this line of work, identify missing pieces in the literature and outline future avenues of research, in order to help elucidate the development of episodic memory.

Steinert, C., Bumke, P. J., Hollekamp, T. L., Larisch, A., Leichsenring, F., Mattheß, H., . . . Kruse, J. (2016). Treating post-traumatic stress disorder by resource activation in Cambodia. *World Psychiatry*, 15(2), 183-185. doi:10.1002/wps.20303.

Correspondence should be addressed to Christiane Steinert, Clinic for Psychosomatic Medicine and Psychotherapy, University of Giessen, Ludwigstrasse 76, Giessen D-35392, Germany (email: christiane.steinert@psycho.med.uni-giessen.de.

ABSTRACT

None [three selected paragraphs follow]

Introduction: There is a need for effective, low-threshold psychotherapeutic treatments in post-conflict settings. However, systematic outcome research on site is still extremely rare. To address this problem we integrated rigorous research procedures into a humanitarian program, the so called Mekong Project, and conducted a randomized controlled trial for the treatment of post-traumatic stress disorder (PTSD) in Cambodia.

Aim: Our aim was to test the efficacy of a non-confrontational psychotherapeutic treatment for PTSD. The therapy includes two main treatment principles described in treatment manuals: resource-oriented trauma therapy and resource installation with eye movement desensitization and reprocessing (EMDR) (short: ROTATE). ROTATE aims at strengthening resilience and coping capacities by activating positive personal resources, and largely draws on psychodynamic principles of the therapeutic relationship. It includes a variety of imaginative resource-activating methods as well as resource development and installation, an EMDR technique aiming at systematically developing and anchoring resources using alternating bilateral stimulation.

Summary: Conducting a randomized controlled trial in a developing country is challenging. Nevertheless, we were able to show that the implementation of such a trial was possible and that this specific form of trauma therapy was well accepted by therapists and patients. Our results are preliminary but promising. Further research is required to corroborate the findings.

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van den Berg, D. P., van der Vleugel, B. M., de Bont, P. A., Staring, A. B., Kraan, T., Ising, H., . . . van der Gaag, M. (2016). Predicting trauma-focused treatment outcome in psychosis. *Schizophrenia Research*. doi:10.1016/j.schres.2016.07.016

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ABSTRACT

Objective: Although TF treatments are effective in patients with psychosis, it is unknown whether specific psychosis-related obstacles limit the effects, and what determines good outcome.

Methods: Baseline posttraumatic stress disorder (PTSD) symptom severity and seven psychosis-specific variables were tested as predictors in patients with a psychotic disorder and PTSD (n=108), who received eight sessions of TF treatment (Prolonged Exposure, or Eye Movement Desensitization and Reprocessing therapy) in a single-blind randomized controlled trial. Multiple regression analyses were performed.

Results: Baseline PTSD symptom severity was significantly associated with posttreatment PTSD symptom severity, explaining 11.4% of the variance. Additionally, more severe PTSD at baseline was also significantly associated with greater PTSD symptom improvement during treatment. After correction for baseline PTSD symptom severity, the model with the seven baseline variables did not significantly explain the variance in posttreatment PTSD outcome. Within this non-significant model, the presence of auditory verbal hallucinations contributed uniquely to posttreatment outcome but explained little variance (5.4%). Treatment completers and dropouts showed no significant difference on any of the psychosis-related variables.

Conclusions: Given the low predictive utility of baseline psychosis-related factors, we conclude that there is no evidence-based reason to exclude patients with psychotic disorders from TF treatments. Also, we speculate that patients with psychosis and severe baseline PTSD might derive more benefit if given more than eight sessions.

Trial registration current controlled-trials.com | Identifier: ISRCTN79584912 | http://www.isrctn.com/ISRCTN79584912

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van Schie, K., van Veen, S. C., Engelhard, I. M., Klugkist, I., & van den Hout, M. A. (2016). Blurring emotional memories using eye movements: Individual differences and speed of eye movements. *European Journal of Psychotraumatology*, 7, 29476.

Full text: http://www.ejpt.net/index.php/ejpt/article/view/29476

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ABSTRACT

Background: In eye movement desensitization and reprocessing (EMDR), patients make eye movements (EM) while recalling traumatic memories. Making EM taxes working memory (WM), which leaves less resources available for imagery of the memory. This reduces memory vividness and emotionality during future recalls. WM theory predicts that individuals with small working memory capacities (WMCs) benefit more from low levels of taxing (i.e., slow EM) whereas individuals with large WMC benefit more from high levels of taxing (i.e., fast EM).

Objective: We experimentally examined and tested four prespecified hypotheses regarding the role of WMC and EM speed in reducing emotionality and vividness ratings: 1) EM-regardless of WMC and EM speed-are more effective compared to no dual task, 2) increasing EM speed only affects the decrease in memory ratings irrespective of WMC, 3) low-WMC individuals-compared to high-WMC individuals-benefit more from making either type of EM, 4) the EM intervention is most effective

when-as predicted by WM theory-EM are adjusted to WMC.

Method: Undergraduates with low (n=31) or high (n=35) WMC recalled three emotional memories and rated vividness and emotionality before and after each condition (recall only, recall + slow EM, and recall + fast EM).

Results: Contrary to the theory, the data do not support the hypothesis that EM speed should be adjusted to WMC (hypothesis 4). However, the data show that a dual task in general is more effective in reducing memory ratings than no dual task (hypothesis 1), and that a more cognitively demanding dual task increases the intervention's effectiveness (hypothesis 2).

Conclusions: Although adjusting EM speed to an individual's WMC seems a straightforward clinical implication, the data do not show any indication that such a titration is helpful

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van Veen, S. C., Engelhard, I. M., & van den Hout, M. A. (2016). The effects of eye movements on emotional memories: Using an objective measure of cognitive load. *European Journal of Psychotraumatology*, 7, 30122.

Full text: http://www.ejpt.net/index.php/ejpt/article/view/30122.

Suzanne C. van Veen, Department of Clinical Psychology, Faculty of Social and Behavioral Sciences, Utrecht University, PO Box 80140, 3508 TC, Utrecht, The Netherlands, Email: S.C.vanVeen@uu.nl.

ABSTRACT

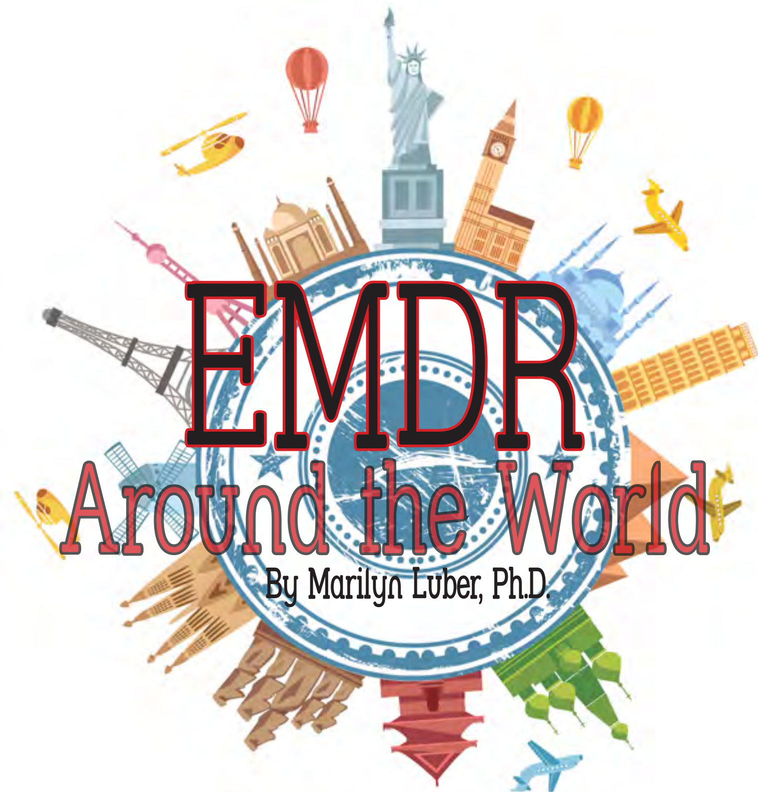
Background: Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. The working memory (WM) theory explains its efficacy: recall of an aversive memory and making eye movements (EM) both produce cognitive load, and competition for the limited WM resources reduces the memory's vividness and emotionality. The present study tested several predictions from WM theory.

Objective: We hypothesized that 1) recall of an aversive autobiographical memory loads WM compared to no recall, and 2) recall with EM reduces the vividness, emotionality, and cognitive load of recalling the memory more than only recall or only cognitive effort (i.e., recall of an irrelevant memory with EM).

Method: Undergraduates (N=108) were randomly assigned to one of three conditions: 1) recall relevant memory with EM, 2) recall relevant memory without EM, and 3) recall irrelevant memory with EM. We used a random interval repetition task to measure the cognitive load of recalling the memory. Participants responded to randomly administered beeps, with or without recalling the memory. The degree to which participants slow down during recall provides an index of cognitive load. We measured the cognitive load and self-reported vividness and emotionality before, halfway through (8×24 s), and after (16×24 s) the intervention.

Results: Reaction times slowed down during memory recall compared to no recall. The recall relevant with EM condition showed a larger decrease in self-reported vividness and emotionality than the control conditions. The cognitive load of recalling the memory also decreased in this condition but not consistently more than in the control conditions.

Conclusions: Recall of an aversive memory loads WM, but drops in vividness and emotionality do not immediately reduce the cognitive load of recalling the memory. More research is needed to find objective measures that could capture changes in the quality of the memory. ❖



ARGENTINA

Carina Emilia Salas Machuca reports: "I am happy to tell you about the humanitarian activity that, Centro de Psicoterapias (CePsi) is giving. CePsi is a psychotherapy institute in the Province of Salta, north of Argentina. Since 2009, humanitarian interventions with EMDR therapy were made in association with local institutions such as the Province of Salta Government, Catholic University of Salta, the Ministry of Justice of the Province, Salta's Municipality among others. Assistance took place after the Angastaco Avalanche (July 2012), and the account about the work done there was published in revibapst.com/data/documents/EMDRIGTP-ANGASTACO.pdf. Also, help was given after the Campo Quijano accident and other individual and group situations of traumatic incidents. Another one of our humanitarian activities is called EMDR Advice, a project to support crime victims through containment and EMDR for the Ministry of Justice of Salta through CePsi who is also underwriting it financially."

COLOMBIA

Pam Brown reports: "So far this year we have recorded a 142% increase in membership of the Association, due to the increased professionalism of the association in providing pathways for accredited practitioner and ongoing professional development in EMDR Therapy. Marketing the Association to trainees and the wider therapy community is on the agenda for 2017, and there should be another substantial increase in the association's membership by December 2017. Capital reserves have more than doubled from our position 18 months ago, even though we reduced subscription fees last year. A new website has just been launched, incorporating an enhanced Find a Therapist service and a growing Members Only area where we can provide resources to clinicians. Free webinars have been conducted on 'The Reverse Protocol' (Robbie Adler-Tapia), 'The Processing Continuum' (Roy Kiessling), 'EMDR and Grief' (Larissa Meysner), 'EMDR and Schema Therapy' (Graham Taylor) and 'EMDR: The Latest Research' (Chris Lee). The video recordings of the webinar and the associated handouts are available from the Members Only section of our website. We invite other Associations to access this material for their own membership, for a modest fee.

The Association continues to match member donations to the EMDR Research Foundation on a dollar for dollar basis. This year we have donated more than $3,600. We have donated $5,000 to a local researcher investigating the application of EMDR therapy with indigenous Australians in remote communities. We have made a donation of $5,000 to the organizing committee for the 2017 EMDR Asia Conference in Shanghai, and decided next year not to hold an Australian Conference, but rather encourage our membership to attend the Shanghai Conference.

Our annual Conference is scheduled for this November. Ad de Jongh from the Netherlands is presenting a one-day workshop on 'EMDR and Anxiety Disorders' and Marco Pagani from Italy is providing the Keynote address via Internet from Rome. There are also presentations on 'EMDR with Children,' 'Resolving Emotional Eating with Robert Millers' Feeling State Protocol', and ways to make EMDR therapy more efficient."

Graham Taylor reports: "We are experiencing an explosion of applications for people to become Accredited Practitioners, this month alone we have 17 to consider.

We have proactively addressed areas of legislation that affect the use of EMDR therapy in Australia. EMDRAA has approached the state of New South Wales Victims of Crime Organization to request they remove their prohibition of EMDR therapy for clients, as it is not consistent with the WA Supreme Court decision (1997) that EMDR is not hypnosis and does not affect evidence.

We have begun negotiations with the Australian government to include EMDR therapy as a separate item on the list of Focused Psychological Strategies funded for patients. The process will include a third party evaluation of the economic value of EMDR therapy and identify if it is a reasonable use of taxpayer's money by government.

The government of Western Australia has funded EMDR therapy training as the first Clinical Psychology training program to be delivered in a 100% online format to clinicians in rural and remote areas. This program has led to the development and accreditation of an on-line training that greatly exceeds the requirements of the EMDRIA curriculum that is also used by EMDR Australia.

As many of our members can access the *EMDR Journal of Practice and Research* through their membership of other professional associations, we now provide this as a low cost option. Half of the membership take this option.

Projects for 2017 include a thorough review of the training curriculum, as a number of trainers have indicated that this is required. We are also reviewing our Constitution and developing a Member's Charter. We also plan to review our standards for accredited practitioner, accredited consultant and accredited trainer. We are watching closely the development of competency-based standards by EMDRIA, as we seek to move in this direction ourselves. We will continue our series of webinars, seeking out the best of Australian and international presenters. We are planning to begin promoting EMDR therapy to the wider therapeutic community and we are hopeful that we will see significant increases in the number of those taking EMDR training. We are a small Board, and our activities are constrained by the very small number of people who are prepared to put in the hard work to see the Association develop.

In conclusion, I would like to thank EMDRIA for the opportunity to attend the 2016 EMDRIA Conference. This is my second time at an EMDRIA Conference, and I look forward to further extending the network of contacts that makes this such a valuable conference to attend."

BANGLADESH

Shamim Karim reports: "After our Part 2 training, the participants are busy practicing. We are having ongoing Supervision with the trainers over Skype. Progress is very good. We hope to complete the requirements for certification by this year."

BRAZIL

Esly Carvalho reports: "We are crowd funding Project Martina, an effort to finance the EMDR trainings for Bolivia in memory of Martina, a little girl who was violently raped and killed in her own bed in Bolivia. We still have a ways to go, so those who would still like to contribute, here's the link: http://www.gofundme.com/emdr-bolivia. We hope that within the next 5 years we will be able to train Bolivian professionals in EMDR therapy, EMDR Facilitators and Consultants, and hopefully a native Bolivian EMDR trainer. My latest book on EMDR therapy just came out in English: 'Heal Your Brain, Heal Your Body: How EMDR Therapy Can Heal Your Body by Healing Your Brain.' It is also available in Portuguese and Spanish. One more contribution towards getting the word out about what EMDR therapy can do for people. It is a casebook illustrating clinical strategies for treating physical ailments with EMDR therapy. I presented at the 2016 EMDRIA Conference to a full house and have been invited to present a weekend workshop in the United States on my creative protocols. We are also organizing the national EMDR Brazil Conference at the end of October."

FRANCE

Martine Ircane reports: "It is with great sadness that I tell you of the passing of Josette Tardy in June, after a severe illness. Josette was a facilitator, supervisor and friend for many years, and she will be missed by the EMDR community and especially the HAP France community. HAP France's name is changing to Trauma Aid France and has been very active. After Part 1 training and supervision, I am going to Antananarivo , Madagascar in November. Eva Zimmerman will be training in Nepal through Trauma Aid France as well and there will be a Basic EMDR training in Zimbabwe and a child training."

Isabelle Meignant reports: "From the destruction in Nice during the July 14th celebration, when a man driving a truck killed so many people, comes construction thanks to the hard work done by volunteers of Action EMDR Trauma (www.action-emdr-trauma.org) and other EMDR Europe practitioners from the EMDR France Association. As a result, EMDR therapy is becoming more known in the Lacan countryside. The French authorities are becoming interested in using Francine Shapiro's model for mental health. This is big progress!"

HONG KONG

Atara Sivan reports: "The EMDR Association of Hong Kong (HKEMDR) conducted three EMDR Basic trainings for over 50 clinicians. Atara Sivan and Petrus Ng conducted a Part 1 training for clinicians working in different practices in Hong Kong and Mainland China. Atara conducted Part 2 trainings for clinical psychologists of Hong Kong Hospital Authority as part of a taskforce for crisis intervention and for clinicians working in different practices in Hong Kong and Mainland China. HKEMDR conducted a series of 20 Group Sharing and Case Consultation sessions for EMDR practitioners. The sessions used an interactive group-based model developed by the trainers based on their research on teaching and learning within Chinese contexts. I obtained a Knowledge Transfer Partnership Seed Fund from the Hong Kong Baptist University for a project aiming to acquaint therapists working with youth in need with the use of EMDR and prepare them to undertake EMDR training in Hong Kong. The project will include a series of active-learning-oriented integrative and interactive seminars and guided reflection sessions with an emphasis on the use of EMDR within the Chinese socio-cultural context."

ISRAEL

Aiton Birnbaum reports: "I am trying to increase awareness among my Israeli colleagues regarding EMDR applications surrounding divorce. This week I had the opportunity to lecture on EMDR therapy and discuss potential EMDR applications in divorce generally and in Collaborative Divorce, in particular. The venue was the leading NGO in the field of Collaborative Divorce in Israel, 'Divorcing Peacefully.' Some 40 practicing professionals attended, including family lawyers, financial divorce specialists and mental health professionals. These professionals work together in collaborative teams to help

couples who have decided to divorce do so constructively outside the courtroom. Thus the couple incurs the least possible emotional and financial damage, while gaining the maximum possible positive growth and preparation for the future for themselves and their children. Reactions to the lecture were extremely positive. I am hopeful that we can indeed bring EMDR into standard collaborative divorce practice in Israel whenever it can help individuals, couples and children to reprocess potentially traumatic events or issues in the divorce process. By doing so we will remove emotional obstacles to successful solutions in divorce and decrease divorce-related trauma among adults and children, and systemically-speaking, in the extended family and the community at large."

Elan Shapiro reports: "The EMDR Recent-Traumatic Episode Protocol (R-TEP) controlled study conducted in the town of Sderot that suffered massive rocket attacks during the military flare-up in 2014 is currently being written up by Brurit Laub, Ornit Rosenbaum and myself with the title, 'Early EMDR Intervention Following Intense Rocket Attacks on a Town: A Randomized Clinical Trial.' Our previous RCT with R-TEP done in Kiriyat Malahi was published in the JEMDR by Brurit and myself, 'Early EMDR Intervention Following a Community Critical Incident: A Randomized Clinical Trial (Volume 9, Number 1, http://dx.doi.org/10.1891/1933-3196.9.1.17' The Turkish study 'The efficacy of eye movement desensitization and reprocessing for post-traumatic stress disorder and depression among Syrian refugees: Results of a randomized controlled trial that utilized R-TEP' was conducted by C. Acarturk, E. Konuk ,M. Cetinkaya, I. Senay, M. Sijbrandij, B. Gulen and P. Cuijpers and was published in Psychological Medicine, Page 1 of 11. © Cambridge University Press 2016 doi:10.1017/S0033291716001070.

I have recently completed an EMDR R-TEP and Group-Traumatic Episode Protocol (G-TEP) training near Cologne for the clinicians who will be doing an ambitious multi-center study involving three German universities and at least two doctoral students, using the G-TEP with refugees. The study was initiated and is being coordinated by Arne Hoffmann's Institute, supported by Arne and lead by Maria Lehnung. Maria has already conducted a pilot RCT with 14 refugees to test the viability of the G-TEP with very impressive results. What we have achieved is quite remarkable in this world and a true example of the spirit of EMDR that we got from Francine: An Israeli teaching German colleagues a new group application of EMDR, originating in the US, inspired by our pioneering Turkish colleagues, that they will use to treat traumatized Syrian refugees.

In addition to the studies in Germany, the Turkish RCT using G-TEP with Syrian refugees is about to be submitted for publication. There are a string of colleagues in different countries who have expressed intentions or interest to conduct further studies with G-TEP with diverse populations including: Canada with first responders, fire victims and First Nation aboriginals; Finland with acute trauma and children; Germany, Turkey, France, UK with refugees; Turkey and France with terror victims; U.S with post disaster, shootings, cancer patients, compassion fatigue & a qualitative study; Turkey –with MS patients; based in France and in some 3rd world countries work with Action Against Hunger (ACF)."

MEXICO

Ignacio Jarero reports: "It is a great pleasure for me to inform you that the EMDR-Integrative Group Treatment Protocol (EMDR-IGTP) and the EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) are the two protocols chosen for inclusion in the EMDR Psychological Second Aid Module of the new United Nations Institute for Training and Research (UNITAR) training course entitled: Confronting Trauma: A Primer for Peace Operations Personnel and Humanitarian Aid Workers. The aim of this course is to bring proven techniques of self-care and trauma therapy to these two priority target audiences that comprise humanitarian aid workers from NGOs plus military, police, and civilian peacekeepers, both within and outside UN deployments, who often experience extremely distressing circumstances and traumatic events. We would like to thank all the persons involved in this achievement for the EMDR therapy. Also, I received the EMDRIA´s Outstanding Research Award at the 2016 EMDRIA Conference."

NORWAY

Mette Perly Uthus reports: "This autumn, trainer Bjørn Aasen, will train new EMDR practitioners and child trainer, Savita Dalsboe, will educate child therapists in EMDR therapy. In October, Savita Dalsboe, Einar Jensen and Dolores Mosquera will give a workshop on "EMDR and Complex Trauma."

SPAIN

Dolores Mosquera reports: "This year, I taught the following seminars in Europe, the US and South America: 'Treating Personality Disorders and Complex Trauma with EMDR (borderline, narcissism and antisocial), 'Treating Dissociative Disorders with EMDR Therapy,' 'Treating Complex Trauma and Dissociative Disorders with EMDR Therapy,' 'The Progressive Approach to Dissociative Disorders,' and 'Borderline Personality Disorder, Complex Trauma and Dissociation.' In October, Colin Ross and I will teach, 'EMDR for Borderline Personality Disorders, Dissociation and Complex Trauma' together at his hospital. I am happy to say that I have been helping clinicians from all over the world to face their complex cases with more enthusiasm and less fear! I have been writing as well. There is an article that will come out in the next issue of the *Journal of EMDR Practice and Research* that I wrote with Jim Knipe, 'Understanding Idealization and Maladaptive Positive Emotion From the Perspective of the AIP Model. Additional options in the treatment of Intimate Partner Violence with EMDR Therapy.' My last book "Rough Diamonds. A Glimpse into Borderline Personality Disorder" came out a few months ago. It is a book for patients, clinicians and family members. Many colleagues use it to give hope to patients so that their situation feels less like a lost cause. This was actually the first book I ever published in Spanish. After the second edition came out, it was translated to English. It is now

being translated into Italian. I am finishing translating my book 'The Discovery of the Self. Enhancing Reflective Thinking, Emotional Regulation and Self-Care in Borderline Personality Disorder: A Structured Program for Professionals (2004)' into English. It is a book that can be used in Phase 2 of EMDR therapy; it has 35 sessions with Psychoeducation about difficult areas in this population."

Natalia Seijo reports: "I am working on publishing two chapters in Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Medical Related Issues (Luber, In Preparation) on 'EMDR Therapy Protocol for Eating Disorders' and 'EMDR Therapy Protocol for Body Image Distortion.' I will do presentations about them in Spain and Europe."

UGANDA

Rosemary Masters reports: "The Trauma Studies Center of the Institute for Contemporary Psychotherapy has awarded a travel grant that will enable two Ugandan psychotherapists, Lois Ochienglois and Dismas Bwesigye, to spend ten days in New York City this October. The purpose of their visit is to enhance their own EMDR skills and to observe Dr. William Zangwill as he teaches EMDR to American psychotherapists. This visit is part of an eight-year project to introduce EMDR to Uganda and to facilitate transfer responsibility for EMDR training to the Ugandan professional community."

Lois Ochenglois reports: "In Uganda, two therapists are going to New York for training to be trainers for Uganda. We are excited that we shall soon have our own trainers making it cheaper for our therapists to train in EMDR therapy."

UNITED STATES

California

Sue Goodell reports: "The San Diego County EMDR TRN remains active, with no current activity. I send out a quarterly newsletter to the TRN Volunteers with relevant information and updates on what our co-coordinators are doing. It is important to find ways to communicate with our TRN volunteers to remind them that they remain an important part of our organization, despite nothing happening on a community level at this time. Catherine Butler (cmbutler@cox.net), a co-coordinator of the SD County EMDR TRN has discussed and will be offering a training on "First Responder Exhaustion Syndrome," for the purpose of collecting a group of clinicians who would like to be connected with resources that will enable them to see first responders from different agencies. It is hoped that this plan will be in place by the end of this year. The need for cultural competence is paramount, so this 3-hour training will seek to connect the therapists, provide support and consultation, as well as generating a solid list of referrals for our first responders. The volunteers are also open to referrals for the Trauma Intervention Program (TIP) volunteers. TIP volunteers are non-professionals who have undergone 40 hours of training and are on a rotating on-call basis to go to the scene where First Responders are called upon, to do what the First Responders cannot often do, such as providing comfort, water, a listening ear, etc. The TIP volunteers can easily get traumatized themselves and thus are offered EMDR therapy on a five session, pro bono basis. Catherine has spoken with the TIP departments in 3 police departments in the county in which it is in operation and all the credit goes to her.

We continue to meet, with the leadership of Deborah Nielsen, on a mostly-monthly basis for 90 minutes. The topics vary, we might review the AIP and some basics, discuss some new ideas, case consultation, and also networking."

Julie Stowasser reports: "Susan Brown, Francine Shapiro and myself wrote a chapter awhile ago for a British publication series, 'EMDR therapy and the treatment of substance abuse.' Since then, it's been updated considerably and has been published in Brazil in Portuguese. Currently, we are updating this chapter yet again for English readers, via Springer Publishing. Truly, I feel we've written three different and distinct chapters as we evolve and grow with our writing, the research, and our best understanding of how to communicate these important concepts. We hope that our edits will be complete and the article published before the end of the year."

Massachusetts

Stephanie Baird reports: "The Western MASS EMDRIA Regional Network Fall Meeting is planned for October 25, 2016 from 6:00p.m. to 9:00p.m., at the Cooley Dickinson Hospital Dakin Conference Room at 30 Locust St., Northampton. The evening program, "Expanding Diversity and Inclusion in the EMDR Community" will feature a conversation with Mark Nickerson and his new book on diversity in EMDR populations. Feel free to contact sbaird43@gmail.com for more presentation details or watch for developing information on our website. We were pleased once again to donate proceeds from the 2016 Conference to the EMDR Research Foundation as well as fund a new annual scholarship for two clinicians of color to attend the 2016 EMDRIA Conference in Minnesota." ❖

EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops,
please visit www.emdria.org and click on Calendar of Events under the Get Involved tab.

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
00017-50 12 Credits *Healing the Wounds of Attachment and Rebuilding Self*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Jeanette Faircloth	202.364.3637 x0	November 4-5, 2016 Omaha, NE
14006-12 24 Credits *Integrating Somatic Psychotherapy with EMDR*	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Nov. 4-7, 2016 Missoula, MT
02004-46 12 Credits *Recent Traumatic Episode Protocol (R-TEP) & Group Traumatic Episode Protocol (G-TEP)*	Trauma Recovery/EMDR HAP Josie Juhasz, LPC	Trauma Recovery	203.288.4450	November 5-6, 2016 Fullerton, CA
15007-05 14 Credits *Developing the Self: Reprocessing Early Trauma & Neglect in Implicit Memory with EMDR*	EMDR & Beyond Katie O'Shea, LMHC	Bonnie Mikelson	515.490.1308	Nov. 9-10, 2016 Johnston City, IA
08009-06 12 Credits *EMDR Toolbox: AIP Methods for Treating Complex PTSD & Dissociative Personality Structure*	Tracy Ryan-Kidd & Nancy Newport Jim Knipe, Ph.D.	Tracy Ryan Kidd	703.281.9313 Sterling, VA	Nov. 12-13, 2016
10006-19 14 Credits *The Marriage of EMDR & Ego State Theory in Couples Therapy*	Laurie Tetreault, MA, LMFT Barry Litt, MFT	Laurie Tetreault	928.771.9422	Nov. 18-19, 2016 Phoenix, AZ
16001-03 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficis & Adults Abused as Children*	IAHB Laurell Parnell, Ph.D.	IAHB	800.258.8411	Nov. 18-19, 2016 Bloomington, MN
06003-69 6.5 Credits *Trauma, PTSD & Dissociation: From Theory to Practice*	Kathleen Martin, LCSW Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	November 19, 2016 Toronto, Ontario
99002-25 6 Credits *Effective Techniques for Using EMDR with Children*	Jim Lichti, RMFT Jan Yordy, MSW, RSW	Jan Yordy	519.747.7747	November 19, 2016 Waterloo, Ontario
12009-71 6.5 Credits *EMDR & Mindfulness*	PESI, Inc. Carrie Ann Carr, MA, LCPC	Customer Service	800.844.8260	November 30, 2016 San Leandro, CA
00017-52 18 Credits *Treating Complex Trauma with EMDR Therapy: Working with the Body & Attachment*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	607.222.5623	December 1-3, 2016 Chesterfield, MO
05007-18 20 Credits *EMDR Therapy Refresher Course*	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	Cassandra Sampson	530.245.9221	December 2-4, 2016 Redding, CA
16002-01 6.5 Credits *The Basic Six Part System: A New Perspective in Working with Complex Trauma for Improved EMDR Processing*	Julie Dubovoy, LCSW-R Julie Dubovoy, LCSW-R	Julie Dubovoy	631.592.2838	December 9, 2016 New York, NY
16011-01 6.5 Credits *EMDR, Craving and Addiction Disorders*	Larry Anderson, Psy.D., LP Larry Anderson, Psy.D., LP	Larry Anderson	612.718.0894	December 9, 2016 Lakeville, MN

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PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
12009-66 6.5 Credits *EMDR & Mindfulness*	PESI, Inc. Jamie Marich, Ph.D.	Customer Service	800.844.8260	December 14, 2016 Tulsa, OK
12009-67 6.5 Credits *EMDR & Mindfulness*	PESI, Inc. Jamie Marich, Ph.D.	Customer Service	800.844.8260	December 15, 2016 Oklahoma City, OK
12009-68 6.5 Credits *EMDR & Mindfulness*	PESI, Inc. Jamie Marich, Ph.D.	Customer Service	800.844.8260	December 16, 2016 Dallas, TX
GP1507-04 13 Credits *Creative Protocols for EMDR Therapy*	Jill Strunk, Ed.D., LP Esly Carvalho, Ph.D.	Jill Strunk	952.936.7547	January 14-15, 2017 Minnetonka, MN
99020-11 14 Credits *EMDR Toolbox: AIP Methods for Treating Complex PTSD & Dissociative Personality Structure*	Wendy Freitag, Ph.D. Jim Knipe, Ph.D.	Wendy Freitag	414.777.1757	January 20-21, 2017 Milwaukee, WI
14006-13 24 Credits *Integrating Somatic Psychotherapy with EMDR Therapy*	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.866.7794	February 2-5, 2017 Austin, TX
13016-11 7 Credits *Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	February 3, 2017 Los Angeles, CA
06003-70 20 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	February 6-10, 2017 Costa Rica
13016-12 7 Credits *Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	February 10, 2017 Berkeley, CA
00002-10 12 Credits *Easy Ego State Interventions with EMDR*	Robin Shapiro, MSW, LICSW Robin Shapiro, MSW, LICSW	Robin Shapiro	206.799.5933	Feb. 17-19, 2017 Rome, Italy
16008-01 12 Credits *The Body in EMDR Therapy: Essential Skills*	Eno Center PLLC Catherine Lidov, LCSW	Catherine Lidov	909.680.3024	March 3-4, 2017 Durham, NC
09008-09 14 Credits *EMDR Toolbox: AIP Model for Treating Adults with Complex PTSD & Dissociative Personality Structure*	Jim Knipe, Ph.D. Jim Knipe, Ph.D.	Carol Miles	985.893.1248	March 3-4, 2017 New Orleans, LA
14007-05 13 Credits *DeTUR for Addictions & Dysfunctional Behaviors*	Jordan Shafer, MS, LPC Arnold J. Popky, Ph.D.	Jordan Shafer	972.342.2448	March 11-12, 2017 Los Gatos, CA
14006-14 24 Credits *Integrating Somatic Psychotherapy with EMDR Therapy*	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.866.7794	May 19-22, 2017 Byfield, MA

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