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EMDR
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VOL 23 ISSUE 2

Conference Edition

EMDR Therapy: Meeting the Challenges in Today's World



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Registration inside!***

Creating the Future

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EXECUTIVE DIRECTOR'S MESSAGE

Creating the Future

MICHAEL BOWERS, MA



As EMDR clinicians, you hold in your hand a powerful intervention for healing. Collectively, as an organization, we have a significant opportunity—and dare I say it—obligation—to work together to bring peace and healing to those impacted by trauma and other debilitating conditions. I'm honored to be a small part of that, and to work with you toward a healthier, more compassionate world.

Part of our work together involves learning from one another. We must learn how we can build our knowledge and skill sets individually, and how we can scale and expand our reach collectively. With this issue of the EMDRIA Newsletter, we are initiating some transitions intended to achieve both of these goals.

One thing you will notice about this issue of the Newsletter is that it is also our Conference Brochure. In this publication you will find detailed information about the conference program and how to register. We are combining this issue of the Newsletter with the Conference information because by saving the cost of one mailing to several thousand people, we can apply those savings toward new programming and services to help with that skill and knowledge building, and with public awareness.

In addition to the customary Conference program, we are also including interviews and major highlights of the upcoming Conference. If we are going to maximize our learning from one

another, we must begin to treat the Conference not just as an event, but as one point in an ongoing dialogue about advancements and the practice of EMDR therapy. I hope you enjoy reading the backgrounds and context for some of the presenters and sessions that will comprise our event in Atlanta.

In the future, the Newsletter will morph more to a feature based "magazine" type publication. We will select themes for each issue, and develop articles that will explore those themes from a variety of perspectives. Our goal will be to provide informative and educational articles that provide an overall framework for the theme, as well as explore a range of views that might help us improve and innovate. We know there will be areas where there might be disagreement in the field, and our goal in such instances will be to present information that helps us understand the different views and learn the background, rationale, and context for where we are as a professional community.

In parallel to this path of learning and innovation for us as professional colleagues clinically, EMDRIA itself continues to learn and grow. It is my commitment, as much as it is my job, to ensure that the organization is resourced and positioned to provide you as members with meaningful support. I see three primary domains where we need to continue to work collectively, as an organization, to help advance EMDR therapy overall. These three domains are represented by affiliative needs and expectations, learning/content needs and expectations, and awareness/advocacy needs and expectations.

The member survey results (and thanks to everyone who responded) are very informative in all three of these areas. We know there is work to do to help build connections, relationships, and bridges within our community by providing mechanisms and opportunities that meet our affiliative needs. Therapists are an interesting group in this regard. As a professional group, many therapists in private practice experience some degree of social isolation—with no natural peer group interaction during the course of a normal business day. To complicate that reality, there is a prepon-

derance of introverts among the therapeutic population, so the kinds of proactive engagement that is more natural for extraverts is more of a challenge. We also have factors of the relative numbers in our community, spread in many instances over significant distances.

While these pose challenges, the results of our survey indicate clearly that our members have a desire—a need—for more affiliation and engagement. The Board and staff will be working hard over the coming months—and engaging you more—to learn, and to build the kinds of means and mechanisms that will fill our affiliative needs.

Of course, we will also be digging into the learning/content needs, and the advocacy/awareness needs. I'll be talking about those issues further in the future, but I'm at my word count now. I hope we have the chance to engage on all of this in depth, in person, at the EMDRIA Conference in Atlanta. See you there!



2018 EMDRIA CONFERENCE

EMDR Therapy: Meeting the Challenges in Today's World



We are so excited to bring the 2018 EMDRIA Conference to Atlanta, Georgia. Our theme this year, "Meeting the Challenges in Today's World," is multifaceted. Our aim is to explore and provide programming that addresses many of the challenges that we face in our ever changing society.

It is so important to us that we listen to the needs and requests of the community, while also maintaining an educated and proactive approach to addressing hot topic of emerging times. It is astounding to see the continued and rapid growth of EMDR Therapy, and all of the contributions by the community. Bringing together these contributions to one shared location is not only exciting, but also very inspiring. The conference is an opportunity for us to keep pace with these changes, and provide the highest standards of excellence and integrity in our EMDR therapy practice.

The conference is being offered during a beautiful time of year. Atlanta is known for its "Southern charm," and has plenty of entertainment, world-famous attractions, and historical landmarks. Please join EMDRIA and hundreds of others from all over the world to learn, collaborate, and advance our clinical skills at this year's EMDRIA Conference.

Lesa Swanson, LICSW
EMDRIA Conference Committee Chair

ATTENTION CERTIFIED THERAPISTS AND APPROVED CONSULTANTS:

As of July 1st, appearing in our Find a Therapist search will be exclusively an EMDRIA Membership benefit. We want to take a moment to make sure you are aware that after July 1, if you hold the credential of Certified Therapist or Approved Consultant and your membership lapses, you will no longer appear in our Find a Therapist search. However, you may renew your EMDRIA membership at any time to continue accessing this valuable membership benefit!

ANNOUNCEMENTS

EMDRIA Office Holiday Closure

Please note that the EMDRIA Office will be closed **Wednesday, July 4, 2018** in observance of U.S. Independence Day.

2018 EMDR Europe Annual Conference

EMDR: A Crossroads between Psychotherapy and Neuroscience to be held in Strasbourg, June 29 - July 1, 2018. Visit www.emdr-2018.com for more information.

Coming Soon! 2019 Board of Directors Election

Keep an eye on your Inbox! Within the next couple of weeks all Full Members of EMDRIA will be receiving an email notifying them that voting is open for the 2019 Election of Board of Directors. Your vote counts!

Coming Soon! EMDRIA General Membership Community – Seeking Community Moderators

Have you been practicing EMDR for many years, have expertise in a specialty area, or work extensively with a unique population? If so, we need your help! We're hoping to form one community for all EMDRIA members to join where a variety of discussions can take place from the latest in EMDR to the everyday issues that arise in mental health practice. We need knowledgeable EMDR clinicians to answer questions, foster discussions, and act as a resource for any member seeking advice.

Interested in becoming a moderator? Submit a EMDRIA Community Moderator Application. (Please email info@emdria.org to have application link sent to you.)



HEALING THE ORIGINS OF TRAUMA:

EMDR Therapy for the Poorest and Most Vulnerable

INTERVIEW WITH ROBBIE ADLER-TAPIA

Dr. Robbie Adler-Tapia is a self-described “kid person.” She has spent most of her career as a psychologist in service to children touched by the child welfare system. She started her college education in nursing, but soon found her true passion studying psychology and child development at Penn State. She went on to receive a master’s in counseling, and a doctoral degree in psychology from Arizona State University.

When Dr. Robbie attended her first EMDR training, she saw how EMDR therapy could heal those suffering from trauma. Working particularly with traumatized children, she quickly realized that the techniques used in EMDR could be used to help those children suffering from trauma within the child welfare system. Dr. Adler-Tapia set her sights on developing EMDR training specifically focused on healing children. She noticed, however, that when working with children, the younger the child, the more phases of EMDR therapy would be left out. “I can get kids to do all the phases of the therapy,” she thought, “but I need to do it in a way they understand. I need to make it developmentally match where they are at.” As her EMDR trainings evolved, she kept one particular goal in mind: to bring EMDR therapy

to the poorest and most vulnerable – especially children.

During training development, Dr. Adler-Tapia considered that all clinicians could benefit from learning EMDR therapy through a developmentally grounded approach. AIP theory suggests that it’s the earliest memories from childhood that need healing. In EMDR therapy, the client is asked to float back to the first time they noticed the symptom. The current age of the client doesn’t matter if they’re accessing a childhood memory, and if the clinician doesn’t understand child development, they won’t know how that memory was encoded. Without this fundamental knowledge, clinicians may have a harder time helping their clients. Childhood memories are better approached with the developmental understanding of that memory. From developmental theory along with EMDR therapy, clinicians can help clients heal from childhood trauma.

Dr. Adler-Tapia’s work began to receive recognition. She was invited to our 2004 Annual Conference where she presented “Staying True to the Model: Using the 8 Phases of EMDR with Children 2-10 Years of

Age.” Around the same time, she started her research at Childhelp, a national non-profit organization dedicated to the prevention and treatment of child abuse. As she continued her research on how to reach children who’ve experienced trauma, her work gained momentum, and now she gives child-focused EMDR therapy trainings and presentations all over the world.

Dr. Adler-Tapia draws from her extensive work with clients with trauma in her 2018 Annual Conference presentation, “Processing Speed, Mentalizing, and Case Conceptualization with EMDR Therapy,” will address how to consider processing speed and its effect on case conceptualization. By looking at the 8 phases and asking “What additional concepts do I need to consider, attendees will be encouraged to work towards an advanced conceptualization of these phases by examining how processing speed affects each one. Going beyond the basics of EMDR therapy, this presentation is ideal for clinicians to consider how processing speed impacts treatment especially for those working with children, individuals with intellectual disabilities, or those on the autism spectrum.”

Saturday Afternoon Session, 2:30 – 5:30 PM

Session 335: Processing Speed, Mentalizing, and Case Conceptualization with EMDR Therapy

Through the 8 phases and three-pronged approach of EMDR therapy, the client’s unique competencies and developmental masteries all impact the treatment progression. The client’s gamut of developmental levels and mastery, along with processing speed, short-term and working memory, emotional intelligence, intellectual level, and mentalizing proficiencies impact the unfolding of each phases of EMDR therapy. Cases are presented that demonstrate how the client’s processing speed may change the flow of therapy; how the client’s level of intelligence and memory impact treatment; and how mentalizing impacts trauma reprocessing, treatment efficacy is improved. This workshop is consistent with AIP theory superimposed with contemporary developmental and theoretical considerations from psychotherapy.



THE FLASH TECHNIQUE

INTERVIEW WITH PHIL MANFIELD

Dr. Phil Manfield was a graduate student in theoretical mathematics at the University of California when he sought his own therapy. He began to ask himself “What do I want to do with my life? Do I want to write theoretical papers that maybe 10 people in the world will understand or do I want to change people’s lives?” He then made the switch from mathematics to psychology. With his mathematical background, Dr. Manfield believes his mind works a little differently than other psychotherapists. “I’m always needing to have things make sense. I’m always asking myself “What is driving the phenomenon I’m seeing and experiencing?””

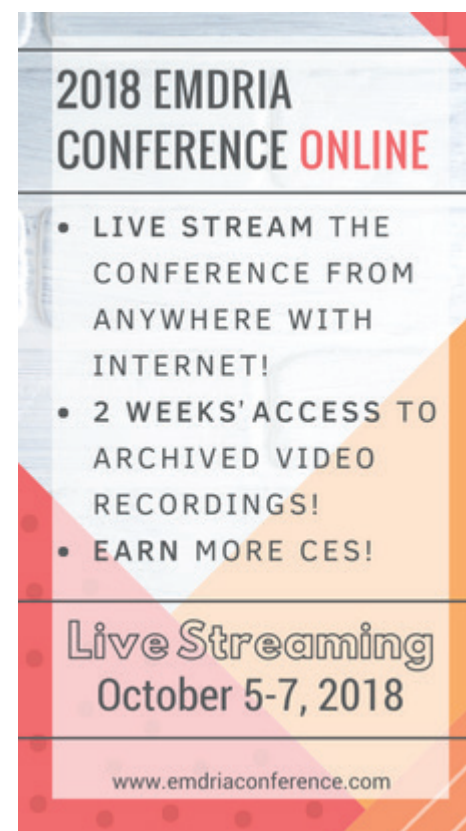
Dr. Manfield is excited to share his newly-developed Flash Technique at this year’s Conference with his presentation “The Flash Technique, An Advance in EMDR Processing.” While working with clients, Dr. Manfield found himself pushing the limits of how much a client needed to make contact with a disturbing trauma in order to process it. He began to find ways to make processing of deeply traumatic memories less disturbing and more tolerable for the client. “I was trying to find the ultimate titration and realized that the entire connection to the trauma can be subconscious.” With the Flash Technique he developed, he found that the client doesn’t have to experience any disturbance at all.

He recalled a particular client, a firefighter, who had five overwhelmingly traumatic experiences. “We processed all five in an hour.” He explained that the titration techniques happen during the preparation phase of EMDR so that when the [client] gets into assessment and desensitization, the part that’s already been contained is not overwhelming. Using the Flash Technique, sometimes you not only reduce the disturbance, it completely disappears.

Dr. Manfield hopes that the Flash Technique will be utilized to affect change for people suffering from trauma in countries with few resources or access to mental health clinicians. “Flash makes EMDR safer because you’re not going to get people dissociating and having bad reactions. They stay in the room and they do the work. There’s nothing to defend against. [Clients] are thrilled because it’s painless. And, in the case of severe clients, less pain is essential.”

For his presentation, Dr. Manfield will address the principles behind the Flash Technique. He’ll also be showing videos of it in use so attendees can get a real sense of the process. In his experience, he has found that attendees benefit the most by seeing recorded and live demonstrations of the Flash Technique being performed. Attendees will be afforded several opportunities to both observe the technique and reflect on how it works.

“All my life I’ve wanted to make a contribution that would affect people’s lives”, Dr. Manfield concluded. “I really expect it to be used in third-world countries with refugee communities, so it’s very exciting for me. I really do feel like this can relieve a lot of suffering in the world.”



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Saturday Morning Session, 11:00 AM – 12:30 PM

Session 325: The flash technique, an advance in EMDR processing

It is difficult to conduct EMDR with some clients if they are unwilling to focus on particularly disturbing memories, dissociate when they do, or employ avoidance defenses. An alternative to various forms of titration, the flash technique can be used as a quick, painless process during the preparation phase to reduce the initial disturbance associated with trauma memories, so that clients will not need to dissociate or defend. The basic principles of this technique will be presented, as well as several videos and a study of results from 593 sessions.



TRAVELING THROUGH THE LIMINAL SPACE:

The Power of Reaching Your Essential Nature

INTERVIEW WITH JOAN BORYSENKO

Joan Borysenko, PhD is a licensed psychologist with a doctorate in cell biology from Harvard Medical School. She has studied mystical Christianity, Buddhism, Sufism, Judaism, and spent time learning with the Lakota. Her finding can be boiled down to this: across every single religion, there is a message to treat other people as you'd like them to treat you. We know it commonly as the Golden Rule. In her plenary presentation, the practice of loving kindness, and the cultivation of compassion, will be woven through as a theme.

Dr. Borysenko's interest in spirituality, psychology, and neuroscience has deep roots. She overcame mental illness as a child through her own spiritual experience, which fired a passion for understanding connections between the brain and the spirit. As an instructor in medicine at Harvard, she managed a clinic for people with a multitude of illnesses and disorders.

Overcoming Helplessness and Victimization

In Dr. Borysenko's experience at Harvard, she began dealing with the reality that not only (do) those with mental illness have to deal with their illness, but also with the victimization they often feel or experience.

In a discussion about this phenomenon with her mentor, Harvard professor David McClelland PhD, he suggested that if patients "had a different frame of reference so

that they didn't feel helpless and victimized, it would affect their body in a much more positive way. It would reduce their stress."

Rites of Passage

With this spark, Dr. Borysenko began a study of rites of passage from anthropology, applying the concepts to trauma, resilience, and personal transformation. In cultural anthropology, rites of passage are described as having three phases: separation, liminality, and incorporation. When applied to trauma and transformation, the first phase, separation, relates to the trauma itself. The second phase, the "liminal space" is that space between what is no longer and what is yet to be. The third phase is incorporation, or the return, where one is able to move to a new perspective with more wisdom.

Much of the work Dr. Borysenko has focused on over the years is the "in-between," the liminal space. There is great opportunity—and danger—in this period of personal development in response to a traumatic event. Her presentation at the EMDRIA Conference will focus on seven elements that are core to successfully traversing the liminal space. She will provide a framework and a tool for attendees that they can use both in their own lives, and in their work. The elements and skills will focus on social support, realism, developing a vision for the future, faith and possibility, development of an "I can do it" attitude, ability to be in your essential nature, and reversing the flow of the ego.



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Friday Plenary Session, 8:30 – 10:30 AM

Session 201: It's not the end of the world; developing resilience in times of change

Resilience is more than the ability to bounce back from adversity. It is a transformative process that reveals our inherent nobility, a rite of passage from pieces to peace. Resilient people face reality head-on, take action, find deeper meaning in life, laugh often, and are masters of improvisation. The good news is that resilience isn't a genetic gift for the lucky few. Modern psychology and neuroscience have clearly identified the attitudes and practices that support resilience. Both adults and children can learn these skills and help bring one another and our planet through the challenging times we live in.



FIRST RESPONDER CULTURE:

Meeting Cumulative Traumatic Stress with Resiliency!

INTERVIEW WITH SARA GILMAN

Dr. Sara Gilman, key-note speaker and Master Lecturer, received her doctoral degree in 2017. Dr. Gilman has been a practicing LMFT since 1986 with a private practice for 25 years. In 2012, she co-founded Coherence Associates with her son. Together, they built a group practice of dedicated EMDR therapists, providing a collaborative, inspiring, and ethically sound work environment that empowers therapists to grow professionally and personally, as well as to broaden the reach of healing to those who are suffering the impact of trauma.

Dr. Gilman began her path towards becoming a therapist early in life while working with individuals with intellectual disabilities and working through peer support groups in college. Although the work was difficult, she felt driven to help those in need. Similarly, she found herself seeking to help those in physical distress and journeyed towards becoming a fire fighter. Growing up with four brothers gave her a sense of adventure while her nurturing nature gave her the desire to help, which lead her to become involved in rescue work. With a combination of mental health and medical training, she found a world where there was a need to provide mental health services for those in emergency work. This discovery changed her world.

"My work with first responders was inspired by my own experience as a firefighter/EMT while at the same time being an LMFT in practice.

When EMDR therapy emerged in the early 1990s, I was trained, and found the results remarkable. I became a firefighter during the same time and saw first-hand the benefits of mental health services and EMDR after critical incidents. That was decades ago and it has been an uphill battle to break through the stigmas in the first responder culture. Seeing the positive outcomes of those who obtained services kept me driving forward in a culture that I was familiar with. The advances in neuroscience in recent years has continued to inspire me to become an advocate, speaker, and author."

While it has been challenging to break through the stigma that psychological distress is a weakness in the First Responder culture, positive changes are emerging. Due to the progress made in neuroscience and EMDR research, Gilman says there are now effective ways to explain mental health, framing the brain and body as an integral part of the first responders' equipment that must be maintained.

Reaching this culture in a way they can receive it is the focus of Gilman's presentation, "Improving First Responder Resiliency with EMDR." Attendees will be asked to explore three ideas:

1. Listen to what this culture is really about and if you are the right therapist to treat this population.
2. Being an excellent EMDR Therapy therapist is not enough to create

positive outcomes with this population. You could be doing damage and not know it. These pitfalls will be discussed.

3. Ask yourself what you are willing to do to become competent with first responders. You will hear from first responders and their experiences.

In conclusion, Dr. Gilman said, "I am grateful for the transformation that EMDR brought to me and my practice. Being a part of the EMDRIA community over the past 25 years has provided me many opportunities to learn, grow, and continue to become more of who I am meant to be. Through friendships, mentoring, and my desire to serve and learn, I've grown exponentially. It is still as interesting and exciting as it was at my first EMDR training in 1994. I'll never forget sitting next to Dr. Francine Shapiro at a conference many years ago, I asked her how she was able to continue to take the 'professional beatings' from so many who wanted to discredit EMDR. She said, 'Healing the world is worth fighting for. We can't do it alone. We have to keep growing together and bring what we know forward. It is not ours to keep, but to share.' Those words are etched in my heart and I'd like to take this opportunity to thank the global EMDR community of healers, and may we all continue to stand together collaborating, supporting, and encouraging one another for decades to come."

Friday Morning Session, 11:00 AM – 12:30 PM

Session 221: Improving First Responder Resiliency with EMDR

While many EMDR Therapists are trained in treating people who have experienced traumatic events, this doesn't guarantee they will be effective with the unique needs of the first responder population. Dr. Gilman's presentation will address how EMDR treatment can benefit first responders who are repeatedly exposed to traumatic incidents, and how EMDR therapists can be successful with this population. Through her 'lessons learned,' over 25 years working with police officers, firefighters, medical personnel, dispatchers and other emergency service professionals, she will provide real life examples and updated research to support the value of EMDR with this population who we all depend on in times of great need.



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RETAINING A HEALING SPIRIT

INTERVIEW WITH CHARLES FIGLEY



As the Paul Henry Kurzweg, MD Distinguished Chair in Disaster Mental Health, Dr. Charles Figley first arrived in New Orleans, through the Green Cross, to help the local community after Hurricane Katrina. Like many others, he suffered trauma witnessing the devastation left by the hurricane. Seeing the lasting impact of community suffering following the hurricane, Dr. Figley decided to move to New Orleans to help the community work through the aftermath. The waves of devastation and trauma throughout the community were huge. Tulane Medical School staff were traumatized by the number of patients lost during Hurricane Katrina. Yet from this traumatic event, the school has used that pain to become a leader in the area of trauma.

While there is sadness and compassion fatigue that comes with trauma work, there is satisfaction in knowing that not only are New Orleanians benefiting from the research

at the Tulane University Traumatology Institute, but those who came to New Orleans years ago to help during the disaster are benefiting from this work as well. Dr. Figley says of New Orleans, "that's my community, my market, the focus of my career." While the original focus for the Institute was Hurricane Katrina, it is now turning to other relevant forms of trauma in the community such as racism and racial trauma. The Institute is working on treating racial trauma and not just focusing on the horrific and terrible pain it has caused.

There is an underlying spirit in the work to see what can be done about racial trauma in order to heal those who suffer from it. As Dr. Figley looks back upon his career, he sees the joy from working in trauma from helping Vietnam veterans when he first got his Ph.D. to the victims of Hurricane Katrina. As a practitioner, he has worked in trauma in various ways and witnessed approaches

that work well and ones that don't. In the 20 lessons he will share in his plenary talk, attendees will see the process of how to help clients through trauma. By examining the evidence, they will discover the key elements to working with traumatized clients that will enable them to feel safe in whatever treatment they receive.

Dr. Charles Figley directs the Tulane University Traumatology Institute and is a full professor in the School of Social Work at Tulane University. As editor of the 2012 *Encyclopedia of Trauma: An Interdisciplinary Guide* (Sage) and through his other bodies of work, Dr. Figley has helped establish trauma and trauma psychology as important fields of study, as well as the current field of compassion fatigue and vicarious trauma. He emphasizes the importance of self-care and having a self-care plan that works toward becoming more resilient.



Saturday Plenary Session, 8:30 – 10:30 AM

Session 301 - Twenty Useful Trauma Therapy Lessons

Professor Figley draws upon his more than 45 years of work with the traumatized to offer twenty evidence-informed lessons learned. His presentation has four parts. Part I, he will discuss 6 Trauma Lessons about treating trauma and PTSD. In Part II he shares 3 Trauma Lessons about disasters, including lessons about adapting treatments to the needs of the survivors. In Part III he discusses 5 Trauma Lessons about Families and Children, including the lesson about families being both a source of trauma and trauma relief. In Part IV, Dr. Figley will discuss 6 Trauma Lessons about Self Care, including treatments that work for PTSD that often also work for compassion fatigue.

THE DANCE OF ATTACHMENT

INTERVIEW WITH DEANY LALLOTIS

Deany Lalotitis, LICSW is the Director of Training for the EMDR Institute specializing in working with attachment trauma using a relational approach to EMDR therapy. Deany was working in the PTSD program at a VA hospital when Francine Shapiro published her first article on EMD. This publication became instrumental to those working with veterans nationwide. After Deany received her formal training in EMDR, she applied her new knowledge in treating her most traumatized patients, some of whom were former POWs. The results were extraordinary, inspiring her to seek more ways to contribute to the EMDR community.

In Deany's workshop, attendees will focus on the relational dimension between client and therapist in the treatment of attachment trauma. Given that many clients come into therapy for relationship issues and self-esteem problems that stem from maltreatment by primary caregivers, it would only make sense that the relationship with the therapist becomes central to the client's healing experience. The moment-to-moment response of the therapist is part of the dance of attachment. "It's not just about reprocessing memory; it's memory in the making," she says. The therapist's responses, both in and out of processing, are part of the client's experience. "It's not just what we do that matters, it's how we are with our clients," Deany says. "I believe we have the most powerful and effective therapeutic modality in the world. The key to its most effective use—and our responsibility as a therapist—is to bring our best selves to the equation."



**Saturday Afternoon Session,
2:00 – 5:30 PM**

Session 332 - The Dance of Attachment: An EMDR Relational Approach

When treating early attachment wounds, the therapeutic dyad becomes more central to the process as we invite our clients to approach these formative experiences, navigating the delicate waters between past and present, self and other. In this workshop, you will learn how to use the relational dimension to facilitate the client's experience in and out of processing, helping them to distinguish between their past experiences of being in relationship and the current context of being in a secure attachment with the therapist, setting the stage for new, adaptive patterns of response to being in relationship going forward into the future.

Deany is not only interested in changing clients' lives, but in helping therapists grow as clinicians and as healers. In Deany's view, therapists not only administer a treatment, but are often in the role of a midwife, helping clients come into an authentic sense of self for the first time. Therapists as healers accompany their clients on a journey of a lifetime, as a witness to their dark experiences, being with them, moment to moment, transforming the trauma, and transforming the self.



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PAID ADVERTISEMENT

THE RESEARCH CORNER

ANDREW M. LEEDS, PH.D.

In the last three months, 20 newly published peer reviewed articles were identified for the quarterly "Recent Articles on EMDR Therapy" column. The Research Corner is intended to help members of the EMDRIA community to identify and explore research relevant to the practice of EMDR therapy as well as in consultation and in training programs. This issue focuses on three recent reports relevant to clinical practice.

EMDR for depression The European depression: EMDR network (EDEN) randomized controlled trial

The World Health Organization reports that "Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease." In the USA, the 2016 National

Survey on Drug Use and Health reported that 6.7% of all U.S. adults met criteria for a major depressive episode with the highest rate among individuals aged 18-25 (10.9%). Of those who recover from a first episode of depression at least 50% will have one or more additional episodes in their lifetime. Of those who have a history of two episodes, approximately 80% will have another recurrence.

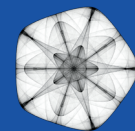
In a major development for EMDR therapy, the EDEN project (European depression EMDR network) has published its first major randomized controlled trial (Ostacoli et al., 2018) as an open access article in *Frontiers in Psychology*. Arne Hofmann, Isabel Fernandez and other key figures in EMDR Europe have been carefully preparing this study for eight years.

Practicing clinicians will find this study significant and relevant for several reasons. First, and most remarkably, it showed no significant differences in treatment outcome between patients receiving EMDR therapy and those receiving CBT. Subjects in both groups showed similar benefits after 15 individual sessions (± 3 sessions) at the end of treatment and at the 6-month follow-up. Second, since all subjects were receiving anti-depressant medication (ADM), it shows that EMDR therapy can work well in patients taking ADM.

The EDEN study protocol

Clinicians providing the EMDR therapy had three years of experience treating patients with depression after completing training in EMDR therapy and they received extensive training and consultation in the study protocol.

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THE RESEARCH CORNER (CONT.)

The treatment protocol included two active phases – a stabilization phase and a reprocessing phase. The stabilization phase for the EMDR subjects comprised two stages. In the first two sessions, patients practiced the Safe Place procedure (Shapiro, 2001) and the Absorption technique (Hofmann, 2009), known in the United States as RDI (Korn and Leeds, 2002). In the next three sessions, patients practiced the Self-care procedure (Gonzalez-Vázquez and Mosquera-Barral, 2012) which is based on the Loving Eyes procedure of Knipe (2008, 2014).

In the reprocessing phase, the remaining sessions focused on the use of standard EMDR reprocessing selected from four kinds of targets. 1) Experiences that triggered onset of depressive symptoms. 2) Belief systems derived from repeated (chronic) adverse experiences. 3) State specific memories of intense early, long or repeated depressive episodes. 4) Memories of suicidal states.

EDEN study results

The study used a minimum threshold measure in which remission of depressive symptoms was evaluated with a BDI-II score of less than 13. A BDI-II score of less than 9, is considered the threshold for complete symptom remission. It should be noted that at the end of treatment, a greater percentage of the EMDR subjects (58.1%) were below the BDI-II score of 9 than in the CBT group (31.4%). This was statistically significant. At follow up, the EMDR group also showed more subjects below the BDI-II score of 9 (41.9%) compared to the CBT group (37.1%), but this was not statistically significant.

Clinicians are encouraged to read the full text of the study, which can be found at <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00074/full>

Comparison of EMDR therapy and duloxetine treatment for somatic symptom disorder

In the DSM 5, two new disorders, Somatic symptom disorder (SSD) and illness anxiety disorder (IAD) replaced DSM-IV hypochondriasis. There are a limited number of studies of SSD. SSD is diagnosed when a person focuses on physical symptoms, such as pain, weakness or shortness of breath, to such an extent that there is major distress and/or problems functioning. The person experiences distinct physical symptoms and believes she or he is genuinely sick even in the absence of confirmed medical findings.

In a matched subjects study of 62 women with first diagnosis of SSD conducted in Turkey, Demirci et al. (2017) reported greater improvements after six EMDR therapy sessions than after six weeks of duloxetine (brand name in USA Cymbalta). Subjects were assessed using the somatization subscale of the Symptom Checklist-Revised 90 (SCL-90), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Short Form Health Survey (SF-36).

This is the first reported study of EMDR therapy for SSD. The authors conclude that EMDR therapy “should be considered among the first-line interventions in the treatment of SSD.”

Successful EMDR treatment of methotrexate intolerance in juvenile idiopathic arthritis

Methotrexate (MTX) is the most commonly used medication for children with inflammatory joint diseases. Unfortunately, treatment must sometimes be discontinued due to anticipatory nausea and refusal to take the medication. The origin of MTX intolerance is not well understood. Common countermeasures have been shown to be ineffective in resolving MTX intolerance.

Höfel et al. (2018) reported successful treatment of methotrexate (MTX) intolerance in juvenile idiopathic arthritis (JIA) using EMDR therapy in Germany. Eighteen patients with MTX were included in a case series that made use of standardized measures that included Methotrexate Intolerance Severity Score (MISS) and Ped-sQL (quality of life).

MTX intolerance treatment protocol

The initial session focused on structured history taking including previous traumatic experiences, education about EMDR therapy and the calm place exercise. This was followed by five sessions EMDR reprocessing using the standard EMDR protocol. Then there were two sessions in which the patients received MTX without their therapist present. In a final EMDR therapy session, positive experiences were installed as well as a worst-case scenario for the future to lessen residual anticipatory anxiety or avoidance. The patients' parents were present at the first session, during administration of MTX and for the closing session.

The authors reported that “MTX intolerance in children with JIA was effectively treated using an EMDR protocol, with lasting effect over a period of 4 months. EMDR treatment can potentially increase quality of life of affected patients and enable continued MTX treatment.” This article is open access at

<https://ped-rheum.biomedcentral.com/track/pdf/10.1186/s12969-018-0228-y>

RECENT ARTICLES ON EMDR

ANDREW M. 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>

Ahmed, A. (2018). EMDR therapy for an elderly woman with depression, traumatic memories, and Parkinson's disease dementia: A case study. *Journal of EMDR Practice and Research*, 12(1), 16-23. doi:10.1891/1933-3196.12.1.16

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ABSTRACT

This case study looks at the application of eye movement desensitization and reprocessing (EMDR) therapy in an 83-year-old White woman with preexisting diagnoses of Parkinson's disease and Parkinson's disease dementia. She presented to the community mental health team with depressive symptoms, and during as-

essment, which included the use of the Trauma Screening Questionnaire, several traumatic life events emerged. Following six sessions of EMDR, subjective reporting on trauma symptoms and resilience improved and this was maintained 9 months later. Depression and anxiety scores (Hospital Anxiety and Depression Scale) remained consistent, though a lack of improvement in these scores was thought to be associated with progression of her physical health symptoms and related poor quality of life. This case highlights the potential use of EMDR in those with dementia and traumatic memories and the success of the standard EMDR protocol, despite difficulties with eye movements due to neurological effects of Parkinson's disease. Further research in the application of EMDR in later life and in those with

neurodegenerative medical conditions is recommended.

Demirci, O. O., Sağaltıcı, E., Yıldırım, A., & Boysan, M. (2017). Comparison of eye movement desensitization and reprocessing (EMDR) and duloxetine treatment outcomes in women patients with somatic symptom disorder. *Sleep and Hypnosis*, 19(3), 70-77. doi:10.5350/Sleep.Hypn.2017.19.0146

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RECENT ARTICLES ON EMDR (CONT.)

ABSTRACT

Somatic symptom disorder (SSD) is a debilitating disorder that significantly diminishes quality of life and causes psychological distress such as anxiety and depression. The paper explored the efficiency of the eye movement desensitization and reprocessing (EMDR) therapy in SSD. The current investigation is a clinical trial investigating the effectiveness of eye movement desensitization (EMDR) therapy in the treatment of 31 first-diagnosed SSD patients in comparison to age, education and marital status matched 31- first-diagnosed SSD patients who received duloxetine over a 6-week course of treatment. Somatization subscale of the Symptom Checklist-Revised 90 (SCL-90), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Short Form Health Survey (SF-36) were administered to the participants. EMDR group showed enhanced improvement relative to baseline after 6 weeks of treatment compared to duloxetine group. We concluded that EMDR appears to be a highly promising therapy and should be considered among the first-line interventions in the treatment of SSD.

Fleck, J. I., Olsen, R., Tumminia, M., DePalma, F., Berroa, J., Vrabel, A., & Miller, S. (2018). Changes in brain connectivity following exposure to bilateral eye movements. *Brain and Cognition*, 123, 142-153. doi:10.1016/j.bandc.2018.03.009

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ABSTRACT

The present research assessed how engaging in bilateral eye movements influences brain activity. Participants had their resting-state brain activity recorded with electroencephalography (EEG) before

and after they performed 30s of bilateral eye movements or a center-control manipulation. We assessed differences in change scores for absolute power and coherence between the eye-movement and center-control conditions. A main effect for handedness was present for EEG power in the theta and beta frequency bands, with inconsistent-handed participants displaying a greater increase than consistent-handed participants in both frequency bands. For theta, the increase in power for inconsistent handers was specific to participants in the bilateral eye-movement condition, whose increase in theta power exceeded the increase in theta power for consistent-handed participants regardless of condition. In contrast, for coherence, a main effect for condition was present for the delta frequency band, with participants in the control condition exhibiting a significant drop in posterior delta coherence pre to post. We suggest that the maintenance of posterior delta coherence over time may be an important factor in sustaining attention. Further, the malleability of EEG power for inconsistent-handed participants reveals the importance of individual-differences variables in the potential for behavioral manipulations to change brain activity.

Gonzalez-Vazquez, A. I., Rodriguez-Lago, L., Seoane-Pillado, M. T., Fernández, I., García-Guerrero, F., & Santed-Germán, M. A. (2017). The progressive approach to EMDR group therapy for complex trauma and dissociation: A case-control study. *Frontiers in Psychology*, 8, 2377. doi:10.3389/fpsyg.2017.02377

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2017.02377/full>

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ABSTRACT

Eye Movement Desensitization and Reprocessing is a psychotherapeutic approach with recognized efficiency in treating post-traumatic stress disorder (PTSD), which is being used and studied in other psychiatric diagnoses partially based on adverse and traumatic life experiences. Nevertheless, there is not enough empirical evidence at the moment to support its usefulness in a diagnosis other than PTSD. It is commonly accepted that the use of EMDR in severely traumatized patients requires an extended stabilization phase. Some authors have proposed integrating both the theory of structural dissociation of the personality and the adaptive information processing model guiding EMDR therapy. One of these proposals is the Progressive Approach. Some of these EMDR procedures will be evaluated in a group therapy format, integrating them along with emotional regulation, dissociation, and trauma-oriented psychoeducational interventions. Patients presenting a history of severe traumatization, mostly early severe and interpersonal trauma, combined with additional significant traumatizing events in adulthood were included. In order to discriminate the specific effect of EMDR procedures, two types of groups were compared: TAU (treatment as usual: psychoeducational intervention only) vs. TAU+EMDR (the same psychoeducational intervention plus EMDR specific procedures). In pre-post comparison, more variables presented positive changes in the group including EMDR procedures. In the TAU+EMDR group, 4 of the 5 measured variables presented significant and positive changes: general health (GHQ), general satisfaction (Schwartz), subjective well-being, and therapy session usefulness assessment. On the contrary, only 2 of the 5 variables in the TAU group showed statistically significant changes: general health (GHQ), and general satisfaction (Schwartz). Regarding post-test inter-group comparison, improvement in

RECENT ARTICLES ON EMDR (CONT.)

subjective well-being was related to belonging to the group that included EMDR procedures, with differences between TAU and TAU+EMDR groups being statistically significant [$2(1) = 14.226$; $p < 0.0001$]. In the TAU+EMDR group there was not one patient who got worse or did not improve; 100% experienced some improvement. In the TAU group, 70.6% referred some improvement, and 29.4% said to have gotten worse or not improved.

Guina, J., & Guina, C. (2018). Wants talk psychotherapy but cannot talk: EMDR for post-stroke depression with expressive aphasia. *Innovations in Clinical Neuroscience*, 15(1-2), 45-48.

Open access: <http://innovationscns.com/wants-talk-psychotherapy-cannot-talk-emdr-post-stroke-depression-expressive-aphasia/>

Dr. Jeffrey Guina, Department of Psychiatry, Wright State University Boonshoff School of Medicine in Dayton, Ohio.

ABSTRACT

While post-stroke depression (PSD) is a common sequelae of stroke, many stroke survivors also have expressive aphasia (i.e., the inability to produce spoken or written language), which limits or prevents treating depression with talk psychotherapy. Unlike most psychotherapy modalities, eye movement desensitization and reprocessing (EMDR) does not require extensive verbal communication to therapists, which might make EMDR an ideal treatment modality for aphasic patients with mental health concerns. The authors present the first known case reporting EMDR in aphasia, describing the treatment of a 50-year-old woman with a history of depression following a left middle cerebral artery stroke. Left frontal lobe strokes are independently associated with both PSD

and expressive aphasia. EMDR began two years following the stroke, at which point the patient continued to have persistent expressive aphasia despite previously completing more than a year of speech therapy. Using the Blind to Therapist Protocol, EMDR successfully led to improvement in depressive symptoms and, surprisingly, improvement in aphasia. This case report suggests that EMDR might be beneficial for those with mental health concerns who have expressive communication impairments that might prevent treatment with other psychotherapy modalities. We discuss potential challenges and technical workarounds with EMDR in aphasia, we speculate about potential biopsychosocial explanations for our results, and we recommend future research on EMDR for PSD and other mental health concerns in the context of aphasia, as well as possibly for aphasia itself.

Höfel, L., Eppler, B., Storf, M., Schnöbel-Müller, E., Haas, J. -P., & Hügler, B. (2018). Successful treatment of methotrexate intolerance in juvenile idiopathic arthritis using eye movement desensitization and reprocessing – treatment protocol and preliminary results. *Pediatric Rheumatology*, 16(1), 11. doi:10.1186/s12969-018-0228-y

Open access: <https://ped-rheum.biomed-central.com/track/pdf/10.1186/s12969-018-0228-y>

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ABSTRACT

Methotrexate (MTX), commonly used in juvenile idiopathic arthritis (JIA), frequently has to be discontinued due to intolerance

with anticipatory and associative gastrointestinal adverse effects. Eye Movement Desensitization and Reprocessing (EMDR) is a psychological method where dysfunctional experiences and memories are reprocessed by recall combined with bilateral eye movements. The objective of this study was to assess efficacy of EMDR for treatment of MTX intolerance in JIA patients. We performed an open prospective study on consecutive JIA patients with MTX intolerance. Intolerance was determined using the Methotrexate Intolerance Severity Score (MISS) questionnaire prior to treatment, directly after treatment and after four months. Health-related quality of life was determined using the PedsQL prior to and four months after treatment. Patients were treated according to an institutional EMDR protocol with 8 sessions over two weeks. Changes in MISS and PedsQL were analyzed using non-parametric statistics. Eighteen patients with MTX intolerance (median MISS at inclusion 16.5, IQR = 11.75–20.25) were included. Directly after treatment, MTX intolerance symptoms were significantly improved (median MISS 1 (IQR = 0–2). After four months, median MISS score was at 6.5 (IQR = 2.75–12.25, $p = 0.001$), with 9/18 patients showing MISS scores ≥ 6 . Median PedsQL after 4 months improved significantly from 77.6% to 85.3% ($p = 0.008$). MTX intolerance in children with JIA was effectively treated using an EMDR protocol, with lasting effect over a period of 4 months. EMDR treatment can potentially increase quality of life of affected patients and enable continued MTX treatment.

Kline, A. C., Cooper, A. A., Rytwinski, N. K., & Feeny, N. C. (2018). Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 59, 30-40. doi:10.1016/j.cpr.2017.10.009

RECENT ARTICLES ON EMDR (CONT.)

Open Access: <https://www.sciencedirect.com/science/article/pii/S0272735817302271>

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ABSTRACT

Psychotherapies are well established as efficacious acute interventions for post-traumatic stress disorder (PTSD). However, the long-term efficacy of such interventions and the maintenance of gains following termination is less understood. This meta-analysis evaluated enduring effects of psychotherapy for PTSD in randomized controlled trials (RCTs) with long-term follow-ups (LTFUs) of at least six months duration. Analyses included 32 PTSD trials involving 72 treatment conditions (N=2935). Effect sizes were significantly larger for active psychotherapy conditions relative to control conditions for the period from pre-treatment to LTFU, but not posttreatment to LTFU. All active interventions demonstrated long-term efficacy. Pretreatment to LTFU effect sizes did not significantly differ among treatment types. Exposure-based treatments demonstrated stronger effects in the posttreatment to LTFU period ($d=0.27$) compared to other interventions ($p=0.005$). Among active conditions, LTFU effect sizes were not significantly linked to trauma type, population type, or intended duration of treatment, but were strongly tied to acute dropout as well as whether studies included all randomized patients in follow-up analyses. Findings provide encouraging implications regarding the long-term efficacy of interventions and the durability of symptom reduction, but must be interpreted in parallel with methodological considerations and study characteristics of RCTs.

Marotta-Walters, S. A., Jain, K., DiNardo, J., Kaur, P., & Kaligounder, S. (2018). A review of mobile applications for facilitating EMDR treatment of complex trauma and its comorbidities. *Journal of EMDR Practice and Research*, 12(1), 2-15. doi:10.1891/1933-3196.12.1.2

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ABSTRACT

With the continued advancement in technology, there is a rise in the development and utilization of mobile health applications (mHealth apps) that claim to be using eye movement desensitization and reprocessing (EMDR) theory and techniques to facilitate the therapeutic process. However, there are concerns regarding the quality of these apps and the safety of clients who may be using them, particularly for those who may present with complex posttraumatic conditions and associated comorbidities. Hence, this study evaluates current EMDR apps to determine their purpose, potential benefits, and risks when used by clients and/or clinicians. Twelve apps were found to be eligible for evaluation and are rated on applicability, validity, accuracy, and usefulness. Currently, our review concludes that none of the EMDR apps are recommended for use by a client. Only 6 of the 12 apps would be recommended for use by a trained clinician as a tool to aid with EMDR treatment, provided the clinician were able to offer a safe environment that could adapt to the selected technology. Risks of using EMDR apps include safety concerns with unregulated use, particularly for clients with complex posttraumatic stress disorder (PTSD) and comorbid conditions, such as dysregulated emotions or cognitions, and concerns regarding cyber security and data privacy. Clinical implications for the use of technology and mHealth apps are

discussed, and recommendations for the development of an ideal EMDR app for the future are provided.

Parker, A., Parkin, A., & Dagnall, N. (2017). Effects of handedness & saccadic bilateral eye movements on the specificity of past autobiographical memory & episodic future thinking. *Brain and Cognition*, 114, 40-51. doi:10.1016/j.bandc.2017.03.006

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ABSTRACT

The present research investigated the effects of personal handedness and saccadic eye movements on the specificity of past autobiographical memory and episodic future thinking. Handedness and saccadic eye movements have been hypothesised to share a common functional basis in that both influence cognition through hemispheric interaction. The technique used to elicit autobiographical memory and episodic future thought involved a cued sentence completion procedure that allowed for the production of memories spanning the highly specific to the very general. Experiment 1 found that mixed-handed (vs. right handed) individuals generated more specific past autobiographical memories, but equivalent numbers of specific future predictions. Experiment 2 demonstrated that following 30s of bilateral (horizontal) saccades, more specific cognitions about both the past and future were generated. These findings extend previous research by showing that more distinct and episodic-like information pertaining to the self can be elicited by either mixed-handedness or eye movements. The results are discussed in relation to hemispheric interaction and top-down influences in the control of memory retrieval.

RECENT ARTICLES ON EMDR (CONT.)

Ostacoli, L., Carletto, S., Cavallo, M., Baldomir-Gago, P., Di Lorenzo, G., Fernandez, I., . . . Hofmann, A. (2018). Comparison of eye movement desensitization reprocessing and cognitive behavioral therapy as adjunctive treatments for recurrent depression: The European depression EMDR network (EDEN) randomized controlled trial. *Frontiers in Psychology*, (74). doi:10.3389/fpsyg.2018.00074

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00074/full>

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ABSTRACT

Background: Treatment of recurrent depressive disorders is currently only moderately successful. Increasing evidence suggests a significant relationship between adverse childhood experiences and recurrent depressive disorders, suggesting that trauma-based interventions could be useful for these patients.

Objectives: To investigate the efficacy of Eye Movement Desensitization and Reprocessing therapy (EMDR) in addition to antidepressant medication (ADM) in treating recurrent depression.

Design: A non-inferiority, single-blind, randomized clinical controlled trial comparing EMDR or CBT as adjunctive treatments to ADM. Randomization was carried out by a central computer system. Allocation was carried out by a study coordinator in each center.

Setting: Two psychiatric services, one in Italy and one in Spain.

Participants: Eighty-two patients were randomized with a 1:1 ratio to the EMDR

group (n = 40) or CBT group (n = 42). Sixty-six patients, 31 in the EMDR group and 35 in the CBT group, were included in the completers analysis.

Intervention: 15 ± 3 individual sessions of EMDR or CBT, both in addition to ADM. Participants were followed up at 6-months.

Main outcome measure: Rate of depressive symptoms remission in both groups, as measured by a BDI-II score <13.

Results: Sixty-six patients were analyzed as completers (31 EMDR vs. 35 CBT). No significant difference between the two groups was found either at the end of the interventions (71% EMDR vs. 48.7% CBT) or at the 6-month follow-up (54.8% EMDR vs. 42.9% CBT). A RM-ANOVA on BDI-II scores showed similar reductions over time in both groups [F(6,59) = 22.501, p < 0.001] and a significant interaction effect between time and group [F(6,59) = 3.357, p = 0.006], with lower BDI-II scores in the EMDR group at T1 [mean difference = -7.309 (95% CI [-12.811, -1.806]), p = 0.010]. The RM-ANOVA on secondary outcome measures showed similar improvement over time in both groups [F(14,51) = 8.202, p < 0.001], with no significant differences between groups [F(614,51) = 0.642, p = 0.817].

Conclusion: Although these results can be considered preliminary only, this study suggests that EMDR could be a viable and effective treatment for reducing depressive symptoms and improving the quality of life of patients with recurrent depression. Trial registration: ISRCTN09958202.

Siegel, I. R. (2018). EMDR as a transpersonal therapy: A trauma-focused approach to awakening consciousness. *Journal of EMDR Practice and Research*, 12(1), 24-43. doi:10.1891/1933-3196.12.1.24

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ABSTRACT

This article introduces the integration of a transpersonal psychological approach into the standard eye movement desensitization and reprocessing (EMDR) protocol. The history and philosophy of transpersonal psychology is explained as an expanded context for healing. The applications of a transpersonal context to EMDR therapy are discussed as it applies to taking the client from trauma to healing beyond adaptive functioning leading to exceptional human functioning, as depicted in Native shamanism and Eastern spiritual tradition where consciousness is awakened. The influence of the consciousness of the therapist is explored, as the convergence of science, psychology, and spirituality address the interpersonal nature of a shared energy field. Elements of transpersonal psychotherapy are presented, and transpersonal therapeutic skills are described to enhance the range of tools of the therapist from egoic intervention to an expanded range of perception based in mindful awareness, attunement, and resonance. Comprehensive case examples take us through the standard EMDR protocol where these two approaches integrate and flow as healing unresolved early trauma becomes the doorway for spiritual awakening.

Tran, U. S., & Gregor, B. (2016). The relative efficacy of bona fide psychotherapies for post-traumatic stress disorder: A meta-analytical evaluation of randomized controlled trials. *BMC Psychiatry*, 16, 266. doi:10.1186/s12888-016-0979-2

Open access: <https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-016-0979-2>

RECENT ARTICLES ON EMDR (CONT.)

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ABSTRACT

BACKGROUND: In the treatment of PTSD, meta-analyses suggest comparable efficacy of cognitive behavioural therapies and various trauma focused treatments, but results for other treatments are inconsistent. One meta-analysis found no differences for bona fide therapies, but was criticized for overgeneralization and a biased study sample and relied on an omnibus test of overall effect size heterogeneity that is not widely used.

METHODS: We present an updated meta-analysis on bona fide psychotherapies for PTSD, contrasting an improved application of the omnibus test of overall effect size heterogeneity with conventional random-effects meta-analyses of specified treatment types against all others. Twenty-two studies were eligible, reporting 24 head-to-head comparisons in randomized controlled trials of 1694 patients.

RESULTS: Head-to-head comparison between trauma focused and non-trauma focused treatments revealed a small relative advantage for trauma focused treatments at post-treatment (Hedges' $g = 0.14$) and at two follow-ups ($g = 0.17$, $g = 0.23$) regarding PTSD symptom severity. Controlling and adjusting for influential studies and publication bias, prolonged exposure and exposure therapies ($g = 0.19$) were slightly more efficacious than other therapies regarding PTSD symptom severity at post-treatment; prolonged exposure had also higher recovery rates ($RR = 1.26$). Present-centered therapies were slightly less efficacious regarding symptom severity at post-treatment ($g = -0.20$) and at follow-up ($g = -0.17$), but equally efficacious as available comparison treatments

with regards to secondary outcomes. The improved omnibus test confirmed overall effect size heterogeneity.

CONCLUSIONS: Trauma focused treatments, prolonged exposure and exposure therapies were slightly more efficacious than other therapies in the treatment of PTSD. However, treatment differences were at most small and far below proposed thresholds of clinically meaningful differences. Previous null findings may have stemmed from not clearly differentiating primary and secondary outcomes, but also from a specific use of the omnibus test of overall effect size heterogeneity that appears to be prone to error. However, more high-quality studies using ITT analyses are still needed to draw firm conclusions. Moreover, the PTSD treatment field may need to move beyond a focus primarily on efficacy so as to address other important issues such as public health issues and the requirements of highly vulnerable populations.

van den Berg, D., de Bont, P. A. J. M., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2018). Long-term outcomes of trauma-focused treatment in psychosis. *The British Journal of Psychiatry: The Journal of Mental Science*, 212(3), 180-182. doi:10.1192/bjp.2017.30

Open access: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/CBDB7D60446FF1B8C6CEEF856724298B/S0007125017000307a.pdf/longterm_outcomes_of_trauma_focused_treatment_in_psychosis.pdf

David van den Berg, Parnassia Psychiatric Institute, Research and Innovation department, Zoutkeetsingel 40, 2512HN The Hague, The Netherlands. E-mail: d.vandenberg@parnassia.nl

ABSTRACT

We present 12-month follow-up results for a randomised controlled trial of prolonged exposure and eye movement desensitisation and reprocessing (EMDR) therapy in 85 (78.8%) participants with psychotic disorder and comorbid post-traumatic stress disorder (PTSD). Positive effects on clinician-rated PTSD, self-rated PTSD, depression, paranoid-referential thinking and remission from schizophrenia were maintained up to 12-month follow-up. Negative post-traumatic cognitions declined in prolonged exposure and were stable in EMDR. A significant decline in social functioning was found, whereas reductions in interference of PTSD symptoms with social functioning were maintained. These results support that current PTSD guidelines apply to individuals with psychosis.

Wagenmans, A., Van Minnen, A., Sleijpen, M., & De Jongh, A. (2018). The impact of childhood sexual abuse on the outcome of intensive trauma-focused treatment for PTSD. *European Journal of Psychotraumatology*, 9(1), 1430962. doi:10.1080/20008198.2018.1430962

Open access: <https://doi.org/10.1080/20008198.2018.1430962>

Anouk Wagenmans, Research Department, PSYTREC, Bilthoven, The Netherlands. E-mail: wagenmans@psytrek.com

ABSTRACT

Background: It is assumed that PTSD patients with a history of childhood sexual abuse benefit less from trauma-focused treatment than those without such a history. **Objective:** To test whether the presence of a history of childhood sexual abuse has a negative effect on the outcome of intensive trauma-focused PTSD treatment.

RECENT ARTICLES ON EMDR (CONT.)

Method: PTSD patients, 83% of whom suffered from severe PTSD, took part in a therapy programme consisting of 2 × 4 consecutive days of Prolonged Exposure (PE) and EMDR therapy (eight of each). In between sessions, patients participated in sport activities and psycho-education sessions. No prior stabilization phase was implemented. PTSD symptom scores of clinician-administered and self-administered measures were analysed using the data of 165 consecutive patients. Pre-post differences were compared between four trauma

groups; patients with a history of childhood sexual abuse before age 12 (CSA), adolescent sexual abuse (ASA; i.e. sexual abuse between 12 and 18 years of age), sexual abuse (SA) at age 18 and over, or no history of sexual abuse (NSA). Results: Large effect sizes were achieved for PTSD symptom reduction for all trauma groups (Cohen's $d = 1.52-2.09$). For the Clinical Administered PTSD Scale (CAPS) and the Impact of Event Scale (IES), no differences in treatment outcome were found between the trauma (age) groups. For the

PTSD Symptom Scale Self Report (PSS-SR), there were no differences except for one small effect between CSA and NSA.

Conclusions: The results do not support the hypothesis that the presence of a history of childhood sexual abuse has a detrimental impact on the outcome of first-line (intensive) trauma-focused treatments for PTSD.

VIDEOS THAT GET AT THE HEART OF HEALING CHILDREN THROUGH EMDR

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

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The EMDRIA Conference Online is a great way to enjoy the Conference from the comfort of your own home or office! EMDRIA's online learning goal is to facilitate a high-quality continuing education experience that is conveniently available to participants in a no-travel, cost-effective format. This scheduled live event can be viewed on any computer with a reliable internet connection.

With this online opportunity, you can:

- View the Plenary Session of the day, broadcasting live from the Conference in Atlanta, GA.
- Choose from qualifying breakout sessions with key presenters who will be delivering content on the latest EMDR therapy topics.
- Earn CEs which, once completed, get delivered straight to your email!
- Access archived recordings to review presentation content at your own pace. Participants have access to the archived recordings for 14 days!
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1. Go to www.emdriaconference.com
2. Hover mouse over "Register" tab.
3. Click on "Attend Online" tab.
4. Click on "Register Today" button.
5. Fill out the 2018 EMDRIA Conference Online Registration Form and provide your payment information. A confirmation email will be sent to you once registration is complete!



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MEETING THE CHALLENGES IN TODAY'S WORLD

EMDRIA CONFERENCE ONLINE REGISTRATION IS ONLINE ONLY!

Due to the nature of content delivery, we CANNOT accept paper registrations.

2018 EMDRIA Conference Online Pricing

ATTENDEE CATEGORY	EARLY-BIRD RATE (BY AUGUST 1)	REGULAR RATE (AFTER AUGUST 1)
Conference Online – Full Conference Rates		
EMDRIA Member	\$495	\$595
Non-Member	\$615	\$720
Conference Online – Single Day Rates		
EMDRIA Member	\$265	\$315
Non-Member	\$320	\$370

For more information, please visit www.emdriaconference.com.

Questions? Contact Sara Sturtevant, Communications and Component Manager, at ssurtevant@emdria.org.



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2018 EMDRIA CONFERENCE

EMDR THERAPY: MEETING THE CHALLENGES IN TODAY'S WORLD

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2018 EMDRIA
CONFERENCE

EMDR THERAPY:
MEETING THE CHALLENGES
IN TODAY'S WORLD

OUR MISSION

The EMDR International Association strives to provide a Conference dedicated to high quality presentations by trained clinicians and researchers to establish, maintain and promote the highest standards of excellence and integrity in EMDR therapy practice, research and education. With this in mind, participants will be able to identify best practices and emerging research in the treatment of trauma; they will be able to apply advanced clinical skills in the use of trauma treatment modalities; and they will be able to identify ethical dilemmas and appropriate resolutions in educational settings, clinical supervision and clinical practice.



VISITING ATLANTA

While Atlanta is sprawling with towering buildings made of glass and steel, it is truly a city in the forest, dotted with expansive green spaces. This urban oasis is a multi-cultural haven for residents and visitors alike, yet exudes Southern hospitality. Individuals from all walks of life add to the city's charm and personality.

LOCAL ATTRACTIONS

The Atlanta Botanical Garden: In the middle of Midtown Atlanta more than 30 acres of lush green garden grow, just waiting to be explored. Seasonal activities keep adventure blooming at this urban oasis.

The Atlanta History Center: The Atlanta History Center features exhibitions, festivals, and interactive activities, as well as historic houses and 32 acres of gardens, wildlife trails, and woodland areas. It was also used in the filming of *The Hunger Games: Catching Fire*.

Georgia Aquarium: Swim with whale sharks, feed a dolphin, view the only manta rays in a U.S. aquarium, and see thousands of other animals.

Zoo Atlanta: Say hello to the pandas (only four zoos in the U.S. house them), visit large populations of gorillas and orangutans, and check out the new Treetop Trail aerial playground.

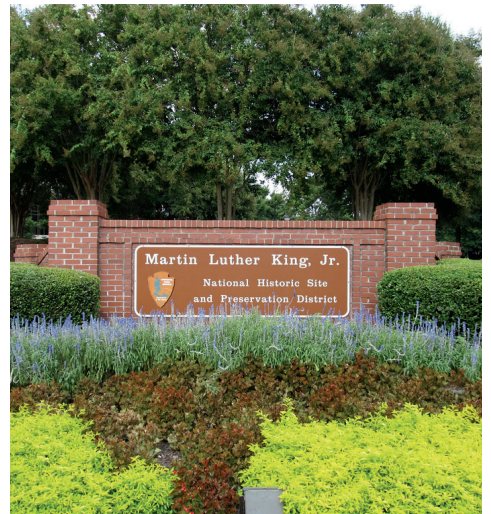
Fernbank Museum of Natural History: See the largest dinosaurs in the world, fossils dating back to the Jurassic period, a saltwater aquarium, rose garden, and 75 acres of nature adventures, including elevated walkways and old-growth trees.

Center For Civil And Human Rights: This engaging cultural attraction connects the American Civil Rights Movement to today's Global Human Rights Movements. Get inspired by powerful imagery, compelling artifacts and poignant storytelling.

The College Football Hall of Fame: 95,000 square feet. A 45-yard indoor football field. More than 50 engaging and interactive exhibits. A shrine to the greatest to ever play or coach the game. All in the heart of downtown Atlanta.

MLK Jr. National Historic Site: Just a mile east from Hilton Atlanta Downtown, come walk in Martin Luther King, Jr.'s footsteps, and hear his voice in the church where he moved hearts and minds.

Ponce City Market: Spend the day walking around this vibrant community hub housing the Central Food Hall, various shops, flats and offices, all while pointing back to the roots of its inception.





AIR TRAVEL

The Hartsfield Jackson International Airport is 10 miles from the Hilton Atlanta Downtown. Estimated drive time with minimal traffic is 20 minutes.

GROUND TRANSPORTATION TAXIS

The taxicab service is located in the Yellow Bus aisle of the airport. A flat rate zone from the airport to downtown is approximately \$30.00. For more information, call (404) 530-3485.

SHARED-RIDE SHUTTLES

Approximately \$16.50 per person.

Shared-Ride Van Service provides transportation services to and from the Atlanta central business district: Downtown, Midtown and Buckhead. Shuttles leave every 15 minutes from the Airport from stalls 3 through 10.

Please visit www.emdriaconference.com, select the "Hotel & Travel" tab from the navigation menu and select "Transportation Tips" for contact information.



MARTA Train Service- Public Transit

The most cost-effective way to travel around Atlanta! One-way fares starting at \$2.50 per person. Visit <http://www.itsmarta.com/train-stations-and-schedules> or call (404) 848-5000 for more information.

RENTAL CARS

The Rental Car Center (RCC) is a one-stop facility that houses 13 rental car brands and vehicles for ATL guests. Operating 24 hours a day, seven days a week, the RCC is just a few minutes away from ATL via the SkyTrain, an electric-powered automated people mover system that connects the Rental Car Center to additional parking and the Airport.

Advantage (404) 767-8863

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Avis (404) 763-6333

Budget Car Rental (404) 530-3000

EZ Rent a Car (404) 767-8863

Enterprise (404) 763-5220

Hertz (404) 209-3230

Uber - Visit <https://www.uber.com/fare-estimate/> for a fare estimate.

Lyft - Visit <https://www.lyft.com/cities/atlanta-ga> for a fare estimate.

DRIVING TO THE HOTEL

The physical address of the hotel is:
Hilton Atlanta Downtown
255 COURTLAND ST. NE, ATLANTA, GEORGIA, 30303, USA

PARKING

Self parking \$17.00 (Space is limited.)

Valet parking \$40.00 (Space is limited)

Other Parking Information: Oversized vehicles are valet ONLY: \$44 per n/t

Parking Garage Restrictions: Max height is 6 feet. Please see door person if your vehicle is larger than 6 feet.



HOTEL ACCOMMODATIONS

ATLANTA

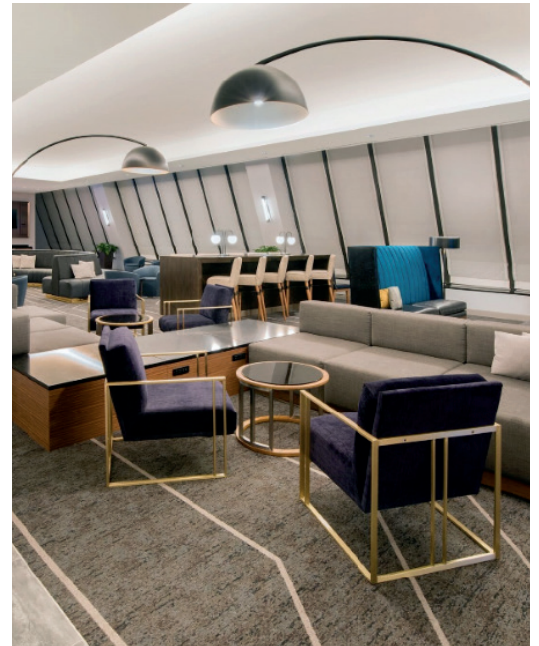
The 2018 EMDRIA Conference will be held within the Hilton Atlanta Downtown. A central location meets high-quality amenities at Hilton Atlanta. Set in the heart of the city, the Hilton is easily accessible to the interstate and Peachtree Center MARTA rapid transit system.

RESERVATIONS

EMDRIA has secured a special group rate of \$175/ single/double for EMDRIA Conference attendees. The EMDRIA group rate is available until 5:00 pm CT on September 9, 2018 or until rooms sell out, whichever comes first. We anticipate the Conference to be very well attended and our hotel room block to sell out before then. Do not wait! Book your reservation today! Make your reservation by calling (404) 659-2000 and mentioning Group Code: "EMD" or by visiting www.emdriaconference.com and clicking on the Hotel & Travel tab.

HOTEL FEATURES

- 24 hr Pavilion Pantry Market
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- Baggage Storage
- Bar Area
- Bell service
- Concierge Desk
- Drug Store
- Fitness Center
- Foreign Currency Exchange
- Lounge
- Luggage Hold
- Multi-Lingual Staff
- On-Site Convenience Store
- Safety Deposit Box
- Security staff on duty



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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 does not participate in matching rooms.

HOTEL CONFERENCE SPACE DRESS SUGGESTION

The suggested dress for the Conference is business casual. We suggest you dress in layers as meeting room temperatures may vary and can be unpredictable.



NEW MEMBER & FIRST-TIME ATTENDEE BREAKFAST

Thursday, October 4 & Friday, October 5 | 7:30 AM - 8:30 AM

New EMDRIA members and first-time Conference attendees are invited to join us for an exclusive breakfast reception. Come and mingle with the EMDRIA Board of Directors, committee members and other first-time attendees and new members. Take advantage of this exclusive opportunity to network with peers, establish connections and learn about EMDRIA member benefits.

ANNUAL MEETING

Friday, October 5 | 5:45 PM - 6:45 PM

The Annual Meeting is an opportunity for members to talk directly with the EMDRIA Board of Directors about your views about the future direction of EMDRIA. Bring your colleagues and contribute your thoughts so we can all move forward together!

WELCOME RECEPTION

Friday, October 5 | 6:45 PM - 8:00 PM

Join us at the Welcome Reception to meet new people, become reacquainted with old friends and meet our 2018 Exhibitors. Hors d'oeuvres and a cash bar will be provided.

EMDRIA AWARDS & RECOGNITION RECEPTION

Saturday, October 6 | 6:30 PM - 8:00 PM

In recognition of those who have dedicated their time, expertise and knowledge to the preservation and growth of EMDR therapy, we will host the EMDRIA Awards & Recognition Reception. More details will be in the on-site Conference program, given to you upon on-site registration. There will be hors d'oeuvres provided.





CONFERENCE SCHEDULE-AT-A-GLANCE

REGISTER BY **AUGUST 1** & RECEIVE THE **EARLY-BIRD DISCOUNT**

Wednesday, October 3

Early Registration (Pre-Conference Only) 4:00 PM - 6:00 PM

Thursday, October 4

Registration (Pre-Conference Only) 7:30 AM - 8:30 AM

Continental Breakfast 7:30 AM - 8:30 AM

Exhibit Hall Hours 7:30 AM - 6:00 PM

SESSIONS 101-103 8:30 AM - 3:30 PM

Break 10:00 AM - 10:30 AM

Lunch Break (on your own) 12:00 PM - 1:30 PM

Registration (Main Conference) 2:00 PM - 6:00 PM

Break 3:30 PM - 4:00 PM

OPENING ADDRESS (Session 104) 4:00 PM - 5:00 PM

Friday, October 5

Registration (Main Conference) 7:30 AM - 5:30 PM

Continental Breakfast 7:30 AM - 8:30 AM

Exhibit Hall Hours 7:30 AM - 8:00 PM

PLENARY SESSION 201 8:30 AM - 10:30 AM

Break 10:30 AM - 11:00 AM

SESSIONS 221-226 11:00 AM - 12:30 PM

Lunch Break (on your own) 12:30 PM - 2:00 PM

SESSIONS 231-236 2:00 PM - 5:30 PM

Break 3:30 PM - 4:00 PM

Annual Meeting 5:45 PM - 6:45 PM

Welcome Reception 6:45 PM - 8:00 PM



CONFERENCE SCHEDULE-AT-A-GLANCE



REGISTER BY AUGUST 1 & RECEIVE THE EARLY-BIRD DISCOUNT



Saturday, October 6

Registration (Main Conference)	7:30 AM - 5:30 PM
Continental Breakfast	7:30 AM - 8:30 AM
Exhibit Hall Hours	7:30 AM - 6:00 PM
PLENARY SESSION 301	8:30 AM - 10:30 AM
Break	10:30 AM - 11:00 AM
SESSIONS 321-326	11:00 AM - 12:30 PM
Lunch Break (on your own)	12:30 PM - 2:00 PM
SESSIONS 331-336	2:00 PM - 5:30 PM
Break	3:30 PM - 4:00 PM
EMDRIA Awards & Recognition Reception	6:30 PM - 8:00 PM

Sunday, October 7

Registration (Main Conference)	7:30 AM - 2:00 PM
Continental Breakfast	7:30 AM - 8:30 AM
Exhibit Hall Hours	7:30 AM - 2:00 PM
PLENARY SESSION 401	8:30 AM - 10:30 AM
Break	10:30 AM - 11:00 AM
SESSIONS 431-436	11:00 AM - 12:30 PM
Lunch Break (on your own)	12:30 PM - 2:00 PM
SESSIONS 431-436 cont'd	2:00 PM - 3:30 PM
Conference Concludes	3:30 PM



GUEST SPEAKERS

Ann Beckley Forest, LCSW-R

Ann Beckley-Forest is a Licensed Clinical Social Worker in private practice in Buffalo, New York. Her specialties include attachment and child and adolescent trauma. She is a registered play therapist and supervisor and approved provider of play therapy continuing education through the Association for Play Therapy. She is certified in EMDR and is an EMDR Approved Consultant and a faculty member of the Child Trauma Institute. She has given trainings locally and internationally. Her primary interest is in the intersection of play therapy and EMDR and has published on this topic in the September 2015 issue of Play Therapy.

Joan Borysenko, Ph.D.

Joan Borysenko, Ph.D. is a world-renowned expert in the mind-body connection. A licensed psychologist with a doctorate in cell biology from Harvard Medical School, she synthesizes cutting edge science with deep humanity. President of Mind-Body Health Sciences, LLC in Santa Fe, NM and a New York Times bestselling author of 16 books, Joan also has a series of audio programs for meditation and stress management. Her work has appeared in The Washington Post, the Wall Street Journal, on Public Television, and on numerous websites. You can find out more at www.joanborysenko.com or join the lively conversation daily at www.facebook.com/joanborysenkocommunity.

Michael Bowers, MA

As Executive Director, Michael is responsible for the overall administration of EMDRIA. Michael has extensive experience in advocacy, having offered testimony in almost half of the states in the US, as well as the US House of Representatives and Senate. He has developed organizational strategy, and demonstrated success business management, having previously served as Executive Director of the American Association for Marriage and Family Therapy (AAMFT) and as CEO of the American Physical Therapy Association (APTA). He has also been sought out as a consultant, writer and presenter on personal and organizational development and leadership.

Deb Courtney, Ph.D., LCSW

Dr. Deborah Courtney is a licensed clinical social worker, assistant professor of human service at The City University of New York, and owner of Pine Grove Country Day School. Her clinical specialty is the treatment of psychological trauma from an eclectic approach, including EMDR, ego state work and spirituality. She is also the creator of the internationally sold board game, The EMDR Journey, and board member for Humanity Unified International. To learn more about Deb please visit her websites at www.drdeborahmcourtney.com and www.emdrjourneygame.com.

Charles Figley, Ph.D.

Charles Figley is the Paul Henry Kurzweg, MD Distinguished Chair in Disaster Mental Health. He directs the Tulane University Traumatology Institute and is a full professor in the School of Social Work at Tulane University. He is credited with helping to establish trauma and trauma psychology as important fields of study through his body of work including the 2012 Encyclopedia of Trauma: An Interdisciplinary Guide (Sage). He also helped establish the current field of compassion fatigue and vicarious trauma and the importance of self-care, having a self-care plan that works toward becoming more resilient to future setbacks for folks working with highly distressed people. He is a husband, father, and grandfather and splits his time between New Orleans and Tallahassee. His CV is at <https://charlesfigley.com/charlesfigleycv/>. Most of his journal articles and the book, Compassion Fatigue in the Animal Care Community is available at Research Gate.

Paris Goodyear-Brown, LCSW, RPT-S

Paris Goodyear-Brown, LCSW, RPT-S has 22 years of experience in treating complex trauma and has integrated EMDR with play therapy over half that time. She is the Clinical Director of Nurture House, Executive Director of the Lipscomb Play Therapy and Expressive Arts Center, and an Adjunct Instructor of Psychiatric Mental Health at Vanderbilt University. She is a sought



after speaker domestically and internationally. She is best known for developing clinically sound play-based approaches for trauma work with children and families. The author of multiple books, chapters and articles, she has received the APT award for Play Therapy Promotion and Education.

Sara Gilman, Psy.D., LMFT

Dr. Gilman, an LMFT since 1986, obtained her doctorate degree in 2017 with her dissertation focus on the effects of cumulative traumatic stress exposure in first responders and the use of EMDR as an early intervention. She is CEO of Coherence Associates, a professional group of EMDR Therapists in San Diego, CA, is an EMDRIA Approved Consultant and Past-President of the EMDRIA Board of Directors. As a former San Diego Firefighter/EMT, she has blended her Mental Health expertise with her boots-on-the-ground experience. The American Academy of Experts in Traumatic Stress awarded her Fellowship status for her extensive work in utilizing EMDR with first responders. As author, speaker, and consultant, Dr. Gilman is passionate about building resiliency in first responders around the world.

Ricky Greenwald, Psy.D.

Ricky Greenwald, Psy.D., is the founder and executive director of the Trauma Institute & Child Trauma Institute, affiliate professor at the SUNY University at Buffalo School of Social Work, and a fellow of the American Psychological Association. Dr. Greenwald is the author of numerous professional articles as well as several books, including EMDR in Child & Adolescent Psychotherapy (1999), Trauma and Juvenile Delinquency (editor; 2002), Child Trauma Handbook (2005), EMDR Within a Phase Model of Trauma-Informed Treatment (2007), Treating Problem Behaviors (2009), and Progressive Counting (2013). His work has been translated into over a dozen languages.

Andrew Leeds, Ph.D.

Andrew M. Leeds, Ph.D. is a licensed Psychologist with over 40 years of private practice experience. He completed

EMDR training in 1991. He has conducted EMDR training for 13,000 clinicians in the USA, Canada, Europe, and Japan and presented at numerous conferences. He is the author of A Guide to the Standard EMDR Therapy Protocols (2016), journal articles and book chapters. He served on the EMDRIA Board 2003-2005. He serves on the Journal of EMDR Editorial Board. He is Director of Training for Sonoma Psychotherapy Training Institute offering training in EMDR. In 1999, he received the Ronald Martinez Memorial Award from Francine Shapiro, EMDRIA's award for creative innovation and in 2013 EMDRIA's Francine Shapiro Award.

Jamie Marich, Ph.D.

Jamie Marich, Ph.D., LPCC-S, LICDC-CS, REAT, RMT travels internationally speaking on topics related to EMDR therapy, trauma, addiction, expressive arts and mindfulness while maintaining a private practice in her home base of Warren, OH. She is the developer of the Dancing Mindfulness practice and delivered a TEDx talk on trauma in 2015. Jamie is the author of EMDR Made Simple (2011), Trauma and the Twelve Steps (2012), Trauma Made Simple (2014), and Dancing Mindfulness: A Creative Path to Healing and Transformation (2015). Her latest book (in collaboration with Dr. Stephen Dansiger) is EMDR Therapy and Mindfulness for Trauma Focused Care (Springer Publishing Company, November 2017).

Annie Monaco, LCSW

Annie Monaco is a Licensed Clinical Social Worker and a faculty member of the Child Trauma Institute and travels extensively throughout the US and Asia teaching EMDR and specialty areas including children, teens attachment and dissociation. She has been an EMDR trainer, consultant and co-regional coordinator of the Western NY Region for over 10 years. She has extensive training in complex trauma, attachment, family therapy, and play therapy. Her private practice has included foster care, out of country adoptions, juvenile justice and dissociation.



GUEST SPEAKERS

Sandra Paulsen, Ph.D.

Dr Paulsen authored “When There Are No Words: Repairing Trauma and Neglect from the Attachment Period,” and “Looking Through the Eyes of Trauma & Dissociation: An Illustrated Guide for EMDR Therapists and Clients.” She co-authored “The Neurobiology and Treatment of Traumatic Dissociation: Toward an Embodied Self,” and “All the Colors of Me: My First Book on Dissociation.” A fellow of the ISST&D, she was invited faculty in numerous international venues, and invited EMDRIA Masters Series Lecturer. Her clinical practice is limited to brief intensive work on a forested island near Seattle where she utilizes EMDR, ego state therapy, somatic therapy, early trauma work and neurofeedback. Her several online workshops are available through sfrankelgroup.com. Her work is long guided by respect for ancient indigenous understandings and healing methods as well as understandings from leading edge neuroscience.

Carolyn Settle, MSW, LCSW

Carolyn Settle is in private practice in Scottsdale, Arizona. She has over 40 years of experience working with children, adolescents and adults who have experienced abuse, trauma, and/or loss. She has presented and written about children and adolescents, in her co-authored, recently released second edition book *EMDR and the Art of Psychotherapy with Children: Infants to Adolescents* (2017). She has presented at numerous conferences nationally and internationally, and most recently presented at the EMDRIA Pre-Conference in Seattle, Washington. She is also the co-investigator of a fidelity study concerning EMDR with children, and co-authored two chapters and two journal articles on EMDR with children. She is an EMDRIA-Approved Consultant, an EMDR Institute facilitator, and a trainer for the Trauma Recovery-HAP Program.

Martin Teicher, MD, Ph.D.

Martin H. Teicher is Director of the Developmental Biopsychiatry Research Program at McLean Hospital and Associate Professor of Psychiatry at Harvard. He

pioneered research on the effects of maltreatment on brain development, brought into focus the importance of emotional abuse and proposed that maltreated and non-maltreated individuals with the same primary psychiatric diagnosis are clinically, neurobiologically and genetically distinct. He has received 30 years of funding from the NIH, has authored over 200 articles, holds 18 U.S. patents and is a member of Board of Children, Youth and Families of the U.S. National Academies of Sciences, Engineering and Medicine.

Camille Zeiter, LICSW

Camille Zeiter, LICSW is a clinical social worker currently working as a civilian for Child and Family Behavioral Health System (CAFBHS) at Madigan Army Medical Center at Joint Base Lewis-McChord, Washington. As an EMDRIA Approved Consultant, she provides EMDR therapy to spouses of active duty service members and veterans as well as EMDR consultation to providers across the Department of Defense (DoD). She is an EMDR Trainer for the DoD AMEDD Center and School Posttraumatic Stress and Resiliency Program. In addition, she is a facilitator for EMDR Institute Basic Trainings.

EXHIBIT, SPONSOR OR ADVERTISE



DEADLINES

Early-Bird Rate | July 16, 2018

Final Deadline | July 31, 2018

EXHIBIT HOURS

Thursday, October 4 | 7:30 AM - 6:00 PM

Friday, October 5 | 7:30 AM - 8:00 PM

Saturday, October 6 | 7:30 AM - 6:00 PM

Sunday, October 7 | 7:30 AM - 2:00 PM

ADVERTISING OPPORTUNITIES

The advertisement is placed in the on-site Conference Program which includes essential Conference information such as: Conference schedule, layout of meeting space, information on sponsors and exhibitors, etc. Since the Conference Program is distributed to all attendees, this is the perfect opportunity to draw attention to your products or services to over 1,000 practitioners and therapists in the EMDR community. (Space is limited and will be reserved on a first-come, first-serve basis).

EXHIBIT BOOTH OPPORTUNITIES

Reserve a booth space to strengthen your existing relationships, increase your product awareness, and generate new sales.

BOOTH DESCRIPTION

Standard Single Booth (8'x8', 8'x10' or 10'x10' depending on space availability), 8' background drape, 3' side drape, draped 6' table, 17" x 44" ID sign for booth display, and wastebasket.

ALL EXHIBITORS RECEIVE:

- Company logo, a 50-word description and contact information listing the on-site Conference Program
- Linked company logo with and a 50-word description on the EMDRIA Conference website
- One complimentary Conference Registration (Registration for company representative).

- Two complimentary Exhibitor badges per booth
- Option to participate in Exhibitor Raffle on Friday & Saturday
- Pre- and Post-Conference registration mailing lists to promote your company's participation (upon request)

To reserve your booth, or for questions, please contact Mel Forehand at (512) 425-0994 or mforehand@logistex.net.

SPONSORSHIP OPPORTUNITIES

EMDRIA offers a wide variety of Sponsorship opportunities that are all designed to help you spread your message to EMDR therapists.

ALL SPONSORS RECEIVE:

- One single Exhibit Booth
- One Complimentary registration
- Linked company logo with a link and a 50-word description on EMDRIA Conference website
- Company logo, a 50-word description and contact information included in the on-site Conference Program
- Pre- and Post-Conference registration mailing lists to promote your company's participation (upon request)

Interested in Sponsoring? Increase company brand awareness or highlight your organization's message and reach prospective clients by participating in one or more EMDRIA Conference Sponsorship Opportunities!

Conference Bag (sponsorship sold)

Conference Lanyards

Conference Mobile App Icon

To find out more and secure your visibility at the Conference, contact Mel Forehand at (512) 425-0994 or mforehand@logistex.net.



CONTINUING EDUCATION INFORMATION

ACCREDITING AGENCIES



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

PHYSICIANS AND NURSES

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and the EMDR International Association. Amedco

LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Credit Designation Statement – Amedco LLC designates this live activity for a maximum of 22.50 *AMA PRA Category 1 Credits™* for physicians and 22.50 contact hours for nurses. Learners should claim only the credit commensurate with the extent of their participation in the activity.

SOCIAL WORKERS

Amedco, #1346, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org, through the Approved Continuing Education (ACE) program. Amedco maintains responsibility for the program. ASWB Approval Period: 6/24/2016 to 6/24/2019. Social workers should contact their regulatory board to determine course approval for continuing education credits. Social workers participating in this course may receive up to 22.50 clinical continuing education clock hours.

NEW YORK BOARD FOR SOCIAL WORKERS

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 22.50 hours.

AMERICAN PSYCHOLOGICAL ASSOCIATION

EMDR International Association is approved by the American Psychological Association to sponsor continuing education for psychologists. EMDR International Association maintains responsibility for the program and its content.

NATIONAL BOARD OF CERTIFIED COUNSELORS

EMDR International Association (EMDRIA) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5757. Programs that do not qualify for NBCC credit are clearly identified. EMDR International Association (EMDRIA) is solely responsible for all aspects of the programs.

TEXAS STATE BOARD OF MARRIAGE & FAMILY THERAPISTS

EMDR International Association is approved by the Texas State Board of Marriage and Family Therapists to provide continuing education to Marriage and Family Therapists. Provider #233

TEXAS STATE BOARD OF SOCIAL WORK EXAMINERS

EMDR International Association is approved by the Texas State Board of Social Work Examiners to provide continuing education to Social Workers. Provider #2689

EMDR INTERNATIONAL ASSOCIATION

All sessions of this Conference are approved for EMDRIA Credit except those indicated in the program.

CONTINUING EDUCATION INFORMATION



Please be aware that all credit hours will be awarded according to the individual requirements of each continuing education agency.

SATISFACTORY COMPLETION

Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed previously or above, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

OVERALL CONFERENCE LEARNING OBJECTIVES

1. Participants will be able to discuss current research and new applications of EMDR therapy in areas of mental health concerns.
2. Participants will be able to describe EMDR therapy for PTSD and other diagnoses to improve practitioner competence and patient outcomes.
3. Participants will be able to list strategies for integrative treatment of emerging mental health crises.

TARGET AUDIENCE

National audience of mental health professionals including psychiatrists, psychologists, social workers, advanced nurse practitioners, counselors and marriage

and family therapists.

TEACHING METHODS

The teaching methods used by our conference presenters include lecture, PowerPoint presentations, interactive discussions, small group exercises, case study presentations, and question and answer periods.

GRIEVANCES

If you would like to file a grievance, complaint, or have questions, please contact EMDRIA at info@emdria.org.

ADA STATEMENTS

ADA accommodations will be made in accordance with the law. If you require ADA accommodations, please indicate what your needs are at the time of registration. We cannot ensure the availability of appropriate accommodations without prior notification.

CERTIFICATES OF COMPLETION

Certificates are available online to download and/or print approximately two weeks after the Conference. You may access the download site by visiting www.emdriaconference.com. We will also send an email with the link to the download site. A printed certificate will not be provided by mail. Contact conference@emdria.org if you need assistance accessing your certificate.

It is imperative that you scan in and out of every session you attend, as you will not be able to obtain credits if you do not. You must attend each workshop you sign up for, in its entirety, to receive credit for it. NO EXCEPTIONS. Please plan your travel schedule accordingly.

22.5 Total Possible credits

THURSDAY	6	FRIDAY	6	SATURDAY	6	SUNDAY	4.5
101-103	5	201	1.5	301	1.5	401	1.5
Opening		221-226	1.5	321-326	1.5	431-436	3
Address	1	231-236	3	331-336	3		



REGISTRATION INFORMATION

INSTRUCTIONS

Please complete the fold out Conference Registration Form in the middle of the brochure. All sections must be completed for your registration to be processed. Once completed, please tear the form out and mail, email or fax both sides to EMDRIA. Registrations received by mail, email, fax or phone are processed in the order that they were received and it may take up to 5 business days for processing. Your selected sessions may no longer be available at the time your registration is processed. **To guarantee your sessions and receive \$10 off your registration fee, please register online at www.emdriaconference.com.**

REGISTRATION DEADLINES

To receive the Early-Bird discount registration rate, we must receive your form by August 1, 2018 (mail must be postmarked by August 1). The deadline to fax or mail in your registration form is September 20, 2018. After this date you must register online or on-site.

PAYMENT INFORMATION

- You can pay by credit card (Visa, Mastercard or Discover) or by check.
- If you are paying by check, please make the check payable to EMDR International Association and mail it with your registration form. U.S. Funds Only.
- There will be a \$25 processing fee charged if rebilling is required for credit cards and a \$25 charge for all returned checks.

CANCELLATION POLICY

All cancellations must be made online by November 8, 2018. A total refund of paid registration fees minus a \$50 processing fee will apply to all cancellations submitted by September 4, 2018. A half refund of paid registration fees will apply to all cancellations submitted September 5, 2018 through November 8, 2018. No refunds will be given after November 8, 2018.

ON-SITE REGISTRATION

There will be an additional \$25 fee for all on-site registrants.

STUDENT ELIGIBILITY

To register as a Student attendee, you must be enrolled full-time in an academic program for the Summer 2018 or Fall 2018 semester and provide documentation of your enrollment.

ACCEPTABLE DOCUMENTATION:

- Class schedule showing full-time # of credit hours (typically 9 credit hours for the Spring and Fall semesters). Screenshot of online registration system accepted as long as your full name appears as part of the record.
- Letter from the Registrar's Office stating you are enrolled as a full-time student.
- Letter from the Dean's Office or a Department Chair stating you are enrolled as a full-time student.

If registering online, you will upload your documentation during the registration process. If you register by mail or fax, please include your documentation.



2018 EMDRIA CONFERENCE REGISTRATION FORM

October 4-7, 2018

Atlanta | GA

**SAVE \$10
WHEN YOU
REGISTER
ONLINE!**

ALL FIELDS ARE REQUIRED

ATTENDEE CONTACT INFORMATION: **This information will be used for your Conference badge.*

*FIRST NAME	MIDDLE INITIAL	*LAST NAME	EMDRIA MEMBERSHIP ID #	
CONTACT ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
CONTACT PHONE	EMAIL ADDRESS	EMERGENCY CONTACT NAME/NUMBER		
LICENSE #	*CREDENTIALS			

CONTINUING EDUCATION CREDITS: (You MUST attend sessions in their entirety to receive credits.)

Please select at least one of the following options:

<input type="checkbox"/> NONE	<input type="checkbox"/> APA	<input type="checkbox"/> NBCC
<input type="checkbox"/> ACCME (PHYSICIAN)	<input type="checkbox"/> ASWB	<input type="checkbox"/> NY-SW
<input type="checkbox"/> ANCC (NURSE)	<input type="checkbox"/> EMDRIA	<input type="checkbox"/> TX-MFT

ATTENDANCE QUESTIONS:

Are you a first-time EMDRIA Conference Attendee? YES NO

Will you attend the Opening Address on Thursday, October 4th (4-5 PM)? YES NO

May EMDRIA contact you about the Conference Add-On? (*The EMDRIA "Conference Add-On" is the ability to purchase 30 day access to recorded content from the 2018 Conference Online and earn qualifying CEs.*) YES NO

May EMDRIA make your information available to 2018 Exhibitors? YES NO

Do you want your name to be displayed as attending on the Conference website? YES NO

Do you require special accommodations? (*EMDRIA is unable to accommodate individual dietary preferences*) YES NO

If yes, please specify:

CONFERENCE PRICING:

To register for 2 days, please register online at www.emdriaconference.com

Are you a student? If so, please register online to upload your proof of enrollment.

	EARLY- BIRD REGISTRATION (BY AUG 1ST)	REGISTRATION (AFTER AUG 1ST)
<input type="checkbox"/> Pre-Conference Only Member	\$185	\$215
<input type="checkbox"/> Pre-Conference Only Non-Member	\$235	\$265
<input type="checkbox"/> Pre-Conference Only Student	\$75	\$75
<input type="checkbox"/> Main Conference Only Member	\$450	\$500
<input type="checkbox"/> Main Conference Only Non-Member	\$570	\$625
<input type="checkbox"/> Main Conference Only Student	\$125	\$125
<input type="checkbox"/> Pre & Main Conference Member	\$550	\$600
<input type="checkbox"/> Pre & Main Conference Non-Member	\$675	\$725
<input type="checkbox"/> Pre & Main Conference Student	\$200	\$200
<input type="checkbox"/> Single Day of Main Conference Member	\$220	\$250
<input type="checkbox"/> Single Day of Main Conference Non-Member	\$275	\$305
<input type="checkbox"/> Single Day of Main Conference Student	\$75	\$75

IMPORTANT DATES:

Early Bird Deadline:

August 1st

Mail MUST be post-marked by AUG. 1st

Deadline to register by mail/fax:

September 20th



EMDR THERAPY:
MEETING THE
CHALLENGES IN
TODAY'S WORLD

Friday Saturday Sunday

Questions? Email us at conference@emdria.org

TERMS & CONDITIONS

CANCELLATION POLICY

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CONTINUING EDUCATION POLICY

Attendees are responsible for scanning in and out of each registered session and attending the session in its entirety in order to receive the full Continuing Education credits available for the session. No partial credit will be given. No exceptions will be made.

PHOTO POLICY

EMDRIA takes photographs during its meetings and events for use in association advertising, newsletters and other promotional materials, whether in print, electronic or other media, including the EMDRIA website. By participating in this conference attendees grant EMDRIA the right to use their name and photograph for such purposes.

PRIVACY POLICY

In order to protect the rights and privacy of the clients featured, personal recording or broadcasting audio or video of any part of the sessions from the EMDRIA Conference is prohibited.

WAYS TO REGISTER

ONLINE (SAVE \$10)

www.emdriaconference.com

EMAIL

conference@emdria.org

MAIL TO EMDRIA

5806 Mesa Dr, Ste 360
Austin, TX 78731 USA

FAX/ 512-451-5256

PHONE

512-451-5200

Available Only:

Mon-Thurs NOON to 2 PM

SESSION SELECTIONS

PRE-CONFERENCE

THURSDAY | OCTOBER 4TH

FULL DAY SESSION: 8:30 AM - 3:30 PM

Session 101 Session 102 Session 103

MAIN CONFERENCE

FRIDAY | OCTOBER 5TH

90 MINUTE SESSION | 11:00 AM - 12:30 PM

Session 221 Session 222 Session 223

Session 224 Session 225 Session 226

HALF DAY SESSION | 2:00 PM - 5:30 PM

Session 231 Session 232 Session 233 Session 234 Session 235 Session 236

SATURDAY | OCTOBER 6TH

90 MINUTE SESSION | 11:00 AM - 12:30 PM

Session 321 Session 322 Session 323 Session 324 Session 325 Session 326

HALF DAY SESSION | 2:00 PM - 5:30 PM

Session 331 Session 332 Session 333 Session 334 Session 335 Session 336

SUNDAY | OCTOBER 7TH

HALF DAY SESSION | 11:00 AM - 3:30 PM

Session 431 Session 432 Session 433 Session 434 Session 435 Session 436

The Opening Address (Session 104) and Plenary Sessions (201, 301 & 401) are automatically added to your schedule.

SPECIAL EVENTS:

Thursday & Friday:

New Member & First-Time Attendee Breakfast (7:30 AM - 8:30 AM)

Friday:

Annual Meeting

(5:45 PM - 6:45 PM)

Welcome Reception

(6:45 PM - 8:00 PM)

Saturday:

EMDRIA Awards & Recognition Reception

(6:30 PM - 8:00 PM)

CONFERENCE FEE TOTALS:

Conference Registration: \$ _____

EMDRIA Memorial Scholarship Donation (Optional): \$ _____

TOTAL PAYMENT: \$ _____

PAYMENT INFORMATION: (in USD Only)

Payment Method: Check # _____ Credit: Visa Mastercard Discover

Credit Card # _____ Billing Zip Code: _____

Expiration Date (MM/YYYY) _____ CVV _____

Name on Card: _____ Signature: _____

SUBMIT FORM:

INITIAL: _____ I have read and agree to the Terms & Conditions listed on this registration form.

INITIAL: _____ I understand that registrations submitted by email, mail, fax or phone are processed in the order in which they are received, that it may take up to 5 business days for processing, and that my selected sessions may no longer be available at the time my registration form is processed.

Double-check your form before you submit it as incomplete forms may cause a delay in processing. You will receive an email confirmation of your registration. For additional questions or assistance, visit www.emdriaconference.com or email conference@emdria.org.

CONFERENCE SESSION INFORMATION



PRESENTATION LEVEL

Introductory indicates that the workshop is suitable if you have no prior knowledge of the specific topic or content being presented and will include basic theory and skills.

Intermediate indicates that the workshop is suitable if you have some basic knowledge of the specific content being presented, but that you do not need to have in-depth knowledge or skills.

Advanced indicates that the workshop is suitable if you have a substantial working knowledge or skill level in the specific content area.

All Levels indicates that the workshop is suitable for Introductory, Intermediate and Advanced clinicians.

SPEAKER QUALIFICATIONS

Additional information on speaker qualifications can be provided upon request.

SESSION CATEGORIES

ACUTE STRESS REACTION / EARLY EMDR INTERVENTIONS

Session 432

ALCOHOL & SUBSTANCE ABUSE

Session 225

ATTACHMENT ISSUES / PERSONALITY DISORDERS

Session 322, Session 332, Session 435

CASE CONCEPTUALIZATION

Session 222, Session 323, Session 335

CHILDREN / ADOLESCENTS

Session 102, Session 331

CHRONIC ILLNESS / MEDICAL ISSUES / SOMATICS

Session 321, Session 334

CLINICAL DILEMMAS

Session 232

CULTURAL COMPETENCE AND/OR DIVERSITY

Session 224, Session 434

DEPRESSION, GRIEF & MOURNING

Session 336

DISSOCIATION / COMPLEX TRAUMA

Session 103, Session 333, Session 431

FIRST RESPONDERS

Session 221

HEALTH / POSITIVE PSYCHOLOGY

Session 201, Session 231

MINDFULNESS

Session 324

MODELS / THEORY

Session 401

NEUROBIOLOGY

Session 235, Session 433

OFFENDERS / PERPETRATORS

Session 233

PTSD

Session 301, Session 436

RESEARCH

Session 226

TECHNIQUES / STRATEGIES

Session 223, Session 234, Session 236, Session 325, Session 326

TRAINING / CONSULTATION

Session 101



CONFERENCE SESSION INFORMATION

SESSIONS DISCLAIMER

EMDRIA reserves the right to substitute faculty or cancel and reschedule sessions due to low enrollment or unforeseen circumstances. In the event a speaker is unable to attend, EMDRIA will contact you about selecting a session replacement. If EMDRIA must cancel the Conference, registrants are responsible for requesting a full credit or refund of the registration fee. Refunds cannot be made by EMDRIA for lodging, airfare, or any other expenses related to the Conference.

SESSION HANDOUTS

A few weeks prior to the Conference, you'll receive an email with a link to download (PDF) and/or print session handouts. Handouts will also be available in the EMDRIA Conference App, which will launch around the same time. You'll receive an email with instructions on how to download the app.

PRINTED HANDOUTS

EMDRIA does not provide printed handouts or any printing services on-site at the Conference. If you wish to have printed handouts, please print them at home and bring them with you to the Conference.



WORKSHOP SCHEDULE



PRE-CONFERENCE

Thursday, October 4

8:30 AM - 3:30 PM (5 Credit Hours)

SESSION 101

EMDR REFRESHER COURSE - CLARIFYING EMDR THERAPY AND THE AIP MODEL

Andrew Leeds, Ph.D.

Camille Zeiter, LICSW

All Levels

This workshop provides a refresher on the AIP model and standard EMDR therapy procedures. Participants will deepen their understanding of how to use this evidence-based treatment in a range of clinical presentations. Case conceptualization and treatment planning for complex cases will be clarified including history taking, preparation, resource installation, and selecting and sequencing targets. Phases 3-8 will be reviewed in detail with practical strategies for responding to ineffective reprocessing, strong emotional responses, and dissociation. The day concludes with a review of how to carry out re-evaluation, resume reprocessing, target triggers, and develop future templates.

SESSION 102

PLAY THERAPY AND EMDR THERAPY: A POWERFUL COMBINATION

Ann Beckley Forest, LCSW-R

Annie Monaco, LCSW

Paris Goodyear-Brown, LCSW, RPT-S

Introductory/ Intermediate Levels

This full day workshop will integrate the Flexibly Sequential Play Therapy model with EMDR Therapy for children. Participants will learn to use play based protocols for trauma history, employ kinesthetic learning, and use play narratives in desensitization to allow children to titrate their traumatic material and the intensity of their feelings through the tactile grounding of active play. We will explore working with resistance, dissociation, and flooding and will teach grounding exercises. Case examples

illustrating how to integrate parents into this work will be woven in throughout the day; in particular, we will touch on teaching parents to recognize and manage dissociation.

SESSION 103

DISMANTLING THE SYMPTOM SHRINE WITH EARLY TRAUMA EMDR: HOW THE UNHEARD STORY TELLS ITSELF

Sandra Paulsen, Ph.D.

Intermediate / Advanced Levels

Very early trauma results in impaired development of self and relational milestones, with the child's untold story enshrined in the adult client's symptom constellations of affective dysregulation, somatization, dissociation, character disturbance, and more. Although EMDR Therapy typically targets explicit memory, we can modify the standard protocol to address symptoms held in implicit memory. This workshop will offer select key methods from the Early Trauma protocol (O'Shea and Paulsen, 2007) and from Paulsen's extensions of the method (Paulsen, 2017). It will include ways to discern that non-verbally held story revealed in myriad ways for those with ears to hear.

4:00 PM - 5:00 PM (1 Credit Hour)

SESSION 104

OPENING ADDRESS: MEETING THE CHALLENGES IN TODAY'S WORLD

Michael Bowers, MA

All Levels

Therapists today face a more challenging environment than ever before. Clinical challenges are more complex. Societal stressors are intense. And the practice environment still treats mental health and trauma differently than physical health, in perspective, and in payment. Stigma still persists, both for mental health, and then for the EMDR Therapist.



WORKSHOP SCHEDULE

In this presentation, EMDRIA Executive Director will outline not only prevalent challenges facing EMDRIA members and therapists, but strategies that therapists can implement to create a more dynamic and successful practice in EMDR therapy. Together we can create global healing, health, and hope.

FRIDAY, OCTOBER 5

8:30 AM - 10:30 AM (1.5 Credit Hours)

SESSION 201

IT'S NOT THE END OF THE WORLD: DEVELOPING RESILIENCE IN TIMES OF CHANGE

Joan Borysenko, Ph.D.

All Levels

Resilience is more than the ability to bounce back from adversity. It is a transformative process that reveals our inherent nobility, a rite of passage from pieces to peace. Resilient people face reality head-on, take action, find deeper meaning in life, laugh often, and are masters of improvisation. The good news is that resilience isn't a generic gift for the lucky few. Modern psychology and neuroscience have clearly identified the attitudes and practices that support resilience. Both adults and children can learn these skills and help bring one another and our planet through the challenging times we live in.

11:00 AM - 12:30 PM (1.5 Credit Hours)

SESSION 221

IMPROVING FIRST RESPONDER RESILIENCY WITH EMDR

Sara Gilman, Psy.D., LMFT

All Levels

While many EMDR Therapists are trained in treating people who have experienced traumatic events, this doesn't guarantee they will be effective with the unique needs of the first responder population. Dr. Gilman's presentation will address how EMDR treatment can benefit first responders who are repeatedly exposed to

traumatic incidents, and how EMDR therapists can be successful with this population. Through her 'lessons learned,' over 25 years working with police officers, firefighters, medical personnel, dispatchers and other emergency service professionals, she will provide real life examples and updated research to support the value of EMDR with this population who we all depend on in times of great need.

SESSION 222

A PARADIGM SHIFT. IT ISN'T A DEFENSE. SIMPLE IDEA WITH COMPLEX RAMIFICATIONS

Michelle Gottlieb, Psy.D., MFT, LPCC

Deborah Silveria, Ph.D.

Introductory/ Intermediate Levels

Clinicians are often still stuck in the definitions that they were taught in graduate school and other modalities of what a defense is and how it gets in the way of psychotherapeutic work. This workshop will help the clinician make the paradigm shift from defenses to the AIP perspective of maladaptive memory networks which protect other, more vulnerable, memory networks. By doing so, the clinician will have a stronger case conceptualization, and will be able to better build resiliency in their clients.

SESSION 223

HEAL YOUR BRAIN, HEAL YOUR BODY

Esly Carvalho, Ph.D.

Introductory Level

This presentation details creative clinical strategies used in the application of EMDR therapy to physical pain, surgeries, and medical interventions as well as illnesses and their sequela. It includes suggestions for "antidotes" as resources to help deal with disease, its consequences, treatment and prevention. The use of drawings, visualizations, and "interviews" of symptoms in role-reversal are presented. Physical pain is often released when using EMDR therapy with symptoms in role-reversal.

WORKSHOP SCHEDULE



SESSION 224 DISMANTLING PREJUDICE AND REDUCING SOCIAL BIAS WITH EMDR THERAPY

Mark Nickerson, LICSW

All Levels

Clearly, socially based prejudice drives misunderstanding, social divisions and conflict, impeding the well-being of many. Though this is obvious at the societal level, assessing and treating prejudice and related discriminatory behavior is rarely discussed as a therapeutic focus. This presentation offers EMDR therapists a conceptual framework and skills to spot and reduce social bias. The workshop integrates social information processing into the AIP model, depicts characteristics of socially based trauma, introduces useful terminology, describes Externalized Negative Cognitions, offers assessment strategies, and teaches a protocol for dismantling prejudice and reducing social bias. Clinical examples and reports from reprocessing sessions are provided.

SESSION 225 BUDDHIST PSYCHOLOGY, EMDR THERAPY AND ADDICTIONS: THE MET(T)A PROTOCOL

Stephen Dansiger, Psy.D., MFT

Introductory / Intermediate Levels - Integrative

This presentation will describe how principles and methods of Buddhist psychology, when studied and utilized on their own and when integrated with the standard EMDR therapy protocol along with addiction protocols from the last 30 years of EMDR theory and practice, provide a complete system of psychotherapy that can serve as the primary modality for treating addiction and comorbid disorders in a private practice or agency setting. The implicit and explicit elements of Buddhist psychology in addiction treatment will be identified, and the implications for case conceptualization and delivery of services will be discussed.

SESSION 226 WRITING FOR THE JOURNAL OF EMDR PRACTICE & RESEARCH

Ricky Greenwald, Psy.D.

All Levels

Many EMDR therapists have something to contribute to the field, but may be unsure about how to write a paper for a scholarly journal. Participants in this workshop will learn to identify the types of papers that might be submitted, and how to determine in which category their own project belongs. Participants will also learn a clear structured model for composing a paper so it will have its best chance of favorable review. Finally, participants will be guided to evaluate their own project and develop a plan to bring the project to publication.

2:00 PM - 5:30 PM (3 Credit Hours)

SESSION 231 THE ART AND SCIENCE OF RESILIENCE: THE ROLE OF MINDFUL COMPASSION, EMPATHY, AND INTERPERSONAL NEUROBIOLOGY

Joan Borysenko, Ph.D.

All Levels

Resilience is an embodied state of mindful, compassionate attention to the needs of self and others. It creates an interpersonal field of open mind and heart, in which information and intuition flow organically, cultivating excellence in practice. Empathy, the forerunner to compassion, can be either positive (caring); or negative (merging). The former activates the reward circuits of the brain. The latter activates pain circuits, setting the stage for compassion fatigue. In this workshop, participants will learn skills, both for themselves and clients, that promote positive empathy, mindfulness, and the installation of positive experience, that lead to increased resilience and happiness.



WORKSHOP SCHEDULE

SESSION 232

PHASE FOUR: WHEN TO STAY OUT OF THE WAY AND WHEN TO GUIDE REPROCESSING

Andrew Leeds, Ph.D.

Intermediate Level

EMDR trained clinicians are taught to stay out of the way and allow the patient's brain to guide the process. Yet spontaneous reprocessing can become unproductive or even disruptive to patient stability. Clinicians can remain overly passive or become overly active redirecting patients too frequently back to target or offering randomly selected interventions. Participants will be invited to discuss transcripts of EMDR reprocessing sessions that illustrate both skillful interventions and common clinical errors. Transcripts will present key choice points, varieties of interweaves, ways of addressing dysregulated states and advanced interventions such as targeting dissociative phobias and avoidance defenses.

SESSION 233

APPLYING THE OFFENSE DRIVER'S MODEL TO EMDR THERAPY WITH SEX OFFENDERS

Ronald Ricci, Ph.D.

Cheryl Clayton, LCSW

Advanced Level - Integrative

Sexual offenders have higher levels of adverse childhood experiences (ACE) than either general or other criminal populations. The Pathways Model of sex offender treatment highlights etiology of offenses. The Adaptive Information Processing Model inherent in EMDR therapy offers an efficient way to target these etiological pathways forged by trauma-induced, maladaptively stored cognitions and emotions. We developed an Offense Drivers Model of EMDR therapy based on five extant models in the sex offender literature to guide the EMDR clinician to target the relevant factors which are theorized to drive offending behavior.

SESSION 234

BEYOND TRAUMA: TRANSPERSONAL RESOURCING IN EMDR FOR CLIENT TRANSFORMATION

Irene Siegel, Ph.D., LCSW

All Levels - Integrative

Presentation focuses emergence of awakening as EMDR therapist becomes a tool of consciousness, moving client from trauma to highest potential. Literature and research explain this evolutionary perspective converging with science and spirituality. Focus given to preparation phase of standard protocol, as integration of transpersonal interweaves and higher self or soul awareness, grounded in spiritual traditions, is utilized in RDI, adaptive functioning, ego integration, emotional stabilization, changing context of therapy, staying true to AIP model. Case examples and experiential exercise awakens therapists' intuitive skills, integrating ancient healing practices with EMDR therapy for client awakening and accelerated transformation.

SESSION 235

SEVEN TIPS FROM NEUROSCIENCE FOR EMDR PRACTICE: BECAUSE ALL BLS ISN'T EQUAL

Sandra Paulsen, Ph.D.

Amy Serin, Ph.D.

All Levels

Recent neuroscientific developments offer EMDR therapists important ways to improve efficacy, but implementing them often seems risky, difficult, or intimidating. We offer seven innovative, neuroscience-based suggestions that maintain the integrity of the eight phases of EMDR Therapy. These tips range from working subcortically to using neurofeedback, and from overcoming acute sympathetic arousal to increasing access to sensation. We will review the neuroscience of Bi-Lateral Stimulation (BLS), including reporting the findings from a large EEG database, to present the foundational framework for EMDR Therapy. Most tips can be used immediately to improve patient outcomes within the eight phase protocol.

WORKSHOP SCHEDULE



SESSION 236

EMDR THERAPY AND SOMATIC PSYCHOLOGY: INTERVENTIONS TO ENHANCE EMBODIMENT

Arielle Schwartz, Ph.D.
Barb Maiberger, MA, LPC

Introductory Level

This presentation is an introduction to Somatic Psychology and how it interfaces with EMDR Therapy. Somatic Psychology studies the relationship between the body and psychological states by highlighting physiological patterns as a primary foundation of human behavior. Therapists will learn a brief history of somatic psychology and the basic principles that are the foundations of body centered therapies. You will learn about the physiology of the nervous system and how somatic interventions directly influence nervous system regulation. These advanced tools will help clients work through stuck processing by helping them build affect and sensation tolerance.

Saturday, October 6

8:30 AM - 10:30 AM (1.5 Credit Hours)

SESSION 301

TWENTY USEFUL TRAUMA THERAPY LESSONS

Charles Figley, Ph.D.

All Levels

Professor Figley draws upon his more than 45 years of work with the traumatized to offer twenty evidence-informed lessons learned. His presentation has four parts. Part I, he will discuss 6 Trauma Lessons about treating trauma and PTSD. For example, the lesson of finding a treatment approach that fits who you are as a practitioner, as well as its effectiveness score. In Part II he shares 3 Trauma Lessons about disasters, including lessons about adapting treatments to the needs of the survivors. In Part III he discusses 5 Trauma Lessons, about Families and Children, including the lesson about families being both a source of trauma and trauma relief. In Part IV, Dr. Figley will discuss 6 Trauma

Lessons about Self Care, including treatments that work for PTSD that often also work for compassion fatigue.

11:00 AM - 12:30 PM (1.5 Credit Hours)

SESSION 321

INTEGRATING EMDR THERAPY IN TRAUMA- INFORMED PALLIATIVE AND HOSPICE CARE

Michael Keller, LSCSW
Barbara Ganzel, Ph.D., LMSW

James Reiser, MFT

Intermediate Level

Psychological interventions for dying, or seriously ill patients are often viewed as impractical (e.g., Feldman 2011). We argue for implementation of the AIP model within a trauma-informed framework (SAMHSA, 2014) to assist with case conceptualization, treatment planning, and integrated treatment in hospice and palliative care (Ganzel, 2017). This includes recognizing the prevalence and impact of psychological trauma in these populations (e.g., Pietrzak et al., 2012; Thorp et al., 2011) and applying the concept of trauma-informed care. Emphasis will be on utilization of standard and modified EMDR therapy protocols for reprocessing trauma-related targets with severely ill patients (e.g., Amano & Toichi, 2014).

SESSION 322

EMDR & RELATIONAL PSYCHOANALYSIS: EMBODIED EXPERIENCE & CLINICAL PRACTICE

Hemda Arad, Ph.D.

Intermediate Level - Integrative

Following the AIP model, the presenter will show how idiosyncratically stored traumatic experiences can be transformed into more spontaneous processing in which a pliable, adaptive memory system can be associated with other existing memory networks. The presenter will demonstrate how symptomatic triggering, negative thought processes, and behavior can change with the application of EMDR. Using clinical vignettes, an



WORKSHOP SCHEDULE

in-depth view centered on the ways EMDR and Relational psychoanalysis can be effectively integrated to complement each other will be provided.

SESSION 323 TRANSGENERATIONAL TRANSMISSION OF TRAUMA/ RESOURCES: INVISIBLE LOYALTIES

Andrè Monteiro, Ph.D.

Intermediate Level - Integrative

According to AIP principles, symptoms are not the cause of current suffering, but rather the consequence of unprocessed memories from adverse past experiences. Sometimes a touchstone event in early childhood is not traceable during the history taking Phase. The source of present dysfunction may reflect challenges experienced by the client's ancestors. Transgenerational Transmission of Trauma (TTT) and Resources can play a fundamental role in EMDR case conceptualization and implementation of the Standard Protocol, when no evident touchstone event is traceable. The emotional balance sheet may help clients connect with more subtle contents, such as invisible loyalties, and other family secrets.

SESSION 324 THE MINDFUL EMDR THERAPIST: REDEFINING THE PARADIGM FOR TRAUMA-FOCUSED CARE

Jamie Marich, Ph.D.

Stephen Dansiger, Psy.D., MFT

Introductory Level

Dr. Shapiro drew upon elements of Buddhist mindfulness in her mind-body training that preceded her development of EMDR therapy. This presentation reviews this tradition to elucidate helpful strategies for affect tolerance, client preparation, and managing abreactions not covered in most EMDR basic trainings. EMDR therapists are challenged to adopt a more mindful approach in their delivery of the traditional protocol. The workshop presenters, both EMDR trainers and mindfulness practitioners/teachers, offer three steps for becoming more mindful EMDR practitioners, and contend that taking adopting this

approach offers a vital link in blending research with practice and protocol fidelity with clinical artistry.

SESSION 325 THE FLASH TECHNIQUE, AN ADVANCE IN EMDR PROCESSING

Philip Manfield, Ph.D.

Lewis Bernard Engel, Ph.D.

All Levels

It is difficult to conduct EMDR with some clients if they are unwilling to focus on particularly disturbing memories, dissociate when they do, or employ avoidance defenses. An alternative to various forms of titration, the flash technique can be used as a quick, painless process during the preparation phase to reduce the initial disturbance associated with trauma memories, so that clients will not need to dissociate or defend. The basic principles of this technique will be presented, as well as several videos and a study of results from 593 sessions.

SESSION 326 INTENSIVE TRAUMA-FOCUSED THERAPY

Ricky Greenwald, Psy.D.

Intermediate / Advanced Levels

This workshop will outline the potential benefits and pitfalls of intensive trauma-focused therapy, review the research, and explain, in detail, how to do it. The focus is not on a specific intervention such as EMDR, and no modifications of Phases 3-6 of the EMDR protocol are proposed. Rather, the focus is on how to sequence the various types of interventions that are normally done over the course of treatment, how to manage certain types of clinical issues, and how to manage the business aspect.



2:00 PM - 5:30 PM (3 Credit Hours)

SESSION 331 STRATEGIES FOR HEALING SUICIDAL AND HIGH-RISK YOUTH IN THE 21ST CENTURY

Ricky Greenwald, Psy.D.

Jamie Marich, Ph.D.

Carolyn Settle, LCSW

Deb Courtney, Ph.D., LCSW: Moderator

Intermediate/ Advanced Levels

This panel will present strategies for treating suicidal and high-risk youth, with a focus on the special challenges our youth face today. Each youth specialist will provide a 30-minute case presentation of a high-risk client. Cases will illustrate how current day issues such as bullying, social media, and addiction are impacting our youth. Attention will be given to clients' triggers, favorite coping mechanisms, needed resources, and the therapist's case conceptualization for treatment planning. Standard EMDR therapy, along with specialized additions, such as intensive treatment and addiction-focused approaches will be explained.

SESSION 332 THE DANCE OF ATTACHMENT: AN EMDR RELATIONAL APPROACH

Deany Lalotitis, LICSW

Intermediate/ Advanced Levels

When treating early attachment wounds, the therapeutic dyad becomes more central to the process as we invite our clients to approach these formative experiences, navigating the delicate waters between past and present, self and other. In this workshop, you will learn how to use the relational dimension to facilitate the client's experience in and out of processing, helping them to distinguish between their past experiences of being in relationship and the current context of being in a secure attachment with the therapist, setting the stage for new, adaptive patterns of response to being in relationship going forward into the future.

SESSION 333

A SELF-EVALUATION TOOL TO ASSESS & REPAIR CHALLENGING COMPLEX TRAUMA CASES

Kathleen Martin, LCSW

Cindy Shrigley, MSW, RSW

Intermediate/ Advanced Levels - Integrative

This workshop will present a Checklist to identify and resolve unremitting symptoms and treatment impasses in complex trauma work. The presenters developed this checklist based on cases presented by consultees over many years. This Checklist groups common themes and typical reasons for clinical impasses and offers best practices for appropriate corrections. Topics include: avoiding the growth of dissociative phobias, fine-tuning case conceptualization, recognizing and treating protector parts, and increasing clinicians' expertise with this population. This checklist is designed for self-supervision and to assist in consultation with complex trauma specialists. This workshop will be of interest to clinicians, consultants-in-training and consultants.

SESSION 334

HEALTH ISSUES AS A DOORWAY FOR HEALING TRAUMA: CHANGING OUR DESTINY

Irene Siegel, Ph.D., LCSW

All Levels - Integrative

We are entering a new paradigm of awareness that mind, body, and consciousness are interconnected and contribute to the expression of physical and mental health. The science of epigenetics reveals that genetic expression relates to the subtle energetic environment surrounding the gene, rather than the DNA itself. Case presentations focus on the physical expression of disease as a doorway, accessing and healing deep trauma with EMDR, contributing to moving the expression of disease from an active to inactive state, changing consciousness, and influencing evolution. Modern scientific breakthroughs are compared to the philosophies and healing practices of ancient wisdom traditions.



WORKSHOP SCHEDULE

SESSION 335 PROCESSING SPEED, MENTALIZING, AND CASE CONCEPTUALIZATION WITH EMDR THERAPY

Robbie Adler-Tapia, Ph.D.

Intermediate/ Advanced Levels

Through the 8 phases and three-pronged approach of EMDR therapy, the client's unique competencies and developmental masteries all impact the treatment progression. The client's gamut of developmental levels and mastery, along with processing speed, short-term and working memory, emotional intelligence, intellectual level, and mentalizing proficiencies impact the unfolding of each phase of EMDR therapy. Cases are presented that demonstrate how the client's processing speed may change the flow of therapy; how the client's level of intelligence and memory impact treatment; and how mentalizing impacts trauma reprocessing, treatment efficacy is improved. This workshop is consistent with AIP theory superimposed with contemporary developmental and theoretical considerations from psychotherapy.

SESSION 336 UTILIZATION OF EMDR THERAPY WITH GRIEF AND MOURNING

Roger Solomon, Ph.D.

Introductory/ Intermediate Levels

The death of a loved one can be a time of unparalleled distress and the adaptation to the loss can be very challenging. Even when uncomplicated, bereavement can result in significant psychological, behavioral, social, physical, and economic consequences. It is important for therapists to be knowledgeable about theoretical frameworks and effective treatment methodologies to alleviate pain, reduce dysfunction, work through conflicts, and promote adaptation. This workshop offers a framework for understanding grief and mourning, how the trauma of the loss and attachment issues can complicate grief, and how utilization of EMDR therapy can be a particularly potent and efficacious treatment.

Sunday, October 7

8:30 AM - 10:30 AM (1.5 Credit Hours)

SESSION 401 CHILDHOOD ABUSE, BRAIN DEVELOPMENT AND PSYCHOPATHOLOGY

Martin Teicher, MD, Ph.D.

All Levels

Childhood maltreatment is the most important preventable risk factor for psychiatric disorders. This keynote will explore the effects of different types of maltreatment on brain structure, function, and connectivity, and highlight the importance of sensitive periods. A major emphasis will be on the relationship between brain changes and psychopathology. The 'ecophenotype' hypothesis that maltreated and non-maltreated individuals with the same DSM diagnosis are clinically, genetically, and neurobiologically distinct will be explored, as well as the neurobiological differences between susceptible and resilient individuals. The keynote will close with a presentation on therapeutic implications and strategies that follow from these findings.

11:00 AM - 3:30 PM (3 Credit Hours)

SESSION 431 ADVANCING EXCELLENCE IN TREATING COMPLEX TRAUMA

Kathleen Martin, LCSW

Cindy Shrigley, MSW, RSW

Intermediate/ Advanced Levels - Integrative

This workshop will help clinicians transform the quality and pace of their work with complex trauma clients, reversing the processes of non-realization and non-personification with skill and finesse. An introduction of a technique called the Benefit Question will be demonstrated to increase clients' capacity for self-regulation, realization, and personification. A new technique called Oblique Time Orientation will be demonstrated through case examples and transcripts. Strategies to identify



and treat Dissociative Cognitive Errors along with case examples will give clinicians a deeper understanding of how to treat complex trauma within the AIP model.

SESSION 432 **INTEGRATING EMD/RECENT EVENT: A CRISIS RESPONSE PROTOCOL FOR PUBLIC SAFETY**

Robbie Adler-Tapia, Ph.D.
Deborah Silveria, Ph.D.

Introductory/ Intermediate Levels

Integrating EMD and Recent Events Protocol in a Crisis Response Protocol (CRP) for First Responders and Public Safety Responders, clinicians can prevent critical incidents from contributing to more complex symptom manifestation while enhancing resilience and adaptive memory networks. This decreases the frequency, duration, and intensity of symptoms often allowing the professional to successfully return to duty. The goal of this CRP is to prevent maladaptive encoding of index events in effort to decrease the likelihood of the professional developing stress-related disorders. By providing this EMD/Recent Events Crisis Response Protocol, clients achieve early relief of intense symptoms and a positive association with EMDR therapy.

SESSION 433 **THE NEUROBIOLOGY OF INFORMATION PROCESSING - A GLIMPSE AT AIP'S TENETS**

Uri Bergmann, Ph.D.

Introductory/ Intermediate Levels

What exactly happens on a neurobiological basis when we live our normal existence? What are the online wakeful underpinnings of consciousness? What are the implications of this data on the Adaptive Information Processing (AIP) model? This workshop will examine current neurobiological research regarding online/wakeful information processing, including sensation, perception, somatosensory integration, cognition, learning, memory, and emotion. The final section will integrate this data to illustrate their consistency with

the tenets of the AIP model and the implication of this material with respect to current EMDR treatment principles.

SESSION 434 **CULTURAL AND TREATMENT CONSIDERATIONS WHEN USING EMDR WITH LATINO CLIENTS**

Viviana Urdaneta, LCSW
Viviana Triana, LCSW-S

All Levels

This workshop addresses ways to integrate cultural considerations in working with Latinos within the eight phases of EMDR therapy to assist with case conceptualization, treatment planning, and reprocessing of trauma and painful life experiences. It emphasizes the importance of considering acculturation, immigration, bilingualism, fictive-kin family members, and historical and current socio-political situations as both resources and traumatic events for this population. The presenters will provide specific strategies that have been found relevant to work with Latinos including the utilization of EMDR therapy in group and treatment consideration when there is no post-trauma safety

SESSION 435 **THE I-GAZE INTERWEAVE FOR ATTACHMENT REPAIR IN EMDR THERAPY**

Barry Litt, MFT

Advanced Level

The I-Gaze interweave is an intersubjective, dyadic resource to facilitate resolution of attachment trauma. This four-part training begins with the Domains of Self model: a heuristic for rapid assessment for differentiating attachment trauma from relational or shock traumas. The second part describes the zone of optimal arousal—a model that guides the therapist to assessing stability in Phase 4 and remedy over-arousal. The third part describes somatic interweaves for regulating autonomic arousal. The workshop concludes with the I-Gaze Interweave for attachment repair in phase 4. Interweave-specific transference and countertransference phenomenon will be examined for their diagnostic and prognostic value.



WORKSHOP SCHEDULE & SELECTION

SESSION 436 USING THE EMDR RECENT EVENT PROTOCOL WITH HOMICIDE SURVIVORS

Don deGraffenried, LCSW

All-Levels

Homicide is a stark reality in the United States and claims over 16,500 victims a year. The EMDR Recent Event Protocol combined with the innovative Visual Assessment Tool (VAT) are key tools used in the treatment of victims/survivors and offers a structured and effective way for clients to desensitize and recover from the recent trauma of the murder of a loved one. The effective use of the Recent Event Protocol will be explored, as it pertains to homicide victims and victims of other violent crimes. This will include a review of the protocol, engagement of the client, assessment, and use of the Visual Assessment Tool to obtain the current images/targets that will be desensitized.

MY CONFERENCE WORKSHOP SCHEDULE

If you are attending the EMDRIA Conference in Atlanta, GA, use this page to keep track of your registered sessions. You will be automatically registered for the Opening Session and Plenary Sessions 201, 301, and 401 if you are attending that day.

PRE-CONFERENCE SESSIONS

THURSDAY | October 4

Full Day Session (8:30 AM - 3:30 PM) **Session # _____**
Opening Address (4 PM - 5 PM) **Session #104**

MAIN CONFERENCE SESSIONS

FRIDAY | October 5

Plenary Session (8:30 AM - 10:30 AM) **Session #201**
90-Minute Session (11 AM - 12:30 PM) **Session # _____**
-- AND --
Half Day Session (2 PM - 5:30 PM) **Session # _____**

SATURDAY | October 6

Plenary Session (8:30 AM - 10:30 AM) **Session #301**
90-Minute Session (11 AM - 12:30 PM) **Session # _____**
-- AND --
Half Day Session (2 PM - 5:30 PM) **Session # _____**

SUNDAY | October 7

Plenary Session (8:30 AM - 10:30 AM) **Session #401**
Half Day Session (11 AM - 3:30 PM) **Session # _____**

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