

The

EMDRIA Newsletter

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From the President: Wendy Freitag, Ph.D.

The Concept of TIME

As I thought about the topic for my letter, numerous things struck me as important. The one common thread among these topics was the concept of TIME. Whether it was about having too much or too little TIME; or that it is TIME to start thinking about attending the Austin EMDRIA conference just around the corner; or how the EMDRIA Board is spending their TIME these days, or the TIME of the year as we move from the dead of Winter to Spring of life. I share with you my thoughts and ideas from the concept of TIME.

TIME pressures for EMDR Therapists

For most mental health practitioners these days, time is always an issue. Having too much time might mean business is bad or spending too much time on paper work might indicate our work-life is out of balance. However, from the many contacts I have with the community of EMDR therapists, I believe we struggle from having too little time. The practice of EMDR seems to have brought many blessing to each of us in the form of having too much to do and too little time to do it in. Whether that be the continuous stream of EMDR referrals that flow through our doors; the training, teaching, writing or presenting about EMDR to spread the word or educating skeptics about the value of EMDR; conducting the important research to prove what we already know about EMDR; consultation and study to enhance and advance the practice of EMDR; holding Regional Meetings to empower our local EMDR communities; and the many other EMDR-related activities we engage in. Although there are many times I wonder if I can do it all, I never once question the value of my work or activities. I know that I am not alone in this thinking. Because EMDR has given so much to so many, each moment we spend in service is worth far more than we can imagine. So on those days when time is of the essence, your plate is full and you are overwhelmed, take a moment to remember why you are here. Perhaps the necessary perceptual shift will come in the gratitude you find knowing you and your work are part of something of

great magnitude and strength. Something you can never achieve in and of yourself.

Conference TIME

As the EMDRIA Conference is just around the corner, it is time to plan to attend. If you have not received your conference program in the last few weeks, please contact the EMDRIA office at 512.451.5200. With both new and some repeat presentations, the Conference Committee is promising a "star-studded" event, complete with a Texas BBQ.



Last years' Toronto conference was a huge success, not only with record-breaking attendance, but also in the quality of presentations and examples of the advancement of EMDR practice. I believe the same will hold true this year, along with some exciting additions and exceptions.

We are starting something new this year for conference attendees. At the direction of Carol York, Conference Chair, we are pleased to announce Pre-Conference Workshops to be held on Thursday June 21, 2001. Ad de Jongh, Ph.D. and Marcia Whisman, LCSW will be co-presenting on EMDR and Anxiety Disorders. The workshop given by Debbie Korn, Ph.D. will focus on EMDR treatment for adult survivors of childhood abuse. For specific information, please see your conference program.

I have one final note on the conference to share. I view this year's conference as unique because it will be held in Austin, the headquarters and lifeblood of EMDRIA. I think the location will add something exceptional and exciting to the conference. I know the EMDRIA staff takes great pride in their city and have been planning a special welcome for all of us. I hope to see you there.

Cont. on Pg. 2

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The EMDRIA Newsletter

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Newsletter deadlines for 2001 are as follows:

January 20th for the March Issue

April 20th for the June Issue

July 20th for the September Issue

October 20th for the December Issue.

Deadlines are *strickly* adhered to. Please contact the Editor for article or advertising submission guidelines.

Jennifer Turner, Editor
Jenit@aol.com or (512) 680-3011

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How the EMDRIA Board is spending their TIME these days

As I wrote in the last newsletter, we are taking this year to tighten up the programs we have started. We need to stabilize the foundation of EMDRIA, so that we can move to the next level. Apparently, this was good timing, given some of the issues we are dealing with. It seems that most committees have found it necessary to develop or strengthen their policies or procedures to handle what our members bring to us. The Standards and Training as well as the Healthcare Committees have been busy responding to our members who face credentialing problems or insurance difficulties, respectively. The Board has also developed a Website Committee, a subcommittee of the Publications Committee, to enhance our website and set policies. The Nominations and Election Committee is formalizing the slate for officers and directors, so watch for that

in the mail. Remember, casting your vote is one important way for you to have a voice in YOUR organization.

Time of the Year

To close, as we head into Spring with all the signs of life and new beginnings, I wish for each of you a renewed sense of being. As nature transforms, give yourself the time it takes to replenish and revitalize your body, soul and mind. Although there is still much to do and too little time to do it in, without the essence of you and your spirit, little will be accomplished. As you know our work is of great consequence and you are essential to our success.

Happy Spring!

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Administratively Speaking

Gayla Turner

*Associate Director
Conference Coordinator*

Allow me to introduce myself. My name is Gayla Turner, and I am the new Associate Director of EMDRIA. As most of you who received the December 2000 issue of the Newsletter will know, Jennifer Turner, has resigned as Associate Director and gone on to pursue her very successful Children's Photography career. She was with us for the past four years, and we will miss her very, very much.

I have been with EMDRIA, as Conference Coordinator and EMDRIA Credit Coordinator, for the past 3½ years. It was a position that I came into with very little knowledge of the mental health field, but with the tutelage of our Executive Director, Carol York, she taught me everything I needed to know and more. Our annual Conference has grown from 500 attendees to almost 1000 in the past 4 years, and we have currently approved more than 50 clinicians/organizations as EMDRIA Credit Providers and approved over 150 programs for EMDRIA Credits. As Jennifer announced her plans for resigning, I was asked to take over her position as Associate Director. I was very unsure at first, but agreed. It has been a learning process for the past 3 months now, and will continue to be so. But, I am glad that I assumed the position and will do my best. I have very big shoes to fill (not literally, Jen).

Along with my change of position came other changes within the staff. We thought it might be helpful to our members if they had a guide to show which of our staff members handle the different membership benefits and programs. The duties listed below are only the items we do for you (our membership) directly, not necessarily all that we do and are responsible for, as there are many things to do to make EMDRIA run smoothly.

Gayla Turner

*Associate Director
Conference Coordinator*

Gayla is responsible for the day to day operations of the administrative office, under the direction of Carol York, Executive Director. She also still handles much of the planning and organization of the annual Conference.

Terri Curtis

*Asst. Conference Coordinator
EMDRIA Credit Coordinator*

Terri is continuing to train Sheila and Andrea in their positions below, as they are each taking on duties which have been Terri's until now. Terri is learning the planning and organization of the annual Conference, and is now coordinating the EMDRIA Credits program as well.

Sheila Kulczyk

Accounts Processor

Sheila is responsible for data entry of Membership Information, Conference Registrations, and Product Orders.

Andrea Ryan

*Receptionist
Administrative Assistant*

Andrea is in training as our new Receptionist, as well as Administrative Assistant. She will be the one to contact if you have questions about your membership. She will also be coordinating our Certification, Regional Coordinating, and Special Interest Group programs.

Sarah Tolino

Shipping Clerk

Sarah takes care of the shipping of the products which are sold to our members.

Well, that is it in a nutshell. We hope that you always feel free to contact our office and any of our staff members if you have questions or need additional information about any of our services. We are here, after all, to serve the EMDRIA Membership.

Is your Certification or Approved Consultant status about to expire?

You may want to check the expiration date on your Certificate to find out. Don't forget that you must complete 12 hours of EMDRIA Credit during your two year Certification period. When it is time for you to renew, you will need to submit copies of your certificates for EMDRIA Credits. If you are unsure of your expiration date, please feel free to call or email our office. We will send out renewal notices approximately 90 days prior to your expiration date.

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An Efficient Way of Targeting Traumatic Material

Ad de Jongh, Ph.D.
Erik ten Broeke

Editors Note: I would like to clarify for our readership the difficulties that took place with the publication of Dr. Ad de Jongh's article in the last issue of the EMDRIA Newsletter. Dr. de Jongh had submitted two articles for publication ("Why & How to Use 'In Vivo' Exposure in EMDR" and "An Efficient Way of Targeting Traumatic Material"). Paper versions of these articles were reviewed and approved for publication. The 'Exposure' article was published in the September issue of the Newsletter. The 'Targeting' article was to be published in the December issue. Regrettably, due to file transfer and format problems, the article published was not the one intended. I apologize for the considerable confusion this created for our readership and especially to Dr. de Jongh. We have revamped our final editing process to insure that something like this does not happen again.

--Jennifer Turner, Managing Editor

Besides the correct application of the basic EMDR protocol, one of the most important factors involving the treatment of trauma related conditions, is the way the traumatic material is targeted. For example, if clients have trouble processing, this could be due to a lack of focus which prevents the client from successfully tapping into his memory network. It's our experience that, to adequately tap into the memory network, it is most useful to use a somewhat different strategy for 'going back to target' than which is described as part of the standard EMDR procedure. We would recommend the following procedure (see Box I).

Box I: Targeting

1. "Bring up the original picture"
2. "How disturbing does it feel to you now?"
3. "Which aspect of the picture provokes this (or: most) disturbance? (Another possibility is: "What in the picture makes it a....- repeat SUD score -)"
4. "OK, go with that"
5. Set of eye movements

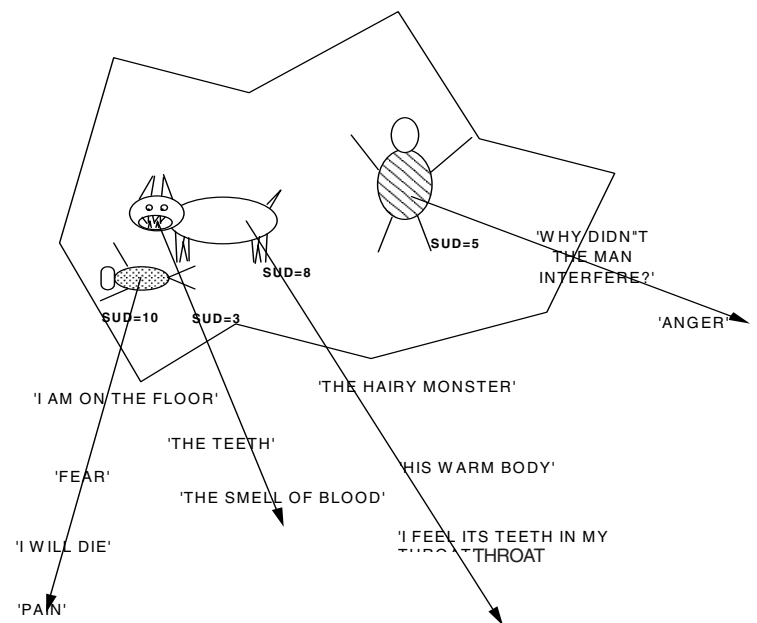
Thus, at the end of a memory channel the client is instructed to return to the image and to rate the SUD level ("Please bring up the original picture. How disturbing does it feel to you now?"). Next, the client is requested to focus on the most salient detail ('discriminating stimulus') in the original picture (i.e., "What in the picture makes it a - repeat the client's SUD score -?"). In other words, when the client brings up the image, the client is asked to indicate what aspect of the image provokes most disturbance. To answer this question the client may need time to connect emotionally with the disturbing material before the eye movements are introduced. Therefore, it is important that the client gets time to carefully watch and scan the picture of the scene in order to decide which aspect is now perceived as most disturbing. As soon as the client indicates what disturbs him the most, and after the necessary level of attention is given to this particular detail, the eye movements of the next set are introduced. This procedure is repeated at the end of each channel. In our opinion this procedure is the best

way to facilitate a connecting of the nodes in the fear network that still need to be processed and, in turn, almost always effectively activates the further flow of associations.

An example

The use of this procedure is illustrated by the example presented in Figure I. It pertains to the content of a memory of a client with a dog phobia. The worst part of this terrible incident is an image of herself after having been bitten in her throat by a ferocious dog (NC = "I am a prey"; PC = "I am a normal person"). First, the client describes the content of the image; she is lying on the ground. The client indicates a SUD level of 10 and the location in the body where the sensations are felt. This is immediately followed by a set of eye movements. The response after the first set of eye movements is fear. The therapist continues with a number of sets until the end of the first channel has been reached. Next, the client is asked to return to the initial picture and rate the disturbance level that is evoked by bringing up this memory. She indicates that, on a scale from 0 to 10, it is an 8. The next question is: "Which aspect of the picture makes it an 8?". Most clients need time to mentally scan the picture before they are able to answer this question. In this case example it was the hairy monster itself that provoked most disturbance. The therapist says: "OK, go with that" and introduces a new set of eye movements. This procedure is continued until the end of this particular channel is reached. Then the therapist asks the client to go back to the target picture again. In this way he peels off different emotional layers which represent how, in this particular case, the aversive material is stored.

Figure I: Targeting specific material. An example



It is sensible to bear in mind that the most salient characteristic of a client with an anxiety disorder is the avoidance of fear evoking cues, thus preventing the actual processing necessary to provide a quick shift. However, first asking to rate the SUD level that is evoked by what comes to mind, makes it harder for the client to avoid the salient memory aspects; that is, to state that there is nothing there in case he is asked to describe what it is that he feels disturbed about. Taken together, it is our opinion that paying attention to the mental picture, and having a clear focus by which the affect is triggered, are necessary conditions for efficiently activating the associational memory system.

Regional Coordinating Update

Jari Preston, M.Ed.

Chair, Regional Coordinating Committee

The Regional Coordinators are among the unsung heroes and heroines in EMDRIA. They work behind the scenes volunteering their time to have meetings that help promote the study of EMDR and form networks of EMDR practitioners. The United States has some 60 Regional Coordinators in some 30 regions across the country.

Over the next few months, the Regional Coordinating Committee wants to spread the word about these hard working people. We will be telling you about their meetings, their work, and about them. We want you to know about the work that is being done around the country. The Mid-Hudson Valley EMDRIA Regional Meeting was started two years ago by John Nash and David Sherwood. Let David tell you about it in his own words.

“We formed the Mid-Hudson Valley EMDRIA Regional Meeting in April of 1999, and held our organizational meeting in June 1999. An average of 8-12 people attend each meeting (not always the same people every time, but usually a core of “regulars.”) We decided to meet on the last Monday of each month, from 7pm-8:30pm. A local college, Marist College, has generously provided space without charge, and for the first year provided secretarial assistance in mailing meeting announcements as well. This was not entirely by coincidence; John is a psychologist in the Marist Counseling Department. The secretarial and mailing services ended last June when John went on sabbatical leave, but the room is still ours to use.” We try to keep our expenses to a bare minimum by using email to publicize our meetings to those interested (we now have a mailing list of about 45 members). Meeting announcements are emailed (and snail mailed for those who are cyber-challenged) about 10 days prior to each meeting. Our presentations and programming are done by our own members without charge, and we do not have refreshments or other expenses. Our copying and minimal mailing costs are met by “passing the hat” periodically for petty cash. We considered opening a checking account, but our accountant felt that this would create an unavoidable tax liability for the signatory unless we became a nonprofit organization and had members sign our charter. We opted against this, as it was much too formal and complicated. We create our programs by discussing interests and asking for suggestions once or twice a year, then work up a tentative schedule for the next several months, so people have an idea of what’s coming. We strive to include a mix of more formally prepared presentations by our membership, along with more informal sessions where the more experienced members offer group supervision or lead practice sessions in technique, etc. We now meet 9 times a year: monthly except July, August, and December, due to vacations and holidays. We try to offer at least three programs a year that carry an hour of EMDRIA Credit. The meetings themselves are structured so that the first half hour is devoted to announcements or special concerns, and the last hour is devoted to program and discussion. This seems to be an adequate balance between people’s need for information and their attention span and time constraints. We try to make people aware of any EMDRIA sponsored trainings in the general area, and to present material from any trainings that members have attended. We also support members’ efforts to obtain supervision toward EMDRIA Certification or Approved Consultantship. We currently have at least three who are EMDRIA Certified, and one who is an Approved Consultant. In general, we try to assess our members’ interests and meet their needs within the constraints of available time and energy. An additional opportunity for

our group has emerged recently with the occurrence of a fatal apartment fire in Poughkeepsie which took the lives of five persons and displaced about thirty more. Mid-Hudson Valley EMDRIA Regional Meeting has contacted the local Red Cross and offered a list of members who are prepared to accept, at no charge, clients who were traumatized by the fire, offering up to three 90-minute EMDR-focused sessions per client. This effort is still in progress.

In summary, these are the things we think have contributed to our success:

- * Our goal is to provide some form of practical, hands-on experience at every meeting, and to offer EMDRIA Credits periodically.
- * We make a point to begin and end promptly.
- * We keep announcements and informal conversation to the first half hour.
- * We adhere to a regular meeting time and date, so people can plan their schedules accordingly and are easy to remember: e.g., last Monday of the month except summer and December.
- * Our meeting place is accessible and centrally located, with no one having to travel more than about an hour.
- * The co-coordinators meet between Regional Meetings to process the previous meeting, coordinate the next one, and plan possible future events. This keeps us focused and collaborative. We think this is a principal reason for our success.
- * We have deliberately kept things simple, do-able, and inexpensive, as larger projects tend to be draining of time and financial resources.

John and I have been colleagues for many years, both belonging to the Hudson Valley Psychological Association. However, we did not know each other well until EMDR. We were trained independently in EMDR and had both been thinking separately about becoming RC’s. I attended the RC meeting in Baltimore in 1998, but was a bit daunted by the paperwork and apparent time commitment required. A few months later, John contacted me (through a mutual colleague) as a local colleague trained in EMDR and proposed we work together in co-developing and leading a Regional Meeting, as we both wanted interaction with EMDR colleagues and neither was willing to travel regularly to Long Island, the closest regional meeting. With the support of each other, we found the task much less daunting. We also felt that co-leading a group would give it more stability in case either of us was unable to be present or to continue to put in the efforts to keep it going. We met regularly (at least monthly for 3-4 months) to get it started and design the format, and after it began in June 1999, we continued to meet in between Regional Meeting dates, to critique it and address issues for future meetings. We have found this mutual support and interaction invaluable, both in setting up and continuing the program, and would highly recommend co-coordinating as a way to encourage more people to set up Regional Meetings.”

David W. Sherwood, Ph.D., is a psychologist in full time private practice, with specialties in Ericksonian Hypnosis, stress management, and trauma in a general adult population. He was trained in EMDR in 1997 (LI,LI) and has taken several advanced workshops in EMDR. He became an EMDRIA Approved Consultant in 2000, and has attended two EMDRIA Annual Conferences. John Nash, Ph.D., is a psychologist in the Marist College Counseling Center and an adjunct faculty member. He also has a private practice in Poughkeepsie, and is EMDRIA Certified, having practiced EMDR for the past four years. He has attended two EMDRIA Annual Conferences. He is a member of a Roman Catholic order of Brothers, and his practice focuses on work with religiously minded people.



EMDR: A Paradigm for Continuity of Experience in the Real World

Richard A. Moskowitz, M.D.

EMDR has become an important tool for treating the trauma that so frequently characterizes the personal histories of patients with Borderline Personality Disorder (BPD). This patient population presents extraordinary risks in the face of treatment techniques that evoke powerful emotions. When applied judiciously, however, EMDR can bring extraordinary benefits to these same patients.

Patients with Borderline Personality Disorder are at risk for engaging in self-injurious or suicidal behaviors when faced with painful emotions without adequate preparation. EMDR should be approached with such patients only by therapists experienced both in the practice of EMDR and in the treatment of patients with BPD. Before EMDR is introduced to the treatment process, a thorough history should be obtained and a therapeutic alliance established. EMDR is not a stand-alone treatment approach to such patients, but must be woven within a treatment process that may integrate a variety of approaches.

A crucial preliminary step would be to provide patients with coping strategies for dealing with intense emotions without resorting to self-destructive acts. This process, which includes strategies ranging from guiding lifestyle changes to learning how to identify and alter ritualized behaviors, may take many weeks or months. It may be accomplished within a framework such as Dialectical Behavior Therapy or via a variety of cognitive and behavioral interventions.

Once patients have been adequately prepared, EMDR offers the opportunity to rapidly desensitize patients to the effects of childhood

trauma and to change the present day beliefs that so often are connected to trauma. One particularly crucial erroneous assumption among traumatized patients is that suffering must be deserved. Once patients accept that life is often unfair and that pain and suffering are too often inflicted upon the innocent, they can rediscover their own innocence and be liberated from irrational guilt.

There is also, however, a by-product of EMDR that may be even more important than unraveling the effects of trauma. Patients with Borderline Personality Disorder experience life in fragments, more like a series of photographs, each frozen in an isolated moment of time, than as a motion picture with a continuing story. This fragmentation not only underlies their lack of a consistent identity, but also accounts for their inability to tolerate emotional pain without desperately seeking escape. The feeling of the moment becomes the whole of experience, with a sense of permanence that contradicts the texture and flow of emotions that usually characterize human experience.

EMDR provides a microcosm of experience within each therapeutic session in which patients experience intense emotions that rapidly evolve and change. Moreover, they learn to endure emotional pain with the expectation that it will subside without resorting to drastic means of escape. Repeating this microcosm of evolving feelings from session to session makes it increasingly possible to anticipate similar change and relief from suffering in their lives outside of treatment. The changing emotional landscape of EMDR enables patients to appreciate the changing emotional landscape of their lives and to establish continuity across the scope of their experience.

Continuity of experience is fundamental to establishing a consistent sense of personal identity, a crucial goal of treatment for any patient with Borderline Personality Disorder. It is also critical to developing the capacity to tolerate painful emotional states without resorting to drastic mood-altering behaviors, another central goal of treatment. Successful treatment with EMDR therefore lays a foundation for addressing the entire spectrum of BPD symptoms and behaviors.

INTERESTED IN JOINING A S.I.G.?

Guidelines for Special Interest Groups have been approved by the EMDRIA Board. Several groups met during the Toronto conference and have started to communicate with each other. The contact persons from those groups will be receiving copies of the Guidelines and an Application form shortly. If you are interested in a Special Interest Group and wish further information, please contact Zona Scheiner at Zonags@aol.com or or by calling the Administrative Office.

YES



Future columns of the *Clinician's Clipboard* would like to highlight different techniques and tips from EMDR Clinicians. The articles are anecdotal in nature and have not been proven with research or controlled studies. If you would like to submit a short case study or technique you have tried, please send your article to Jennifer Turner at Jenit@aol.com or by fax at (512) 451-5256.

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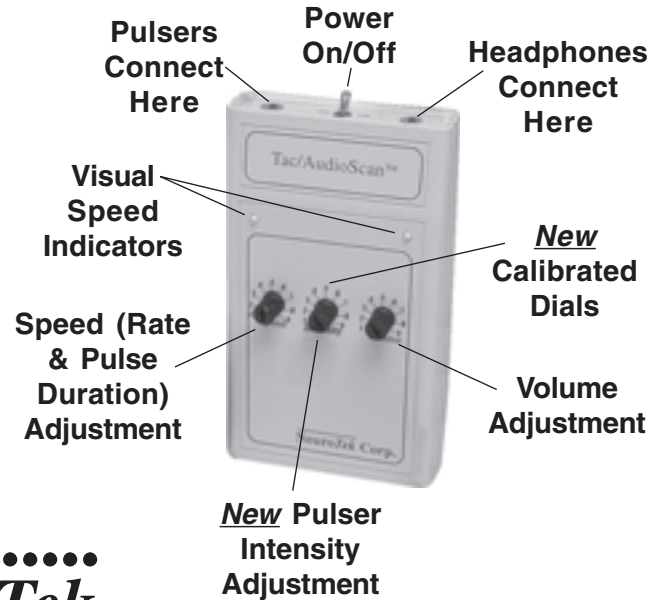
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99019 99019-11	Andrew Leeds, Ph.D. Strengthening the Self	Andrew Leeds	707-579-9457	6/2-3/01 Toronto, ON CANADA	Andrew Leeds, Ph.D.
99019 99019-10	Andrew Leeds, Ph.D. Strengthening the Self	Andrew Leeds	707-579-9457	4/21-22/01 Philadelphia, PA	Andrew Leeds, Ph.D.
99019 99019-09	Andrew Leeds, Ph.D. Strengthening the Self	Andrew Leeds	707-579-9457	3/31/01 & 4/101 Portland, ME	Andrew Leeds, Ph.D.
99028 99028-04a	Sandra Foster, Ph.D. Using EMDR for Performance Enhancement in Career and in the Creative and Performing Arts	Carol York	512-451-0381	3/30/01 Austin, TX	Sandra "Sam" Foster, Ph.D.
99028 99028-04b	Sandra Foster, Ph.D. From Trauma to Triumph: EMDR and Advanced Performance Enhancement Strategies	Carol York	512-451-0381	3/31/01 Austin, TX	Sandra "Sam" Foster, Ph.D.
99028 99028-03a	Sandra Foster, Ph.D. Using EMDR for Performance Enhancement in Career and in the Creative and Performing Arts	Deany Laliotis	301-718-9700	3/16/01 Bethesda, MD	Sandra "Sam" Foster, Ph.D.
99028 99028-03b	Sandra Foster, Ph.D. From Trauma to Triumph: EMDR and Advanced Performance Enhancement Strategies	Deany Laliotis	301-718-9700	3/17/01 Bethesda, MD	Sandra "Sam" Foster, Ph.D.
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IN THE SPOTLIGHT:

David Wilson, Ph.D.

by Marilyn Luber, Ph.D.

Over the many years that I have known David Wilson, each time I meet or talk with him I learn something I did not know before about him. Whether he is telling me about his latest invention, or a new concept in research, or something about one of the many organizations that he is involved with (or on the Board of), I am always surprised and delighted by the breadth of his interests and the depths of his concerns about psychology, people, and the world in general.

His earliest interest in uncovering a good story and creating a narrative history came through his fascination with archeology. He began by working several summers at the Town Creek Indian Mound State Park in Mt. Gilead, North Carolina, in the late 50's. He continued this interest with site surveys in North Carolina and California. In 1984, he went on the "Expedition Luna Maya Caribe" on the Eastern Coast of the Yucatan to study the archeo astronomy of the Mayans. David called this "a trip of a lifetime", and he spent a year preparing for it. He was part of the surveying crew and cross-trained in compass reading and in the sextant. His last archaeological adventure was under his first mentor in North Carolina. It seems David will do anything to piece together and solve a good story!

Most of you may think of David as a native Californian since he has contributed so much to this state through his work in professional organizations, community services and forensic endeavors. However, David was born and grew up in the lovely southern state of North Carolina. Both father and son were brought up in NC, however, they trace their family lineage back 1000 years. They are related to Heinrich Widener IV, the oldest son of the Duke of Saxe-Colberg and Gotha-Hapsburgs- and to Herman the Cruel and

George the Fat!

Although from a home of modest means, his father modeled the importance of education by becoming "the first modern Wilson" to finish High School, and David was the first to finish college on his father's side. Not only did David value education, he excelled in it. He received his A.B. from Davidson College in North Carolina, where he completed this fine mens school as a Dana Scholar for every year he attended.

David was inspired by a professor at Davidson, William Gatewood Workman, who had been a student of Carl Rogers at Chicago and an outstanding Psychology teacher. David was hooked and decided to major in Psychology and go into the experimental and physiological branches of the field, since he has always been interested in brain functioning. An inventor at heart, David built his own equipment to replicate James Old's experiment on the electrical stimulation of the pleasure centers in albino rats. He became an expert in Neurosurgery on rats. Luckily for the rats, he took a summer job after college at a clinical psychology internship program. Instead of treating him like a new college graduate, they let him do whatever he could learn to do. It was here that David learned of his love for working with people and doing psychological testing. When he went on to do his doctorate at the University of North Carolina at Chapel Hill, he decided to major in Clinical Psychology, but he has never lost his love for the physiological aspects of his discipline. He was a Woodrow Wilson Fellow at the University of North Carolina, where he received his Ph.D. in Clinical Psychology.

In June 1963, he was commissioned as a 2nd Lieutenant and served for 5 years in the US Army. He was deferred for graduate studies to begin his doctorate. In September 1966, he moved to California to begin a one-year internship in Clinical Psychology at Letterman General Hospital at the Presidio of San Francisco. On the completion of his internship, David was promoted to Captain. The following year he became a Staff and then Supervising Psychologist for the Outpatient Services in the Psychology Service Section at Letterman. In 1967, he received his doctorate and in September 1970, he left the army and worked for Kaiser Permanente in Haywood for 2 years.

By 1972, David relocated to Redding in Northern California as it reminded him more of the South because of its rural nature. He began to build his private practice in 1974, and

has worked full-time in private practice since that time. His busy practice includes seeing individual and group clients, 2 hours of Consultation for the Child Welfare Department, 2 diagnostic evaluations per week and work in forensics. David is a forensic specialist and is an expert witness in Clinical Psychology for Superior Courts in 10 California counties. He is considered a qualified expert witness in another 6 California counties plus Oregon, Arizona, and the Federal Courts. He is also a Court appointed expert witness in Child Psychology by 7 California counties for Superior Court. He has done over 2000 forensic evaluations, including 260 murder cases over the past 20 years.

David has been involved with state psychological issues since the beginning of the 70's. He is proud to say that he was among the first psychologists licensed in the state of California. He founded the Shasta Cascade Psychological Association, as a Chapter of the California Psychological Association. He was President, Chapter Representative, and on the Executive Board. With the California Psychological Association, he was a member of Divisions I, VI and VII; on the Vision Quest Committee/Long Range Planning; Commission on Social Healing; Chair of the Membership and Publications Committees; on the Board of Directors as Chapter and Division Representatives; Co-Chair of the Chapter Representatives Group; Executive Council as a Chapter and Division Delegate.

David has won many awards over the years such as *Outstanding Psychologist Award* (1994) from Shasta Cascade Psychological Association; *Outstanding Research Award* (1994) from the EMDR Network; the *Silver Psi Award* from the California Psychological Association; and the *Outstanding Contribution to EMDRIA* (1997) from the EMDR International Association.

His love of helping groups organize was put to use as he became a member of the Board of Directors for over a dozen nonprofit Social Service agencies like the YMCA's Youth and Family Counseling Center; Criminal Justice Advisory Board; Parents United; the Sexual Abuse Treatment Program; Help, Inc.; Head Start; and The Redding Teen Center.

David brought this wealth of knowledge to us when he became part of the EMDR task force to build a new association in EMDR. He was a Charter Member and Founding Board Member of EMDRIA where he served as the Chairman of the Board and then President-Elect and finally, President of our organization.

David began his EMDR career in September 1990, when he took one of the early trainings with Francine Shapiro. He said that, "Things were wide open at that point. No model, no facilitators. She developed EMDR, as we know it, out of teaching others how to use it. She realized that people who were doing a lot of EMDR were complaining about tennis elbow". This is where David, "the Inventor and Saver of the Collective Arms of EMDR", came to the rescue! He built the first eye movement device out of "Knight Rider" turn signals. He re-wired the circuitry so it would go back and forth and he could control the speed. He mounted it on a tripod so that the angle could be adjusted, and that was the beginning of the gadget that became the "Eyescan". He then teamed up with Doug Fisher from Neurotek. David said, "The ones I build look like I built them! Doug's look like they were built by an engineer!" David noted that he thought of the visual, audio and tactile machines at the same time in 1991, but did not do anything about them because of the prohibitive cost of the patents. Doug and David are in collaboration of a new device that will be coming out soon and will provide more choices in the use of bilateral and tactile stimulation.

However, the very latest in David Wilson technology is what he likes to call "the poor man's brain scan"! David was interested in looking for a physiological trigger that could tell us when to change the stimulus when the EMDR processing was blocked. But, how to measure it? He started with the Galvanic Skin Response (GSR) but it was too unstable; blood pressure was too difficult; and skin temperature was too slow. He looked at heart rate but settled on ear temperature figuring that ear temperature is closer to the brain and the carotid arteries and would reflect blood flow to the hemispheres. After thinking about Bessel van der Kolk, Uri Bergman and Frederic Schiffer's work, he developed a gadget that would measure left and right ear temperature. He thought that the difference would be small but was surprised to find that the first group of combat veterans that he tested were much hotter on the right consistently. It turns out that normal males who do not have PTSD have no difference in ear temperature. Women therapists also run close to a 0 difference.

Battered women also run hotter on the right side. He now has temperature on 80 people and he has found the most consistency with combat veterans. There is a high correlation with the degree of combat experience (i.e. chronic higher arousal) and having a hotter temperature on the right side. Normal males also show variability and may have hotter temperatures on the right or left sides; David wonders if these men have been traumatized in some way or if this is some version of an anxiety disorder. He also noted that most left handed combat veterans run hotter on the left side than the right, however, left handed combat vets showed more variability, suggesting that some of these men might not be left handed naturally. The interesting news is that in this sample of men, when the temperature is taken before EMDR and then after, EMDR normalizes the ear temperature differential! David has 8 other research publications that he has authored or co-authored on subjects such as EMDR, Hypnosis and Military Stress, the MMPI and Creativity.

David has a rich personal life. He has 3 children from his first marriage, Cheryl, Lisa and David, Jr. He is proud of all of them and their accomplishments, including his 2 grandchildren, Eric and Alex. He recently married Gail whom is a Nurse and working in an administrative capacity as a Discharge Planner for the Northern California Rehabilitation Center. She finished her BA in January and he is looking forward to more time with her. They like to dance and have been taking dancing lessons for the past 3 years.

What you also may not know about David is that he is a playwright. He has written two plays. The first one, "Ten Zen Tales", was performed in November 1985, as a benefit for the Hunger Project, Beyond War, and the Redding Church of Religious Science. In March 1987, his play "The Moon Cannot Be Stolen" was produced at the Critic's Choice Theater in Redding. After receiving video training, he also filmed the productions of his two plays.

David has a love of outdoor sports which includes camping, hiking, fishing (trout) creeks and stream in the high country, and white water rafting. He is an avid reader of Science Fiction and recently has begun to do Sumi-e, Japanese ink brush painting.

When I asked David about what was close to his heart, this was his answer:

"I do believe that there is something in EMDR that represents a breakthrough in psychotherapy. What EMDR attracts is people who want to make a difference in the world.

I think that EMDRIA is now in a position where it could absorb a geometric increase in members, and to attract that, we need a vision that is big enough to make people want to be a part of what we are doing. I think that my best statement is my introduction to Francine Shapiro at the Toronto EMDRIA Conference last year. If our lives are going to be used by something, why not make that something a grand and noble purpose that turns you on and lights you up and calls you forth to be the best therapist and the best human being you can be.

If we look at where the world is headed, it is headed in a bad direction. With the Internet, TV, and rapid transportation, we have shrunk the world to a point at which the rules for success have really changed, from one based on competition for survival, to one that requires cooperation for survival. We need a critical mass of enough people who can see that. We need to move from you OR me, to you AND me.

I see EMDR potentially playing an important role in that. My hope is that by healing trauma, we can empower people to next focus on living a meaningful life. In a way, that is full circle. What is a meaningful life? Touching and being touched by our family and friends".

David has touched the lives of people on our planet in many ways. From gathering the ancient stories to loving father and husband, healer, inventor, soldier, sportsman, organizer, playwright, and EMDR advocate and practitioner, David has made contributions that will help forge and touch many more futures, a fitting legacy for such a kind, creative and intelligent man. Thank you, David, on behalf of the EMDR community of which you are such an integral part.

PRINTER: PLEASE DROP IN
PAGES 6 - 7
FROM THE MARCH 2000
ISSUE
(SHOULD BE AN ARTICLE
ON PRODUCTS & AN ORDER
FORM)

From the Managing Editor: Here Comes 2001

Jennifer Turner

As the winter season draws to an end, the EMDRIA staff is busily preparing for the 2001 Conference. This year's conference, in Austin Texas, is home to the Administrative Office and its staff. It seems that Texas wears two hats worldwide. To those outside the United States, it's been described as "the old west" where everyone wears a cowboy hat and boots, and the tumbleweeds blow across the highways as weary cowboys bring in the herds. To those inside the United States, it's been described as hot, real hot, doggone HOT! I wanted to clarify a few of these descriptions so that those of you who are considering joining us in June will have the facts from one who lives here. Firstly, Texas is big, very big. Within its boundaries you will find a host of regions and climates, from the dry deserts of west Texas, to the mountains in the East. One thing they do share is the heat. It's hot, real hot, doggone hot! Luckily this heat doesn't hit its peak until late summer. June, however, is lovely. The weather is warm, which makes outdoor activities enjoyable. The terrain is lush and green from the spring showers, and generally, the rivers are flowing beautifully. You may see some cowboy hats and definitely some boots, but as for the tumbleweeds, probably not here. Austin itself is a melting pot of personalities and cultures. From lively 6th Street, where you can find a true New York Deli on one corner and a blues hall on the other, to the Colorado River, which winds its way through downtown Austin, allowing for fishing, kayaking, and swimming. I could go on and on about Austin's attributes, but you can find a detailed description of Austin within the Conference brochure or on our website under the "Conferences" section. We invite you to our hometown and look forward to seeing you.

The winter months also bring our annual membership drive. As you know, EMDRIA's membership year begins in January. If you are reading this, you have probably renewed your membership for 2001. We'd like to take a moment to thank you for your support. We have grown because of you, both in numbers and in spirit. For those of you who are new members in 2001, welcome! We look forward to helping you network with other clinicians, continue your ongoing education in the latest

developments of EMDR, provide services to help inform the public about EMDR, provide products for use in your practice, and support your growth as an EMDR clinician. Many of our services and products can be found on our website at www.emdria.org.

With a new year also comes the opportunity to encourage people to join one of the many EMDRIA Committees. The EMDRIA Committees are the heart of the Association. They help to produce our publications, coordinate our Conference, liaison with our Regional Coordinators, review and approve training programs and workshops, and much more. EMDRIA has grown so successfully in great part due to its Committees and the volunteers who run them. Many of the Chairs of these Committees have served for several years, donating their time to further the growth of EMDRIA and EMDR itself. If you would like to serve on a Committee, please contact the Administrative Office for details.

Lastly, I wanted to invite you, the membership, to help publications that EMDRIA produces grow. The EMDRIA Newsletter and the Special Editions are the voice of EMDRIA. They are the vehicle by which we communicate with our members, share new innovations and discoveries, publish current research, and inform people of upcoming events and programs that we offer. Both publications give the membership the opportunity to voice themselves by submitting articles for inclusion. The EMDRIA Newsletter is a great way to share short case studies, anecdotal techniques, and beginning research information. The Special Edition is the first step towards a professional journal. It is appropriate for sharing new techniques, case studies, and research.

There is information for submitting articles for the EMDRIA Newsletter on the inside cover and also contact information for the Special Edition on the back cover. Please consider submitting your next paper to EMDRIA. Help us to continue to take EMDR into the next era.

Welcome again to the year 2001 as an EMDRIA Member. We look forward to serving you for another year. It is an exciting time for EMDR, as it comes into its own around the world. The number of clinicians trained climbs each day, and with those increased numbers comes the need for increased support. EMDRIA, along with Affiliated Associations around the world, are here to support you. Let us work together to ensure that EMDR continues to relieve suffering worldwide. Let your voice be heard.

Newsletter deadlines for 2001 are as follows:

- ~January 20th for the March Issue
- ~April 20th for the June Issue
- ~July 20th for the September Issue
- ~October 20th for the December Issue.

Deadlines are strictly adhered to, please call for details

Printer: Please drop in Page 22
from the March 2000 Issue
but mask off “deadline date” on
bottom of page



Canada

David Hart reports that EMDRAC now has 366 members. They are in their fifth year of activity and are discussing and implementing the following: translating the membership brochure and application forms into French; establishing an EMDRAC web-site; appointed Jan Taylor as Editor of the EMDRAC Newsletter; approved formation of a fund for support of humanitarian efforts such as support of training in EMDR for persons resident in remote areas of Canada; and conducting an election for Board members.

Denmark

Lene Jacobsen writes in that those who have been trained in EMDR in Denmark have been consolidating their skills. The University Hospital in Copenhagen, which houses the National Trauma Clinic, is referring to Lene to do EMDR. At first, they had been very skeptical about EMDR. The change of heart was because several months ago, Lene treated a professor from the University of Copenhagen for a head trauma that had occurred the year before. Staff at the University Hospital had tried to treat his flashback, nightmares and headaches with no success. Enter Lene who treated him in 7 sessions and achieved remission of all of his symptoms!! The professor wrote a letter to the hospital telling him how EMDR helped him. Lene is hoping that the hospital staff will want to be trained in EMDR. Lene is now teaching about "EMDR and Children" as a specialty seminar. She has spoken in Sweden and in Denmark.

Europe

John Spector notes that the 2nd EMDR Europe Conference will be held in London on May 5, 2001 and "there is a very exciting programme". Details can be found on the EMDR Europe website at www.emdr-europe.net.

Germany

Veronika Engl, president of the Germany EMDR Association, announces that they have 270 members after only one year in existence!

At the annual EMDRIA meeting, it was planned to begin special interests groups and also a group was begun to edit the German newsletter. She says that any contributions are welcome!

Arne Hofmann reports that he conducted a successful workshop on Trauma and EMDR at the International Society of Hypnosis meeting in October 2000 in Munich. There was also an invitation to contribute a workshop on "EMDR and Complex PTSD" to the biggest annual event in German psychotherapy, the Lindauer Psychotherapy week. The EMDR Institute of Germany was invited to contribute seminars on trauma and EMDR to several official training institutes for psychotherapists in Germany, including one psychoanalytic institute. This means that EMDR has entered the mainstream of psychotherapy in Germany.

Helga Matthes writes in that German EMDR practitioners have officially founded a German HAP Organization called "Humanitaeres Hilfsprogramm fuer Notfallopfer" (HHP). This organization has been recognized by the German government. Vedat Sar from Turkey and Richard Kluff from the United States have been recognized as honorary foundation members.

Ulrich Sacchse reports that he will present a study on "EMDR and the Self Mutilating Patient" at the ESTSS Conference in May 2001. He is in the process of doing research on brain activity during EMDR and hopes to publish this material this year.

Karl Weisensee writes that in Germany there are several helpful websites. The first is <http://www.trauma-response.com/traumalinks.html> which has links to all the known trauma websites. The second is <http://www.trauma-response.com/traumaklinik.html>. This site's purpose is to list all inpatient units which are specialized in trauma treatment with or without EMDR in Germany. There is now a German EMDR list at liste@emdr.net.

Holland

Ad de Jongh proudly reports that there are 200 members in Holland. This means that Holland has the highest density of EMDR trained network members in Europe! At all major congresses in the field of trauma, presentations on EMDR are given. Book chapters on EMDR are in all the books on trauma that have appeared recently. "Thus, EMDR fares better than ever, here".

Israel

Udi Oren wrote with great delight that the very first training in Hebrew took place in January with Gary Quinn and Udi, himself, as trainers! Udi's son, Danny Oren, built the web-site for EMDR-EUROPE www.emdr-europe.net/ and for Israel www.emdr-europe.net/israel.

Alan Cohn notes that his center in Kiryat Shmona has been very busy with workshops and debriefings, where appropriate for schools, government agencies, and other organizations following the increase of trauma-related incidents in the Middle East.

Sweden

Kerstin Bergh Johannesson says that the fall in Sweden has been very busy with well attended workshops in EMDR. Within EMDRIA-Sweden they are in the process of forming a special branch on children. Kerstin proudly notes that the Swedish EMDR Association is the 4th largest in Europe! EMDR is growing increasingly more popular as more and more therapists and psychology students show an interest. The new ESTSS guidelines will also help to promote the method. Kerstin and some of her colleagues have been working with young women who have Vulva Vestibulitis with good success. She has written a major article on EMDR for the Swedish Psychological Journal, which was accepted for publication. Sweden will have a national meeting on EMDR at the end of March in Stockholm.

Switzerland

Maya Hassy reports that the Swiss EMDR Association, EMDR Schweiz, has 31 members. She is glad to see the interest in EMDR is growing in Switzerland. EMDR Schweiz has a new website: www.emdr-schweiz.ch. On this web-site you can find a list of the EMDR practitioners, consultants, and facilitators from Switzerland.

Hanne Hummel reports that there have been many EMDR and EMDR-related workshops including supervision in Schaffhausen. The next EMDR training in March will offer French translation to include French-speaking psychotherapists of Switzerland.

Turkey

David Blore of the United Kingdom wrote about one of his "adventures" in Turkey: "As you may recall, I went on the October/November 1999 Turkey HAP training in Istanbul. The story of my visit is told in an online photomontage published in the EMDR

Cont. on Pg. 17

Practitioner <http://www.emdr-practitioner.net>. Just scroll down to "Articles" and click on the relevant link. After the 5 days of training we spent a further period touring the various tent encampments. I went with three others to Golcuk, but I decided to stay overnight in the male psychology tent donated by UNICEF. This faced out onto the tent city itself. This to date has been the only night that I have spent in Asia (remember Istanbul is European Turkey). It was a night to remember. Although it was the night of 1st/2nd November 1999, it was hot, made hotter by there being a gas powered heater on all night inside the doubly insulated tent. Despite my best efforts, it was difficult to sleep, especially since the other 7 occupants of the tent snored merrily. Yet how could I not be cheerful? Outside there was about 1000 displaced persons in makeshift accommodation. Somewhat more bizarre was the need that evening to use EMDR on the camp commander. The purpose was to convince the commander that EMDR was not going to be used on his men to create insurrection!! We duly obliged and treated his traumatic memories -not of the horrendous earthquake activity- but of his service in eastern Turkey against IKK separatist soldiers, I am pleased to report that he was so impressed that we had an official invitation to have breakfast with him the next morning in the open air."

Ukraine

Alexander Bondarenko reports that he is in the process of publishing an article by Ad de Jongh (Holland) on "Therapy Matters and EMDR" in his "Journal of the Practising Psychologist".

United States

Carol Forgash writes in to say that she and Beverly Wright gave a 3 hour presentation in February 2000, to the Northport, Long Island Veteran's Administration Hospital clinical staff on "EMDR: Myths and Realities". This was the first time that this group requested information on EMDR. Carol, Sandra Paulsen, Shirley Jean Schmidt, David Grand and Uri Bergmann co-organized a special 5 workshop track on EMDR/Ego State Work. All of this group presented workshops which discussed aspects of integrating EMDR and Ego State work.

Carol will be speaking about EMDR to the Suffolk County Chapter of NYS Clinical Social Workers in March and to a MSW graduate program at the State University at Stony Brook in April. She is co-presenting on the health problems of sexual abuse survivors and the need for EMDR treatment to the June 2001

Department of Psychiatry Grand Rounds at SUNY Stony Brook. At the next Long Island EMDRIA Regional Meeting, Fran Donovan will speak on "EMDR and Eating Disorders". Uri was invited to present an overview on EMDR to BOCES (the agency in Suffolk County, providing Special Education and vocational services as well as a therapy referral program for their students, families and employees). This was the first time that this large agency showed interest in learning about EMDR.

Andrew Leeds notes that he delivered a lecture at the Society for the Exploration of Psychological Integration, "EMDR: Integrative Functions of the First Neuro-affective method of Psychotherapy in May 2000. At the FACES conference in Las Vegas last year, he delivered two papers: "Strengthening the Self: The Role of Attachment in Emotional Self-Regulation" and "EMDR: A Research Validated Treatment for Resolving Traumatic Experiences". Deborah Korn and Andrew submitted a manuscript to the Journal of Clinical Psychology. The article, "Preliminary Evidence of Efficacy for EMDR Resource Development and Installation in the Stabilization Phase of Treatment of Complex Posttraumatic Stress Disorder", was accepted and is in press. After an enormous amount of dedication and intense work, Andrew has handed over the reins of the EMDR Institute discussion list to Roy Kiessling as of January 1, 2001. Andrew reports that, "Roy has wonderful qualifications and will be an excellent moderator: strong knowledge of EMDR, good teaching skills, and an open, flexible, yet firm grasp of list guidelines". He also will be implementing some interesting new ideas. Andrew is pleased to know that "the list is in good hands".

Marilyn Luber reports that in January 2001, she returned to Germany to conduct a follow-up class to a group of supervisors and lectured at several clinics and hospitals in Germany and Switzerland. She continues to train EMDR Supervisors in Germany and will conduct her third class in the Spring 2001.

Peggy Moore went to Turkey in March and did a specialty training in Istanbul and Ankara on EMDR and Family Therapy. She also went to the tent camp in Ismet and did some direct supervision there.

Gerry Puk presented a 3-hour seminar in September 2000, at the Annual Conference of the New York State Crime Victim's Board entitled "EMDR-The Therapeutic Alternative for Crime Victims".


Steve Silver, and Susan Rogers are completing a book for W. W. Norton which will be released this fall. It is entitled "Light in the Heart of Darkness: EMDR in the Treatment of War and Terrorism Trauma". Drawing upon their own experience, as well as that of colleagues from around the world, they are well known for their work in Northern Ireland, Bangladesh, Oklahoma City, TWA800, Croatia, Bosnia, the U.S. Dept. of Veterans Affairs, and Poland.

Liz Snyder reports that she was interviewed about EMDR on NBC and was told that it will air in February.

Sandra Wilson reports that she and Bob Tinker presented at the ISTSS meeting in San Antonio on their Police Study and The Children's Malteser Refugee Camp study. The Discovery Health Channel aired a 10 minute segment on EMDR and PTSD. Her current research with FMRI and MEG brain imaging demonstrating the effects of EMDR on Posttraumatic Stress Disorder and phantom limb pain are very promising and she thinks that it may end some of the doubt that still exists. The El Paso Psychological Society and several other organizations are sponsoring a First Annual Colorado Springs EMDR Special Projects Conference in Colorado Springs, March 17-18, 2001.

The Conference Corner...

Gayla Turner,
Conference Coordinator
Associate Director



It's time to begin planning to attend the 2001 EMDR International Association Conference! Hopefully, by the time you're reading this, you will have already received your Conference Brochure. If you haven't, please contact our Administrative Office so that we can send you one, or you can also visit our website at www.emdria.org to obtain Conference and Registration information.

We are very excited about having everyone come to Austin, Texas, where our Administrative Office calls home. Contrary to what many people think about Texas, it is not all sandy, dry, desert land with no trees. To quote from our Conference Brochure, "Austin is a graceful, river city of wooded hills, tall trees, and historic architecture – and a modern metropolis with an atmosphere and rhythm all its own". If possible, you should take a couple of extra days to visit and tour Austin aside from the Conference. Numerous golf courses, parks, gardens, landmarks, and specialty shops provide plenty of recreational activity. For more information on what there is to do and see in Austin, visit these websites.

www.austin360.com
www.citysearch.com www.eaustin.com

We are proud to announce that this will be our first year to offer a Pre Conference Day. This will be held on Thursday, June 21st, prior to the main Conference beginning on Friday, June 22nd. We've invited three wonderful *Guest Speakers* to present at our Pre Conference. First, Ad de Jongh, Ph.D., and Marcia

Whisman, LCSW, will present a full day session entitled, Panic and Phobias: Diagnosis, Treatment, and Incorporation of EMDR. We've also invited Deborah Korn, Psy.D., to present another full day session entitled, Clinical Applications of EMDR in Treating Survivors of Childhood Abuse and Neglect. Our main Conference will also offer three additional outstanding *Guest Speakers*; Claude Chemtob, Ph.D., Daniel Siegel, M.D., and Robert Stickgold, Ph.D. These, along with many other well-known and highly respected presenters, will make this Conference one you won't want to miss.

As in the past couple of years, we will offer early registration on Thursday evening, June 21st, from 5:30pm to 7:00pm, for those of you who want to beat the Friday morning crowd. Additionally, we will host an "Opening Welcome Reception" at the same time. There will be hors d' oeuvres and a cash bar. We hope you will join us if you have arrived by that time.

We anticipate this year's Conference to be very well attended, so we urge you to submit your completed registration forms as soon as you can, in order to be able to attend the sessions you want. We recommend this because at last year's Conference in Toronto, 22 of our 56 sessions were closed by the time the Conference began. So, make your plans and get your registration in as soon as possible.

We look forward to seeing you in Austin!

2001 EMDR International Association Conference

The Renaissance Hotel

Austin, Texas

June 21 ~ 24, 2001

MARK YOUR
CALENDARS!

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Is your address correct? If not, fax  *your corrections to 512/451-5256*

CALL FOR EMDR PAPERS

The Publications Committee is continuously seeking material on EMDR case studies, clinical experiences, techniques, and protocols for our new clinical publication.

The next deadline is May 15th

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