



EMDRIA®

NEWSLETTER

Vol. 4, Issue 4

Quarterly Publication

December 1999

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MESSAGE FROM THE PRESIDENT: SPECIAL INTEREST GROUPS

David L. Wilson, Ph.D.

At the Association's annual conference four years ago, the Founding Board of EMDRIA began with a broad picture of what we wanted EMDRIA to become. The process of painting that picture has certainly not been a straight line from A to Z but, nonetheless, we are pretty much there, close to fulfilling what we envisioned. At this point, I believe that the next piece in the developing picture of EMDRIA is increased support for special interests.

There are several fundamental questions related to Special Interest Groups:

1. *What specialized interests are mature enough to warrant more focused services?*

There are a number of already developed or emerging areas of specialized focus including: Child and Adolescent Issues, Dissociative Disorders, Pain Management, Peak Performance, Personality Disorders, PTSD (with subsets for combat-related PTSD and sexual trauma), and Research. Which of these areas have achieved the critical mass of interested members that warrants increased services? By the activity we see, clearly Child and Adolescent issues, Peak Performance, and Research have reached this status, and there may be others as well.

2. *What form should the SIGs take?*

We believe that the most straightforward and inexpensive way to create Special Interest Groups is to establish SIGs as committees.

3. *What kind of services are wanted and needed?*

There are many services EMDRIA could provide for SIGs: a periodic column in the regular or special issues of the *Newsletter*; an entirely separate *Newsletter*; a sequential track at the Annual Conference; a List Serve; reference and reprint library; consultation.

4. *How do we financially support these developments?*

Currently, our dues support our ongoing operations on close to a break-even basis. Consequently, we will have to find a way to support any new programs. Should we increase dues for all members or ask for a special assessment from those who want increased services in a particular area?

The most obvious and practical way to address these issues is to ask you, our membership, what you want. To that end, you will find a survey on page 9 of this issue. Your input is important and we ask you to complete the survey to help us decide which directions to go. If EMDRIA is to be what we envision—a membership-driven professional association dedicated to providing support for the EMDR-trained clinician—we need your input and your help.

FROM THE INTERNATIONAL SCENE

Marilyn Luber, Ph.D.
Marluber@aol.com

Through the many years we have been working together, we on the east coast of the United States have created a family of facilitators. Because we were small in number in the early days, we have had the delight and the privilege of really getting to know one another, along with all of our foibles, idiosyncrasies and unquenchable thirsts for the new and unusual. As a whole, we east coasters are truly a group of mavericks and, quite often, we are thrill-seekers!

Included in this group is our friend and much loved colleague, Barbara Korzun. You might even say that Barb epitomizes all of us with her indomitable spirit and appetite for adventure, with the notable differences that she is the youngest member of our group and has much more energy than most!

Although Barbara has become a true member of a greater world community over the years, her roots are in New Jersey and, along with Sheila Bender and Victoria Britt, she is one of the EMDR Institute's sponsors for that area. Barbara did her undergraduate work in Psychology with a minor concentration in Music and graduated with honors from Rutgers College in New Brunswick. Soon after, in 1984, she attended the University of Denver and received her Doctorate of Psychology from the School of Professional Psychology, where she began the work that has become her passion: emergency response and crisis intervention.

Barbara worked with the Denver Police Response as part of her graduate school training, providing on-scene crisis intervention and death notification. As Barb describes it, she "got there before the coroner did" and quickly had to learn to deal with whatever came her way in the form of distraught family and friends of the deceased.

Barbara's understanding of trauma has its personal side, too. During her undergraduate work at Rutgers, her brother was killed by a drunk driver. Faced with the sudden death of her brother, the response to this tragic event by her family and friends, and her own reactions, Barbara had firsthand experience of the profound impact of trauma in every aspect of one's life. We are lucky she chose to use this knowledge to assist others through her humanitarian efforts.

After Barb finished her doctoral studies, she

moved from Denver to New Hope, Pennsylvania and began post-doctoral training in neuropsychology and rehabilitation. It was then, in September, 1991, that she took the first part of the EMDR Institute training, completing the second half of the course in the fall of 1992. She drew positive attention from her handling of a difficult abreaction in her group and later became a facilitator with the EMDR Institute in 1994.

As with many of us, Barbara became involved with the EMDR Institute's Humanitarian Assistance Program (EMDR-HAP) in Oklahoma City after the terrible bombing of the city's federal building. Barbara was horrified by the incident and its impact, transforming her feelings into action by helping to find creative solutions to transport facilitators to the area and provide them with food and shelter. As it turned out, she was a natural!

By 1996, her interest in EMDR-HAP was secure and she became a fund-raiser, a member of the Board of Directors, and the Emergency Coordinator in charge of providing assistance when a request for services occurred following a natural or man-made disaster. (In Barb's words, "Nobody else wanted to do it!") One of the first responses Barb coordinated was to the Montoursville community after the TWA Flight 800 plane crash that killed 18 members of the local high school French club.

In September, 1998, Barbara became Programs Director for EMDR-HAP, serving in a part-time position. In August, 1999, the Board of Directors approved Barb as its full-time Executive Director, working in the professional office in New Hope. As Executive Director, Barb supervises a staff of two: newly-hired Administrative Coordinator, Julie Velioglu, who works in the New Hope office, and Administrative Director, MaryAnn Gutoff, who has been in the west coast office in El Granada, California since 1995.

Barbara was encouraged by an anonymous donor's designated grant of \$50,000 to EMDR-HAP to develop the infrastructure for the Board of Directors and the establishment of the office. She is excited "to be involved with moving EMDR-HAP from a grass-roots level group of well-meaning people to a full-fledged international humanitarian assistance organization." In addition to continuing to develop an administrative board, EMDR-HAP has begun to develop on-going funding and relationships with other humanitarian organizations like the Trans-Cultural Psycho-Social Organization headquartered in Amsterdam.

(Continued on page 4)



*2000 EMDR INTERNATIONAL
ASSOCIATION CONFERENCE*

SEPTEMBER 8-10, 2000

~ TORONTO, CANADA ~

AT THE

ROYAL YORK HOTEL

*100 FRONT STREET WEST
TORONTO, ONTARIO
CANADA M5J 1E3
(416) 368-2511*

*PLEASE BE SURE TO
MARK YOUR CALENDAR!*

(International Scene - Continued from page 2)

Over its years of existence, EMDR-HAP has been involved with many widely publicized ventures in Ireland, Sarejevo, Zagreb, Ruanda, Oklahoma City, Florida, Israel, Bangladesh, Armenia and Poland (among many others). However, away from the limelight, Barbara has focused much of her attention on domestic programs on inner city community mental health, providing trainings for mental health workers who are on the frontlines dealing with severely traumatized populations. EMDR-HAP is making a difference everywhere.

As Barbara so passionately puts it, "We are seeing what a powerful, transformational methodology EMDR is for the healing of emotional trauma. We can provide that and [we can] train people. Instead of handing people fish, we can teach them how to fish and give them access to what they never would have been able to do before."

Beyond her EMDR avocation, Barbara has a range of interests. She has a passion for music and, after a long day's training, she often listens to blues or jazz or anything new and exciting she has heard about. She can often be found at the New Orleans Jazz and Heritage Festival or at the performances of The Saw Doctors, an Irish band she helps to promote in the United States. Barbara is interested in healing of all kinds, especially indigenous healing methods and spirituality. If you want to know the latest herbal remedy on the market, she's the one to ask!

We are indeed lucky to have Barbara Korzun as part of our EMDR Community. Thank you Barb, on behalf of us all.

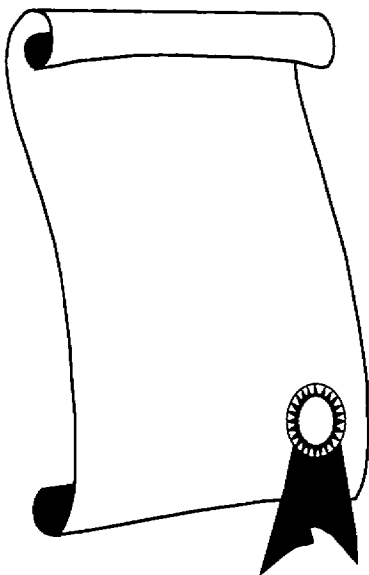
News from Around the World

- **Australia:** Mark Grant reports that, following affiliation with EMDRIA earlier this year, Australian EMDRIA members are now receiving the *EMDRIA Newsletter* and it is proving to be very popular. The Australians are planning a conference in April, 2001 in Hobart, Tasmania, and Mark encourages us all to attend!

EMDR has been in the media several times in the past year, including a TV program about its use with phobias, a magazine article about its use with trauma, and a radio program about the psychoneuro-immunology aspects of EMDR. Mark will be traveling this fall to the United States and Canada to present his well-received workshop, *Overcoming Pain: A multi-modal approach based on EMDR*.

- **Armenia:** Edmund Gergarian has returned from his latest trip to Armenia, having trained 36 psychotherapists with Liza Papazian. Edmund was very pleased and proud that the National Institute of Health and the Health Ministry of the Republic of Armenia asked to approve his trainings for CMEs, noting that psychiatrists in the United States have not been able to receive CMEs for EMDR trainings.

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EMDRIA CREDIT PROVIDER PACKETS NOW AVAILABLE!

EMDRIA now has a formal application process for those interested in having workshops/trainings approved for EMDRIA Credits.

We also maintain a Schedule of Programs that are currently approved and available for those wanting to obtain EMDRIA Credits.

Please call Gayla Brown at the EMDRIA Administrative Office, 512-451-5200, for more information or to request your EMDRIA Credit Packet. The Schedule of Programs is also available on our website at www.emdria.org.

UPDATE FROM THE PUBLIC AND PROFESSIONAL RELATIONS COMMITTEE

Sandra "Sam" Foster, Ph.D., Chair

I am pleased to report that our members have been hard at work this year, our second since Curt Rouanzoin, Past-President of EMDRIA, created this committee and gave us our mission:

1. To develop a positive relationship with the media in an effort to educate the public and other professionals about EMDR and EMDRIA, as the organization dedicated to ensuring integrity and professionalism in the use of EMDR.
2. To make a valuable contribution to the membership of EMDRIA, by offering support, current information and materials to members working within their communities to promote EMDR and EMDRIA.

PR Committee Services for You

If you are preparing a presentation for a professional audience, workshop or conference symposium, you may want to purchase the EMDRIA Member Presentation Packet by calling the EMDRIA office. The packet includes:

- 26 overhead masters that describe EMDR, explain the research that supports it, and offer examples of EMDR for trauma and workplace problems. These masters may be copied as handouts or made into transparencies.
- Eight print media articles about EMDR from major newspapers.
- Three seminal research articles (reprinted with permission) describing controlled studies of EMDR.
- A copy of *Compelling Facts about EMDR*, a list of crucial points about EMDR that may serve as a brief summary of the method.
- An audiotape cassette of an excellent interview given by EMDR practitioner, Jim Black, to Wisconsin Public Radio. Jim's comments and replies to the interviewer's questions offer a great example of how to conduct a live, in-depth discussion of EMDR with a representative of the media.
- A sample copy of the *EMDRIA Brochure for Professionals*. Introduced at the 1999 EMDRIA Conference, the *Brochure for Professionals* has been selling briskly. With two sizes of the brochure now available, this handsome piece may be given to physicians and others in medicine, and to other professionals whom you wish to inform about EMDR and the research supporting it.

You may contact EMDRIA about these materials by

calling 512-451-5200, faxing a request to 512-451-5256, or e-mailing emdria@aol.com.

The members of the Committee would be pleased to assist you in communicating with the media in your area. We can help you to write a story for your local newspaper or prepare for your interview with a radio or television station. If you have a media contact with whom you would like us to communicate, we will do so and will also furnish the contact with an EMDR media kit that includes an international list of EMDR researchers and practitioners who can respond to media inquiries about the science and research supporting EMDR.

Committee Members

As you can see from the roster below, the Public and Professional Relations Committee has geographic "reach" throughout the United States:

Sandra "Sam" Foster, Ph.D., Chair
220 Montgomery Street, Suite 315
San Francisco, CA 94104
T: 415-931-3156 F: 510-523-3904
samrolf@aol.com

Doug Cybela, Ph.D.
3340 North 12th Street
Wausau, WI 54403
T: 715-576-4390 F: 715-848-8842
cybela@dwave.net

Wendy Freitag, Ph.D.
1200 N. Mayfair Road, Suite 110
Wauwatosa, WI 53226
T: 414-390-1356 F: 414-375-9066
wjfreitag@aol.com

Debbie Korn, Psy.D.
400 Hunnewell Street Suite 3
Needham Heights, MA 02194
T: 781-444-7115 F: 781-444-7828
dlkorn@erols.com

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5010 Edgemoor Lane
Bethesda, MD 20814
T: 301-718-9700 F: 301-718-9701
dlaliotis@aol.com

Jocelyne Shiromoto, LCSW
2500 E. Nutwood Avenue Suite 212
Fullerton, CA 92831
T: 714-764-3419 F: 714-528-9676
shiroflex@aol.com

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(Public and Professional Relations - Continued from page 5)

Upcoming Committee Projects

Our latest endeavor involves personally contacting the editors of the 50 state psychological association newsletters throughout the United States to request publication of a story about EMDR. Through this outreach effort, we hope to give thousands of clinicians the opportunity to read about the practice of EMDR and current research findings, as well as provide contact information about EMDRIA.

In a joint project with the Membership Committee, we are planning to sponsor EMDRIA information booths at major mental health conferences held during 2000. This presence at professional gatherings would allow conference attendees to learn more about EMDR.

Likewise, we want to encourage and support you members in considering the submission of a proposal to speak or conduct a poster session at an upcoming conference.

Please contact one of us if you are aware of a "newsworthy" event, project, or research, or know a representative of the media whom we might contact to generate interest in an EMDR story.



CALL FOR NOMINATIONS FOR EMDRIA BOARD OF DIRECTORS

Nominations are now being accepted for positions on the Board of Directors for EMDRIA. There are three vacancies for Officers: President-Elect, Secretary-Elect, and Treasurer-Elect.

Terms for Officers are three years: one year in the "Elect" position, assumption of full office in the second year, and the third and final year in the "Past" position. Officers are required to participate in monthly conference calls and are expected to serve on various EMDRIA committees.

The experience of serving with the Board can be very rewarding, however it can also be time-consuming. For details on Board responsibilities, please contact the Chair of the Nominations & Elections Committee, Dan Merlis, at 301-901-8686 or danmerlis@aol.com.

The Nomination Committee is currently preparing an election slate. Members are encouraged to contact the EMDRIA Administrative Office if they wish to submit a name for nomination at 512-451-5200, by fax at 512-451-5256, or by e-mail at emdria@aol.com.

AN EMDRIA SUPPORT NETWORK FOR PRE- LICENSED CLINICIANS

Nicole Nestor, M.A. and
Lee D. Ockenden, M.A.

Getting Connected

Having the opportunity to attend the 1999 EMDR International Association Conference in Las Vegas gave us ample time to share our ideas with all levels of practicing clinicians. This was an exciting time for us, as the responses we received shared a consistent theme of support and encouragement regarding the creation of a support network for pre-licensed members.

As we mentioned in our column in the June issue of the *EMDRIA Newsletter*, our committee is formed by pre-licensed clinicians for pre-licensed clinicians. With this in mind, we are interested in hearing from pre-licensed clinicians about the kind of resources they would like to have available to them.

We have received several inquiries regarding certification and how interns fit into the qualification process. At this point, you must be a licensed clinician in order to be certified. In representing pre-licensed therapists, we are interested in developing a proposal for the EMDRIA Board suggesting that pre-licensed therapists be included or at least be able to accumulate supervised EMDR hours that count toward certification. We look forward to receiving your feedback on this issue.

Let Us Hear from You

We would like all pre-licensed clinicians who wish to stay connected and network with others to e-mail us so we can generate a "profile" of the potential needs and interests of pre-licensed members. Until then, if you have any questions, feedback or encouragement, we would love to hear from you.

Please contact us at the following e-mail addresses:

Nicole M. Nestor, MFT-Intern
Nicstor@earthlink.net

Lee D. Ockenden, MFT-Intern
Locke10075@aol.com



UPDATE FROM THE HEALTH CARE COMMITTEE

Mark Dworkin, CSW, LCSW

Chasing the MCOs

At the time of this report, the Health Care Committee is actively pursuing Magellan, the largest managed care organization, and United Behavioral Health, also one of the largest MCOs. Our current mission is to inform and assist the central committees of those organizations responsible for making certification decisions regarding EMDR.

At this point, we are providing MCOs with the Efficacy Statement on EMDR, which contains all appropriate research references, and the letter from the President of EMDRIA that invites managed care organizations to participate with us in presentations we may make to the appropriate committees/sources to educate them about the efficacy of EMDR.

Your Support Is Welcomed

As always, our goals cannot be accomplished without your support, and we are eager to receive your input and assistance. In particular, we are currently seeking volunteers to work on any of our projects geared toward the *approval of EMDR by insurance companies*.

Revisiting the CPT Project

The Committee is also considering re-focusing energy on the CPT project, an effort previously worked on by Gerald Puk and myself. If you have an interest in helping in gaining approval for a specific CPT code for EMDR, we welcome your support.

Please direct your inquiries regarding the activities of the Health Care Committee to:

EMDRIA
Telephone: 512-451-5200
Fax: 512-451-5256
E-mail: EMDRIA@aol.com.



EMDRIA REGIONAL MEETINGS DIRECTORY

This directory is designed to provide EMDR clinicians with a listing of Regional Meetings in their areas. These meetings are designed to enable EMDR clinicians to obtain the latest information about EMDR as well as to continue the pursuit of excellence in EMDR. Many Regional Meetings may be providing "EMDRIA Credits" in order to fulfill the requirement of continuing education for Certification in EMDR.

Please see below for the listings of Regional Meetings in your area as well as whom to contact for more information. If there is not a Regional Meeting in your area and you are interested in developing one, please contact the EMDRIA Office at 512-451-5200.

California

Southern California Regional Meeting

Contact Person 1: Jocelyne Shiromoto

T: 714-764-3419

E-mail: shiroflex@aol.com

Contact Person 2: Liz Snyker

T: 760-942-6347

E-mail: esnyker@bigfoot.com

Colorado

Boulder EMDRIA Regional Meeting

Contact Person: Keith Andresen

T: (303) 443-5682

E-mail: BolderEMDR@aol.com

Denver EMDRIA Regional Meeting

Jana Marzano, Claudia Christian

Contact Person: Jana Marzano

T: (303) 220-1151

E-mail: janamarzano@gte.net

Connecticut

Connecticut EMDRIA Regional Meeting

Contact Person: Leslie Weiss

T: (203) 865-6156

E-mail: lesweiss@tiac.net

Illinois

Chicago EMDRIA Regional Meeting

Contact Person: Howard Lipke

T: (847) 688-1900/

E-mail: hlipke@aol.com

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Maryland

Greater Baltimore-Washington EMDRIA Regional Meeting

Deany Laliotis, Dan Merlis, Gene Schwartz
Contact Person: Deany Laliotis
T: (301) 718-9700
F: (301) 718-9701
E-mail: dlaliotis@aol.com

Massachusetts

Massachusetts EMDRIA Regional Meeting

Contact Person: Esther Bean
T: (413) 584-9999
E-mail: edbmsw@aol.com

Michigan

Michigan EMDRIA Regional Meeting

Eileen Freedland, Zona Scheiner, Bennet Wolper, Cam Vozar, Harriet Mall
Contact Person 1: Eileen Freedland -Bloomfield Hills
T: (248) 647-0050
F: (248) 683-7010
Contact Person 2: Zona Scheiner -Ann Arbor
T: (734) 572-0882 ext. 3
F: (734)663-9789
E-mail: zonags@aol.com

Missouri

St. Louis EMDRIA Regional Meeting

Marcia Whisman, Sheri Rezak-Irons
Contact Person: Marcia Whisman
T: (314)644-1241
F: (314) 644-6988
E-mail: marwhisman@aol.com

New York

Buffalo EMDRIA Regional Meeting

Contact Person: Nancy Smyth
T: (716) 645-3381 x232
F: (716) 645-3456
E-mail: njsmyth@acsu.buffalo.edu

Long Island EMDRIA Regional Meeting

Mark Dworkin, Uri Bergmann, Beverly Wright
Carol Forgash, David Grand
Contact Person: Mark Dworkin
T: (516) 731-7611 F: (516) 579-0171
E-mail: mdwork5144@aol.com

Mid-Hudson Valley EMDRIA Regional Meeting

John Nash, David Sherwood
Contact Person: John Nash
T: (914) 575-3000 x2156
F: (914) 575-3299
E-mail: jwz3@maristb.marist.edu

Syracuse EMDRIA Regional Meeting

Maudie Ritchie, Sandra Kaplan
Contact Person: Maudie Ritchie
T: (315) 251-0909
F: (315) 637-2643
E-mail: msritchie@aol.com

Nevada

Nevada EMDRIA Regional Meeting

Deborah Roberts
Contact Person: Deborah Roberts
T: (702) 458-7774 F: (702) 458-0081
E-mail: drroberts@net-tek.net

Ohio

Greater Cincinnati EMDRIA Regional Meeting

Contact Person 1: Irene Giessl
T: (513) 221-2001
F: (513) 961-6162
E-mail: mgcm59c@prodigy.com
Contact Person 2: Barbara Hensley
T: (513) 961-2400
E-mail: bhense14456@aol.com

Pennsylvania

Northeastern Pennsylvania EMDRIA Regional Meeting

Dorothy Ashman, Sally Eves, William Harrar
Contact Person: Dorothy Ashman
T: (570) 387-1832
F: (570) 387-5103
E-mail: kent@csrlink.net

Texas

Austin EMDRIA Regional Meeting

Contact Person: Barbara Evans
T: (512) 448-4514
F: (512) 448-4954
E-mail: bobbieevans@worldnet.att.net



SPECIAL INTEREST GROUP SURVEY

(Please refer to the President's Message on the front page of this issue.)

I would support a Special Interest Group for (please circle one or more choices):

Child and Adolescent Issues

Personality Disorders

Dissociative Disorders

PTSD

Pain Management

Research

Peak Performance

Other _____

If I were to set up a Special Interest Group, I would need the following services:

Regular Newsletter Column

Track at Annual Conference

Special Issues of Newsletter

List Serve

Separate Newsletter

Reference and Reprint library

Other _____

I am willing to help develop a SIG by providing:

Leadership

Volunteer Activities

Committee Work

Other _____

To support a SIG, I am willing to pay annually: (please check one)

___ \$0

___ \$10

___ \$20

___ \$30

___ \$40

___ \$50

Additional Comments: _____

Name: _____

Interest: _____

Address: _____

Phone: _____

Fax _____

E-mail: _____

Please complete and return this form to:

EMDRIA

P.O. Box 141925

Austin, TX 78714-1925

Fax: 512-451-5256

OVERCOMING CLIENT RESISTANCE TO RESOURCE DEVELOPMENT AND INSTALLATION (RDI)

Shirley Jean Schmidt, MA, LPC
EMDRIA-Approved Consultant

At the 1997 San Francisco EMDRIA Conference Andrew Leeds (1997) made a landmark presentation on Resource Development and Installation (RDI), in which he highlighted a surprising and dramatic shift in a chronically ill client following an RDI intervention. (For a full description, see Leeds, 1998.) While Dr. Leeds concedes he is not the first or only proponent of RDI, he has certainly done more than any one else to popularize its use. The EMDR Institute has recognized its importance and now includes it in Level II trainings. RDI is a powerful psychotherapy tool. Its ego strengthening effects prepares clients for, and lowers resistance to, EMDR processing. In my experience, preceding standard EMDR with RDI can increase the likelihood of safe, simple, and successful trauma processing. For a variety of reasons, unfortunately, some clients resist RDI interventions. This article proposes a model for understanding such resistance.

In this article, I provide a discussion of some fundamentals of the ego state model, the Accelerated Information Processing model, and RDI, with emphasis on how these concepts are related to ego state therapy, followed by a brief explanation of how I introduce the ego state therapy model to clients. Finally, I describe several forms of RDI-resistance I have encountered and demonstrate how ego state therapy can be used to address and resolve these resistances.

Ego State Model

The ego state model is a useful framework for understanding RDI. In most basic terms, ego states are specialized neural networks that hold specific packages of information related to behavior, emotions, sensations, and information about our life experiences (Braun, 1988). The notion of ego states has been around since Freud proposed an id, ego, and superego. The term "ego state therapy" was used by Watkins and Watkins (1997) for hypnoanalytic techniques used in the treatment of dissociative disorders. Many psychotherapy approaches touch on ego state theory principles, including Object Relations (Mahler, 1978; Kernberg, 1976; Kohut, 1978), Transactional Analysis (Berne, 1961), and Internal Family Systems (Schwartz, 1995), to name a few. These psychotherapy approaches share the idea that different personality parts (ego

states) can have different views of reality (for better or worse), and that the relationships between these parts (whether cooperative or conflicted) can be therapeutically significant. Their aim is to increase integration and healthy cooperation between personality parts.

Accelerated Information Processing Model

Francine Shapiro's (1995) Accelerated Information Processing model posits that trauma information is stored in an isolated neuro network*, and therefore lacks the ability to integrate with therapeutically relevant information stored in other neuro networks. Her model suggests that EMDR links up these neuro networks, resulting in insight and healing. In ego state terms, the ego state(s) holding the trauma problems are isolated from the ego state(s) holding the trauma solutions. Linking these ego states (with EMDR) results in an adaptive trauma resolution.

Resource Development and Installation

RDI focuses attention on ego states holding the trauma solutions. Since these are the neuro networks to which the trauma must link, it makes sense to highlight them in advance of trauma processing. RDI can help the client feel better prepared for trauma processing. It is also an excellent stand-alone intervention with potential to significantly reduce disturbing symptoms.

How RDI is Done

The client is invited to think about personally meaningful positives associated with a felt sense of well being. These personal positives may take the form of (a) positive personal experiences of self-soothing, self-efficacy, self-acceptance, courage, etc. (b) positive self-acknowledged traits such as an ability to be nurturing, compassionate, understanding, resourceful, etc., and/or (c) positive memories or meaningful images of receiving nurturing, compassion, trust, respect, etc. It is best to strengthen resources from the client's own personal experience, but when that is not fruitful it may be helpful to use personally meaningful images and/or characters from books, stories, TV, film, religion, metaphors, etc. Alternating bilateral stimulation is used to strengthen these positive ego states and enhance their accessibility.

*The term neuro network used by Francine Shapiro (1995) subsumes the neuropsychologist's term neural network, and implies an additional strata of cognitive/emotional processing. Unlike a neural network, a neuro network does not have a precise neurophysiological referent.

(Continued on page 27)

ASK DOCTOR FRANKIE, BECAUSE...

THERE IS NO SUCH THING AS A SILLY QUESTION
(ALTHOUGH I MAY HAVE A SILLY ANSWER)

Frances Klaff, Ph.D.

Below, I provide some of the questions that people have asked at my trainings on working with children in a family context.

How young can you do EMDR with children?

The therapist should not be too young but the child can be.

The youngest child I have treated was an 18-month-old infant who had been in a car accident and was expressing a fear of many things, including separation from her mother. I had the mother hold the child on her lap as she gently squeezed her baby's hands and recounted simply the sequence of the accident as well as verbalizing the possible emotion and then telling the child that she was now safe. The mother later reported that the child was no longer afraid.

I discovered that Joan Lovett, M.D. had independently discovered the same technique. While I had the mother tell the story in an impromptu manner, I added directives such as "tell her how it sounded when the car hit." Joan developed a more formal process in which the parent was asked to write the story, which she helped to edit, and the parent later read to the child. Each method has its advantages. Lovett's offers more planned control, whereas my method is suitable for those times when preparation is not possible or the parent is unlikely to write the story.

Do children abreact?

In my experience, some children recount traumatic material with seemingly no emotion. Younger children, in particular, seem to display less overt reaction. Sometimes they seem to project their fears into symptoms. As children become more cognitively expressive, sometimes around ages eight or nine, they may display more emotion. What have you found in your practice?

Do you do "ships in the night"?

TOOT! TOOT! I am more likely to PLAY ships in the night with kids. With young children I may do EMDR sitting on the floor with them. With kids of about eight or older, I am more likely to do a traditional session.

Do you use safe place?

I do not always use safe place if the problem does not involve major trauma. However, thinking of something positive with bilateral stimulation seems to be calming for children prior to working on a problem.

So do you follow the protocol?

Oh yes, oh yes, but . . . again, there are more adjustments needed in the standard protocol with a child who is unlikely to be able to abstract (a la Piaget) so that asking for a cognition would be inappropriate. With some children I may prompt more for the cognitions, for example, "So would you like to be able to say to yourself 'I can ignore those bullies?'" To prompt for emotion, I might say, "Was that scary?" If the SUDS scale seems beyond the child's grasp, you may have the child demonstrate size of SUDS using his or her hands.

There is also a handy HAP child SUDS chart that you can receive with a little donation. (Yes, this does constitute an unabashed solicitation for HAP!) You may not do the script exactly, but the protocol process can be a reference to guide you. Adapt only when you have to.

Do you ever refrain from telling the parent you plan to do EMDR?

I ALWAYS inform, even though this annoys me as I do not have to inform the parent that I am doing cognitive therapy or play therapy, etc.

Do you ever have a parent in the room when you do EMDR?

Some children are not ready to be apart from the parent and the parent may even become my cotherapist in eliciting material and doing the EMDR as I coach. Also, I am then able to integrate family therapy and have a smoother transition. With kids aged six or older, I am more likely to have the child work alone, but again it all depends on the child, the problem, the family dynamics and the general circumstances.

Do you tell the parent everything that happened during the session?

Everything? If appropriate, I might suggest to the child that we tell what happened, and the report is usually brief. At other times, I may give a general report like: "It seemed to be helpful for Jen to work on the issues about monsters. So this week keep an eye open and let me know what you notice." I always like to keep the parent "in the loop" and I am often working in a family context, so we shift from child-focused EMDR to family-focused work.

(Continued on page 12)

(Ask Dr. Frankie - Continued from page 11)

What about adolescents?

And a man said, "Speak to us of adolescents."

And she answered, "Adolescence cannot be cured even with EMDR."

In more serious vein, I treat an adolescent session as I would an adult session. I do not "rat" on the adolescent, but if issues emerge as a result of EMDR that should be addressed with the family, I let the child know that we need to do this.

How do you pressure resistant children?

I never pressure. I do work longer on the relationship and later may encourage, cajole, offer a small reward. I consider the importance of EMDR quite secondary to my developing a trusting working relationship with a child and family.

Do you use the light scan, TheraTapper, etc. with kids?

I use those as well as many other doodads as the moment strikes, like chopsticks, pencils, puppets, toys,

fingers, taps, squeezes and even moving from right to left on a rotating chair. I take Dramamine prior to the last (. . . just kidding).

Do you use EMDR to change a behavior the parent or school wants the child to change if the child does not want to change?

I might encourage the child by finding out if they would like to be in less trouble or if they would like to feel better. I work to convince a child that there is a payoff in changing. With a younger child I might work indirectly or metaphorically through play or storytelling to address the concern the parent has brought to therapy. (With a teenager, I'd rather stick my finger in a light socket.)

. . . Any more questions?



POST YOUR EMDR STUDY GROUP IN THE NEXT *EMDRIA NEWSLETTER!*

If you have an existing Study Group—or will be starting a Study Group—and want it posted in the next *EMDRIA Newsletter*, please submit it to the EMDRIA administration office by January 20, 2000. When submitting your Study Group, please provide the following information by mailing/faxing this form to the EMDRIA office or e-mailing the information to EMDRIA at emdria@aol.com.

[Please note: You must be a current member of EMDRIA to have your Study Group listed.]

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[Please see page 36 of this issue for current postings to the Study Group Listing.]

BOOK REVIEW: EMDR IN THE TREATMENT OF ADULTS ABUSED AS CHILDREN

Reviewed by Brooke A. Brown, Ph.D.
BalexB@aol.com

EMDR in the Treatment of Adults Abused as Children by Laurel Parnell, Ph.D., is a welcome addition to the office bookshelves of therapists who deal with this population. After an initial overview of treatment issues, Parnell succinctly outlines presenting symptomatology common to abuse survivors and elucidates treatment considerations and problems that a therapist may encounter with this population. For instance, Parnell addresses the split between the child self and adult self that must be bridged to facilitate healing, modulate affect dysregulation, and resolve transference issues.

Part II outlines the beginning, middle, and ending phases of EMDR treatment. Parnell details the development of a safe place and suggests ways of working with clients who are unable to identify or develop such a place. The book, which is rich in case material, contains tips for target development and explains how dreams, artwork, and even negative cognitions can be targets. This section also contains an extensive discussion on ego-strengthening techniques, and Parnell writes at length about the development and installation of resources. She discusses working with abreactions and the importance of pacing treatment.

Part III contains specific tools and techniques for individual processing sessions. Here, Parnell leads the reader through the beginning, middle, and ending stages of individual EMDR processing sessions. She specifically explains the use of creative interweaves and illustrates how these can facilitate movement when processing is blocked. She offers advice in closing incomplete sessions in a way that further benefits the client—specifically, she advocates ending a session by installing a positive cognition. She also details how adjunctive therapeutic tools such as journaling, guided imagery, art, grounded breathing, and meditation may be used during the course of treatment and includes techniques which clients may use between sessions for managing any anxiety which arises.

Case material comprises the last section of the book. Specifically, three cases deal with somatosensory abreactions, interweaves, and “putting the pieces together.” The final chapter is devoted to

a single, complex case history that enables the reader to see the different treatment issues which emerged during the woman’s therapy and how Parnell used techniques described earlier in the book.

EMDR in the Treatment of Adults Abused as Children builds on Shapiro’s text (1995) and introduces modification of the standard EMDR protocol. Parnell’s book is well-indexed, has an exhaustive reference list, and can serve as a handy reference manual. It also includes a checklist for signs of a dissociative disorder, relaxation techniques for the client, and grounding skills the therapist may wish to teach the client.

In all, this practical book is a valuable resource for all therapists relatively new to EMDR. It is also invaluable for those who might not have worked extensively with this population prior to EMDR training, because clinicians will find that many clients who seek treatment for other issues have had abuse in their backgrounds. This book can alert clinicians for which problems may arise during treatment with such clients and how to deal with them. As Parnell writes, working with this population can be “very challenging to even a seasoned therapist.” As well as outlining basic therapeutic techniques in detail and stressing the importance of using EMDR within the context of a strong therapeutic alliance, this book may help clinicians understand how the ideas presented can be applied to their own clients.

References

Parnell, L. (1999). *EMDR in the Treatment of Adults Abused as Children*. W.W. Norton & Company: New York.

Shapiro, F. (1995). *Eye Movement Desensitization and Reprocessing*. New York: Guilford Press.



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From the Executive Director

Dear Members:

Many times I have heard people ask the questions: "Why should I join EMDRIA? What am I going to get out of it?" I find that I am always amazed at these questions, as I have not asked these questions of myself when joining other professional organizations. However, as the Executive Director of EMDRIA and as one with the mission to serve the members and the Board, I believe that these questions need to be answered.

It has been a busy year for the Board members, Committee members, and the Administrative staff in developing and executing several major goals of the organization:

The most obvious new program this year is the establishment of the certification program for EMDR Instructors, EMDRIA Approved Consultants, and EMDR Certified Therapists. The Standards and Training Committee under the direction of Curt Rouanzoin has been diligently working to institute this crucial program.

EMDRIA's move to establish a certification program was instrumental in the success of Mark Dworkin's Health Care Committee in convincing Value Options (formerly VBH) to remove EMDR from its "red flag" list.

The Standards and Training Committee has also established an EMDRIA Credit Provider Program for those who wish to provide on-going education in the clinical and/or research practice of EMDR. These educational programs are reviewed and approved courses which may be used for EMDRIA Credits and can also apply toward certification.

Many people have volunteered to serve as Regional Coordinators in their respective geographic areas in order to provide low fee on-going education in EMDR. Their programs are reviewed by the Standards and Training Committee and EMDRIA Credits may be obtained for certification purposes.

The Publication Committee, under the direction of Dan Merlis and Brad Wasserman, *Newsletter* editor, have worked to publish the quarterly *EMDRIA Newsletters*. Ricky Greenwald was instrumental in recently publishing a special edition on Children and EMDR.

Sam Foster and the Public Relations Committee have produced a brochure designed to explain EMDR to professionals. They have worked to develop a media packet and continue to work on establishing public statements that hopefully encourage professional review and the ability to view EMDR in a non-biased, balanced perspective.

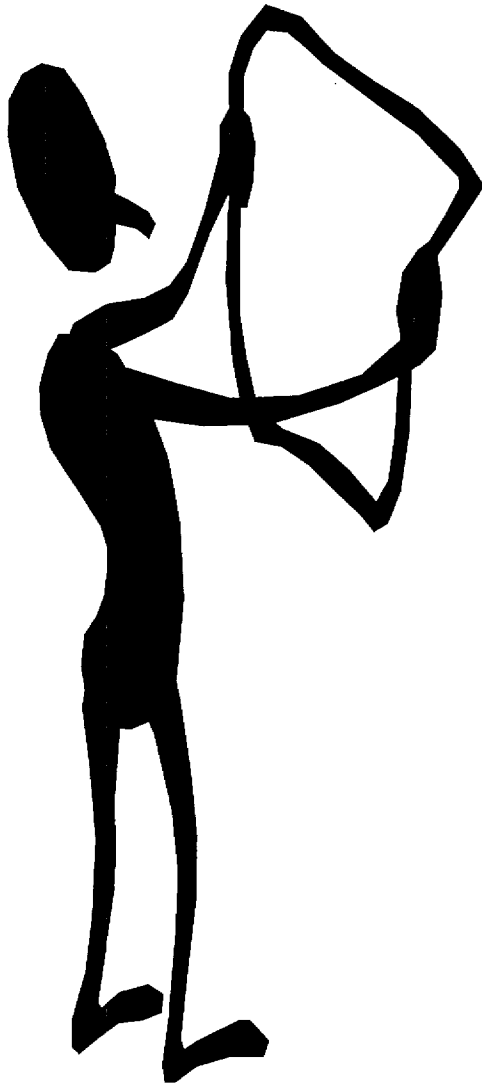
The 1999 Conference held in Las Vegas included outstanding presentations, and it seems a good time was had by all. The Conference Committee is working toward the 2000 Conference in Toronto, Canada, the first attempt to hold the Conference outside the United States.

I could continue to delineate more and more details of what has been accomplished this year but space is growing short, so I have only touched upon the highlights. However, as I write about these accomplishments, I am aware of so many wonderful people who have donated their time and energy. Some are more visible than others but I know, just as many of us who work with EMDRIA know, that we could not have accomplished these things without the efforts of so many. These are the people that merit the praise and the thanks from all of us who are members.

So when the questions "Why should I join EMDRIA? What am I going to get out of it?" arise, I can spout off about these programs and these accomplishments. But the truth is that anyone who joins EMDRIA is getting a group of people who have asked "What can I do to help?" — a group that has worked diligently to establish and maintain the integrity of EMDR so each of us can benefit from the credibility of EMDR as a clinical modality.

If you happen to have these questions, I hope this answers them in a way that is satisfying to you. And I hope you will join us in "Helping you, help them."

Carol York, MSSW, LMSW-ACP

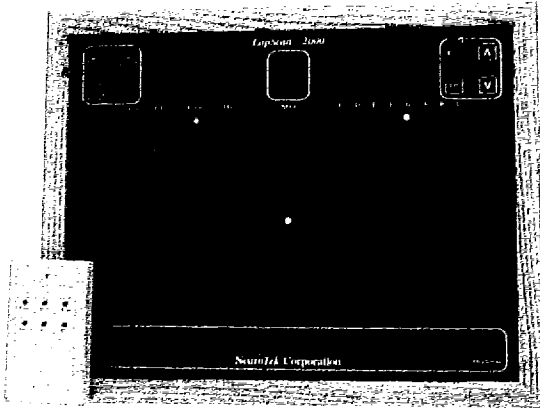


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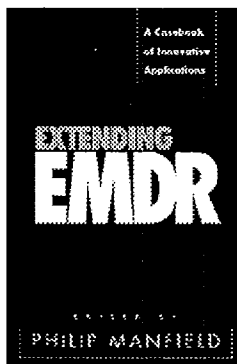
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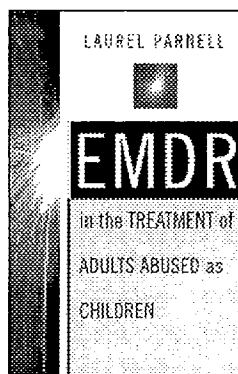
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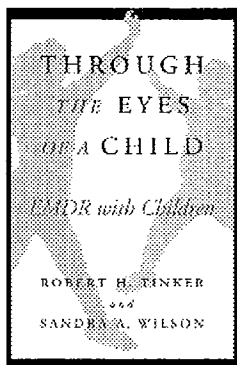
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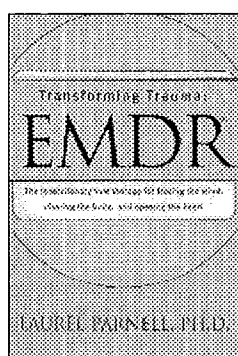
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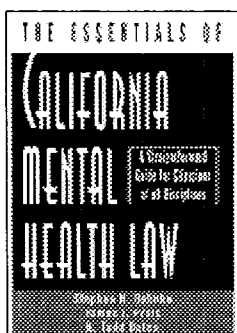
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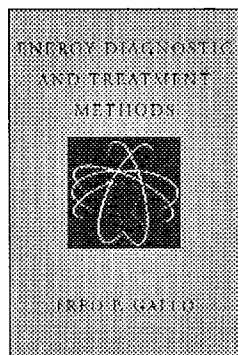
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She was trained in EMDR in 1990, 1991 and 1992. She served as a facilitator from 1990 to 1995, and participated in trainer training for three years with the EMDR Institute.

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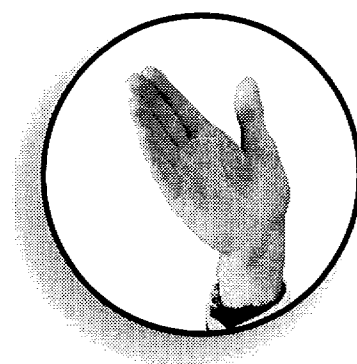
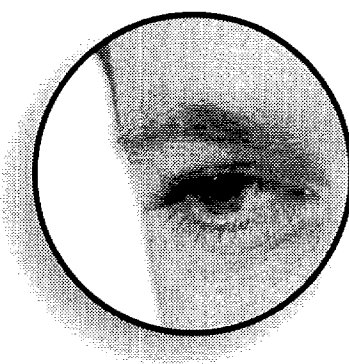
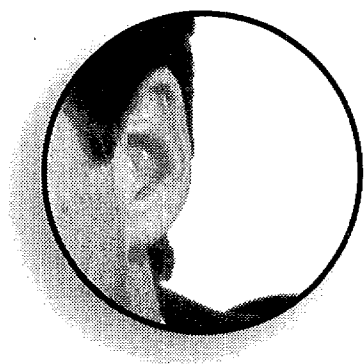
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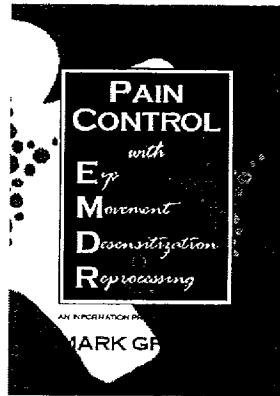
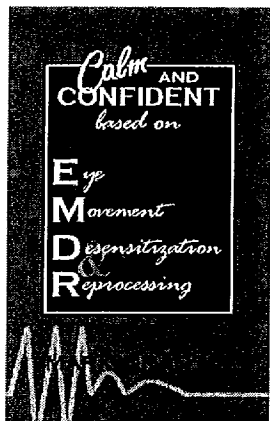
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(Overcoming Resistance to RDI - Continued from page 10)

We would expect all clients to have a great affinity for RDI—after all, it is “feel good” work. One would expect clients to be glad that we are not dragging them through their traumatic history, descending into highly disturbing material, or asking them about those unpleasant things they believe about themselves. Instead we are asking about the good stuff, fun stuff, the stuff they would be proud to share with their grandchildren. Why then do certain clients resist RDI and what can we do about it?

Introducing the Ego State Therapy Model

I introduce the ego state therapy model to all my clients relatively early in treatment. Bergmann and Forgash (1998) assert that ego state work early in therapy can minimize the risk of treatment failure and can transform many EMDR non-responders into EMDR success stories. While some clinicians think of ego state therapy as an intervention reserved for dissociative-disordered clients, I have found it helpful for all my clients, whether highly dissociative or not.

To familiarize clients with the ego state model, I briefly describe three points on Watkins and Watkins (1997) differentiation-dissociation continuum. One end of the continuum (adaptive differentiation) is characterized by good communication and cooperation between parts. A middle point (defensive dissociation) is characterized by both good and poor communication, and both alliances and conflicts between parts. The other end of the continuum (pathological dissociation) is characterized by a predominance of ego state conflicts and amnesia between parts. I tell clients that most people fall somewhere in the middle and that ego state therapy helps move clients towards good communication and cooperation between ego states. I find that most clients appreciate ego state theory for providing a helpful framework for understanding apparent contradictions between their self-affirming and self-defeating parts, their hopeful and hopeless parts, their optimistic and pessimistic parts, and so forth.

Addressing RDI Resistance

There are many reasons a client may fear or resist RDI. At one extreme, resistance may be due to a simple misunderstanding, resolvable in a few minutes with an appropriate metaphor. At the other extreme it may reflect a deep-seated, fundamental fear of change, requiring complex, in-depth ego state work over many months. Below I describe four flavors of RDI resistance—fear of invalidation, fear of losing valued

coping strategies, fear of losing internal consistency, and the presence of specific beliefs counter to RDI—and I propose strategies for addressing each type of resistance. This is not intended to be a complete and comprehensive coverage of this topic, as it would not be possible to cover all contingencies in a single article.

Fear of Invalidation

One possibility for RDI resistance is the client's misconception that resource-focused work means a minimizing, discounting, or invalidation of the trauma. Many trauma survivors have been told to “think positively” (a euphemism for “get over it”), so this fear is understandable. This may be easily remedied with the correct metaphor. Here are three metaphors that have worked in my clinical practice.

Restoring an Old House

Restoring an old house can involve solving many problems by the application of resources. The owner may know how to fix the roof (resource: personal knowledge), but may hire someone to fix the plumbing (resource: money). Just having resources does not solve a problem, the resources must be actively applied to the problem. RDI is about identifying available resources so they can later be actively used to help other ego states.

Actor in the Spotlight

Imagine a stage with many actors playing their roles. Sometimes the spotlight shines on just one. The roles of the actors outside the spotlight are still vital and important. RDI is about spotlighting resources in order to increase their readiness to help other ego states. It is not about spotlighting resources to eclipse, drown out, or minimize other ego states.

Operating Room

A patient wheeled into an operating room will want to know everything her surgeon needs (lights, knives, nurses, equipment, sutures, etc.) is there. A prudent surgeon is properly prepared, with all needed resources ready to go. RDI is part of prudent preparation for trauma “surgery.”

Fear of Losing Valued Coping Strategies

It is better to have a dysfunctional coping strategy than none at all. For that reason, I address clients' fear of losing familiar coping strategies by introducing the

(Continued on page 28)

idea of "trading up." This means moving in safe increments from dysfunctional coping strategies to more and more adaptive ones. I advise clients to hold on to their old familiar ways as long as they feel those ways are needed. I explain that RDI processing will provide alternatives for consideration, but caution clients not to embrace any alternative until it truly feels SAFER to do so. An example of transportation trading up, would be going from "walking barefoot" to "walking with shoes" to "riding a bike" to "driving an old VW" to "driving a new car." I offer that riding a bike feels much safer than walking barefoot and the idea of giving up a bike should naturally be upsetting to someone who does not understand how much better a VW could be. Clients express great relief when I grant them permission to change at their own rate—a rate that minimizes fear and uncertainty.

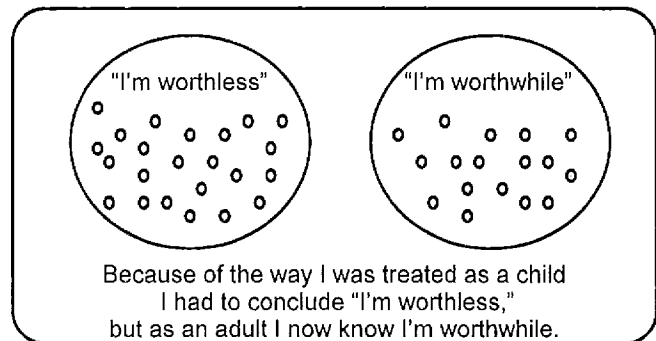
Fear of Losing Internal Consistency

A person living in the Middle Ages took for granted that the earth was flat. This "truth" was internally consistent with all available evidence, including personal observation, cultural assumptions, religious decrees, and popular science. When an astronomer like Galileo made the case for a round earth, he was easily dismissed because clearly, if the earth was round everyone would fall off. The new theory must successfully reframe the old assumptions while integrating the new scientific findings in an easily believable way. Only then can a new, internally consistent theory for the shape of the earth replace the old.

As I see it, children may develop isolated, but internally consistent, ego states from available internal and external information. An abused child's belief of "I'm worthless" may serve her well by helping her make sense of her trauma. "Ah ha, I'm being hit by mommy because I'm worthless . . . now it makes sense." Such a negative belief may serve as glue to hold together otherwise non-integratable information. RDI may be perceived by some clients as a process of forcing new and contradictory information into a long-standing, internally consistent ego state (however dysfunctional)—rendering it hopelessly confused. If a client fears that RDI will result in unresolvable confusion, resistance will follow.

To counter that fear, I will draw a concept map on my white board. My intent is to make it easy for the client to understand that we will be going from two smaller internally consistent frameworks to one larger, internally consistent, framework. I start by drawing a

circle to represent an ego state associated with a sample negative cognition (NC) such as "I'm worthless." I write the NC inside the circle and then place dots in the circle to represent an abundance of abuse and neglect experiences over many developmental years. (I put the negative cognition in quotes to distinguish it as an idea that can feel true as opposed an idea that is true.) I then point out the internal consistency and apparent validity of the NC within the context of many traumatizing experiences. Next, I draw a circle to represent an ego state associated with a sample positive cognition (PC) such as "I'm worthwhile." Writing the PC inside the circle, I then place dots in the circle to represent experiences or observations one might have which would support such a PC. I point out the internal consistency and validity of the PC within the context of these positive experiences.



Most clients can relate to this graphic. Clients and I marvel about the mystery of feeling like a worthless person at times and at other times like a worthwhile person, forcing the question "which is true—worthless or worthwhile?" There may be clear evidence of both—but how can they both be true when the beliefs are contradictory? I will propose to clients that perhaps our brain has the capacity to store contradictory information in different, isolated neuro networks, such that whenever a neuro network is activated the associated beliefs feel true.

Next, I draw a box around both circles and offer that it might be possible to integrate both ego states in a way that maintains internal consistency. I then propose an overarching PC that might safely integrate all the information, such as "Because of the way I was treated as a child I had to conclude 'I'm worthless,' but as an adult I now know I am worthwhile," and write the PC inside the box. I explain that safe integration of traumatized ego states is our ultimate goal. I ask how it feels in the body to consider this. Usually clients respond favorably. I further explain that, in order to accomplish this, we will focus some attention on both traumatized and resource ego states, focusing first on

the most mature adult ego states (which is, of course, RDI).

RDI-Blocking Beliefs

One way to identify RDI-blocking beliefs is to ask, "If I could wave a magic wand and suddenly it felt safe for us to focus on your positive traits, would that be a good thing or a bad thing? Let your body answer." If the body feels disturbed then there is probably a blocking belief.

I then ask, "What's that disturbance about?" Clients can usually identify their resistance as coming from a specific belief, such as: "If I focus on positives about myself I'm too self-centered," "I'm so bad I don't deserve to feel good," "If I feel good, then something bad will happen," or "There's nothing good about me." Some of these beliefs are more challenging to navigate than others.

One ego state often strongly committed to RDI-blocking beliefs is the Critic. The Critic is (usually) a parental introject that critiques the host's thoughts, feelings, and actions. It is a child ego state mimicking a not-so-skilful adult. Life can be like driving a car—sometimes we need to accelerate and sometimes we need to brake. The Critic's job is to apply the brakes—most often accomplished through unbridled criticism, intimidation, and shame. In my experience, the Critic has good intentions and honestly wants to help the host feel safer. She uses the only strategy she knows, and she is unable to see that the strategy is counterproductive. The Critic ego state is a good example of an isolated neuro network. To reduce the isolation, I work to make a cooperative connection between the Critic and other relevant ego states. The child Critic needs a good adult role model to provide understanding, compassion, and validation. After the Critic feels sufficiently validated and understood, she can begin to reflect on the outcome of her actions, which can ultimately lead to a change of strategy.

Ironically, connecting the Critic to a nurturing adult is a form of RDI. Below is a typical dialogue between therapist and Critic that might be used to accomplish this. Depending on the client's ego strength and affect tolerance skills, I might use alternating bilateral stimulation throughout the dialogue, or only near the end of the dialogue to strengthen a positive outcome.

Therapist: It makes perfect sense to me that you would be highly critical of Jane. Considering the role model(s) you had during childhood it makes sense to me that you would speak to her this way. I assume you hope to keep her safe by being so

critical of her—and I appreciate that intention. You've certainly been devoted to Jane for a long time—doing the best you know how to make her life better. I'll bet this strategy really helped a lot when she was little.

Critic: Yeah it did, thanks, I've never been appreciated for my hard work before.

Therapist: I'm just curious. What if, when you were born, you'd had a choice of being born to your hypercritical parents or to parents who were very kind, patient, and nurturing? Remember, you would eventually mimic your parents, whoever they are. Would you rather be mimicking the critical parents you had or kind and patient parents?

Critic: Kind and patient parents, of course!

Therapist: I can understand that. So what if it were possible to adopt a new parental role model now—one who could treat you now the way you wanted to be treated growing up? Would you be interested?

Critic: Sure.

Therapist: Great. Think of a time your mom or dad criticized you.

Critic: When I was in grade school my mother would sit

(Continued on page 30)

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(Overcoming Resistance to RDI - Continued from page 29)

with me every night when I did my homework. Her favorite subject was math, but I hated it. She was so impatient. When I didn't understand something right away she would yell at me . . . call me stupid. Eventually she would end up doing my homework for me. I hated her for that.

Therapist: Wow, what a powerful role model for criticizing Jane. How would you have liked your mother to treat you?

Critic: I wish she'd encouraged me. I was stressed enough already . . . but she made it worse. Doing math with her was a nightmare. I probably could have learned it well enough if she'd just been nice.

Therapist: Close your eyes and imagine a nurturing mom saying to you the words you most needed to hear then.

Critic: She'd say, "Janie, it's okay. You're a good kid. I know you're frustrated . . . just do the best you can. You don't have to be perfect. Take as much time as

you need. I'll be here for you if you have any questions."

Therapist: How does it feel in your body to hear these words?

Critic: It feels weird . . . and sort of good, but I'm not sure I deserve this?

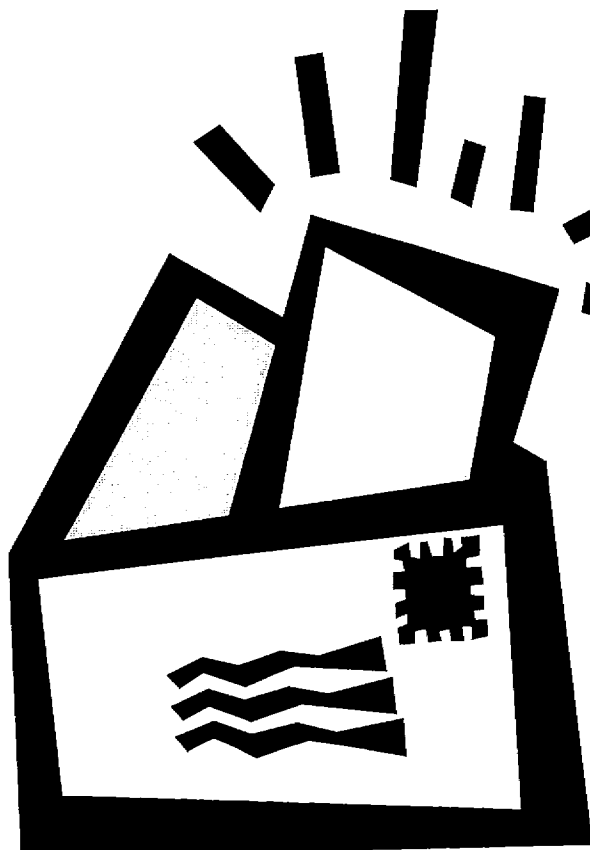
Therapist: What would a nurturing mom say if you told her you didn't deserve to hear these words?

Critic: She'd say, "Of course you deserve kind words, you're a good kid dealing with tough homework."

Therapist: How does it feel in your body to hear these words?

Critic: It feels good, but very strange.

I will further validate the Critic by offering examples of how, as a child she may have prevented a critical tirade from mom or dad by preempting with hypercritical self-talk. I will shine the most positive light on the Critic to get other ego states to see and appreciate the Critic's good intentions. As this understanding spreads through the system of parts, the



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Critic may begin to feel some safety connecting to other ego states. It then becomes possible to direct attention to strategy changes—such as helping the Critic shift from a counterproductive mode to a more productive mode of interacting with other parts.

I may explain to the Critic that an optimal amount of internal criticism will get the optimal outcome. Both too little and too much self-criticism is counterproductive. This information is both validating and helpful—validating in the sense that the Critic already knows that too little self-criticism creates problems, but does not yet know that too much can create problems too.

Next I will get ego states that have been traumatized by the Critic to respectfully suggest preferred interactions.

For example, I might say, "Jane, can you tell the Critic how you feel about the way she talks to you?"

Jane might say to the Critic, "When you insult me I want to curl up and die . . . I definitely don't want listen to you, or do what you say."

"Thanks Jane, now can you tell her how would you prefer her to talk to you?"

"I wish you would just ask nicely. Sometimes a tap on the shoulder is reminder enough."

This is often accompanied by reactions from the Critic such as "Wow! I'm shocked. . . I had no idea!" This feedback tells me that important neuro network links are being made. When this is successful, clients report feeling calmer and more integrated. This is an excellent experience to strengthen with alternating bilateral stimulation. The hypercritical habit can be a hard one to break. Sometimes it takes many such sessions to build safe and respectful bridges between the Critic and other ego states, but it is clearly worth the effort.

Once it appears the Critic has begun to integrate with other ego states, and this is enhanced by alternating bilateral stimulation, I will ask "Now, if I could wave a magic wand and suddenly it felt safe for us to focus on your positive traits, would that be a good thing or a bad thing?" I may find more layers of resistance associated with the first blocking belief, I may find another RDI-blocking belief (perhaps associated with another ego state), or I may find that the client is ready for RDI.

Closing Remarks

This article is intended to increase awareness of the RDI-resistant client rather than be a complete and comprehensive coverage of this topic. I offer these ideas as suggestions only—these interventions may not be

sufficient to overcome all RDI resistance. Clinicians who choose to navigate the ego state labyrinths should let their creativity and good clinical skills guide them.

I welcome comments and discussion about the contents of this article. I can be contacted at 210-561-9200 and sjschmid@netxpress.com.

(Special thanks to Carol Forgash for helping me write this article.)

References

- Bergmann, U. & Forgash, C. (1998) Working successfully with apparent EMDR non-responders. *Presentation at the 1998 EMDRIA Conference.*
- Berne, E. (1961). *Transactional analysis in psychotherapy, a systematic individual and social psychiatry.* New York: Grove Press.
- Braun, B. (1988). The BASK model of dissociation. *Dissociation*, 1, 4-23.
- Kernberg, O. (1976). *Object relations theory and clinical psychoanalysis.* New York: Jason Aronson.
- Kohut, H. (1978). *The search for the self* (Vols.1 & 2). New York: International Universities.
- Leeds, A. (1997). In the eye of the beholder: Reflections on shame, dissociation, and transference in complex post-traumatic stress and attachment disorders. *Presentation at the 1997 EMDRIA Conference.*
- Leeds, A. (1998). Lifting the burden of shame: Using EMDR resource installation to resolve a therapeutic impasse. In P. Manfield (Ed.) *Extending EMDR.* New York: Norton.
- Mahler, M.S. (1978). *On human symbiosis and the vicissitudes of individuation.* New York: International Universities.
- Schwartz, R. C. (1995). *Internal family systems therapy.* New York: Guilford Press.
- Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures.* New York: Guilford Press.
- Watkins, J. G., & Watkins, H. H. (1997). *Ego states: Theory and therapy.* New York: Norton.

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(International Scene - Continued from page 4)

URARTU (University of Practical Psychology and Sociology) has become the official local sponsor for EMDR trainings in Armenia and they want to start an EMDR Center. Edmund also reports that he appeared on Armenian television for a 30-minute program on EMDR training in Armenia. The next day there were 25 patients at his door requesting treatment!

- **Canada:** EMDRAC's Conference was held in Toronto this year in October. It included a full program with presenters such as Mark Grant from Australia, Roger Solomon from the United States and a number of fine clinicians from all across Canada. In Vancouver, plans are progressing for the third Pacific Northwest Regional Conference August 7-8, 2000, with membership now up to 260.
- **Denmark:** EMDREA DK was formed in June, 1999.
- **Europe:** EMDR Europe's president Richard Mitchell is proud of the accomplishments of EMDR Europe over the past 18 months, as well as the fact that EMDR Europe and EMDRIA are joining forces officially to uphold the standards of EMDR. They are in the process of expanding the existing training

model for EMDR to make it more "European-friendly." New European standards for EMDR trainers, reflecting their needs and professional requirements, have been established. They are coordinating trainings and facilitator trainings across Europe to maximize resources and limit costs, with the mission of spreading EMDR throughout Europe. With this in mind, EMDR Europe sponsored its first training in Turkey before the recent earthquake. Currently, the organization is working in conjunction with EMDR-HAP to support the effort to train more therapists in Turkey after the earthquake.

- **Germany:** According to Franz Ebner, EMDRIA in Germany became "official" in September, 1999. Veronika Engels was elected president and the organization now has a website (www.emdria.de). Franz is delighted that EMDR is becoming increasingly popular in Germany and commends Arne Hofmann for his continuous work on the behalf of EMDR in Germany and his excellent trainings. Dr. Hofmann has just completed a book in German on EMDR and is hoping to have it translated over the next year for those of us who speak English.

The EMDR training in September in Cologne marked the beginning of a number of significant

VISIT THE EMDRIA™ WEBSITE!!!

www.emdria.org

⇔ Search our on-line directory of members!

⇔ Check out the latest conference information!



⇔ Click on "What's New?" for the latest happenings with EMDRIA!

IT'S ALL HERE!

developments to assist Turkey. Guests from three different Turkish universities established an emergency program for their country that includes EMDR trainings which will be supported as HAP trainings. They benefited from the collective wisdom around the lunch table from veteran EMDR-trained clinicians including Arne Hofmann, Sandra Wilson, Sam Foster, Franz Ebner and Visal Tumani.

In Berlin, Christa Diegelmann and Margarete Isermann of the ID Institut fuer Innovative Gesundheitskonzepte sponsored an EMDR training for 92 participants that focused on a gender perspective. This included taking into consideration that women and men experience trauma differently according to their specific, individual, and collective life experiences. In this spirit, females were enlisted to work with the predominantly female group while a male facilitator worked with the men. Language in the manual was used with the gender perspective in mind. To set the tone before the beginning of the EMDR training, Dr. Luise Reddemann, an experienced and well-known expert in the areas of trauma and women's health, gave a lecture on *EMDR and Women's Health*.

- **Holland:** Ad de Jongh reports that there are 110 EMDRIA members in Holland. There are three network meetings a year that are well attended and a training was held in October with another planned for February.

Monique Renssen writes that she has been active in doing research on EMDR and has written an article that will appear in the December 4th, 1999 edition of the Dutch magazine, *thh Dth* (Directive Therapy) on the quality of victim support, part part of a bigger study subsidized by the Achmea Foundation Victim and Society. Her study focuses on four case studies of clients exhibiting chronic whiplash and underscores "the potential utility of EMDR in alleviating trauma symptomatology." More projects are in the works.

- **Israel:** The current discussions in Israel seem to center around the Turkey project. Many facilitators and the two Israeli trainers, Udi Oren and Gary Quinn, will be at the October training in Istanbul.
- **Poland:** After two years of hard, organizational work, Barbara Anderson sponsored and coordinated the first EMDR trainings in Poland in October, 1999. Elaine Alvarez and Susan Rogers co-trained 60 mental health professionals in the two major cities of Warsaw and Cracow with Barbara and Roy Kiessling facilitating. Elaine reports that there were two moments that were most poignant for her from the practica. The first was when a psychiatrist stood up and announced, "It works!" upon the completion

of his first experience and the second was "that last scene on the last day of the practicum when 30 Polish mental health professionals were very competently (no flourishes) moving their arms back and forth applying the method!" Barbara organized a visit to a local museum to view a film showing the devastation of the WWII period on the population saying, "She wanted us to know where the people of Poland are coming from." The experience was very moving as was the later visit to Aushwitz. EMDR-HAP's motto—"Stop the Cycle of Violence"—took on special meaning in this context.

- **Spain:** Graciela Rodriguez reports that she is providing training in Spain, where EMDR has been very well-received.
- **Sweden:** Kerstin Bergh Johannesson writes that the EMDR Sweden Association began in April and already has about 80 members, with the association joining EMDR Europe. Their newsletter is mailed four times a year and a website is in the planning stage for their members. Kerstin was interviewed in September and noted that the interview was well received, published in one of the major morning papers, and broadcast on the public service radio. News of the trauma resolution possibilities of EMDR has spread to the west of Sweden, the area that endured the horrible discotheque fire last fall in which 60 teenagers were killed; there will be a special training there in December. Swedish therapists continue to be delighted with the excellent training Roger Solomon provides in their country.
- **Switzerland:** Hanne Hummel is proud to announce that there are at least 100 EMDR-trained therapists in Switzerland. They are pleased that Arne Hofmann, an EMDR Institute trainer from Germany, was able to train them in German. Hanne notes that it makes so much of a difference to work in the language of the country. Their next German-speaking Level I training will occur in September, 2000. Also in June, Dr. Hofmann gave an EMDR training in German in Geneva, Switzerland which was simultaneously translated into French with Lucien Burkhardt and Marilyn Luber facilitating. The training was sponsored by Christine Meinhardt and Sylvia Johnson, and the hard work of these two women was noted by all.
- **Turkey:** There has been an overwhelming response by facilitators to the plight of the people of Turkey. This effort is spearheaded by Jim Knipe from the United States and supported by EMDR-trained therapists throughout Europe and the United States. The trainers for the October effort are Udi Oren and Gary Quinn from Israel. Both Udi Oren and Alan

(Continued on page 34)

(International Scene - Continued from page 33)

Cohen have already visited Turkey to lecture on EMDR. In addition, some facilitators will remain for a few days of consultation for those who begin working with EMDR in the field immediately. There will be planned follow-up supervision groups and a second training. David Blore attended the October 1999 training in Istanbul to present his 1997 mining paper to help the newly-trained clinicians modify protocols to tackle "surface burial" survivors of the many collapsed buildings in the Turkey earthquake zone.

- **United Kingdom:** I just received John Spector and J. Read's article, "The Current Status of Eye Movement Desensitization and Reprocessing (EMDR)" published in *Clinical Psychology and Psychotherapy* this year. It addresses the polarization of opinion on EMDR in the research literature and reviews 15 controlled studies on EMDR and PTSD. One of the conclusions is that "EMDR is an effective psychotherapy."

David Blore will be guest lecturing at a major pharmaceutical symposium on two papers on which he and his colleague, Professor MacCulloch from Cardiff University are working. MacCulloch's paper is on a case series of RTA (road traffic accident) victims and David's case series of mining trauma victims. David's paper resulted in various

modifications to the single trauma protocol.

- **Ukraine:** Alexander Bondarenko writes that Pavel Loushin from the city of Kirovograd is working with EMDR with great success. Pavel's article on EMDR will appear in the next issue of Alex's *Journal of the Practising Psychologist*.
- **United States:** Edmund Gergerian will present a 90-minute presentation on the introduction of EMDR in March 30, 2000, at Jamaica Hospital, in Queens, NYC for ground rounds and they will be providing CME credits.

Andrew Leeds gave a heroic performance in Woodbridge, New Jersey while presenting his two-day training on Resource Development for Bender/Britt Seminars. During the afternoon of the second day, the hotel was evacuated because of fire. Andrew, handling the situation with aplomb, continued with his presentation, first standing atop a parking light so everyone could see him in the parking lot and then later outside on the hotel grounds. Great job, Andrew! The material was excellent too!

Howard Lipke has been telling us about his ideas about the integration of EMDR and psychotherapy for as long as I can remember. Happily, he has now put his material into book form, titling it *EMDR and Psychotherapy Integration*. Another recent contribution is Laurel Parnell's book *EMDR in the Treatment of Adults Abused as Children* (which is reviewed in this issue of the *EMDRIA Newsletter*). The field of EMDR and children has gone from few and far between to a proliferation of exciting books on the subject: Robert Tinker and Sandra Wilson's *Using EMDR with Children and Adolescents*, Joan Lovett's *Small Wonders*, and Ricky Greenwald's *EMDR in Child and Adolescent Psychotherapy* (all reviewed in the recent special edition of the *Newsletter*).

Priscilla Marquis is preparing for the AABT Conference in Toronto where she and Nancy J. Smyth will speak in support of EMDR to its critics there. She will also present follow-up data from her Kaiser study there.

Thanks to all of you who have contributed to this update. I appreciated hearing from you and I am delighted to share your successes with the larger EMDR community. I hope all of you will continue to let me know what you are doing concerning EMDR.

⇔

CALL FOR PAPERS FOR THE EMDRIA NEWSLETTER

The EMDRIA Publications Committee is engaged in a continuous process of gathering EMDR-related papers of interest to our membership.

**Next deadline for
submissions:
January 20, 2000**

Please see page 39
of this issue for
Submission Guidelines.

**EMDR INTERNATIONAL
ASSOCIATION
2000 AWARDS
NOMINATION FORM**

Please check the appropriate category:
(If nominating more than 1 person, please make
copies of this form)

Outstanding Service

Research

Newest Innovations

Name of Nominee:

Office Address:

Phone number: _____

Name of person nominating:

Phone: _____

Describe in 200 words or less, the achievements
of the nominee in the appropriate category as
described on the following page. Return this
form no later than January 3, 2000 to:

EMDRIA™
P.O. Box 141925
Austin, TX 78714
or email: EMDRIA @AOL.COM

OUTSTANDING SERVICE:

Candidate demonstrates:

1. Integration of academic knowledge and personal experiences to help people.
2. Involvement in the community to improve, extend, or expand humanitarian services.
3. Contributions to the public's knowledge of EMDR and humanitarian problems.

RESEARCH:

Candidate must have made a demonstrable difference in the area of innovative research in EMDR and have taken risks to achieve outstanding results.

NEWEST INNOVATIONS:

Candidates must make a demonstrable difference in such areas as:

1. Advocacy for clients
2. Impact on social or humanitarian Policy
3. Exceptional practice
4. Administrative development

The awards will be announced and presented at the *EMDR International Association Recognition & Awards Banquet* held as a part of the annual Conference in Toronto, Canada in September of 2000.

Final decisions will be made by the EMDRIA™ Board of Directors.

STUDY GROUP DIRECTORY

This Directory is provided to give EMDR-trained clinicians an opportunity to join a Study Group in their area. These are "no fee" discussion meetings. If you would like to join a Study Group, please contact the group leader in your area. (Please Note: Although Study Groups are listed in this EMDRIA™ Newsletter, these groups are not an affiliation of EMDRIA, nor does EMDRIA warrant or otherwise assume responsibility for content of meetings nor competency of group leaders.)

UNITED STATES

ALABAMA

Huntsville, AL Clinton O. Clay, LCSW BCD
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ALASKA

Anchorage, AK Larry Holman
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lholman@alaska.net

ARKANSAS

Fayetteville, AR Frances Woods, Ph.D.
T: 501-442-2457
Last Fri each month, 12-2pm

ARIZONA

Prescot, AZ Laurie Tetreault, MA
T: 520-717-4901 F: 520-776-7366
tetro@northlink.com
Northern AZ Level II monthly, Fri 10:30-12pm

Tucson, AZ Mary Jane Pringle
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PringleMJ@aol.com
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CALIFORNIA

Burbank, CA Leni Belcher-Belshay, MFCC
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Traxbell@aol.com
4th Sat each month, 11am-1pm

Corona, CA (Riverside to San Bernadino)
Linda Vanderlaan
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Lvanderlan@aol.com
1st Fri each month, 9:30-11am

East Bay, CA Sandra Paulsen, Ph.D.
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pcreources@compuserve.com
Monthly meetings

Fullerton, CA Curt Rouanzoin
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CCRouanzoin@aol.com
2nd Tues each month, 9:30-11am

Irvine, CA Lois Bregman
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4th Fri each month, 9:30-11am

San Anselmo, CA (No. CA) Phyllis Galanis
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Pgal100@aol.com
Meets monthly on Fri

San Diego, CA Liz Snyder
T: 760-942-6347 / 760-944-7273
esykyer@bigfoot.com
1st Sat each month, 9-10:30am

San Jose, CA Sherrill Nielsen
T: 408-225-5126 F: 408-365-3539
2nd Fri, every other month, 11am-12:30pm

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Advanced EMDR Clinician Study Group
Jocelyne Shiromoto
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Every two months. Location rotates.

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CONNECTICUT

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Bi-monthly, 2nd Sat, 10am-12pm

New Haven, CT
Leslie Weiss, Ph.D & Kathy Davis
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Monthly on Sat 10-12 noon

DELAWARE

Wilmington, DE Frankie Klaff
T: 410-392-6086 klaf54944@dpnet.net
3rd Fri each month, 12-1:30pm

FLORIDA

Miami/S. Florida Area Blanche Freund, Ph.D.
T: 305-674-2194 F: 305-919-8383
bfreund@mednet.med.miami.edu
Monthly, Mon 7-9pm (call for locations, dates)

Orlando, FL Carl Nickeson
T: 407-898-8544 F: 407-898-9384
3rd Tues each month, 8:30-10am

Pompano Beach, FL Brenda Starr
T: 954-974-8329 F: 954-629-4779
bastarr@loveable.com
Every 4 to 6 weeks, Fri 12-1:30pm

Tampa, FL Carol Crow
T: 813-915-1038 F: 813-933-9758
carol@jcrow.com
Meets monthly

HAWAII

Honolulu, HI
Silke Vogelmann-Sine & Larry Sine
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Darlene Wade & Terry Wade
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wadeandwade@compuserve.com

IDAHO

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ILLINOIS

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Lawrence, KS Monica Soderberg
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KENTUCKY

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eadams@downeast.net
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MASSACHUSETTS

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Nancy Cetlin & Pat Thatcher
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Meeting times to be announced

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3rd Tues each month 11:30-1pm

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Meeting times to be announced

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CVoazar@aol.com
Last Fri each month, 2pm

Bloomfield Hills, MI Eileen Freedland
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Saginaw, MI Mary Jo Hall
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Traverse City, MI Donald Jaquish, HCSW, BCD
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Lincolndale, NY Arnold Morgan, Psy.D.
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1st Fri each month, 9-10:30am

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Oklahoma City, OK Joe Westerheide, Ph.D.
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Monthly, 2nd Fri, 3-4:30pm

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OREGON

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Group 2: 2nd Tues each month, 10-11:30am
Group 3: 3rd Tues each month, 12-1:30pm
Group 4: 4th Tues each month 11:30am-1pm

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Dogren@aol.com -OR-
Vivian Freytag, MA, LPC
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Hurst, TX William Gumm
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Richardson, TX Sharon Ormsby, M.Ed., LPC
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jspiro@atlas.vcu.edu

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Lee Nicolas
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Christa Diegelmann & Margaret Isermann
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Meetings quarterly.

ISRAEL

Raanana Udi Oren
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2nd or 3rd Fri each month, 9:30am-12pm

Tivon (Haifa and Northern Region)
Elan Shapiro, Yair Emanuel, & Esti Bar-Sadeh
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Please e-mail updates to this directory to
EMDRIA at emdria@aol or use the form
provided on page 12.

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EMDRIA NEWSLETTER SUBMISSION INFORMATION

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- **APA Style** - All articles must be submitted in APA style and format.
- **Submissions Other than Advertisements** - Articles, columns, and other non-advertisement submissions must be provided in electronic (computer) format. Files may be submitted on 3-½-inch diskette or, ideally, via e-mail. Microsoft WORD is the preferred format, although a standard text format (i.e., ASCII or Rich Text) may be used. *The file format of each contribution should be specified in the accompanying e-mail or on the diskette.*
- **Submission of Advertisements** - In general, advertisements should be submitted in camera-ready format. Some exceptions may be made for text-only ad copy. Various requirements and restrictions apply to advertising for legal and other reasons, so please contact the Editor before preparing your advertisement for submission.
- **Fonts and Other Formatting** - Times New Roman is the standard font for *Newsletter* submissions, and text-only submissions should utilize this font whenever possible. In addition, formatting characters such as bolding, italics, graphics, centering and other alignment/justification may not "translate" properly, so *text should be provided in "plain," unformatted form when possible.*
- **Author's Responsibility** - It is each author's responsibility to ensure all aspects of submitted articles are correct and in accordance with APA style including: correct spelling and punctuation; accurate quotations that include page numbers, author, and year; and a complete list of references in proper order. (Please refer to the *Publication Manual of the American Psychological Association, 4th Edition*, for specifics.) It is requested that you make every effort to complete the final draft before submitting your contribution. It may be difficult to incorporate revisions after the editorial process has begun.
- **Editorial Review** - Please note that all contributions are subject to revision by the Publications Committee and the Editor.
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Please submit *all regular Newsletter columns, EMDR or EMDRIA news items, committee and meeting information, and advertisements* to:

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Please submit *all EMDR-related articles and other clinical papers* to:

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**DEADLINE FOR NEXT NEWSLETTER:
JANUARY 20, 2000**



EMDR International Association

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Renewed Your Membership?

It's that time again! This is the last issue of the *Newsletter* for the current membership year. Please renew today to continue to receive this publication and other member benefits.

Inside this Issue of The EMDRIA Newsletter:

- Message from the President on Special Interest Groups
- Update from the International Scene
- Public and Professional Relations Committee Update
- Healthcare Committee Report
- Support Network for Pre-Licensed Professionals
- Special Interest Groups Survey
- International Study Group Directory
- Regional Meetings Directory
- Overcoming Client Resistance to RDI
- Working with Children in a Family Context
- Review: *EMDR in the Treatment of Adults Abused as Children*
- Announcement for 2000 Annual Conference
- Call for Board of Director Nominations
- Products and Services to Enhance EMDR Practice

Events and Deadlines

December 31, 1999

Deadline for renewal of EMDRIA memberships for the year 2000.

January 20, 2000

Deadline for submissions for March 2000 issue of *The EMDRIA Newsletter*

August 7-8, 2000

Pacific Northwest Regional Conference in Vancouver, Canada

September 8-10, 2000

2000 Annual EMDR International Association Conference in Toronto, Canada.