

EMDRIA

JUNE 2016

THE INFORMATION RESOURCE FOR EMDR THERAPISTS

VOL 21 ISSUE 2

2016 EMDRIA Conference

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mdoherty@emdria.org

Deputy Executive Director

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gturner@emdria.org

Administrative Coordinator

Susanna Kaufman
skaufman@emdria.org

Membership Development Coordinator

Christal Rosa
crosa@emdria.org

Continuing Education Coordinator

Sara Sturtevant
sturtevant@emdria.org

Education & Training Coordinator

Sarah Tolino
stolino@emdria.org

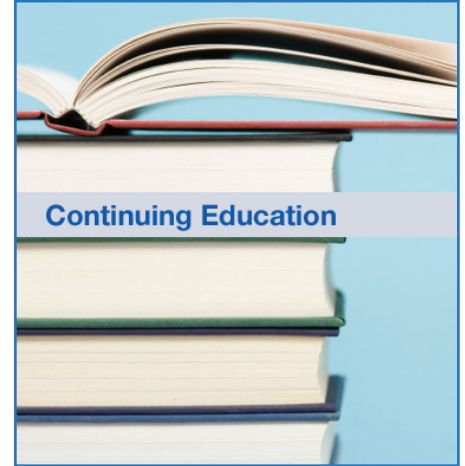
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Bergen Villegas
bvillegas@emdria.org

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22 Recent Articles on EMDR - by Andrew Leeds, Ph.D.

A word from the President...

Hello. As the 2016 President of EMDRIA I would like to fill you in on a few things about the EMDRIA Board that you may or may not be aware. I will just speak for myself, but sometimes I forget how confusing an organization like EMDRIA can be to a new member and since we have so many new members, I thought I would address some of what the EMDRIA Board does.

The EMDRIA Board of Directors consists of thirteen EMDRIA members who have volunteered to put their best “thinking caps” on and work to predict the future in representing our over 6,000 members (no simple task I assure you). The Board consists of a diverse group from various states, you can check out our bios and view our pictures on the EMDRIA home page. Look for the “about us” section and scroll down to the “Board of Directors.”

Once a quarter the Board of Directors meets in person, in various locations. This year the Board has met in New Orleans, Louisiana and Phoenix, Arizona with our next meeting in Minneapolis, Minnesota and our final 2016 meeting Chicago, Illinois. The Deputy Executive Director works very hard to find cost efficient meeting places for Board members from all over the US to come together and meet in person. Between in-person Board meetings several Board Committees and Task Groups conduct frequent teleconferences to accomplish the work of the Board.

The 2016 Board Committees consist of the Audit Committee, Board Diversity and Cultural Competence Committee, Executive Director Review Committee, Leadership Committee, Long Range Planning Committee, New Frontiers Committee, Nominating Committee, Ownership Linkage Committee and Structure, Function and Bylaws Committee.

Some of the highlights that will be shared at the Conference this year in Minneapolis, Minnesota include the work of the Board Diversity and Cultural Competency Committee. This committee has been working to define its purpose and how to best serve EMDRIA. You will learn more about this committee and its work not only at the upcoming Conference, but also posted on the website and in upcoming newsletters.

You will be hearing more about the work of the Long Range Planning Committee which has a constant focus on the “big” picture (EMDRIA’s 10 year goals) or where EMDRIA is going in terms of membership growth and diversity (Goal 1), becoming an indispensable resource (Goal 2), becoming a recognized expert resource (Goal 3) and forward thinking in standards and advancements (Goal 4).

The Nominating Committee just approved a slate of candidates that you will be asked to vote on in this upcoming election. We are thrilled that EMDRIA has received high numbers of applications for Board positions in the past few years. This year we have six applicants that you will be asked to vote on. Please be sure you review the candidates and vote for your candidates of choice. The Board of Directors consists of EMDRIA members voted into the position by EMDRIA members. This election is another way for you to be an active participant in the development of EMDRIA’s long term sustainability and focus.

I hope that helps share some of what the EMDRIA Board is doing. We are a very active Board and I am proud of the many exciting directions EMDRIA is going. If you have any questions about EMDRIA, the Board, various Committees or volunteer opportunities, I hope you will email or call the EMDRIA office, the Executive Director or any one of the Board members (all of our contact information can be found at EMDRIA.org home page under the “about us” section).

This year EMDRIA turns 21 in Minneapolis, Minnesota and the Conference Committee has outdone itself in bringing an outstanding group of presenters on your behalf. EMDRIA has expanded the live streaming experience so if for some reason you cannot attend in person, you can still be a part of the Conference. You can also look for EMDRIA on Facebook, Twitter and Instagram!

I hope to see you in Minneapolis. ❖



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

Announcements

EMDRIA Board Election

The EMDRIA Board of Directors Online Election is expected to open by the end of June. Once the election opens, you will receive an email containing a link to the ballot. All Full Members who are current at the time the email goes out will be eligible to vote. You will be able to access the ballot directly from the link in the email or by visiting the Members Only Area of the EMDRIA website and clicking "Vote Now". You will also have the option to call EMDRIA and request a paper ballot be mailed to you if you prefer to vote by mail. Be sure to keep an eye on your Inbox so you can make your vote count!



If you prefer to have a paper ballot mailed to you, please call the EMDRIA office Toll-Free (US & Canada) at 866.451.5200 or at 512.451.5200. However, we hope that you will take advantage of our environmentally friendly, secure, and incredibly convenient online voting system.

EMDR Brochures in Spanish Now Available

The Spanish-language brochures for the popular English versions of the "What is EMDR? Brochure for Clients" and the "EMDR and Children" Brochure are now available. To purchase please visit the EMDRIA Store at www.emdria.org. Quantities are available in 25, 50, 100 and 300. To receive the Member Discount, please make sure to login to the EMDRIA website.

VIDEOS THAT GET AT THE HEART OF HEALING CHILDREN THROUGH EMDR

EMDR with Children

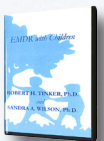
Are you interested in what EMDR with children really looks and sounds like? Case discussions of EMDR without video omit 80% of pertinent information (such as attunement, relationship, body language, facial expression, pacing and eye contact, among others). This set of DVDs of EMDR with children shows:

- Excerpts of actual sessions with children aged 1-5 (and older)
- Simple traumas / multiple traumas / severe traumas
 - Dissociation / Preverbal
 - Matters of technique and attunement
 - Group EMDR with children and treatment effectiveness results

All therapy sessions are conducted by Bob Tinker, internationally known EMDR expert with children. The group EMDR was conducted by Sandra Wilson, Ph.D., EMDR trainer.

A set of 7 training DVDs[©] based on a 3 day workshop presented by Bob Tinker, Ph.D. and Sandra Wilson, Ph.D. in 2011, **plus a bonus DVD***

12 CEU's available from EMDRIA**



PRICING

EMDR Therapists (Level I and higher)	\$350.00
Former Child Workshop Attendees	\$250.00

To order Call: 719-630-8212 (credit cards accepted)
Checks should be made out to Robert Tinker,
18 E. Monument St., Colorado Springs, CO 80903

Video-based and telephone consultation with Bob Tinker available.
Through the Eyes of a Child by Bob Tinker and Sandra Wilson available through W.W. Norton, 800-233-4830.

*Bonus DVD contains the "Mary" tape, well-known for its use in EMDR trainings over 15 years; and a documentary "Alternatives Uncovered", about EMDR.

**12 CEUs available through EMDRIA on completion of a short quiz, proof of purchase and a Verification of Course Completion.

Executive Director's Message

Starting with an update on our Facebook page (<https://www.facebook.com/EMDRInternationalAssociation>), there are more than 12,500 Likes compared to 8,000 a couple of months ago as reported in my previous Executive Director's Message. Please continue to Like, Comment, and Share. We also have another Facebook page that's just for our members and aimed at communicating what's going on inside EMDRIA. Go to: <https://www.facebook.com/emdriamembers> to learn about what's up with your association, announcements, and the staff. Like us, Comment, and Share with colleagues. Social media is such a great way to spread the word about EMDR therapy.

Registration for our Conference in Minneapolis August 25 – 28, 2016 is now open. The conference theme is "EMDR Therapy: Transforming Adversity into Health". Go to our website www.emdria.org and click on the "Conference" tab. You'll see links to take you to the conference registration and hotel reservation. The full Conference website can be found at www.emdriaconference.com. The "Early Bird" rate ends July 1, 2016, so register early. Remember that the hotel fills up quickly.

For those of you who can't come to Minneapolis, there will be live streaming option for Friday through Sunday of plenaries and three concurrent breakout sessions for each time slot presenting on the latest EMDR hot topics. Can't attend, don't miss out. Watch it in the comfort of your office or home and still earn continuing education credits.

The Thursday Pre-Con features full day sessions on "Cultural Competence and Healing Culturally-Based Trauma with EMDR Therapy" with Mark Nickerson; "Beyond Desensitization...Widening Children's Window of Tolerance Through Current Trigger Work" with Debra Wesselmann, Stefanie Armstrong and Cathy Schweitzer; and "The Art of EMDR Therapy" with Roger Solomon. Deany Laliotis will kick off the Conference Opening Address Thursday afternoon with a talk on "The Evolution of EMDR – Adversity into Health" in keeping with our theme.

Friday's keynote talk, "The Hungry Ghost: A Biopsychosocial Approach to Addiction from Heroin to Workaholism", is presented by Dr. Gabor Mate'. Dr. Mate' will also present a half-day session on "When the Body Say No: Mind/Body Unity and the Stress-Disease Connection" Friday afternoon. Saturday, Dr. Richard Chefetz will be speaking on "Understanding and Treating Catastrophic Shame". Dr. Charles Hoge will be present "Once a Warrior – Always a Warrior". We are covering addiction, shame, and veterans. For the most part, there will be six breakout sessions to select from for each time slot on the program after the plenaries. Lots to choose from, but register soon to assure a place at the workshops of your choice.

We will have the Exhibit Hall open Thursday through Sunday. Join us for the New Member and First-Time Attendee Breakfasts Thursday and Friday mornings. Friday evening has the EMDRIA General Membership Meeting to which you all are invited, followed by an opening reception and poster sessions. Saturday night don't forget the EMDRIA Award and Recognition Dinner followed by the Trauma Recovery/EMDR HAP Dance.

We are working with the Veterans Resilience Project in Minneapolis that offers EMDR therapy to vets and is getting positive results. We are planning some joint social networking activities so our attendees can see how a grass roots organization is making a difference one veteran at a time. The Veterans Resilience Project is the brain child of a Minneapolis EMDR therapist, Elaine Wynne. Elaine's efforts documented that three-quarters of those vets treated with EMDR therapy no longer showed signs of PTSD and 100 percent had significantly reduced symptoms. This is truly EMDR transforming adversity into health.

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



Mark G. Doherty, CAE
EMDRIA Executive Director



NEW EMDR BROCHURES IN SPANISH!

New Spanish versions (updated in January 2016) of the popular "What is EMDR Therapy" and "EMDR and Children" brochures are now available!

Only available at www.emdria.org

Conference Corner

The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. The Conference Committee has made it a priority to continue to bring you a quality educational experience. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment associations and to additional applications for EMDR.

We are eager to hear this year's plenary speakers. We have confirmed: Gabor Mate, MD (Friday), Richard A. Chefetz, MD (Saturday) and Charles W. Hoge, MD (Sunday). The entire session schedule and speaker information can be found at www.emdriaconference.com.

Registration Information

Registration is now open! To receive the Early Bird discounted registration fee, we must receive your form by July 1, 2016. The deadline to fax or mail in your registration form is August 12, 2016. After this date you must register online or on-site.

Hotel Information

Our Conference venue this year is the Hyatt Regency Minneapolis, located on the beautiful Nicollet Mall. The recently redesigned hotel pays tribute to the unique culture of Minnesota, with sleek mid-century Scandinavian décor highlighted by a spacious lobby featuring an expansive stone fireplace framed by rustic wooden logs. The hotel's premiere downtown location provides convenient access to an incredible array of Twin Cities' attractions, from shopping to sports, the arts or the great outdoors.



EMDRIA has secured a special group rate of \$179/single/double for EMDRIA Conference attendees. It's not too early to book your reservation! Visit <https://aws.passkey.com/g/51371614> to book your reservation, click on the link on the EMDRIA website under the Conference tab or call 612.370.1234.

Find A Roommate

Cut the cost of your Conference attendance by finding a roommate. Please visit www.emdriaconference.com and click on the Hotel & Travel tab to fill out the Find A Roommate form. Your name will be added to a list of individuals looking to share a room. You may also view a list of individuals who are seeking a roommate and contact them directly. Please note: EMDRIA is not responsible for matching roommates.

2016 Conference Registration Prices

Single Day – Pre-Conference

EARLY BIRD (by July 1st)

Member | \$170 Non-Member | \$220 Student | \$75

REGULAR RATE (after July 1st)

Member | \$200 Non-Member | \$250 Student | \$75

Single Day – Main Conference

EARLY BIRD (by July 1st)

Member | \$205 Non-Member | \$260 Student | \$75

REGULAR RATE (after July 1st)

Member | \$235 Non-Member | \$290 Student | \$75

Main Conference Only

EARLY BIRD (by July 1st)

Member | \$435 Non-Member | \$555 Student | \$150

REGULAR RATE (after July 1st)

Member | \$485 Non-Member | \$605 Student | \$150

Pre-Conference & Main Conference

EARLY BIRD (by July 1st)

Member | \$530 Non-Member | \$655 Student | \$200

REGULAR RATE (after July 1st)

Member | \$580 Non-Member | \$705 Student | \$200



EMDRIA

— Online CONFERENCE —



Register for the 2016 EMDRIA Online Conference today!

Join us for exclusive, live streamed presentations from the Conference in Minneapolis in the comfort of your own home or office!

With this Online Conference opportunity, you can:

View the plenary session of the day, broadcasting live from the Conference in Minneapolis, MN.

Choose* from qualifying live breakout sessions with key presenters who will be delivering content on the latest EMDR therapy hot topics.

*You will choose your breakout sessions during the Online Conference.

Online Conference Sessions

Plenary Session (All Attendees are automatically registered for these sessions) | 8:30a.m. - 10:30a.m

Session 201 (Friday) | The Hungry Ghost: A Biopsychosocial Approach to Addiction, from Heroin to Workaholism | Gabor Maté, MD

Session 301 (Saturday) | Understanding and Treating Catastrophic Shame | Richard Chefetz, M.D.

Session 401 (Sunday) | Once A Warrior - Always A Warrior | Charles Hoge, M.D.

Friday Morning Breakout Choices | 11:00a.m. - 12:30p.m.

Session 221 | The Girl in the Mirror: Awareness and Ego State Projection in Treating Body Image Disturbance | Andrew Seubert, LPC, NCC

Session 222 | Mechanisms of Action in EMDR Therapy: Multiplex Effects of Bilateral Stimulation | Andrew Leeds, Ph.D.

Session 224 | LENS Neurofeedback and EMDR Therapy | Ulrich F. Lanius, Ph.D., Steven Milstein, Ph.D., Len Ochs, Ph.D.

Friday Afternoon Breakout Sessions | 2:00p.m. - 5:30p.m.

Session 231 | When the Body Says No: Mind/Body Unity and the Stress-Disease Connection | Gabor Maté, MD

Session 232 | Breaking the ACE*/Poor Health Cycle with EMDR Therapy (*Adverse Childhood Experience) | Carol Forgash, LCSW

Session 235 | Treating Somatoform Dissociation with EMDR Therapy | Dolores Mosquera, Psy., Colin Ross, M.D.

Saturday Morning Breakout Choices | 11:00a.m. - 12:30p.m.

Session 321 | EMDR Therapy for Psychotic Disorders, including Schizophrenia | Paul Miller, M.D. DMH MRCPsych

Session 323 | Teaching Kids to Play EMDR Therapy | Ann Beckley-Forest, LCSW-R, RPT-S, Annie Monaco, LCSW

Session 325 | Mindfulness and the 8 Phase Protocol as a Template for Addictions Treatment | Stephen Dansiger, Psy.D., MFT

Saturday Afternoon Breakout Sessions | 2:00p.m. - 5:30p.m.

Session 331 | The Impact of Attachment in EMDR Therapy: Theory and Practice with Video | Andrew Leeds, Ph.D., Dolores Mosquera, Psy.

Session 334 | A Clinical Model for Treating Complex PTSD with EMDR Therapy Among Veterans and Terrorism Survivors | E.C. Hurley, DMin, Ph.D.

Session 335 | Ego State/Parts Work in EMDR Psychotherapy: From Essentials to Advanced | Andrew Seubert, LPC, NCC

Sunday Breakout Sessions | 11:00a.m. - 3:30p.m. (break from 12:30p.m. - 2:00p.m.)

Session 431 | EMDR Therapy from Trauma to Spiritual Awakening: A Mindful Approach | Irene Siegel, Ph.D.

Session 432 | EMDR Therapy Preparation for Adults with Attachment Trauma | Ann Potter, Ph.D., Debra Wesselmann, MS, LIMHP

Session 435 | Healing the Origins of Trauma: EMDR Psychotherapy for Children Exposed to Violence and Abuse | Robbie Adler-Tapia, Ph.D.

Please Note:

- The presentation offerings for our live streaming event go through a careful selection process.
- We will have three concurrent live streaming options for you to choose from during the breakout sessions.
- Any streamed presentations you do not view live may be viewed as a recording until Sunday, September 18, 2016.

For more information on the EMDRIA Online Conference and to register, please visit www.emdriaconference.com.

Message to EMDRIA Membership about Core Competencies and Standards

Dear fellow EMDRIA members,

EMDRIA has been researching the need to address competency standards for clinicians seeking Certification through the volunteer work of the Professional Development Subcommittee of the Standards & Training Committee.

Having accomplished the goal of articulating standards, the Committee sought EMDRIA Administration and Board direction for further approval and implementation of a core competency model. At a presentation to the Board of Directors in 2015, the Subcommittee offered an option for implementing a core competency model that included three components related to evaluating competence: hiring a professional service to design a test to evaluate core competence knowledge, establishing and maintaining an ongoing independent testing process to evaluate knowledge, and establishing a system for independent evaluation of clinician's clinical skills.

The Board of Directors has been reviewing the recommendations of the Subcommittee, including the validity and financial feasibility of the evaluation proposals. We believe that operationalizing a set of standards such as this needs to be well considered with regard to both best practices of implementation and the resources of our organization.

The Board is deeply grateful and appreciative of the diligence and time consuming work of the Subcommittee. The Board is furthermore committed to a competency-based credentialing system and is eager to see EMDRIA build upon the Subcommittee's work to date. We agree with the recommendation of the Subcommittee that by establishing and training clinicians in best practices of EMDR we are elevating the capacity of EMDR practitioners and serving the best interest of the public. It has long been realized that Certification standards differ from one Consultant to another, making the process confusing & inconsistent.

The Board has requested that the information gleaned from the Subcommittee be part of the next phase in operationalization. The Board recognizes that whatever is created needs to be based on strong data to support EMDR clinicians' knowledge and practice. It must also be field tested to assure that what will be included maintains the fidelity of the model and is clinically sound. It should represent a consistent set of standards all Consultants adhere to when approving Certification. And finally, it needs to not only be financially sustainable by the organization, but also not be financially prohibitive for clinicians seeking Certification.

As the next phase in this process, the Board has directed EMDRIA Administration to establish a new subcommittee under the Standards and Training Committee to operationalize these concepts. This subcommittee will include representation from the prior Subcommittee, the EMDRIA Board, and other EMDRIA members with skills suited to the task. The subcommittee will seek input from EMDRIA Approved Trainers, Approved Consultants and the general EMDRIA membership.

This new subcommittee is being asked to make recommendations regarding three primary goals:

1. To review and refine the currently proposed standards
2. To assess options for evaluating the attainment of competency, knowledge and skills. Evaluation options will be determined based on efficacy, validity and organizational resources required.
3. To establish strategies whereby EMDRIA as an organization, including EMDRIA Approved Trainers and Consultants can best assist EMDR clinicians to attain standards of competence.

It should be realized that this will take time. Consistent with the research-based concepts that support EMDR therapy, sufficient time for field testing and analysis must be allotted. Be sure to watch for updates in the coming EMDRIA newsletters, on the EMDRIA website and posted on the EMDRIA Communities.

If you have any questions or to provide feedback, please contact Mark Doherty, EMDRIA's Executive Director.

Thank you,

DaLene Forester Thacker, Ph.D.
2016 President, EMDRIA Board of Directors



BILATERAL
INNOVATIONS

Mark Odland - MA, LMFT, MDIV

2016 Distance Learning Courses Include:

Spiritual Trauma & EMDR Therapy -

7 Steps to Help Clients Heal

Offered again this October! (EMDRRIA-Approved for 6.0 CEs)

Jumpstart - How to Launch a Trauma-Focused

Private Practice on a Budget

Coming soon!

Spiritual Interweaves for Christian Clients -

AIP Informed Interventions for Common Blocking Beliefs

Coming soon!

Spiritual Resource Building with Christian Clients -

AIP Informed Interventions for the EMDR Preparation Phase

Coming soon!

www.bilateralinnovations.com

NOET Corner

NOET, the Network of EMDR Trainers, continues to invite EMDR trainers, as well as trainers-in-training to join this group of independent EMDR teachers. The purpose of the organization is to share information and support each other as we strive to find better and more effective ways of training others in the psychotherapy and the procedures of EMDR. In this issue we will describe two of the changes in the training format among some of its members.

One of the changes is in the organization of the overall schedule of the training. In the past, most trainings employed two three-day weekends. The ten hours of consultation required by the basic training were delivered during the two weekends or between and after the two weekends. Other formats utilized are in two, three and four parts.

A two-part format (two days followed by a four-day segment) developed by Ricky Greenwald (rg@childtrauma.com) focuses the first part on traumatology and the first two phases of the protocol, leaving the second part for the remainder of the eight phases. Andrew Seubert (andrew@clearpathhealingarts.com) utilizes three two-day segments, inserting consultation hours by phone in between the weekends. Part of a seventh day is devoted to any remaining consultation hours. The shorter segments seem to enable trainees to digest the information and skills effectively. Andrew Leeds (aleeds@theleeds.net) also employs two-day segments, albeit four of them. Consultation hours are interwoven throughout the four meetings. Other formats, to be sure, exist, but this is the information that this editor has access to at the moment.

The exploration of various scheduling formats is just one of the ways NOET trainers continue to search for more and more effective and efficient ways of teaching the psychotherapy that is EMDR. Another area of exploration, one pioneered by Elan Shapiro (elanshapiro@gmail.com) and his colleagues in Israel and by Roy Kiessling (roykiessling@me.com) here in the United States, is the processing continuum. EMDR relies, among other things, on free association to allow the innate healing system of the client to do its work. There are times, however, when full and free association can be contraindicated.

In the life-threatening arena that is Israel, when a person witnesses the horrors of violence, there is not the time nor is it the place to free associate into that person's entire history. The acute stress of the moment must be pinpointed and desensitized, without associating into past trauma. Similarly, when a client in this country presents with a complicated and complex trauma history, often fraught with attachment injury and dissociation, it is often necessary to restrict the free association and limit the processing to a particular memory in order to sidestep flooding and achieve some sense of progress.

The continuum of processing can then be seen as moving from more to less to no restriction with regard to the free associative process. EMD returns the client to the one memory after one or two sets of bilateral stimulation (BLS). EMDr allows for more frequent sets of BLS before returning to the original target, but restricts the client to the one memory. EMDR is the whole enchilada, wherever the freely associating healing impulse takes the client.

Teaching this continuum of processing at the start shows promise. It affords both the newly trained therapist as well as the client more structure and, therefore, greater control over the processing when it might be needed. And it makes it easier for both therapist and client to get their therapeutic feet wet, while building confidence.

Questions or content submissions, please contact: Andrew Seubert, editor NOET Corner at seuberta@mac.com. ❖



JOURNAL OF EMDR PRACTICE AND RESEARCH

CALL FOR PAPERS

You are invited to participate in the *Journal of EMDR Practice and Research*, a quarterly, peer-reviewed publication devoted to integrative, state-of-the-art papers about Eye Movement Desensitization and Reprocessing. It is a broadly conceived interdisciplinary journal that stimulates and communicates research and theory about EMDR, and their application to clinical practice.

For the Journal to be the premiere resource on EMDR, all members of EMDRIA and the mental health community are encouraged to contribute manuscripts.

Manuscript Preparation and Submission

Authors should prepare manuscripts according to the Publication Manual of the American Psychological Association (5th Edition). Manuscripts are generally expected to be 20-25 pages in length. Brief reports will be 10-15 pages in length. All instructions for preparation of the manuscript are contained in the Instructions for Authors on the soon-to-established EMDRIA Journal web page. Manuscripts should be submitted by e-mail, in English, in MS Word format to me (jemdreditor@gmail.com). The Guideline for Authors is available on the EMDRIA website or by contacting me or the EMDRIA office. If you would like to discuss a possible article, please email me.

Thank you in advance for your participation.

Louise Maxfield, Ph.D., CPsych

Editor, *Journal of EMDR Practice and Research*

Need Submission Ideas?

Case studies

- Assess the applicability of EMDR for a client(s) with a specific disorder or challenging presentation
- Examine changes to the standard protocol using a case series approach

Research studies

- Investigate outcome, by using randomized clinical trials
- Investigate treatment processes
- Evaluate the role of eye movements and bilateral stimulation
- Assess individual factors / personality variables to treatment outcome or process

Clinical contributions

- Discussion of the impact of ethnicity and culture
- Suggestions on how to evaluate client readiness for treatment
- Recommendations for treatment of a specific disorder

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses

EMDR RESEARCH FOUNDATION

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

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



We Celebrate You!

The EMDR Research Foundation is celebrating our 10th Anniversary this year. This means we are celebrating YOU. We are celebrating our loyal and generous donors, vendor donors, grant applicants and recipients, EMDR therapy researchers at large, volunteers who submitted TRIP articles, as well as the completed studies and published results because this is who and what has made the last 10 years possible! Celebrating this achievement also provides the opportunity to look ahead as to what is to come in the next 10 years. Planning and strategizing about the Foundation's future will be a main topic for our annual board meeting in Minneapolis this August.

The main purpose and function of the Foundation is to support high quality EMDR therapy research and the main goal of our *"EMDR Research Foundation: A Decade Of Making A Difference"* fundraising campaign is to do just that. We plan to develop fundraising strategies, which will aid us in funding research on a much larger scale than ever before. Not only do we plan to increase the amount of funding, but also

the number of studies we fund each cycle.

Speaking of our funding cycles, I am thrilled to announce we have awarded \$60,130 thus far in 2016. It is with great pleasure that I introduce the four new recipients who received funding in May. ***This highlights just how important YOU are to the Foundation's success.*** I am providing a brief synopsis of the projects and you can find the full abstract on our website.

A \$25,000 research grant was awarded to each of the following two research teams:

G. Di Lorenzo, M.D., Ph.D., of the University of Rome, Italy with co-applicants **L. Ostacoli M.D.**, **A. Hofmann M.D.** & **M. Pagani M.D., Ph.D.** for their project Neurobiological processing of emotions in Major Depression: Comparing the effects of Eye Movement Desensitization and Reprocessing and Anti-Depressant Medication. Depression is a severe challenge to mental health systems worldwide, and has significant neurobiological consequences. The aims of this study are 1) to compare the neurobiological effects of two different therapeutic interventions (EMDR and Anti-Depressant Medication) on emotion processing in adult patients with Major Depressive Disorder as assessed through High Density-EEG, and 2) to compare the efficacy of different interventions on clinical symptoms. The results of this study will help to improve the efficacy and effectiveness of treating the costly population of patients with depression.

C. Lee Ph.D. with co-applicants **A. Arntz Ph.D., F.R. Watt MB, BS, FRANZCP** & **K. Boterhoven de Haan Ph.D.** of Murdoch University, Australia for their project, Imagery Rescripting (ImRs) vs. Eye Movement Desensitization and Reprocessing (EMDR) as treatment of childhood-trauma related PTSD in adults. Trauma that originates from childhood experiences can develop into a chronic condition having a lasting impact on an individual's functioning and quality of life. Both imagery rescripting (ImRs) and EMDR therapy seem highly acceptable and effective treatments, which are less demanding than other trauma treatments. They are brief trauma-focused interventions that limit the amount of exposure to traumatic material, and are thereby found to be less distressing. The primary aim of this study is to compare these two trauma-focused interventions for treatment of childhood trauma-related PTSD. A second aim is to explore the treatment experience from the participant's perspective, and thirdly explore how EMDR therapy and ImRs treatments influence trauma memory narratives.

A \$5,130 research grant was awarded to **F.J.J. Ter Heide, Ph.D.** with co-applicants, **J.W. Knipscheer Ph.D.**, **T.M. Mooren Ph.D.**, **R.J. Kleber, Ph.D.** & **D. Medema M Sc** of the Utrecht University, The Netherlands for their project Association between coping style and response to EMDR and stabilization therapy in refugees with PTSD. There is currently a heated debate on the necessity of phased treatment for refugees who experience PTSD. Some clinicians argue that treatment guidelines for PTSD should be followed and EMDR or TF-CBT be offered, while others argue that trauma-focused treatment should be preceded or even replaced by stabilization. Coping style is an important element in this debate. The study aims to determine 1) if coping styles in refugees change as a result of receiving EMDR therapy or stabilization therapy, and 2) if different coping styles affect the response to EMDR therapy or stabilization therapy?

A \$5,000 Dissertation Grant was awarded to **M. D. Morrissey, MS, LMFT** at Northcentral University, Arizona for her project EMDR-IGTP for Secondary Traumatic Stress/Vicarious Trauma among First Responders. First responders experience daily exposure to critical incidences, which can increase the likelihood of developing vicarious trauma (VT) and secondary traumatic stress (STS). This study will consider if the proposed treatment, eye movement desensitization and reprocessing-integrated group treatment protocol (EMDR-IGTP) can decrease PTSD-like symptoms associated with VT/STS and increase post-traumatic growth (PTG). PTG has been defined as positive outcomes after exposure to traumatic events. Participants in this study will be nurses recruited from emergency rooms, EMS personnel, and firefighters who reside and/or work in the selected towns in Colorado.

The Foundation's Board of Directors is grateful we have the ability to offer funding to these deserving projects and look forward to their results. As a reminder for future funding, we have two yearly cycles with submission deadlines of February 1 and July 1. For the research grants, the award will be up to \$25000 and the dissertation award is up to \$5000. The Foundation also offers Consultation and Dissemination Travel Awards, which are available year round. Please see our website for more information about the grants and awards we offer.

To help us to exceed our current funding level, the goal of our 2016 **"EMDR Research Foundation: A Decade Of Making A Difference"** fundraising campaign is to raise \$10,000 or more. We plan to sign up a record number of new Visionary Alliance members this year. If you are already a monthly donor, you might consider raising your pledge BY \$10 in celebration of the achievement of our 10-year milestone. This will help our bottom line and more importantly, it will make more of those \$25000 grant awards possible. Another way to participate in our anniversary fundraising campaign is to consider a tribute gift of \$100, \$1000 or \$10,000 in the name of a loved one, friend or colleague, or simply in the name of EMDR therapy research. Additionally, this just might be the right time for you to consider your planned giving arrangements. There are many options to choose from such as an Endowment Gift, where the funds are used annually in perpetuity or you can name the EMDR Research Foundation as a beneficiary in your Will or Trust. As EMDR therapy ages, unfortunately so do we!

The EMDR Research Foundation will have a booth in the Exhibit Hall at the EMDRIA Conference in Minneapolis this year. Conference time is the best time of the year for the Foundation's Board of Directors, as it is our only chance to see and talk with our generous donors in person and personally say "thank you" for your support. We will distribute badge ribbons for our donors, and a separate one for the Visionary Alliance members, to wear with pride and satisfaction throughout the conference. We have other fun activities planned and I hope you visit our booth to find out how you can participate in the Foundation's continued success. We look forward to seeing all of you in Minneapolis.

"While we are living in the present, we must celebrate life every day, knowing that we are becoming history with every work, every action, every deed." ~Mattie Stepanek ❖



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TRAUMA RECOVERY/HAP UPDATE

BY CAROL R. MARTIN - EXECUTIVE DIRECTOR, TRAUMA RECOVERY/HAP

TRAUMA RECOVERY is not a part of EMDRIA; this article is published as a service to EMDRIA members.



The Difference You Can Make...

The EMDRIA Conference is a busy time. Most of you are attending because you want to learn more about EMDR therapy, maybe you want to see old friends or make new friends. Some might want more.

Some of you are looking to be a part of a community of likeminded clinicians. **Clinicians, like our volunteers, who want to make a difference in the world through bringing EMDR therapy to those who need it most and have done so for more than 20 years.** What does that mean? What do they stand for? Why is this so important? How can you be a part of this? *Come see us during the EMDRIA Conference and we will answer these questions. We can help you join this effort! You can become a part of this distinguished group of faculty and community volunteers.* In the meantime, you'll want to look at the names of those who have been involved in our programs over the years.

Distinguished Faculty and Training Volunteers

These volunteers have established a long and notable history in education at the forefront of community change through collaborating with community non-profit and public agencies. They volunteer because they believe in the mission. They adhere to the high standards of training that have been developed by Francine Shapiro, our founder, and they embrace training and teaching in the model that is recognized as evidence-based by SAMSHA.

Alexis Polles	Beverlee Laidlaw-Chasse	Cocoy Garcia	Edwin Sause	Harriet Mall
Alice Stricklin	Beverly Wright	Connie Pyburn	Elaine Alvarez	Helen Morton
Alicia Outcalt	Bill White	Conrad Sienkiewicz	Elaine Baughn	Herminia Shea-Martinez
Amber Stiles-Bodnar	Bonnie Mikelson	Cynthia Kong	Elaine Ortman	Hope Payson
Amoree Lanaha	Brenda Sawyer	David Eliscu	Elaine Soto	Howard Lipke
Amy Kahn	Brurit Laub	David Knight	Elaine Wynne	Ira Dressner
Ana Gomez	Carl Nickeson	David Ogren	Elan Shapiro	Irene Giessl
Anastasia Pollock	Carol Crow	David Sherwood	Elena Guagenti-Tax	Isaac Manis
Anastasia Pytal	Carol Forgash	Dawn Roy	Emily Aber	Jack Mc Carthy
Andrea Goldberg	Carol Kibbee	Deanna Pico	Enid Singer	Jackie Michaud
Andrea Holt	Carol Lozier	Deborah Kennard	Eugenie Hsu	James Cole
Andrew Seubert	Carol York	Deborah Nielsen	Farnsworth Lobenstine	James Knipe
Angelo Farenga	Carol Zancanella	Deborah Silveria	Faye Campbell	Jamie Marich
Ann Gildersleeve	Carolyn Schuyler	Debra Littrell	Flo Holt	Jamie Zabukovec
Ann Kafoury	Carolyn Settle	Debra Onsager	Florence Lim	Jan Click
Ann Schelbe	Chandra Nagireddy	Debra Wesselmann	Frances Klaff	Jan Schaad
Ann Waldon	Charlene Spears	Denise Gelinias	Gary Scarborough	Jan Williams
Anna Monaco	Charlotte Bassett	Denisia Rasmus	Gayle Cordes	Janet Nethisinghe
Arnold Popky	Chawntay Hernandez	Donald De Graffenried	Gene Schwartz	Janet Thornton
Barbara Hensley	Cherilyn Rowland Petrie	Donna D'Aloia	George Abbott	Janet Vessels
Barbara Korzun	Cheryl Kenn	Donna Raposa	Gerald Puk	Janet Wright
Barbara Lutz	Cheryle Jones Andrews	Donna Rininger	Gilda Schaffer	Janice Lowe
Barbara Meyer	Christie Sprowls	Dorothy Ashman	Gloria Gilbert	Janie Scholom
Barbara Zellan	Christine Bergman	Douglas Cybela	Grayce Gusmano	Jarilen Preston
Bennet Wolper	Christine Inger	E C Hurley	Gregory Smith	Jean Griffin
Bernadette Talia	Cindy White	Earl Grey	Gretchen Leu	Jean Hawks
Betsy Prince	Claire Mauer	Edwin Hallsten	Hal Linebarger	Jean Sidley

Jeanne Martin	Kass Atkinson	Lloyd Cloud	Nancy Greene	Sandra Spiegel
Jeannie Ertl	Kate Anne Becker	Lori Butler	Nancy Knudsen	Sandy Bookmeyer
Jennifer Cochern	Kate Berman	Lori Nelson	Nancy Simons	Sarah Jenkins
Jennifer Jones	Kate Wheeler	Lori Pereira	Nezhat Edalatian	Sheila Salama
Jennifer Lendl	Katherine Davis	Lorraine Cahn	Noreen Legare	Sheri Rezak-Irons
Jennifer Pattison	Kathleen Scott	Louise Baylock	Pamela Ford	Sherry Michaud
Jennifer Tattersall	Kathryn Montgomery	Lynda Ruf	Patty Giffin	Soozi Bolte
Jill Archer	Kathy Radina	Lynn Persson	Peggy Gale	Stacey Cooper-Jennings
Jill Strunk	Katie O'Shea	Lynne Dixon	Peggy Moore	Stephanie Drieze
Jill Zimmerman	Katy Murray	M Leanne Harper	Phoebe Kessler	Sue Anne Wrenn
Jim Gach	Kay Werk	Madeleine Tobias	Priscilla Marquis	Sue Evans
Joan Freeman	Kelly Carlson	Madelynne Broyles	Rachel Erwin	Susan Arland
Joan Petty	Kenya Rocha	Maria Masciandaro	Rachel Rosa	Susan Brown
Joann Kurek	Keunho Keefe	Marilyn Levy	Raylah Etlantus	Susan Carson
Joanne Twombly	Kimberly Walker	Marilyn Luber	Rebecca Rosenblum	Susan Curry
Jocelyn Barrett	Kriss Jarecki	Marjorie Lamphear	Rebecca Tolman	Susan Goodell
Jocelyne Shiromoto	Kyle Hood	Mark Dworkin	Rebecca Wilson	Susan Marcus
John Burd	Kyndel Marcroft	Mark Nickerson	Regina Morrow Robinson	Susan Rogers
John Marquis	Lance Sneath	Mark Odland	Reginald Harris	Susan Schaefer
John Paradiso	Larry Anderson	Mary Ann Herzing	Renee Malina	Susan Sugar
Joset Munro	Larry Shrier	Mary Duggan	Reyhana Seedat	Susan Thompson
Josie Juhasz	Laura Dickson	Mary Jo Mchaney	Richard Murphy Jr	Susan Wulff
Joyce Stockton	Lauri Weber	Mary Zaudtke	Richard Smith	Sushma Mehrotra
Judith Boel	Laurie Furman	Maxine Trent	Rik Muroya	Suzanne Borstein
Judith Boone	Laurie Mastrianna	Melinda Sullivan	Rita Crockett	T B D Logistics
Judith Daniel	Laurie Tetreault	Merrill Powers	Robbie Adler-Tapia	Tabatha Maiorano
Judith Lindsay	Lawrence Nieters	Michael D'Antonio	Robbie Dunton	Ted Olejnik
Judy Cabeceiras	Leslie Adler	Michael Galvin	Roger Ludwig	Terry Melanson
Judy Gardner	Leslie Brown	Michael Keller	Rosalie Thomas	Trip Woodard
Julia Russomanno	Leslie Weiss	Michelle Christy	Rose Justian	Valerie Sheehan
Julie Miller	Lilia Mathieu-Enciso	Michelle Gottlieb	Rosemary Wrzos	Wally Juraschka
Julie Stowasser	Lillian Sideris	Molly Lacroix	Roxann Hassett	Warren Faber
Karen Alter-Reid	Linda Bowers	Mona Zagroul	Roy Kiessling	Wendy Buchanan
Karen Arthur	Linda Ouellette	Monica Soderberg	Sandra Berna	Wendy Krauss
Karen Forte	Linda Pillsbury	Morgan Rapp	Sandra Kaplan	William Brislin
Karin Kleiner	Linda Rost	Nancy Abel	Sandra Kremer	William Harrar
Karl Speirs	Linda Tepper	Nancy Errebo	Sandra Poupenev	Yuhsin Lee
				Zona Scheiner

Listed above are the names of clinicians who have volunteered to provide training between July 1st, 2006 to June 30, 2016. This includes trainers, facilitators and logistics for all Basic and Specialty trainings, including on-line and international trainings. We hope that we included all those who were involved in that time period. We don't have complete volunteer records before 2006, and your contributions were critical to the development of this organization. We'd love to hear from you. Please let us know if we missed you and we can add you to the list! Thank you!

...Continued from Page 11...

International and US Response

It has been our goal to build communities of EMDR trained therapists throughout the U.S. and underserved countries worldwide. This began because our volunteers wanted to help those who are suffering in the wake of disasters. It continued because the response and training that occurred over the years helped these communities grow and flourish. In the beginning, our response work required that U.S. volunteers be sent to places throughout this country and worldwide. Today, we are needed in different ways as many local volunteer groups become established in the U.S. through our Trauma Recovery Network. Internationally, we continue to work with their now established local or regional EMDR organizations.

Adriane Casner	Carole Foster-Pitts	Della Kinsolving Benham	Jan Williams	Katharine Mendoza
Adrienne Mcfady	Carolyn Gerard	Desdemonia Wenzel	Jana Mccrea	Kathleen Bergquist
Agnes Wohl	Carolyn Potts Metzker	Diana Neuner	Janet Hooper	Kathleen Cody
Alana Hecker	Catherine Butler	Diane Lewman	Jay Fellers	Kathleen Corbett
Alia Witt	Catherine Smith	Diane Simon	Jean Moretto	Kathleen Miller
Alynn Schmitt McManus	Cathie Gum	Donald De Graffenried	Jeffrey Parker	Kathleen Okane
Amanda Roberts	Cathleen McInerney	Donna Campbell	Jeffrey Rice	Kathleen Rapp
Amanda Woollard	Cathy Menzies	Dov Wills	Jeffrey Smith	Kathleen Young
Amy Burnside	Ceil Renaud	Dr Teresa Rhodes	Jennifer Chambers	Kathryn Theobald
Amy Casey	Chante Pantila	Edie Dornbush	Jennifer Lang	Kathryn Webb
Amy Kahn	Charles Knoeckel	Edison Astudillo	Jennifer Madere	Kathy Radina
Amy Stoppelman	Charlotte O'Bannon	Edward Thompson	Jenny Oriley	Katy Murray
Anastasia Pollock	Charlotte von Prondzinski	Elizabeth Adams	Jessica Kimak	Kay Johnson
Anastasia Pytal	Cherilyn Rowland Petrie	Elizabeth Carr	Jessica Whitaker	Kelley Jones
Andrea Goldberg	Cheryl Cummin	Elizabeth Haslam	Jill Kristal	Kelly O'Horo
Andrea Savino	Cheryl Entner	Elizabeth Ramirez	Jillian Vanselow	Kenneth Taylor
Ann Magee Mulroy	Cheryl Kenn	Elka Pinson	Joanna Rosen	Kerry Rollins
Ann Warner	Christine Sullivan	Emily Mcgrath	Joanne Fuller	Kian Jacobs
Anne Gamble	Christine Widener	Enid Singer	John Ashburn	Kimberly Sandstrom
Anne Giel	Connie Glenn	Erica fross	Jonna Fries	Kimberly Sharpe
Annette Hess	Cora Passanisi	Erik Huber	Jose Carbajal	Kirsten Young
Ashleah Zigmond	Corrinne Schwartz	Eva Washington	Joseph Graca	Kris Johnson
Barbara Burton	Cyndy Ruzich, PsyD	Eve Hausler	Joseph Yaskin	Kristan Warnick
Barbara Edelman	Cynthia Crowson	Evelyn Wright	Judith Fuhrman	Kristiann SantaMaria
Barbara Heffernan	Daisy Taylor	Fran Weintraub	Judith Zorfaz	Kristin Bowers
Barbara Hensley	Dana Myers	Francine Lalande	Julia Russomanno	Kristine Wullenweber
Barbara Koppe	Dana Terrell	Galyn Forster	Julie McAllister	Larry Shrier
Barbara Rant	Danielle Ingoglia	Ghada Osman	Julie Miller	Lauren Donley
Barbara Swain	Daryll Douglas	Gina Colelli	Julie Probus-Schad	Lauren Goldstein
Barbra Danin	David Dockstader	Ginger Neff	Julieann Myers	Laurie Furman
Barry Francke	David Knight	Gloria Gilbert	Juliet Ruiz	Laurie Robbins
Becky Paul	David Mcdonald	Gretchen Mallios	Karen Alter-Reid	Leila McKay
Becky Sherman	David Stringham	H Mari P Grande	Karen Forte	Lemecia Lindsey
Bernadette Talia	Dawn Brock	Hea-Kyung Kwon	Karen Gongola	LEO MORA
Bert Shepley	Deana Charter	Heather Hallum	Karen Martin Fiedler	Lesia Doan
Beverlee Laidlaw-Chasse	Debbie Tessmer-Wagner	Helena Cohen	Karen Mcgrellis	Letizia Adorno
Bobbie Shepard	Deborah Augenbraun	Helene Trujillo	Karen Oliphant	Linda Ludwig
Bruce Patterson	Deborah Korn	Irene Harris	Karl Speirs	Linda Ouellette
C Paula Krentzel	Deborah Nielsen	Jack Harris	Karl Speirs	Lindy Swimm
C. Sharon Meredith	Deborah Price	James Ellor	Karole Holtkamp	Linea Larsen
Carol Kibbee	Deirdre Cole	Jami Osborne	Kate Wheeler	Lisa Lloyd

Lisa Barry	Melinda Taylor	Pauline Amaismeier	Ruth Meinking	Susan Tye
Lisa Blackwood	Melissa Fitzpatrick	Peg Correia	Ryan Peterson	Susan Wendelborg
Lisa Salvi	Melodee Arnold	Peggy Gale	Sadie Smith	Susan Wulff
Liz Cohen	Merrill Powers	Pennisue Hignell	Sandy Tudor	Susan Zeichner
Lloyd Cloud	Michael Peck	Phyllis Marton	Sara Gilman	Suzanne McColl
Lorencita Villegas	Michael Richardson	Rachele Moskowitz	Scott Ginther	Suzy Lee
Lori Kucharski	Michael Tyler Ramos	Randa Fent	Shari Harris	T Brendan Considine
Lyn Siegel	Michele Renchner	Reannon Kerwood	Sharon Compono	Tamara Rounds
Lynn Lamb	Michelle Maidenberg	Rebecca Rosenblum	Shaun Levine	Ted Olejnik
Lynn Persson	Miguel Conntreras	Rebecca Walkley	Shawnmarie Carpenter	Terry Becker-Fritz
Margarita Borda	Millie Grenough	Reena Mittal	Sheila Hirsch	Terry Lafrazia
Margery David	Nancy Deutsch	Renee Rathke	Sheila Katz	Tina Shrigley
Maria Iannone	Nancy Johnson	Rhonda Kamai-Kekela	Shelley Kaufman	Tisha Jackson
Marianne Burke	Nancy Simons	Richard Godoy	Shelly Foster	Tomoko Grabosky
Marilyn Levy	Nicolette Banbury	Rigel Garibay	Sheri Plummer-Raphael	Tricia Teneycke
Marjorie Hornik	Nina Gershowitz	Rik Muroya	Sheri Rezak-Irons	Trn Test
Marjorie Lamphear	Noelle Damon	Rivkah Bauman	Sherri Mikels-Romero	Victoria Ford
Marlene Parker	Nori Monroe	Robbie Dunton	Sherry Greenwald	Victoria Wurman
Marni Armstrong	Norma A. Mayer	Robert Gelbach	Soozi Bolte	Wayne Hume
Martha Correa	Ntrn Coordinator	Robert Schwab	Stacy Musial	Wendy Byrd
Martina Friedrich	Pamela Gerdes	Robin Bezark	Stephanie Drieze	William Brislin
Mary Bradley	Pamela Rinato	Robin Harris	Stephanne Thornton	William pryor
Mary Obata	Pamela Shore	Robyn Cherry	Sue Tepper	Zubeyde Seda Gulvas
Maureen Leahy	Patricia Fitzpatrick	Romana Triliegi	Susan Walton	
Maxine Trent	Patricia Glinski	Rosalie Fine	Susan Goodell	
Meg Berry	Patricia Henry-Schneider	Rosalie Thomas	Susan Jorgensen	
Meir Rizel	Patricia Mosbacher	Rosemary Burns	Susan Kullerd	
Melba Nicholson Sullivan	Paula Martell	Roy Thomas	Susan Marcus	
Melinda Sullivan	Paula Reis	Ruth Manley	Susan Sullivan	

Listed above are the names of the volunteers who have worked to bring EMDR therapy to those who need it most in the wake of a natural or manmade disaster. This includes the names of all TRN volunteers who have registered on our website. If your name isn't included, please make sure that you have registered with us as a volunteer.

Umpqua Community College Shooting 2015	Boston Marathon 2013	Hurricane Katrina 2005
Oso, WA Mudslide 2014	Sandy Hook Elementary Shooting 2012	Terrorist Attacks on 9/11/2001
Arizona Wildfire 2013	Hurricane Sandy 2012	Columbine, CO School Shooting 1999
Oklahoma Tornado 2013	Joplin, MO and Tuscaloosa, AL Tornado 2011	Oklahoma City Bombing 1995

Listed above are some of the domestic manmade and natural disasters where our committed volunteers have helped those touched by tragedy.

Algeria	Haiti	Kenya	Philippines	Thailand
Canada	Indonesia	Lebanon	Russia	Turkey
China	Iceland	Liberia	Sri Lanka	Uganda
Egypt	India	Nepal	Sudan	Zambia
Ethiopia	Jordan	Palestine	Tanzania	

Listed above are most of the international locations where our committed volunteers have helped those who are suffering from either a natural or manmade disaster.

We look forward to speaking with you at the EMDRIA Conference. We invite you to become a part of this long and respected tradition!

To receive updates from Trauma Recovery/HAP text **EMDRHAP** to **22828**. ❖

In Celebration: John Marquis, Ph.D.

BY MARILYN LUBER, PH.D.



A beloved member of our EMDR community left us on March 16, 2016 after living 87 vibrant years bringing his wonderful spirit to the world. This is a tribute to John Marquis and a celebration of his life based on an earlier article I wrote in 2001, an interview with his daughter, Priscilla, and some memories from our colleagues.

Since John Marquis recently told me that he rides his bicycle almost 60 miles a week going home and to work, I have been having this wonderful vision of him riding across the skies of California... sort of like E.T.! This may be a loose association, but truthfully, I have always thought that there is a touch of the magical about John. I think it is that strange mixture of dependability and sturdiness with that great twinkle in his eye and imperturbable spirit that has endeared him to me. John truly marches to the beat of his own drummer.

When I think back to my early days as part of the EMDR community, I always think of John Marquis because he is one of the old-timers of EMDR. As a deeply concerned psychologist and academician, he always provided an aura of respectability to this new, strange and wonderful method we

call EMDR.

John was first introduced to psychology as a freshman at Maryville College in Tennessee through three texts: William James' *Principles of Psychology*, Sigmund Freud's *General Introduction to Psychoanalysis* and Watson's *Behaviorism*. By the end of the semester, he was hooked and decided to declare his major in psychology. He transferred to the University of Illinois to broaden his horizons and graduated with a B.S. in Psychology in the class of 1950.

At that point, the Army drafted John and he was off to Fort Sam Houston. There he was a Clinical Psychology Technician and continued his interest in human behavior by administering psychological tests. At the end of his military service, John attended Ohio University and received an M.S. in Psychology. With his interest in clinical work growing, he worked at a State Hospital in Logansport, Indiana for one year to gain more experience. Convinced that clinical psychology was his future, John enrolled at the University of Michigan where he wrote his doctoral dissertation on "Fantasy Measures of Aggressive Behavior". He was thoroughly trained in psychoanalytic theory as well as other areas of psychology. He worked summers at the University of Michigan Fresh Air Camp for disturbed children and spent his winters as a teaching fellow in Introductory Psychology. He was awarded his doctorate in Personality Theory in 1960.

During his doctoral work, John began his sojourn at the Veteran's Administration Hospitals as an intern in Ann Arbor and Dearborn. He continued this interesting work after graduation when he moved to Palo Alto, California and worked in the VA hospital there until his retirement in 1984. He thought that Palo Alto was the best placement in the VA system because it gave psychologists a great deal of responsibility. During his time at the VA, John served as a Ward Psychologist and Program Director for eight years, and Principal Psychologist for the Mental Hygiene Clinic for eight years. He also served on the Social Learning Unit, an Out-placement Unit, a Brain Injury Rehabilitation Unit and a Co-ed Psychiatric Ward.

While he was there, John had the opportunity to work along with some of the luminaries in psychology such as Lenny Krasner, Al Bandura, Arnold Lazarus and Jack Athlowe. John retired from the VA in 1984 at age 55 after 30 years of service including his time in the Army.

John was a behaviorist when he moved to California and became one of the first ones in the state and was involved with the American Association for the Advancement of Behavior Therapy (AABT). After the VA, he became interested in Psychologists for Social Responsibility and served as the chair of the chapter in Northern California. He was on the steering committee that resulted in the beginning of the APA Division of Peace Psychology. During this period of time, John was intrigued by other possibilities and worked as a Staff Psychologist at the Behavior Therapy Institute in Sausalito under Arnold Lazarus from 1966-68. From 1971-76, He was part of the Behavior Change Corporation Alcohol Treatment Program in Los Altos in the capacity of Chairman of the Board of Directors. He joined Stanford University in the Department of Psychiatry and Behavioral Sciences first as a Clinical Instructor and then as an Assistant Professor from 1975-1984. Also, he worked at the Behavioral Medicine Clinic at the Psychiatry and Behavioral Science Department of the Stanford University School of Medicine from 1977-82. He became an Emeritus Professor at Stanford in 1984.

John took his skills into the community and soon after he came to Palo Alto, he joined the Mid-Peninsula ACLU. As a member, he worked on the Committee on Civil Liberties of Mental Patients and contacted those who were working on the Lanterman-Petris-Short Act that ended indefinite commitments for mental patients. Through their intervention, they got their recommendations incorporated into the law, including the first Bill of Rights for mental patients, which John's committee drafted.

From 1970 – 1971, John was on the Board of the Ecology Center Foundation located in Berkeley. Through the work of this group, the first Ecology Center was formed and served as a model for other centers. People came from all over to learn about the center and then

returned home to create their own centers. Also in the seventies, John was an active member of the California State Psychological Association (CSPA). He was the Insurance Chair and also led the task force on Masters-Level Psychologists. In 1976, John assumed the position of President for the Santa Clara County Psychological Association.

In the late 80's, John was a part-time Professor at Pacific Graduate School of Psychology in Palo Alto where he served as Director of Clinical Training from 1991-1992. John was in private practice since 1964 – 2010. His areas of specialization were the following: "phobias, anxiety, stress, and panic disorder: relaxation training and application; breathing training for hyperventilators; systematic desensitization: flooding and implosive therapy; cognitive behavior therapy; social skills training; couples and family therapy; adolescent problems; sex therapy; sexual offenses, and sexual object choice; alcohol problems – controlled drinking, abstinence, and relapse prevention training; health problems and self management skills; eye movement desensitization and reprocessing; evaluations and expert testimony; and dissociative disorders.

Throughout his career, John always felt that "The thing that was important to me was looking for new effective therapies. The goal was to get psychotherapy out of the witch doctor stage." With that in mind, John was always interested in new, better and more efficient kinds of psychotherapies such as Tom Stampfl's Exposure Therapy; orgasmic reconditioning for sex offenders (which resulted in the cessation of Aversive Therapy) and the moderate drinking training. And, of course, EMDR.....

John became aware of EMDR when he noticed that a woman by the name of Francine Shapiro was giving a presentation at a 1989 AABT convention at the same time as he was. Curious, he jumped at the opportunity to hear Dr. Shapiro speak at the Giorretto Institute for sex offenders' lecture series just before the 1989 earthquake, and spoke to her afterwards about this new trauma treatment. He went home and tried it immediately and was very impressed with its clinical effectiveness. During that time, he sought consultation with Dr. Shapiro and tried EMD (the early name of EMDR) with a wide variety of clinical problems. In March 1990, he attended the first public training in the United States and then took the second level training in the fall.

Smitten with EMDR's efficacy with his patients, in 1991, at the invitation of Joseph Wolpe, John published the results of 78 cases of EMDR in the Journal of Behavior Therapy and Experimental Psychiatry. During the following spring, John sponsored the first academic training at the Pacific Graduate School of Psychology. This experience included the first translation of the training into Spanish for a psychology professor from El Salvador by his daughter, Priscilla Marquis. Later John arranged for other colleagues from El Salvador to take subsequent trainings at the EMDR Institute.

John's social activism grew and he began to volunteer his time, energy and money to be part of the active humanitarian team of EMDR practitioners. As the interest in Central America evolved, in the summer of 1991, John and Priscilla (as translator and facilitator) gave the first HAP-type training at the Baptist Hospital in Managua, Nicaragua with Dr. Shapiro's blessing. This was at his own expense. He also volunteered a week of his time to help survivors of Hurricane Andrew in Florida. Later, in August 1995, he spent a week in Oklahoma City after the Oklahoma City bombing as part of the facilitating team and on-site volunteers who worked with the emergency workers and surviving members of people killed in the blast. In December 1998, John spent two weeks in Bangladesh with the EMDR Humanitarian Assistance Program helping to complete their contract with UNESCO to train and consult. Life came full circle as during this trip, he worked for Priscilla who is now a trainer for HAP.

John joined the Humanitarian Assistance Program's Board at its inception in 1996 and served a four-year term.

To the EMDR community, John wants to communicate the following:

I think that it is wonderful all of the good therapeutic methods that have been originated and developed and disseminated through EMDR. So many people have been impressed with the quality of the training and in the general therapeutic skills that serve as a matrix for EMDR. I think that this is just an exciting time as it becomes agreed upon that EMDR is effective in treating PTSD and that the research can move on to how EMDR works and how to improve it and treating other problems. These are exciting times!

Priscilla added that John stayed in private practice until 2010 when he turned 80 and retired completely. For EMDR, he continued to be involved in HAP trainings locally and in other parts of the country. One training in which he was involved was for The Baby Fold; it was particularly poignant because it took place in Bloomington, IL, his hometown, and gave him a chance to give back. She noted that she was proud that John helped with a Protocol for Perpetrators. He had done an article on orgasmic reconditioning teaching perpetrators to become orgasmic to an appropriate person. He took his early article and using EMDR had perpetrators work on earlier memories where they thought that they "deserved it" because they were perpetrated upon to help them move on. She felt that he would dive in and help whoever needed help. Priscilla shared these thoughts about her father:

There were many things about my dad that were so amazing. In the early days of EMDR, I would go to my clinical supervisors, and say that, 'I don't know what to do.' They didn't know what to do either. I would go to dad and he would say, "It is dissociation do this and this." He really had an incredible wealth of clinical knowledge from all of the years of his work that he brought to EMDR.

I think that he was incredibly brave to dive right in and use EMDR with a wide variety of clinical problems without missing a beat. He jumped in and did it. He trusted EMDR would help people move forward and they did. It is particularly dramatic when you see new people trained and how they are so tentative; my dad just jumped in. He was an incredibly accomplished clinician.

He was dedicated to helping HAP. When I asked him what do you want for your birthday, he said give a donation to HAP. The other thing about him was how relaxed he was. It was part of his character, one of the things that made him a wonderful EMDR facilitator and teacher. It was easy for him to help his people to continue and learn. He was a great role model in that way. He never became a trainer. He was happy to be a facilitator and on the HAP Board.

John's personal life is as rich as his professional life. His wife Pat of 57 years is filled with the same vitality as John. She was the former proprietor of a Native American arts store and she is an avid cook who has collected 5000 cookbooks. She was the past president of the Stanford Women's Club. They have 2 sons, Neil and Paul, and our Priscilla who is an active member of our community. John was a gourmet cook and amateur gardener who grew fresh herbs and citrus for their table. His son planted a vegetable garden in his honor. He loved to snorkel and up until 15 days before his death, he rode 4-7 miles a day on his recumbent seat bike.

John's dedication to psychology, the EMDR family and the larger community of the world is apparent in who he was and all that he has done. How lucky we are to carry on John Marquis' legacy.

Memories of John

"John was, truly, one of the sweetest, kindest, most generous human beings that I have ever known. He had such an impact on so many during his time on this earth. I had so much respect for him and really thought of him as one of our "wise elders". His memory is, indeed, a blessing to us all." ~Debbie Korn

"John was a warm and beautiful guiding light for those of us in the EMDR world and beyond. He was a wonderful teacher and humanitarian, and made a big difference in the world. And one of those differences is to have a daughter (Priscilla) who is following his example." ~Rosalie Thomas

"One of the "old guard" has passed. His efforts were so important in getting over some critical hump on the early EMDR years. I have happy memories of our talks, joking and laughing (he has such a sense of humor), and amazing energy. He passes on his legacy through Priscilla, another gift to EMDR (and the world)." ~Roger Solomon

"John was a true pioneer. Not just in EMDR but in Behavior Therapy. In 1992-1993, I used to attend his EMDR Case Consultation Group. A good guy! He will be missed." ~Steven Marcus

"His was a bright light that shone bright and steady. He was clearly loved by many and I am one of those who felt touched by his presence." ~Elaine Alvarez

"I will always remember John dearly. He was so kind to me during my facilitator training in Lansing MI. We would reminisce about our experiences at the University of Michigan, which clearly, was an important time in his life. I feel the loss, knowing that he is no longer on the planet." ~Bennet Wolper

"John loomed large in the EMDR Community, and many of us are fortunate to have experienced his greatness – his kindness, his generosity, his passion, his wisdom, his presence. Part of his legacy is the enduring footprint he has left behind that helps to ensure the future of EMDR therapy in an uncertain world. In many ways, he is still with us. I am sorry for our loss." ~Barb Hensley

"He was an EMDR Giant." ~Edith Taber

"I first had contact with John on my internship at the Palo Alto VA in 1974. As good as the staff there was, he was the one supervisor everyone wanted. I was disappointed that I didn't get the chance study with him, so it was especially gratifying to meet and learn from him through our EMDR contact. It should not have been surprising that he would be one of the few respected people in our field who would quickly understand the value of Francine's new and controversial work. I think this was more important to EMDR's acceptance, and getting help to hundreds of thousands of people than is widely known." ~Howard Lipke

"John has blessed us with such wonderful memories of his kindness and generosity. I remember being disappointed when he retired in not having him around as much. I often think of John, Pat and Neil when we did the first European EMDR training in Aix-en-Provence and Amsterdam. I have such wonderful fond memories of that time. The memories of John are the most vibrant and graceful threads that make up the tapestry of our loving EMDR family....how comforting it is for all of us." ~Jocelyne Shiromoto

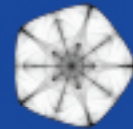
"The picture of John Marquis, a Stanford emeritus professor and highly respected psychologist, arriving on his 10-speed bicycle to facilitate at EMDR trainings, made an everlasting impression on me. I first met Dr. Marquis in 1990 at a lecture Dr. Shapiro gave to a large audience at Stanford, then again the next year at the Pacific Graduate School of Psychology, where he had invited her to give an EMDR training. He was one of the first luminaries in the field of psychology to embrace EMDR therapy, publishing journal articles, facilitating for EMDR Institute trainings and volunteering with EMDR HAP throughout the world.

I will always remember him as an exceptional man who was enthusiastic for not only EMDR therapy and psychology, but for life opportunities in general. Many of our conversations included the sharing of favorite recipes, gardening tips, descriptions of his travel adventures, family excursions, and, of course, EMDR success stories. John's devotion to his family was evident in most of our conversations. I was fortunate to meet his sweet wife, Pat, and his talented daughter, psychologist Priscilla Marquis, a well-known EMDR trainer, facilitator and conference presenter. They enjoyed traveling together to bring EMDR therapy to underserved communities in Latin America. The greeting cards John sent me several times each year to keep me up to date about his family and health were filled with John's keen sense of humor and brought me much happiness and laughter. The EMDR community will miss one of its most extraordinary and brilliant treasures." ~Robbie Dunton ❖

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RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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

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

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

Brennstuhl, M. -, Tarquinio, C., & Bassan, F. (2016). Use of an Eye Movement Desensitization and Reprocessing (EMDR) therapy in chronic pain management: A pilot study [Utilisation de la thérapie EMDR—eye movement desensitization and reprocessing—dans le cadre de la douleur chronique: Étude pilote]. *Pratiques Psychologiques*. doi:10.1016/j.prps.2015.11.002

Brennstuhl, M.-J.: Cabinet de Psychologie, Metz, France, 57000, E-mail: mjo.b@live.fr

ABSTRACT

Introduction: Chronic pain is a major healthcare issue. Additional costs involved in pain management each year in France amount to more than one billion euros. While painkillers have been proven effective in treating acute pain, their long-term use has negative side effects reducing their effectiveness. Psychotherapeutic schemes like hypnosis and cognitive-behavioural therapies also seem to show mixed results.

Objective: Considering that the use of Eye Movement Desensitization and Reprocessing (EMDR) therapy is an innovative approach in chronic pain management, the main focus of this research was to compare the use of EMDR therapy versus eclectic healthcare in a hospital unit specialized in the management of chronic pain. Method: Forty-five patients divided into three groups were treated by standard protocol of EMDR therapy, pain protocol of EMDR therapy and eclectic therapy.

Results: Results show the effectiveness of EMDR therapy on sensory, cognitive, behavioural and emotional but also traumatic components of pain, EMDR standard protocol being most efficient after five sessions, and a reduction of pain extending one month after therapy has been discontinued.

Conclusion: The interest in the use of EMDR in chronic pain management then lies partly in its effectiveness in a few sessions, but also in clinical fast emergence and awareness that it allows to obtain from these patients.

Campagne, D. M. (2016). Guided eye movement (GEM) in trauma therapy: Hypothetical neurological routes and initial results of a sample N = 35. *International Journal of Stress Management*. doi:10.1037/str0000015

Daniel M. Campagne, Faculty of Psychology, Universidad Nacional de Educación a Distancia (UNED), Juan del Rosal, 10, 28040, Madrid, Spain. E-mail: danplaton@hotmail.com

ABSTRACT

Recent studies and clinical evidence indicate that eye movement by itself has a direct and positive role in neural processing, especially in processing emotion and, thus, trauma. The influence of eye movement on electroencephalography is amply documented but is generally taken as artifacts. This article comments on existing neurological research that may explain the positive effects—on both acute and posttraumatic stress—of guided eye movement in combination with cognitive therapy. Results of a minimally directive method for applying guided eye movement in a clinical setting are given. The method does not require extensive or specialized training and therefore may be applied by nontherapists. This simple form of guided eye movement was applied as trauma therapy to a sample of 35 subjects, in combination with active empathic listening. The short and medium term results (1–12 months) are presented here in detail. These clinical results point to neurological possibilities supporting the idea that the positive effects of the mere guided movement of the eyes during the recounting of a traumatic experience may depend on a physical, and not a psychological, mechanism. This opens possibilities for faster and more economic forms of trauma treatment.

Cuperus, A. A., Laken, M., van den Hout, M. A., & Engelhard, I. M. (2016). Degrading emotional memories induced by a virtual reality paradigm. *Journal of Behavior Therapy and Experimental Psychiatry*, 52, 45-50. doi:10.1016/j.jbtep.2016.03.004.

Anne Cuperus, Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC, Utrecht, The Netherlands. E-mail: acuperus@gmail.com.

ABSTRACT

Background and Objectives: In Eye Movement and Desensitization and Reprocessing (EMDR) therapy, a dual-task approach is used: patients make horizontal eye movements while they recall aversive memories. Studies showed that this reduces memory vividness and/or emotionality. A strong explanation is provided by working memory theory, which suggests that other taxing dual-tasks are also effective. Experiment 1 tested whether a visuospatial task which was carried out while participants were blindfolded taxes working memory. Experiment 2 tested whether this task degrades negative memories induced by a virtual reality (VR) paradigm.

Methods: In experiment 1, participants responded to auditory cues with or without simultaneously carrying out the visuospatial task. In experiment 2, participants recalled negative memories induced by a VR paradigm. The experimental group simultaneously carried out the visuospatial task, and a control group merely recalled the memories. Changes in self-rated memory vividness and emotionality were measured.

Results: The slowing down of reaction times due to the visuospatial task indicated that its cognitive load was greater than the load of the eye movements task in previous studies. The task also led to reductions in emotionality (but not vividness) of memories induced by the VR paradigm.

Limitations: Weaknesses are that only males were tested in experiment 1, and the effectiveness of the VR fear/trauma induction was not assessed with ratings of mood or intrusions in experiment 2.

Conclusions: The results suggest that the visuospatial task may be applicable in clinical settings, and the VR paradigm may provide a useful method of inducing negative memories

Haour, F., & de Beaurepaire, C. (2016). [Summary: Scientific evaluation of EMDR psychotherapy]. *L'Encéphale*. doi:10.1016/j.encep.2016.02.012.

France Haour, Association EMDR France, 30, place Saint-Georges, 75009 Paris, France. E-mail: fhaour@gmail.com.

ABSTRACT

Objective: The evaluation of psychotherapy methods is made difficult by their practical and theoretical diversities as well as the increasing number of available therapies. Evaluation based on scientific criteria in randomized control trials is providing the highest level of proof and recognition by Health Agencies. A recently described integrative psychotherapy, eye movement desensitization and reprocessing (EMDR), developed by F. Shapiro since 1989, has been confronted with the validation procedure used in pharmacological treatment. It was of interest

to review the scientific validation steps carried out for this EMDR psychotherapy and for its mechanisms of action.

Aim of the Review: The practical and methodological protocol of the EMDR psychotherapy for trauma integration is reviewed as well as clinical results and mechanisms.

Results: This EMDR therapy, focused on the resolutions of traumas, was started by treating patients with post-traumatic stress disorders (PTSD). The integrative EMDR protocol obtained the highest level of efficiency, for PTSD treatment, twenty years after its first publication. The efficiency of the protocol is now under study and scientific evaluation for troubles in which the trauma experiences are triggers or factors of maintenance of the troubles: anxiety, depression, phobia, sexual troubles, schizophrenia, etc.

Conclusion: This new integrative psychotherapy follows the pathways and the timing observed for the evaluation and the validation of other therapies.

Hundt, N. E., Harik, J. M., Barrera, T. L., Cully, J. A., & Stanley, M. A. (2016). Treatment decision-making for posttraumatic stress disorder: The impact of patient and therapist characteristics. *Psychological Trauma : Theory, Research, Practice and Policy*. doi:10.1037/tra0000102.

Natalie E. Hundt, V A HSR&D Houston Center of Innovation (MEDV AMC 152), 2002 Holcombe Boulevard, Houston, TX 77030. E-mail: natalie.hundt@va.gov.

ABSTRACT

Objective: The purpose of this study was to assess how patient and provider factors influence the use of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD).

Method: This study used a 2 × 2 survey design to assess providers' willingness to select EBPs for patients presented in clinical case vignettes. PTSD providers (N = 185) were randomized and asked to respond to 1 of 4 case vignettes in which the patients' age and alcohol use comorbidity were manipulated.

Results: Results suggested that the majority of providers were favorable toward EBPs, with 49% selecting cognitive processing therapy (CPT) as the first-line intervention, 25% selecting prolonged exposure (PE), and 8% selecting Eye Movement Desensitization Reprocessing therapy. Provider characteristics, but not patient characteristics, influenced treatment selection. Cognitive-behavioral therapy (CBT) orientation, younger age, fewer years of experience, and more time spent treating patients with PTSD were positively related to EBP selection. Provider training in specific EBPs (CPT or PE) increased the likelihood of recommending these treatments as first-line interventions.

Conclusion: Taken together, these results suggest that providers are increasingly likely to view exposure-based EBPs for PTSD as effective, and that continued dissemination efforts to

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increase provider familiarity and comfort with these protocols will likely improve rates of EBP use across a variety of practice settings.

Jowett, S., Karatzias, T., Brown, M., Grieve, A., Paterson, D., & Walley, R. (2016). Eye movement desensitization and reprocessing (EMDR) for DSM-5 posttraumatic stress disorder (PTSD) in adults with intellectual disabilities: A case study review. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance online publication. doi:10.1037/tra0000101

Thanos Karatzias, Edinburgh Napier University, Sighthill Campus, Sighthill Court, Edinburgh EH11 4BN, Scotland, United Kingdom. E-mail: t.karatzias@napier.ac.uk

ABSTRACT

Objective: People with intellectual disabilities may be at a greater risk for exposure to traumatic events and consequently develop posttraumatic stress disorder (PTSD). Although eye movement desensitization and reprocessing (EMDR) is an established treatment for PTSD in the general population, research on people with intellectual disabilities is limited. This review aims to critically appraise for the 1st time case studies published in this area, because no controlled investigations are available at present.

Method: An in-depth literature review was conducted, and 6 case studies were identified from peer-reviewed journals describing EMDR therapy for psychological trauma in 14 adults with a mild to severe intellectual disability. These case studies were reviewed in terms of methods of assessing PTSD and trauma histories and delivery of EMDR therapy in order to establish the usefulness and acceptability of this intervention for people with intellectual disabilities. Results: All cases demonstrated improvement in symptoms following EMDR therapy, with around half of the cases stating no disturbance at posttreatment and at follow-up assessments. No adverse effects were reported, demonstrating that EMDR is well tolerated by people with intellectual disabilities.

Conclusions: EMDR is a safe and acceptable intervention for people with intellectual disabilities, and there is now sufficient evidence to conduct a randomized control trial to establish its effectiveness for DSM-5 PTSD in this population group.

Littel, M., van den Hout, M. A., & Engelhard, I. M. (2016). Desensitizing addiction: Using eye movements to reduce the intensity of substance-related mental imagery and craving. *Frontiers in Psychiatry / Frontiers Research Foundation*, 7, 14. doi:10.3389/fpsy.2016.00014.

Full text: <http://journal.frontiersin.org/article/10.3389/fpsy.2016.00014/abstract>.

Marianne Littel, E-mail: m.littel@uu.nl.

ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. During this treatment, patients recall traumatic memories while making horizontal eye movements (EM). Studies have shown that EM not only desensitize negative memories but also positive memories and imagined events. Substance use behavior and craving are maintained by maladaptive memory associations and visual imagery. Preliminary findings have indicated that these mental images can be desensitized by EMDR techniques. We conducted two proof-of-principle studies to investigate whether EM can reduce the sensory richness of substance-related mental representations and accompanying craving levels. We investigated the effects of EM on (1) vividness of food-related mental imagery and food craving in dieting and non-dieting students and (2) vividness of recent smoking-related memories and cigarette craving in daily smokers. In both experiments, participants recalled the images while making EM or keeping eyes stationary. Image vividness and emotionality, image-specific craving and general craving were measured before and after the intervention. As a behavioral outcome measure, participants in study 1 were offered a snack choice at the end of the experiment. Results of both experiments showed that image vividness and craving increased in the control condition but remained stable or decreased after the EM intervention. EM additionally reduced image emotionality (experiment 2) and affected behavior (experiment 1): participants in the EM condition were more inclined to choose healthy over unhealthy snack options. In conclusion, these data suggest that EM can be used to reduce intensity of substance-related imagery and craving. Although long-term effects are yet to be demonstrated, the current studies suggest that EM might be a useful technique in addiction treatment.

Markus, W., de Weert-van Oene, G. H., Woud, M. L., Becker, E. S., & DeJong, C. A. (2016). Are addiction-related memories malleable by working memory competition? Transient effects on memory vividness and nicotine craving in a randomized lab experiment. *Journal of Behavior Therapy and Experimental Psychiatry*, 52, 83-91. doi:10.1016/j.jbtep.2016.03.007.

Wiebren Markus, Kronenburgsingel 545, P.O. Box 351, 6800 AJ, Arnhem, Netherlands. E-mail: w.markus@iriszorg.nl.

ABSTRACT

Background and Objectives: Experimental research suggests that working memory (WM) taxation reduces craving momentarily. Using a modified Eye Movement Desensitization and Reprocessing (EMDR) procedure, prolonged reductions in craving and relapse rates in alcohol dependence have been demonstrated. Modified EMDR-procedures may also hold promise in smoking cessation attempts. A proof-of-concept study was conducted to narrow the gap between WM-taxation experiments and clinical EMDR

studies. To this end the clinical EMDR-procedure was modified for use in a laboratory experiment.

Methods: Daily smokers (n = 47), abstaining overnight, were allocated (by minimization randomization) to one of two groups using a parallel design. In both cases a modified EMDR-procedure was used. In the experimental group (n = 24) eye movements (EM) were induced while control group participants (n = 23) fixed their gaze (not taxing WM). During 6 min trials, craving-inducing memories were recalled. Craving, vividness of target memories, and smoking behavior were assessed at several variable-specific time-points between baseline (one week pre-intervention) and one week follow-up.

Results: The experimental group showed significant immediate reductions of craving and vividness of targeted memories. However, these effects were lost during a one-week follow-up period.

Conclusions: A limited dose of WM-taxation, in the form of EM in a modified EMDR-procedure, resulted in transient effects on memory vividness and nicotine craving. EM provide a valuable way of coping with the acute effects of craving during smoking cessation attempts. Other aspects of the EMDR-procedure may provide additional effects. Component and dose-response studies are needed to establish the potential of EMDR-therapy in smoking cessation.

Marsden, Z. (2016). EMDR treatment of obsessive-compulsive disorder: Three cases. *Journal of EMDR Practice and Research*, 10(2), 91-103. doi:10.1891/1933-3196.10.2.91.

Zoe Marsden, Leeds IAPT, Leeds Community Health-care, Senior Mental Health Practitioner, Burmantofts Health Centre, Cromwell Mount, Leeds LS9 7TA. E-mail: zoe.marsden@nhs.net.

ABSTRACT

This article reports on the first 3 randomly allocated cases treated by the author in an ongoing trial comparing eye movement desensitization and reprocessing (EMDR) with cognitive behavioral therapy (exposure and response prevention) in the treatment of obsessive-compulsive disorder in a U.K. primary care setting. This article describes the treatment and data collection procedures, followed by a summary of each of the 3 cases supported by quantitative and qualitative data. The Adapted EMDR Phobia Protocol (Marr, 2012) was provided, following the trial protocol of 1-hour, 16-session treatment. The Yale-Brown Obsessive Compulsive Scale was administered at every 4th session. At posttreatment, 2 of the 3 cases showed more than a 50% reduction on validated psychometric measures, with symptoms below diagnostic cutoff. The final case started treatment below the diagnostic cutoff on the primary outcome measure and showed a slight improvement. Six-month follow-up data showed maintenance of treatment effects. Transcripts from a

semistructured telephone interview carried out by an independent researcher following treatment were analyzed using a 6-stage thematic analysis method, which identified 3 themes: the role of traumatic experiences, role of shame, and importance of therapeutic alliance. This article concludes with a discussion of implications for EMDR practice and theory.

Matthijssen, S., & van den Hout, M. (2016). Fifteen to twenty seconds of eye movements have no effect on believability of positive personal verbal statements: Results from a working memory study. *Journal of EMDR Practice and Research*, 10(2), 82-90. doi:10.1891/1933-3196.10.2.82.

Suzy Matthijssen, Utrecht University and Altrecht Academic Anxiety Centre. Altrecht Mental Health Centre, Mimosastraat 2-4, 3551 DC Utrecht, the Netherlands. E-mail: s.matthijssen@altrecht.nl.

ABSTRACT

According to working memory theory, a task that taxes working memory during simultaneous focus on a memory will tend to reduce memory vividness and emotional intensity. Results have been found for both negative and positive memories. Some studies have shown the necessity of modality-specific tasks, with visual tasks producing greater deterioration of a visual memory, and auditory tasks reducing the quality of an auditory or verbal memory; other studies have reported cross-modality effects. Research has confirmed that eye movements similar to those in eye movement desensitization and reprocessing (EMDR) therapy produce these effects on visual imagery. However, the effects of eye movements on positive verbal imagery remain unclear. This study tested the effects of eye movements on positive verbal statements. In two experiments, undergraduates performed 15-20 seconds of eye movements or 15-20 seconds of keeping eyes stationary while focusing on a statement of a positive relevant personality trait (e.g., "I'm persistent"). Results showed that 15-20 seconds of eye movements did not enhance or diminish participant's belief in possessing the trait. Discussion focuses on methodological factors and calls for future research on the effect of eye movements on verbal material.

Mauna Gauhar, Y. W. (2016). The efficacy of EMDR in the treatment of depression. *Journal of EMDR Practice and Research*, 10(2), 59-69. doi:10.1891/1933-3196.10.2.59.

Yasmeen Wajid Mauna Gauhar, Growing Edge, Office 6 Aagaz plaza, F-8 Markez, Islamabad 44000, Pakistan. E-mail: maunagauhar@hotmail.com.

ABSTRACT

This study investigated the efficacy of eye movement desensitization and reprocessing (EMDR) psychotherapy in treating the primary diagnosis of major depressive disorder by

processing past or present trauma that was affecting the quality of life. The 26 diagnosed participants were randomly assigned to 6-8 sessions of EMDR treatment or the waiting list control. Beck Depression Inventory-II, Trauma Symptom Checklist-40, and Quality of Life Index Inventory were used at pre- and postassessment to measure depressive and trauma symptoms and quality of life of the participants for both groups. The targets for EMDR therapy were selected by the participants determining the negative cognitions most strongly associated with reduced functioning and then identifying a related disturbing event. Paired and independent sample t tests were applied for data analysis. Results showed significant improvements on all measures with large effect sizes. At 95% confidence interval, the results found EMDR as an effective treatment for depressive and trauma symptoms and for improving the quality of life of the participants. A generalization effect was found for the depressogenic cognitions, with the number and strength of negative beliefs markedly decreased at posttreatment, even for beliefs not targeted in the therapy. Three-month follow-up interview with the EMDR participants confirmed that the results had been maintained.

McLay, R. N., Webb-Murphy, J. A., Fesperman, S. F., Delaney, E. M., Gerard, S. K., Roesch, S. C., . . . Johnston, S. L. (2016). Outcomes from eye movement desensitization and reprocessing in active-duty service members with post-traumatic stress disorder. *Psychological Trauma : Theory, Research, Practice and Policy*. doi:10.1037/tra0000120.

Susan F. Fesperman, Naval Center for Combat and Operational Stress Control, 34960 Bob Wilson Drive, Suite 400, San Diego, CA 92134. E-mail: susan.f.fesperman.ctr@mail.mil.

ABSTRACT

Objective: Eye movement desensitization and reprocessing (EMDR) is one of the therapy interventions recommended by the Veterans Affairs and Department of Defense Clinical Practice Guidelines. However, the literature concerning the effectiveness of this treatment modality in military service members is sparse. This study investigated the efficacy of EMDR in active-duty service members.

Method: We conducted an effectiveness study with a record review from active-duty military mental health clinics where clinical outcomes had been monitored over a 10-week period using self-report measures of posttraumatic stress and disability. Symptom scores were examined over time in 331 service members who met presumptive criteria for the disorder on the PTSD Checklist-Military Version (PCL-M), who were in psychotherapy, and who received (n = 46) or didn't receive (n = 285) EMDR.

Results: Results indicated that patients receiving EMDR had significantly fewer therapy sessions over 10 weeks but had significantly greater gains in their PCL-M scores than did individuals not receiving EMDR.

Conclusions: Randomized, controlled trials are still needed, but these findings provide further support for the use of EMDR in service members with PTSD.

Mosquera, D., & Ross, C. A. (2016). Application of EMDR therapy to self-harming behaviors. *Journal of EMDR Practice and Research*, 10(2), 119-128. doi:10.1891/1933-3196.10.2.119.

Dolores Mosquera, Institute for the Study of Trauma and Personality Disorders, 111 General Sanjurjo, 5, 15006, A Coruña, Spain. E-mail: doloresmosquera@gmail.com.

ABSTRACT

Self-harm is frequently a trauma-driven coping strategy that can be understood from the perspective of the adaptive information processing (AIP) model and treated with eye movement desensitization and reprocessing (EMDR) therapy (Shapiro, 1995, 2001). Self-harm is often connected with memories of adverse and traumatic life experiences. Identifying and processing these memories with EMDR therapy can put an end to the self-injurious behavior. In addition, self-harm is often based on a lack of regulation skills, and these skill deficits can be addressed in EMDR therapy as well. In this article, the authors describe strategies for treating self-harm throughout the 8 phases of EMDR. Although there is no single approach that applies to all cases, the therapist needs to take a careful history of self-harm, its historical origins, and its triggers and functions in the present to formulate a treatment plan. Often, in the authors' experience, self-harm functions as a self-soothing strategy that redissociates traumatic affect from childhood. Treatment strategies for Phases 3-8 of EMDR therapy are illustrated through case vignettes.

Novo Navarro, P., Landin-Romero, R., Guardiola-Wanden-Berghe, R., Moreno-Alcázar, A., Valiente-Gómez, A., Lupo, W., . . . Amann, B. L. (2016). 25 years of eye movement desensitization and reprocessing (EMDR): The EMDR therapy protocol, hypotheses of its mechanism of action and a systematic review of its efficacy in the treatment of post-traumatic stress disorder. *Revista De Psiquiatria Y Salud Mental*. doi:10.1016/j.rpsm.2015.12.002.

Benedikt L. Amann, E-mail: benedikt.amann@gmail.com.

ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is a relatively new psychotherapy that has gradually gained popularity for the treatment of post-traumatic stress disorder. In the present work, the standardised EMDR protocol is introduced, along with current hypotheses of its mechanism of action, as well as a critical review of the available literature on its clinical effectiveness in adult post-traumatic stress disorder. A systematic

review of the published literature was performed using PubMed and PsycINFO databases with the keywords «eye movement desensitization and reprocessing» and «post-traumatic stress disorder» and its abbreviations «EMDR» and «PTSD». Fifteen randomised controlled trials of good methodological quality were selected. These studies compared EMDR with unspecific interventions, waiting lists, or specific therapies. Overall, the results of these studies suggest that EMDR is a useful, evidence-based tool for the treatment of post-traumatic stress disorder, in line with recent recommendations from different international health organisations.

Ricci, R. J., & Clayton, C. A. (2016). EMDR with sex offenders: Using offense drivers to guide conceptualization and treatment. *Journal of EMDR Practice and Research*, 10(2), 104-118. doi:10.1891/1933-3196.10.2.104.

Ronald J. Ricci, Specialized Treatment Services of Virginia, Charlottesville, Virginia, 2200 Arch Street, Unit 205, Philadelphia, PA 19103-1348. E-mail: atsacave@hotmail.com.

ABSTRACT

Evidence shows that sexual offenders have higher levels of adverse childhood experiences (ACE) than either the general population or other criminal populations. Historically, it was considered standard practice for sex offender therapists to dissuade their clients from addressing childhood trauma or adversity for fear of excuse making for his offending. The pathways model, which highlights etiology, made room for trauma treatment for offender's ACE as a legitimate treatment intervention. The adaptive information processing model inherent in eye movement desensitization and reprocessing (EMDR) trauma therapy is theorized to reorganize the maladaptively stored clustering of cognitions and emotions related to overwhelming or traumatic experiences such as childhood sexual abuse. We suggest EMDR therapy as a means of restructuring distorted implicit cognitions and personal vulnerability factors which are theorized to drive offending behavior. Through a comprehensive literature review, the authors considered 5 extant models in the sex offender literature and developed the offense drivers model. This model is designed to guide and inform EMDR therapy with sex offenders. A case example illustrates the implementation of this treatment process. A checklist of offense drivers is provided to assist in case conceptualization and treatment.

Schubert, S. J., Lee, C. W., de Araujo, G., Butler, S. R., Taylor, G., & Drummond, P. D. (2016). The effectiveness of eye movement desensitization and reprocessing therapy to treat symptoms following trauma in Timor Leste. *Journal of Traumatic Stress*. doi:10.1002/jts.22084.

Sarah Schubert, Murdoch University, School of Psychology and Exercise Science, South Street, Murdoch, Western Australia, Australia, 6150. E-mail: s.schubert@murdoch.edu.au.

ABSTRACT

The effectiveness of eye movement desensitization and reprocessing (EMDR) therapy for treating trauma symptoms was examined in a postwar/conflict, developing nation, Timor Leste. Participants were 21 Timorese adults with symptoms of posttraumatic stress disorder (PTSD), assessed as those who scored ≥ 2 on the Harvard Trauma Questionnaire (HTQ). Participants were treated with EMDR therapy. Depression and anxiety symptoms were assessed using the Hopkins Symptom Checklist. Symptom changes post-EMDR treatment were compared to a stabilization control intervention period in which participants served as their own waitlist control. Sessions were 60-90 mins. The average number of sessions was 4.15 (SD = 2.06). Despite difficulties providing treatment cross-culturally (i.e., language barriers), EMDR therapy was followed by significant and large reductions in trauma symptoms (Cohen's $d = 2.48$), depression ($d = 2.09$), and anxiety ($d = 1.77$). At posttreatment, 20 (95.2%) participants scored below the HTQ PTSD cutoff of 2. Reliable reductions in trauma symptoms were reported by 18 participants (85.7%) posttreatment and 16 (76.2%) at 3-month follow-up. Symptoms did not improve during the control period. Findings support the use of EMDR therapy for treatment of adults with PTSD in a cross-cultural, postwar/conflict setting, and suggest that structured trauma treatments can be applied in Timor Leste.

Schubert, S. J., Lee, C. W., & Drummond, P. D. (2016). Eye movements matter, but why? Psychophysiological correlates of EMDR therapy to treat trauma in Timor-Leste. *Journal of EMDR Practice and Research*, 10(2), 70-81. doi:10.1891/1933-3196.10.2.70.

Sarah J. Schubert, 90 Selway Road, Brentwood, WA, Australia, 6153. E-mail: s.schubert@murdoch.edu.au.

ABSTRACT

This preliminary study examined the physiological correlates of eye movement desensitization and reprocessing (EMDR) therapy when effectively used to treat trauma symptoms in a postconflict, developing nation, Timor-Leste. Participants were 20 Timorese adults with posttraumatic stress disorder (PTSD) symptoms treated with EMDR therapy. PTSD, depression, and anxiety decreased significantly after an average of 4.15 (SD 5 2.06) sessions. Continuous measures of heart rate, skin conductance, and respiration were collected during the first and last desensitization sessions. Physiological activity decreased in EMDR desensitization sessions, and eye movement sets were associated with an immediate significant decrease in heart rate and an increase in skin conductance, consistent with an orienting response. This response habituated within and across eye movement sets. These findings suggest that effective EMDR

therapy is associated with de-arousal within sessions and that eye movement sets are associated with distinct physiological changes that may aid memory processing. The findings offer insight into the working mechanisms of EMDR when used to treat PTSD symptoms in a real-world, cross-cultural, postwar/ conflict setting.

Tefft, A. J., & Jordan, I. O. (2016). Eye movement desensitization reprocessing as treatment for chronic pain syndromes: A literature review. *Journal of the American Psychiatric Nurses Association*. doi:10.1177/1078390316642519

Angela J. Tefft, DNP, ARNP, FNP-C, PMHNP-BC, Kitsap Mental Health Services, 5455 Almira Dr NE, Bremerton, WA 98311. Email: Angelat@kmhs.org

ABSTRACT

Background: Chronic pain is public health problem in the United States, costing upwards of \$560 to \$635 billion annually. Guidelines consistently recommend psychological treatment for chronic pain. Eye movement desensitization reprocessing (EMDR) psychotherapy may provide an alternate approach to treating chronic pain.

Objective: Review of literature to evaluate the effectiveness of EMDR in the treatment of chronic pain.

Method: A literature search of seven databases was conducted to find relevant studies addressing the use of EMDR for chronic pain.

Results: Most studies reported improvement in pain and psychological indices with EMDR.

Conclusions: Because most literature reported case studies, the results have limited generalizability. However, for clients who suffer from chronic pain, EMDR is a reasonable treatment alternative.

Ter Heide, F. J., Mooren, T. M., van de Schoot, R., de Jongh, A., & Kleber, R. J. (2016). Eye movement desensitisation and reprocessing therapy v. Stabilisation as usual for refugees: Randomised controlled trial. *The British Journal of Psychiatry : The Journal of Mental Science*. doi:10.1192/bjp.bp.115.167775.

F. J. J. ter Heide, PhD, MPhil (Cantab), Foundation Centrum'45 – partner in Arq Psychotrauma Expert Group, Nienoord 5, 1112 XE Diemen, The Netherlands. Email:j.ter.heide@centrum45.nl.

ABSTRACT

Background: Eye movement desensitisation and reprocessing (EMDR) therapy is a first-line treatment for adults with post-traumatic stress disorder (PTSD). Some clinicians argue that with refugees, directly targeting traumatic memories through EMDR may be harmful or ineffective.

Aims: To determine the safety and efficacy of EMDR in adult refugees with PTSD (trial registration: ISRCTN20310201).

Method: In total, 72 refugees referred for specialised treatment were randomly assigned to 12 h (9 sessions) of EMDR or 12 h (12 sessions) of stabilisation. The Clinician-Administered PTSD Scale (CAPS) and Harvard Trauma Questionnaire (HTQ) were primary outcome measures.

Results: Intention-to-treat analyses found no differences in safety (one severe adverse event in the stabilisation condition only) or efficacy (effect sizes: CAPS -0.04 and HTQ 0.20) between the two conditions.

Conclusions: Directly targeting traumatic memories through 12 h of EMDR in refugee patients needing specialised treatment is safe, but is only of limited efficacy. ❖



By Marilyn Luber, Ph.D.

BELGIUM

Freek Dhooghe reports: "We had two attacks on March 22nd. It was and is a big shock, knowing and feeling that this can also happen in Brussels, the center of Belgium, the capital of Europe. We are discovering a lot about the persons who did this, on how police are intervening, how the government is treating this new situation, politically; for us, this is new. Our EMDR therapists, the association and Trauma-aid (HAP Belgium) are learning how healthcare is organized, what part the government does, what part the firms do, etc. and the differences between the north and the south. It was the moment for us to understand but also to organize ourselves. Trauma-aid had already been preparing a toolbox with relevant protocols for refugees in different languages. We have also made a list with therapists trained in EMDR who are willing to volunteer to help those who otherwise cannot be helped. Trauma-aid and EMDR-Belgium organized a first response today. Seventy people attended. EMDR France supported us by sending specialists: Nicolas Desbiendras, Erik De Soir (military psychologist EMDR) and Astrid Fortuin from the government who are very interested in integrating EMDR into the health care for recent trauma. In February, just before the attacks, Elan Shapiro visited, invited by Ludwig Cornil. He informed everyone about recent trauma and its treatment. The support from EMDR-Europe helped us to stay calm and organize ourselves. We predict that a month after the attacks, we will see more people come to our therapists, and this is the time we will let everybody know the benefits of EMDR therapy. We made a release for the press, and they will show an EMDR session with a victim of the attacks on the Flemish television."

COLOMBIA

Ana Gomez reports: "In Colombia, I founded and direct "The Colombian Trauma Institute" and created an alliance with the largest University in Medellin where the Colombian team will be doing Basic and Advanced trainings. I will be teaching the first Part 1 training in June. I taught Part 2 in Bogota in April and an advanced training on "EMDR Therapy and Addictions" presented by Dr. John Hartung. The government of Colombia is currently negotiating a peace agreement with the armed groups that have sustained a more than 50-year war. The "post-conflict" era will open opportunities for many Colombians to receive mental health treatment. In an effort to have EMDR therapy play an active role in the post-conflict era, I did a two-hour presentation in Bogota, Colombia on "The Post-Conflict, Trauma and EMDR Therapy." After the presentation the Colombian Trauma Institute gave awards to the first Colombian local facilitator Lidia Tovar, the first president of the EMDR Colombian Association Adriana Escallon, as well as to the executive director of the Colombian Trauma Institute Oderay Gomez, for their great dedication to the growth of EMDR therapy in Colombia.

GERMANY

Arne Hofmann reports: "In May, the first hospital for Psychotraumatology and EMDR opened in Wesseling, a small town south of Cologne. The hospital is situated in an old mansion (Schloss Eichholz) and is operated by the Gezeiten Haus Klinik, a private hospital group that has specialized in the treatment of burnout and depression, in cooperation with the EMDR Institute in Germany. The place has been the former center of the Konrad Adenauer Foundation, a political think tank. Also, in May, was a national EMDRIA day with about 500 participants in Berlin. The location was the Charité Hospital Virchow, a famous university hospital. The themes covered where "Innovations in EMDR therapy," "Treatment of Dissociative Disorders," "Research of the Treatment of Pain Disorders with EMDR" and support for several networks that cooperated in helping traumatized refugees in Germany. At that time, Trauma Aid Germany, our national HAP organization, met. Current projects are a project with Terre des Hommes and the Berlin Center for the Treatment of Torture Victims that is building a network of EMDR therapist in northern Iraq. This project is done in cooperation with Derek Farrell from Britain. Other projects are the support of new EMDR trauma therapists in Cambodia and Myanmar, as well as support of a growing group of therapists in Kenyama who care for victims of terror from Al Shabab. With support of European researchers an RCT-Study was conducted in Cambodia on the effectiveness of resource development, especially the Absorption Technique. The study showed the high effectiveness of this intervention (the effect size is more than 2). A publication has been submitted."

INDIA

Sushma Mehrotra reports: "In March 2016 we did one Part 1 training in Mumbai and another in Bangladesh in April. The

training in Bangladesh was organized in collaboration with Trauma Aid from Germany/Switzerland and with Trauma Recovery/HAP USA. We had been trying to initiate humanitarian activities in Nepal, after the earthquake in 2014, however, it was not moving forward. With efforts from Trauma Recovery /HAP, and funding we from India are getting ready to do the first Traumatology and EMDR Part 1 training in June 2016. We are also involved with EMDR Asia preparations for the Shanghai conference. With a generous contribution from Dr. Francine Shapiro, the EMDR Asia website has been activated and will be managed by The EMDR Institute for the next year.

Mini-workshops for professional development and sharing were organized to learn from our own members at Rajawadi Hospital. Hvovi Bhagwagar spoke on, "Sharing Learning Experiences from the 2015 EMDRIA Conference" and Dushyant Bhadlikar and Sushma Mehrotra spoke about "EMDR and an OCD Case." In January, a second series of workshops focused on "Children and Challenges Faced And the Way Forward With EMDR." Speakers included Swetha Veeraraghavan, Ms. Karishma Shah Savla and Dr. Sharmila Banwat. Mrinalini Purandare, Department of Psychology of SNTD Women's University, presented introductory lectures to the postgraduate students about EMDR therapy and has been instrumental in including EMDR therapy in the MA curriculum. She provides a platform for students to interact with EMDR therapists. Recently during the visit of accreditation council members, the presentation of academic work included EMDR intervention and the department's collaboration with EMDR International Association. This resulted in appreciation and interest by the University and further engagement with EMDR India Association.

In November 2015, at the 13th biennial Conference of Indian Association of Child and Adolescent Mental Health (IACAM) held in Pune, Deepak Gupta along with Parul Tank threw light on working with children in private practice with EMDR through case studies. On Dhrishti's 4th Annual Symposium in February, Parul Tank was invited to speak on trauma management. She spoke on EMDR and how effective it is as a therapy. In November 2015, Seema Hongorrany spoke about EMDR at the Annual Conference of Industrial Psychiatry, where the audience were psychiatrists from all over India. Seema regularly writes for the Bombay Times and the DNA newspaper on mental health issue and often mentions how she uses EMDR therapy and its benefits. Deepak Gupta and Tripti Choudhary have been running child and adolescent mental health services and have been using EMDR successfully at CCAW, New Delhi with children and adolescents with various psychological and trauma issues."

JAPAN

Masaya Ichii reports: "Recently, in Japan, many people are interested in EMDR. In 2015, we had several Basic Trainings and we still have a waiting list for our trainings. In May 2015, we had our annual JEMDR conference with Andrew Leeds as a guest speaker and more than 250 attendees. In 2016, in June we will have the annual JEMDR conference with Jim Knipe as

a guest speaker. More than 270 people have already registered to attend. We translated "EMDR Solutions", and "EMDR Revolution" into Japanese. We need more trainers and consultants to meet the demand for EMDR Therapy Basic Training."

LUXEMBOURG

Deborah Egan-Klein reports: "I am the president of EMDR Luxembourg, a relatively new national association here in the country of Luxembourg. We will have a conference in July at the University of Luxembourg."

SINGAPORE

Linda Wan Koh reports: "EMDR Singapore recently had our Annual General Meeting, and I'm happy to announce our new President (2016-2018 term), Vera Handoyo." Matthew Woo and I are continuing in the Executive Committee, and happy to support Vera as she leads the team now."

SOUTH AFRICA

Reyhana Seedat reports: "I just completed Part 2 of the EMDR Basic Training on Cape Town which was great. I am going to do my next training in Johannesburg in July. I will then be doing a training for Emre Konuk in Turkey on "EMDR and Children" in November.

TURKEY

Emre Konuk reports: "EMDR Turkey-HAP and other Institutes and Centers, continue to carry out various outcome studies and projects to help people who have had traumatic experiences actively all around the country. During the 2014 EMDR European Congress in Edinburgh, Emre Konuk and his team were awarded EMDR-HAP Award for the work they have been doing this work since the 1999 Marmara earthquake.

Living in an area where frequent and sometimes major traumatic events make the life of members of the EMDR Association quite busy. The EMDR Association is frequently consulted and asked for collaboration on various projects by the Ministry of Family and Social Politics. All centers of the Ministry of Family scattered around Turkey are given the names of EMDR association members for referrals.

The Syrian Refugees-Kilis Project is aimed at assessing the prevalence of PTSD among the Syrian Refugees living at a camp in Kilis, a city next to the Syrian border. Local therapists getting their Basic EMDR Training then provide an effective mental health service to the Syrian refugees. Given that there are 300,000 Syrian refugees living in 18 camps near the cities located along the Syrian border (900 km.) and another 2 million living in the cities close to the Syrian border or other parts of Turkey and that almost all were exposed to severe multiple war traumas during the last years, the need for effective therapy services is considerable. Indeed, according to a survey (n=810) conducted by Assist. Prof. Ceren Acarturk and her team (Istanbul Sehir University), the prevalence of PTSD (Post Traumatic Stress Disorder)

symptoms is around 60% among the refugees. We don't know how long the people will live in camps. but the civil war is in its 4th year and no one knows when it is going to end. Considering the fact that life is highly restricted in camps and in the cities in which they are living, that most of the refugees are severely traumatized, we anticipate that both personal and relationship problems will get worse in time. Notwithstanding this condition, there are very few mental health providers in camps and in the cities who have the required skills to deal with traumas and also speak Arabic. In order to take a first step, six local professionals working for the Ministry of Family and Social Politics were trained in EMDR Part I and received 30 hours of live supervision through Skype and onsite. The EMDR R-TEP Protocol was used and clients were seen every day. One of the basic goals of this project was to contribute to the development of an international intervention program validated by research. Seeing that there were positive results, then we worked with a larger population with success. Almost 85% of the clients no longer had a PTSD diagnosis. Both studies were published in the European Journal of Traumatology and Psychological Medicine. Since there are always too many clients at the disasters areas and too few therapists, we wanted to see if the EMDR Group Traumatic Episode Protocol (G-TEP) could be used as a screening tool with groups to see who really needed individual therapy. We found that in several hours around 52% no longer met the criteria for PTSD.

Several years ago my team and I from DBE, Istanbul developed the Chronic Headache Protocol for Migraine Headache. Collaborating with a hospital they tested the protocol with a pilot study. The results were promising and the study continues with a larger sample. Migraine is regarded as a good example of one of those disorders that belong to the family of "medically unexplained symptoms". The team approached it from a trauma perspective, that is EMDR Therapy, and it worked. If it worked with Migraine, why not with Fibromyalgia? Onder Kavakci, a Psychiatrist at Sivas University, did a pilot case series. It was promising. The team in Istanbul after refining the protocol for Fibromyalgia, asked for support from the EMDRIA Research Foundation. The research proposal on "EMDR Treatment of Fibromyalgia" was awarded with \$25,000. It is a multicenter RCT study. The preliminary results indicate that EMDR Therapy is also good for Fibromyalgia. It will end up probably by the end of 2016.

The Eastern and Southeast Region of Turkey, bordering Iraq, Iran and Syria has been dealing with terrorist activities for the last 40 years. Peace talks were going quite well until last June when the Kurdish Terrorist Organization declared a war in 5 cities against the government and asked the Kurdish people to join the war. They did not, and about 300,000 left the cities to fight for the government against the terrorists. When the terrorists were losing the war, they began bombing major cities and killing civilians in collaboration with other terrorist organizations. Around 3000 in the mountains and 2000 terrorists in the cities have been killed. The "war" is almost over and the immigrants began returning to their homes. The government has begun huge projects to transform the cities into livable places again. The Kurdish members of the parliament reached out to the EMDR Turkish Association and asked for

a comprehensive project in the East and Southeast of Turkey working with mental health providers (training), military and police staff, teachers and students and parents. The EMDR Turkey and the Couples and Family Therapy Associations came together to create a project that was accepted by the Ministry of Family and the politicians and is to begin by August or September."

UGANDA

Rosemary Masters reports: "As liaison between the Institute for Contemporary Psychotherapy (ICP) in New York City and the Uganda Counseling Association, I continue to consult every other Tuesday with a core group of EMDR therapists in Kampala, Uganda. In November, two senior members of that Uganda Core Group, Lois Ochieng and Dismas Eddie Bwesigie, will come to New York to observe EMDR training conducted by Dr. William Zangwill, participate in advanced EMDR consultation, visit important trauma treatment programs in New York City and take part in discussions with New York EMDR therapists about topics of mutual interest. "Learning EMDR in Uganda: A Project in Cross Cultural Collaboration" will appear this June as a chapter in, "Cultural Competence and Healing Culturally Based Trauma with EMDR," edited by Mark Nickerson and published by Springer Publishing. The chapter, authored by Josie Juhasz and Elizabeth McConnell and myself, describes an eight year project to introduce and anchor EMDR in the Ugandan mental health community."

UNITED STATES

Arizona

Ana Gomez reports: "The Agate Institute has done three intensive retreats so far this year on "The Use of EMDR therapy with Children and the EMDR-Sand-Tray Protocol." My Agate Institute has started the "hub program" where community mental health agencies join me in providing intensive trainings so scholarships can be awarded to clinicians working for non-profit organizations. The Vermont Permanency Initiative of the Becket Family of Services is now a "hub agency" hosting and sponsoring our trainings. They have now fully embraced EMDR therapy as their main approach. The Agate Institute is starting online-virtual trainings in Spanish. Our first presenter will be Anabel Gonzalez from Spain. I will be doing one of the keynotes this month at the Touchstone Childhood Trauma Conference titled: "Holding the Right- Brain in Mind: The EMDR-Sand-tray Protocol."

Massachusetts

Stephanie Baird reports: "The Western MASS EMDRIA Regional Network's 12th Annual EMDR Spring Conference, April 9, 2016 at UMass Amherst was received very favorably by the approximately 150 clinicians attending in person, plus many others across North America and from other continents who livestreamed our conference over the internet (a first, for our annual conference, thanks to the vision of Jim Helling, Regional Co-Coordinator). Roger Solomon presented a lauded half-morning keynote: "The Art of EMDR" followed

by a master practicum limited to 20 participants. For the afternoon, Solomon gave a 3-hour workshop on "Utilization of EMDR Therapy with Grief and Mourning," again, with positive reviews all around. Attendees also chose among workshops on the topics of "Integrating EMDR and DBT," "Healing Culturally-Based Trauma with EMDR Therapy," "Limiting Beliefs, Worldview, and Using the Miller Pain/Terror Technique," "The Art of Interweaves," and "Fundamentals of the Standard Protocol: An Update on the AIP Model and a Refresher Course on Standard EMDR Procedures." As usual, attendees enjoyed a sky rise gluten-free lunch with lovely views of the valley. Preliminary feedback has been quite favorable, with high praise of nearly all workshops and speakers. This year also entailed the inauguration of the Dorothy Carlo Memorial Scholarship, with funds generously donated from EMDR clinicians, awarding two conference attendance scholarships for clinicians of color. The preliminary date for next year's conference is 4/8/2017."

Sheryl Knopf reports: "On Friday 9/23/16, Greater Boston EMDRIA will be offering a workshop with Linda Schiller who will speak about her use of EMDR in dream work. We will be meeting at the Bedford MA Library. We can be reached at emdriaboston@gmail.com"

New York

Carol Forgash writes reports: "In terms of EMDR activity in NY, I was the plenary speaker at EMDRAC in Toronto (April 2016). I presented an all day workshop on: "Treating Serious Health Issues with EMDR."

Wyoming

Jan Schaad reports: "I live and breathe EMDR! Teaching Basic Training, mentoring and training trainers and facilitators is where I spend the majority of time. I donated 75 days in 2015 doing trainings for HAP. As a Regional Trainer for the EMDR Institute, I provide two trainings a year in Wyoming. Teaching how to work with habits and addictions is another focus, and I have a passion for teaching advanced strategies. In a two-day training, I provide consultation for basic training participants, certified therapists, and consultants. Several consultees have become certified and currently I have several skilled EMDR clinicians working with me to become consultants. It is truly delightful to see the skill level and passion of our current trainers for the EMDR Institute who are in the training process! I enjoy the process of teaching EMDR, and improving the process of learning for our participants. Clinically, I work to continue to refine the protocols I use with habits, and have enjoyed success with ways of working with pain pathways in the body. Because my clinical work availability is lessened, I focus on episodic work mostly with professionals." ❖

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Ignacio Jarero, PhD, EdD

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12002-54 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	July 8-9, 2016 Boca Raton, FL
RC14015-07 2 Credits <i>EMDR Therapy as Affirmative Care for Transgender & Gender Nonconforming Clients</i>	SF-SB EMDRIA Regional Network Sand Chang, Ph.D.	Rajani Levis	415.683.1008	July 9, 2016 San Mateo, CA
99010-24 14 Credits <i>EMDR Treatment of Chronically Traumatized Clients</i>	Bender-Britt Seminars Roger Solomon, Ph.D.	Victoria Britt	973.756.5959	July 10-11, 2016 Highland Park, NJ
10006-17 7 Credits <i>EMDR Psychotherapy Case Conceptualization with a Reverse Protocol</i>	Laurie Tetreault, MA, LMFT Robbie Adler-Tapia, Ph.D.	Laurie Tetreault	928.771.9422	July 16, 2016 Prescott, AZ
10006-18 7 Credits <i>Haunted: EMDR for First Responders & Professionals in the Trenches</i>	Laurie Tetreault, MA, LMFT Robbie Adler-Tapia, Ph.D.	Laurie Tetreault	928.771.9422	July 17, 2016 Prescott, AZ
03002-41 12 Credits <i>EMDR Therapy Tools for Somatic Interventions</i>	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Scchwartz, Ph.D.	Barb Maiberger	303.834.0515	July 23-24, 2016 Boulder, CO
13008-09 12 Credits <i>Applications of Mindful Resonance to EMDR</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	July 29-31, 2016 Garrison, NY
16007-01 14 Credits <i>See Me, Feel Me, Heal Me! The Untold Story of the Brain and EMDR Therapy</i>	Heidi Sammons Uri Bergmann, Ph.D.	Heidi Sammons	909.353.8209	August 12-13, 2016 San Diego, CA
14019-05 12 Credits <i>The Dynamic Trio: EMDR, Positive Psychology and Coaching</i>	Ann-Marie McKelvey Ann-Marie McKelvey, MA, LPCC	Ann-Marie McKelvey	505.989.3374	Sept 6 - Oct 25, 2016 Live Conference Calls
10002-12 6.5 Credits <i>EMDR Therapy & Mindfulness: An Open Course</i>	The Insitute for Creative Mindfulness Jamie Marich, Ph.D., LPCC-S	ICM	330.881.2944	September 9, 2016 Akron, OH
12007-17 18 Credits <i>EMDR within a Stage-Oriented Model of Treatment of Complex PTSD/Dissociation</i>	Dr. Phillippe Gauvreau, Psychologist Phillippe Gauvreau, Psy.D.	Phillippe Gauvreau	819.962.4605	Sept. 15-17, 2016 Tornoto, Ontario
06006-12 12 Credits <i>Parts/Ego State Work in EMDR Practice</i>	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	Sept 23-24, 2016 Burdett, NY
GP1504-01 12 Credits <i>EMDR Therapy Tools for Chronic Pain and Illness</i>	Barbara Maiberger, MA, LPC Barb Maiberger, MA, LPC & Arielle Scchwartz, Ph.D.	Barb Maiberger	303.834.0515	Sept. 24-25, 2016 Boulder, CO

EMDRIA Credit Programs

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

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
16005-01 13.5 Credits <i>When There Are No Words: Reprocessing Early Trauma & Neglect in Implicit Memory with EMDR</i>	Dr. Barbara Harris Katie O'Shea, MS, LMHC	Barbara Harris	604.728.4535	October 1-2, 2016 Vancouver, BC
10001-10 13 Credits <i>An Integrative EMDR Therapy Approach to Treating Trauma, Addictions & other Compulsive Behaviors</i>	Susan Brown, LCSW Susan Brown, LCSW	Susan Brown	619.698.5435	October 7-8, 2016 San Diego, CA
99003-15 7 Credits <i>EMDR-IGTP and EMDR-PRECI</i>	EMDR Institute Ignacio Jarero, Ph.D.	EMDR Institute	831.781.1040	October 8, 2016 Burlingame, CA
13016-08 7 Credits <i>Treating Complex Trauma & Dissociative Disorders with EMDR Therapy</i>	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 8, 2016 Boston, MA
13016-09 7 Credits <i>Treating Complex Trauma & Dissociative Disorders with EMDR Therapy</i>	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 14, 2016 New York, NY
06003-63 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	October 14-17 2016 Ottawa, Ontario
GP1503-04 7 Credits <i>Treating Clients with DID using Ego State Therapy & Structural Dissociation with EMDR Therapy</i>	Farnsworth Lobenstine Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	October 17, 2016 Asheville, NC
12007-18 18 Credits <i>EMDR within a Stage-Oriented Model of Treatment of Complex PTSD/Dissociation (in French)</i>	Dr. Phillippe Gauvreau, Psychologist Phillippe Gauvreau, Psy.D.	Phillippe Gauvreau	819.962.4605	October 22-23, 2016 Montreal, Quebec
GP1509-02 13 Credits <i>Defense and Affect Restructuring with EMDR Therapy</i>	Andrew Leeds, Ph.D. Andrew Leeds, Ph.D.	Andrew Leeds	707.579.9457	October 22-23, 2016 Alameda, CA
06006-13 9 Credits <i>EMDR Renewal: Review, Practice & Update of EMDR Protocol</i>	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	October 28-29, 2016 Burdett, NY
14006-12 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Nov. 4-7, 2016 Missoula, MT
05007-18 20 Credits <i>EMDR Therapy Refresher Course</i>	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	Cassandra Sampson	530.245.9221	December 2-4, 2016 Redding, CA
13016-10 7 Credits <i>Treating Early Attachment Wounding</i>	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	December 9, 2016 Los Angeles, CA

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Welcome to EMDRIA! We are so pleased that you have chosen to join us as a member of EMDRIA! For those of you who are now Full Members, we hope that you will consider continuing your EMDR education by meeting the additional requirements to become a Certified EMDR Therapist. For more information on Certification, please visit www.emdria.org or email Sarah Tolino at stolino@emdria.org today!

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