EMDRIA

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Converting to the term "EMDR therapy"

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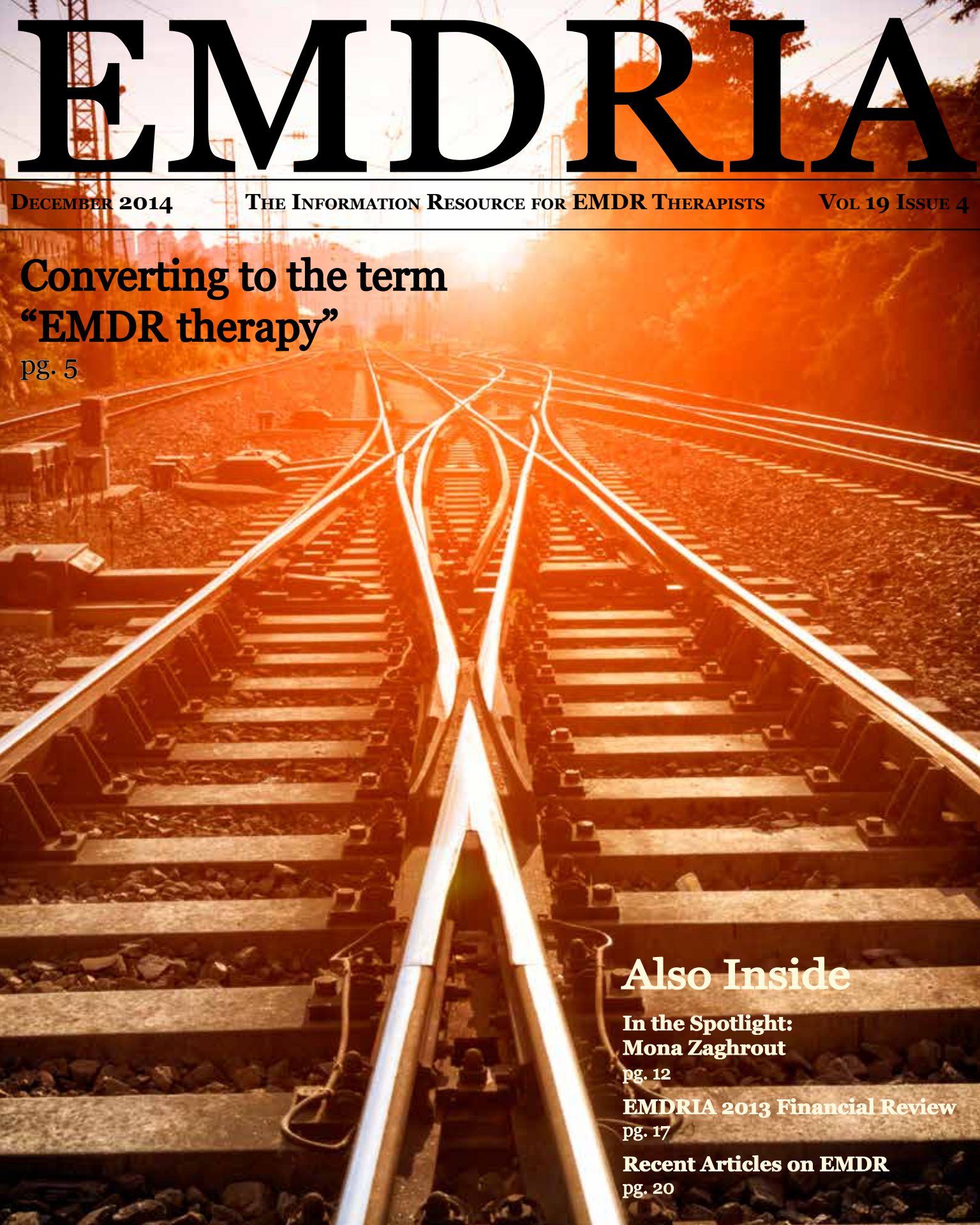

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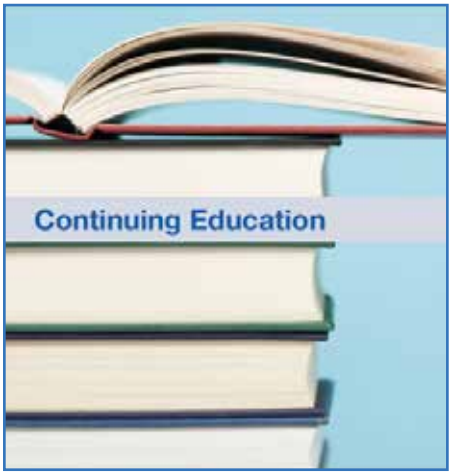

Articles & Information

A word from the President...

Mark Nickerson, LICSW
EMDRIA President

It is a pleasure to comment on the dynamic state of EMDRIA as we come to the close of 2014. As many of you know, we had the largest attendance ever at this year's EMDRIA Conference, celebrating the 25th anniversary of EMDR. 1100 attended and I hope many more of you are feeling the ripples as your colleagues bring back highlights from the powerful plenaries, broad ranging workshops, productive meetings and invigorating experiences with colleagues. Indeed, there was so much to absorb. Thanks for the leadership, planning and hard work from so many of you that made this event such as success.

Our membership continues to surge this year and is currently almost 25% greater than one year ago. **Welcome to all of our new members!** I am confident that your deeper connection and involvement with EMDRIA will reward you professionally and personally. Take an hour to explore our website and see all the resources available to you. Don't hesitate to engage with the many Special Interest Groups that are available to you. If you haven't already, find colleagues in your local region. If you need help with these and other opportunities, call the EMDRIA office.

Our increasing membership provides new leadership and financial resources to not only better meet the immediate professional needs of our members, but to advance the recognition, standing and impact of EMDR therapy throughout the world. One symbolic example of this is the advancement of the term EMDR therapy. Elsewhere in this issue, you will read about the push to reflect the full scope and power of what we do by more consistently using the term *EMDR therapy*. Especially in our education of others, when we speak of EMDR therapy, much like the term Cognitive Behavioral Therapy, we are underscoring the comprehensive range of the approach and eradicating the notion that it is a simple technique.

Another trend within EMDRIA is a thoughtfully developing process of evaluating and modifying the EMDR certification process. Again, you will read elsewhere more details of this process which began in 2012 under the auspices of the EMDRIA Standards and Training Committee when the Professional Development Subcommittee was formed and charged with developing new requirements for all EMDRIA credentialing levels. This reconstruction is consistent with efforts of other professional organizations which seek to be sure that standards for certification are both meaningful and consistent. By doing so, we elevate the legitimacy of the standard and those who have attained it. Forums have been created at the EMDRIA conference and elsewhere for broad input on this topic and surveys of our membership are built into the process. We are delighted to see continued growth in our ranks of EMDR Certified Therapists which we expect to see continue. There are many advantages to a proficiency-based system of certification including increasing knowledge and confidence amongst our certified clinicians. As this evolves, EMDRIA Approved Consultants will become increasingly skilled in supporting and guiding those seeking certification.

Our EMDRIA Board is at an exciting point. The hard work of previous Boards has built a solid foundation of policies and procedures to keep EMDRIA sound and productive. Increasingly, this allows the current Board to focus on what we call "outward vision." This year the Board formed two new committees. The *Long Range Planning Committee* looks beyond our specific five year strategic plan and considers what it will take for EMDR therapy and EMDRIA to thrive over the next 25 years. With the aid of consultants as needed, we are setting policy for advocacy, promotion and political strategizing so that EMDR therapy will be "a household name," meaning that it will be valued in many spheres (clinicians, the media, researchers, professional associations, and most importantly, everyday people) for its effectiveness in treating the impact of trauma and adverse life experiences.

Our second new committee is called *New Frontiers*. For this committee, the focus is on more immediate cutting edge advancements in EMDR work. Rolfe Carriere gave a moving plenary at the EMDRIA Conference in which he laid out the global challenges for keeping up with the traumatization many live with including from the effects of interpersonal violence, institutional violence, natural disasters and the impact of disease and heath crises. Citing his career of global activity principally working for UNICEF, and his longstanding connection to EMDR interventions globally, he riveted the audience as he said that EMDR is to treating trauma what the discovery of penicillin antibiotics has been to treating bacterial infections.

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I share this in part to say that the New Frontiers Committee and the Board are learning about ways that modified eye-movement desensitization methods might someday be used by paraprofessionals to provide emotional first-aid under conditions where other help is not immediately available. We believe the pathway to this possibility is by conducting careful research (which is underway) to explore and craft effective and proven procedures. Likewise, it is understood that full EMDR therapy, when needed, belongs in the hands of fully trained EMDR clinicians.

Finally, I'll close by saying that I had an opportunity this summer to speak about EMDR therapy at the annual conference for administrators from the National Association of Victims of Crime Association. These representatives from many US states make decisions about therapy benefits to the crime victims they serve. I showed a video of EMDR work with a Boston Marathon bomb victim allowing them to see the type of profound transformations that we see every week. They were impressed. And, because they need to be fiscally accountable for the money they allot for psychotherapy benefits, they took note of the relative efficiency of EMDR therapy. Outreach to groups like this is what is possible as we work together to make EMDR therapy a household name.

It has been a privilege to serve EMDRIA as your 2014 President. ❖

Converting to the term "EMDR therapy"

Dear Colleagues,

A big topic of emphasis at this year's EMDRIA annual conference was the importance of shifting our terminology from" EMDR" to "EMDR therapy." Below, Dr. Francine Shapiro explains the conceptual rationale.

This may involve breaking old habits, but by changing to "EMDR therapy" in our speaking, business cards, websites, etc., we will reflect and fortify its current status Please make this change in your writings and presentations about EMDR therapy as well. I hope it will soon become second nature.

~Mark Nickerson, EMDRIA Board President

Eye Movement Desensitization and Reprocessing (EMDR) Therapy

As you may know, the World Health Organization (WHO) new practice guidelines have indicated that trauma-focused cognitive behavioral therapy (CBT) and EMDR therapy are the only psychotherapies recommended for children, adolescents and adults with PTSD. In addition, the glossary description in the document alleviates multiple misconceptions:

> **World Health Organization (2013)**. *Guidelines for the management of conditions that are specifically related to stress*. Geneva, WHO.
>
> **Eye movement desensitization and reprocessing (EMDR):** This therapy is based on the idea that negative thoughts, feelings and behaviours are the result of unprocessed memories. The treatment involves standardized procedures that include focusing simultaneously on (a) spontaneous associations of traumatic images, thoughts, emotions and bodily sensations and (b) bilateral stimulation that is most commonly in the form of repeated eye movements.
>
> *Like CBT with a trauma focus, EMDR aims to reduce subjective distress and strengthen adaptive beliefs related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework. (p.1)*

This description makes clear that EMDR is a "therapy," not a "technique," and is based on a specific model that distinguishes it from other forms of therapy. This has important implications for our field. Given this level of validation, I believe it is important to refer to "EMDR therapy" in publications, presentations and clinical practice to eliminate the reductive misconception that it is only a "technique."

Although EMDR therapy has been fully validated only for PTSD, there are numerous research studies underway evaluating applications to a wide range of disorders. Excellent results have already been achieved with myriad diagnoses. In addition to the reduction of symptoms and the strengthening of adaptive beliefs, the client's experience of self and other typically shifts in ways that allow the person to respond more adaptively to current and future life demands. By using the term EMDR therapy we emphasize the stature of what we are practicing and the fact that it is on the same level as the most widely recognized forms of therapy: psychodynamic therapy and cognitive behavioral therapy. As indicated below, there are important differences among the various forms of psychotherapy:

Psychodynamic Therapy
- Foundation of pathology: intrapsychic conflicts
- Treatment: Transference/Verbal "working through"

Cognitive Behavioral Therapy
- Foundation of pathology: Dysfunctional beliefs and behaviors
- Treatment: Direct procedural manipulations of beliefs and behaviors

EMDR Therapy
- Foundation of pathology: Unprocessed physiologically stored memories
- Treatment: Accessing and processing of memories, triggers, and future templates

While EMDR therapy is an integrative approach that is compatible with a wide range of orientations, the model and methodology are unique. Likewise, although we may customize the preparation phase for individual clients by incorporating a variety of techniques, the conceptualizations of pathology, processing procedures and protocols are distinctly different from those of other therapies. Therefore, I hope you will all join me in consistently referring to our modality as EMDR therapy and thus provide academics, clinicians and laypeople with a clear understanding of the psychotherapy we practice.

With best wishes for a new year of peace and harmony,
Francine Shapiro, Ph.D. ❖

Announcements

Your Vote Counts

The EMDRIA Board of directors is soliciting Director nominations for the Spring 2015 Election. The elected directors will serve a four-year term starting in January of 2016. In order to be qualified for the Directorship, you must be a Full or Associate Member of EMDRIA, and it is suggested that you have served on an EMDRIA committee for at least one year and/or demonstrated equivalent services for other EMDR or similar organizations, and demonstrate a clear and unambiguous commitment to and identification with EMDRIA. If you are interested in serving on the Board, please email Gayla Turner at gturner@emdria.org to request an application packet. Completed applications are due by February 15, 2015.

EMDRIA Office Closed

Please be aware that the EMDRIA Office will be closed the following days:

- Wednesday, December 24th and Thursday, December 25th for the holidays.
- Thursday, January 1st for New Year's Day.

EMDRIA Child & Adolescent SIG Conference - April 24-25, 2015 in Buffalo, NY

The EMDRIA Child & Adolescent Special Interest Group (SIG) is excited to announce its annual conference, When There Are No Words: Reprocessing Early Trauma & Neglect in Implicit Memory with EMDR, April 24-25th in Buffalo, New York. The Conference will be held at The University of Buffalo, North Campus Amherst. For more information and to register, please visit https://emdriachildsigconference.wordpress.com/.

NEW! EMDR & Spirituality Special Interest Group (SIG)

The purpose of the EMDR and Spirituality group will be to provide a platform for EMDRIA members to discuss the intersection between spirituality and EMDR therapy. As clients struggle to find meaning in the midst of their trauma, they will often turn to their spiritual beliefs as a source of hope and strength. Spiritually-sensitive EMDR therapy facilitates an atmosphere of healing, allowing clients to naturally integrate spiritual resources into the 8-Phase protocol. In contrast, EMDR therapy facilitated from a place of ignorance, insensitivity, or overt spiritual bias can be damaging to our clients. In order to provide the ethical, effective, and culturally-sensitive therapy that our clients deserve, it is important to collaborate with one another on clinical issues, deepen our knowledge of various spiritual traditions, and reflect on how these issues manifest themselves during EMDR therapy. If you are interested in joining this SIG, please contact Mark Odland, MA, LMFT, MDIV at cornerstoneart@hotmail.com.

Executive Director's Message

Mark G. Doherty, CAE
EMDRIA Executive Director

Our annual EMDRIA Conference was a huge success, both in terms of attendance and the quality of presentations. We had 1100 attendees, which is an all-time record for us. The Conference was the 25th anniversary of Dr. Francine Shaprio's publication on EMDR therapy and she was there to give a keynote. The Awards & Recognition Dinner Banquet got off to a start with a celebratory cake and having Francine Shapiro, and EMDR leaders from EMDRIA, EMDR Europe, EMDR Asia and EMDR Iberoamerica, blow out the candles. And who could forget Rolf Carriere's exciting and moving keynote in a call to action to help those traumatized throughout the world. All in all, the Conference was a festive occasion where we had the opportunity to learn a lot professionally. Save the date for next year to join us in Philadelphia, August 27 – 30, 2015 celebrating the 20th Anniversary of EMDRIA. The theme is "EMDR: The Freedom to Heal".

Our membership numbers continue to increase. At the time of writing this column, we have 5,420 members. Our community is growing. I appreciate all the help that we are getting from our providers of EMDR basic training who are encouraging their trainees to join EMDRIA. For our part, we are advocating to make EMDR therapy better known so that more clients ask for it and more clinicians seek to be trained.

Even with good news, we have an issue that arises in our terminology. We talk about EMDR basic training, which for all intents and purposes is actually 50 hours of training in an advanced therapy. The problem is not with us, rather with entities like the Department of Veterans Affairs (VA) and some clinics. The term "basic training" is interpreted by some to mean just that. They want their clinicians to be "certified" in a therapy. So, if their employers won't let you use EMDR therapy until they are certified, how do clinicians get to be an EMDRIA Certified Therapist? It's a Catch 22.

There's a similar issue within universities. "Basic training" implies more of an undergraduate program, while "advanced training" has graduate level connotations. We want more graduate curricula to include EMDR training, but once again we may be shooting ourselves in the foot with our own words.

Clinicians finishing EMDR basic training typically receive a certificate of completion. It doesn't mean that they are EMDRIA Certified Therapists. However, because they receive that certificate, some newly trained clinicians see themselves as certified in EMDR. And to a certain extent they are correct. We often receive inquiries from the general public asking if someone is certified by EMDRIA and often the answer is no, in fact s/he isn't even a member. So, we find ourselves with another terminology problem.

As a therapy, EMDR is maturing and as the membership numbers indicate, we are growing significantly. May be it's time that we revisit our terminology and update it. I know that traditions are hard to change, but we don't want to stand in the way of our own success. What if we dropped "basic" from our lexicon? We could speak in terms of EMDR training or advanced training in EMDR therapy. It's not much different than Dr. Shapiro's request that we now speak in terms of EMDR therapy and not just EMDR. Times are changing and so must we, if for no other reason than to change perception of the general public.

The other issue is how to describe a clinician who has completed EMDRIA approved EMDR basic training. What if all providers of EMDR basic training provided a certificate that uses a term like "Qualified EMDR Therapist" and those who joined us would be EMDRIA Qualified EMDR Therapists. I'm seeking a term that acknowledges those who have received the appropriate amount of training in EMDR therapy so that they can be recognized for their accomplishment. We need to convey the message that a therapist, who has taken an EMDRIA approved basic training, is qualified to use EMDR and thus avoid the obstacles that organizations like the VA want to throw in the way so EMDR therapy isn't used.

We might even have to consider that clinicians completing EMDR basic training are certified in EMDR therapy. Such an adjustment would necessitate a change in the names of our accreditation as an EMDRIA Certified Therapist to EMDRIA Accredited Therapist, Advanced Certified Therapist or some other combination to distinguish those who are qualified from those who have pursued further training and consultation. We also need to work more at branding our credentials. Acronyms and letters behind a therapist's name are desirable. We should encourage such inclusion and recognition of EMDRIA's accredited designations. It's a matter of branding to a large extent.

With growth and success come changes. We need to adapt to the world outside of our closely knit community. We need to explain ourselves in terms that people can understand. Your input can help us make the transition. Please let me know your thoughts.❖

Conference Corner

Thank you to everyone who was able to attend the 2014 EMDRIA Conference in Denver and helped us celebrate 25 years of EMDR therapy! It was a huge success thanks to all of you. We are very excited to announce that the 2014 EMDRIA Conference was the largest EVER with 1100 attendees. We hope to break that record again next year in Philadelphia!

Conference Certificates

EMDRIA Conference CEU certificates of completion are available for download on the EMDRIA website Click on the Conference tab > 2014 EMDRIA Conference > Conference Certificates to get to the download page. You will log in by entering your First Name and Last Name (as they appeared on your Conference badge). Click the "Submit" button and you will be able to print your certificate.

Contact us at info@emdria.org to report any discrepancies on your certificate. Please note: You will only receive credit for those workshops you attended in their entirety. We are unable to award partial credit for any workshops where you were significantly late or left early. Please be aware that when reporting a discrepancy, it is at the discretion of EMDR International Association to determine whether or not CEU's will be awarded. Please contact us should you have any questions or problems with printing your certificate.

Congratulations to the 2014 EMDRIA Conference Award Recipients

Francine Shapiro Award | Robert H. Tinker, Ph.D.
Outstanding Contribution and Service to EMDRIA | Karen Alter-Reid, Ph.D.
Outstanding Research Award | Christopher Lee, Ph.D. and Pim Cuijpers, Ph.D.
Outstanding Regional Coordinator Award | Pennisue M. Hignell, Ph.D., MFT
EMDR Advocacy Award | Judith N. Black, MA, M.Ed.
Poster Winners | ***1st Place*** - Catherine M. Butler, Ed.D., MFT (San Diego, CA) - *"Comparing the Efficacy of Eye Movement Desensitization and Reprocessing with the Treatment as Usual for Veterans with Military-Related Post Traumatic Stress Disorder"*. ***2nd Place*** - Emre Konuk, MA; Caren Acarturk, Post Hoc; and Mustafa Cetinkaya, MA (Istanbul, Turkey) - *"A Pilot Study for Posttraumatic Stress Disorder Symptoms Among Syrian Refugees: Results of a Randomized Clinical Study"*.

Conference Recordings

Audiotapes and CD's from this year's Conference are available through Convention Media. You have the option to purchase a complete set of Conference recordings synchronized with handouts, a complete set of Conference recordings on MP3 audio CD, a complete set of Conference recordings on audio CD, or individual sessions. There are a few sessions that were not taped at the speaker's request. Please visit the EMDRIA website to purchase audio recordings from 2014 or recordings from past EMDRIA Conferences.

2015 EMDRIA Conference

Planning for the 2015 Conference: "EMDR: The Freedom to Heal" is underway! Mark your calendars to join us August 27-30, 2015 in Philadelphia, Pennsylvania. We are excited to announce the line-up of plenary speakers! We have confirmed Dr. Rachel Yehuda (Epigenetics and PTSD), Dr. Marco Pagani (Neuroimaging & EMDR) and Dr. Ruth Lanius (Neurobiology of Trauma).❖


Cultural Humility
WELCOME

EMDR RESEARCH FOUNDATION

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

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

2014 - A Year of Milestones

The EMDRIA Conference in Denver was a great success and it was extra special, as we celebrated 25 years since the first published study on EMDR therapy. The workshops were informative and enlightening as usual, and the plenaries were inspirational beyond words, to say the least. I feel unbelievably fortunate to be a part of such an important, powerful, healing community that spans the globe. *My hat goes off to EMDRIA's Conference Committee for providing such a wonderful learning and exhilarating experience. Thank You!*

The EMDR Research Foundation (ERF) was pleased to be a part of the celebration. Our booth was 'moving and shaking' most of the time. It seems our community has really taken to supporting EMDR therapy research! I am more than grateful and I know I speak for all the Board members as well. One of the ERF's biggest supporters is Dr. Francine Shapiro and frequently her words are a heartfelt request to support EMDR therapy research. As she blew out the candles on the 25th Anniversary cake, she made her wish known that "EMDR therapy is empirically validated for all diagnoses." The EMDR Research Foundation is the only funding source dedicated solely to EMDR therapy research worldwide, so much rests on our shoulders. However the excitement of our donors and the impressive fundraising support makes our duty and great responsibility a bit lighter these days. I have so many exciting things to share about our research efforts, I hope you read on.

I am thrilled to announce that we received 14 applications in response to our 25th Anniversary grant opportunity on 9/1/14. In celebration of 25 years of EMDR Research, the Foundation offered a $25000 Research Grant in addition to the regular grants (i.e., Research, Dissertation, Consultation and Travel) we offer. The 14 applications are a milestone in our history. A second milestone is the Board's plan to award $100,000 for this grant cycle to those projects that meet our criteria for high quality EMDR therapy research. *Exciting times….*

At the same time those grant applications were received, we also awarded a $10,000 research grant to Joyce Baptist, Ph.D., LCMFT of Kansas State University School of Family Studies and Human Services for her project entitled *Developing Evidence-based Practice for EMDR for Depression*. This project falls within the 1st tier of our Research Priorities – Advancing Evidence Based Practice. We are excited about the potential meaningful contribution of this study to enhance clinical practice. It is also a step closer to Dr. Shapiro's Anniversary wish of validating EMDR therapy for Depression.

The Foundation offers two grant cycles each year with a submission deadline of February and July. The award amount has been $10,000 for the Research Grant and consistently we had few or no applications. In light of huge surge in applications for the $25000 Award and feedback from our applicants, at our annual meeting the Board decided to increase the future Research Grant Awards to $25000. This increase in the award amount will start with the 2/1/15 application deadline. Also based on feedback from our applicants, we are making changes to our application process. For more information, please visit our "Research and Grants" page on our website.

One of our fundraising goals at the EMDRIA Conference was to sign up 25 new Visionary Alliance members in celebration of 25 years of EMDR therapy research. This donor program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. An effective way to "pay back" for all the benefits received due to EMDR therapy is to "pay it forward" by your ongoing contribution to EMDR therapy research. We not only met our goal, but surpassed it by signing up 44 new members in Denver. Our new goal is 50 by the end of the year. ***This would be a HUGE milestone if we meet this goal!*** We are also grateful for the increases in monthly pledges made by the current Visionary Alliance members. The new members and the current members who increase their monthly donation by $5 or more will be entered into a special drawing for some wonderful prizes offered by the generous EMDRIA Conference vendor donors. Funding and promoting scientific research is crucial to the advancement of EMDR therapy and its positive impact on people's lives.

If you want to be a part of the "25 Years of EMDR therapy research" fundraising campaign you might consider a tribute gift of $25, $250 or $2500 in the name of EMDR therapy research. Or given it is the holiday season; you may want to honor or pay tribute to a colleague, friend, family member or someone special with a donation. We will write to them and acknowledge your donation in their name. Another reality is as EMDR therapy ages so do the clinicians using it. Is this the year you consider the EMDR Research Foundation in your planned giving arrangements? There are many options to choose from such as an Endowment Gift, where the funds are used annually in perpetuity or maybe you name the ERF as a beneficiary in your Will or Trust. For more information, please visit our "Get Involved" page on our website.

Another group of donors I want to acknowledge are the Conference vendors who donated prizes for our raffle and special Visionary Alliance drawing. I am so grateful for our repeat donors as well as our first timers. The generosity of these vendors made a significant impact on our fundraising success. I offer a big "Thank You" to Cynthia Kong & Gerald Puk, Tal Croitoru, ZynnyMe, Inc., EMDR Consulting, EMDR Institute, Inc., Convention Media Solutions, Courage to Change Addiction Recovery, HeartMath LLC, Neurotek Corporation, EMDR Therapist Network, Young Living Essential Oils, The Ranch, Trauma Institute & Child Trauma Institute, Bennington School, In Light Wellness Systems, Mentor Books, Celtic Art Therapy, BioMat Store/Healing Space Massage, and Barbara Hensley. We hope to see you in Philly in 2015.

At the Conference, the EMDRIA Research Committee invites poster sessions of current EMDR therapy research. The Foundation Board was quite thrilled when Dr. Catherine Butler's poster won first prize. The ERF funded this Dissertation research and we are pleased to hear that Dr. Butler is in the process of writing her study for publication. Upon accepting the prize, she shared her thoughts, *"The funding I gratefully received from the ERF enabled me to conduct doctoral research on the benefits of EMDR versus talk therapy for veterans with military related PTSD, in order to support our nation's veteran population who suffer from the consequences of their service. On behalf of myself and the veterans who participated in the study, thank you for your generous financial support."* Dr. Butler is the second ERF award recipient to win first prize for their poster. The poster of Dr. Gail Ironson's research, which was also funded by the ERF took first prize in 2012.

We want to thank everyone who took our 25th Anniversary Quiz, which covered topics about specific research studies and findings, the history of EMDR therapy and the ERF. This was the brainchild of our creative Board member, Barb Hensley, who also generously donated the prize money. We acknowledge our winners in order of the top 6 scores: Kathryn Bass, Andrew Leeds, Juliette Troy, Mark Nickerson, Sang Soo Seo and Marshall Wilensky. We hope everyone who took the quiz found it challenging and educational.

Lastly, I want to bid a very warm farewell to two of our Board Members, Tonya Edmond and Dennis Hall. Both of these wonderful servants have been on the Board since 2009. Dr. Edmond served as our Research Committee Chair and was responsible for reviews of our grant applications. Dennis was our Development Committee Chair and provided us guidance about investments and other financial related decisions. I am so grateful for their service, integrity, commitment and friendship. Although they will be deeply missed, I wish them the very best in what is to come.

In closing, I share my sincere gratitude to all of you who made this celebratory year, one of many milestones for the ERF. In 2014, we had a record number of grant applications, will award a record amount of money and sign up a record number of new Visionary Alliance members. Equally exciting is the sense that our community truly understands the great importance of EMDR therapy research and why it needs to be funded. We hope this momentum continues as we launch our 2015 campaign of "**Expanding Our Research, Deeping Our Impact**." I also want to thank the ERF Board members who gave another year of unselfish time, effort and money. The ERF is making great headway and this has been made possible by the dedication of these committed members. At this holiday time, I also wish everyone a Blessed Holiday Season and a Peaceful, Prosperous 2015.

"What I know for sure, is that what we give – comes back to us tenfold." - Wendy Freitag ❖

In the Spotlight: Mona Zaghrout

BY MARILYN LUBER, PH.D.

Mona Zaghrout-Hodali is Head of Counseling in the Rehabilitation services of the East Jerusalem YMCA, which provides services throughout East Jerusalem and the West Bank, and extending in training and supervision to other areas in the Middle East and North Africa. These are areas of ongoing conflict and ongoing trauma and ones in which many people experience bereavement, disability, physical, emotional and psychological difficulties and a loss of hope.

It is in this environment that Mona was born and brought up, living in the heart of the Old City of Jerusalem in a family that provided love, emotional support and a strong sense of justice and integrity. The old city was a mixed community that included different ethnic and religious groups and it was here that Mona's concern for others, acceptance, care and support grew.

As a result of this awareness of the needs of others, Mona went to Bethlehem University to study Psychology and Social Work as a double major. Part of her course included practical work and she chose to work with disadvantaged and disturbed youths in East Jerusalem. As a practicum this was groundbreaking and it is indicative of Mona's commitment to others. In spite of being advised against working in what was seen as a potentially difficult situation, Mona persisted in trying to bring her insights into social and psychological needs to the people in the old city. It was in this practicum work that Mona became acutely aware of the fear and loss of hope in some of these young people. It was also during her time at university when the conflict increased and the First Intifada began.

In 1987, Bethlehem University was closed down due to the conflict. For a time it seemed as if everything had stopped. The teaching staff began to help their students by conducting classes at their own homes. This took longer than classes in school and Mona's last year took two years. Although she officially graduated in 1989, there was no actual graduation until 1991 when the university was reopened.

Within this time period (1989), Mona began to work as a counselor with the YMCA in Beit Sahour (part of the East Jerusalem YMCA) in the District of Bethlehem. In response to the growing need, the YMCA had begun to work with young Palestinians who had been injured. Mona again experienced the fear, pain and loss of hope that many of these people endured. She noted how difficult it was to see these young people traumatized with so many difficult physical and psychological injuries. At the time, there was no awareness of the psychological problems resulting from traumatic events and it was thought that only people with mental health problems needed psychological help. After catastrophic injuries, such as amputations, head trauma and spinal cord injuries, patients were sent home with their psychological wounds untreated. The YMCA staff began to see how families were having difficulties in how to handle their injured children. Families were overprotecting children, for example, by not letting them get out of bed or the home, or they acted as if there was nothing wrong and encouraged their children to act as they had before the injury. The children got lost between them.

This was a time of innovation. Mona and her colleagues recognized the need to help people, not only in Bethlehem and Jerusalem but throughout Palestine. Growing out of a desperate need, the YMCA began a six-month program called the "East Jerusalem YMCA Rehabilitation Program" to help people throughout Palestine who had been traumatized and had physical disabilities.

It was a difficult time, as people were severely injured and were feeling fear and anger. The work continued and Mona recounted how important it was to bring back hope to the people and their families. She rapidly developed an understanding of the psychological and social needs of traumatized people. She guided the counseling service in knowing how to support them and help the children and young people to continue their lives and return to school. This approach grew into a psycho-social holistic approach as Mona and colleagues found that there was so much more that had to be done. They began vocational rehabilitation, house and school modification, child, teacher and community education, advocacy, family intervention and counseling. After six months, the project was succeeding and the YMCA extended the project for another three years or until the time that there was no more need. That time did not come. The program continues to this day because of the ongoing situation and the growing need for the services provided.

It was recognized that there was a need for professional training in the treatment of trauma and working with people with disabilities. In 1994, the Australian Red Cross in collaboration with the YMCA and Flinders University of South Australia created an advanced Postgraduate Diploma in Disability Counseling in Jerusalem. Mona was one of five senior staff in a program that later became an MA in Counseling from the University of Flinders.

Mona's work has developed in keeping with her increasing knowledge, expertise and experience in rehabilitation in an area of ongoing trauma. At the YMCA, her mandate is to provide services to people in need, regardless of gender, background or religion. She has

provided individual, group and family therapy with adults and children throughout the West Bank and Jerusalem. Together with other colleagues, she established and developed the counseling and supervision services provided by the East Jerusalem YMCA Rehabilitation Program in Palestine. Her experience and expertise has also been used internationally, for example as a Member of the World Council of Churches Mental Health Consultancy Group. She also provided insight into the psychological issues in war zones and area of ongoing conflict, as a member of the Global Technical Group on Psycho-Social Well-being in New York. She represented Palestine and the Middle East as a board member of the General Assembly of the Defense for Children International, as well as acting as a consultant to Dignity International human rights group and as a trainer with UNICEF in the Psychosocial Well-being for Children in Crisis program.

At home, Mona supervises 11 teams that span the West Bank. They work with families and adults, young adults, and children who have been traumatized and have disabilities. Treatment includes trauma therapy, empowerment to heal through different treatment modalities, increasing the awareness of the community about those who have been traumatized and have a disability and advocating for their rights.

Mona's responsibility for the psychosocial support teams includes giving supervision for projects under the auspices of UNICEF. The goal of this project is to increase networking, coordination and cooperation between counseling and mental health organizations and build their capacities so that they are ready to provide emergency interventions to the traumatized children and their families who are survivors of political and domestic violence all over the areas of the West Bank and Jerusalem. She also has been supervising United Nations Relief and Works Agency (UNRWA) mental health supervisors who are working with Palestinians in refugee camps. Recently, Mona and her colleagues have also worked with Palestinians from Gaza with severe and complex injuries in hospitals in Jerusalem.

The work of the YMCA programs is aimed at protecting and restoring the psychological wellbeing of people and communities in the most affected areas of the West Bank and East Jerusalem. They empower psychosocial professionals in providing services to children and their families.

Consultation and supervision are an important part the services Mona provides, and she has developed a very clear framework for consultation and supervision for therapists working in the field in Palestine and in other Arab countries. She has utilized modern communications to conduct consultations: face-to-face, by telephone and through email locally and internationally.

As a professional mental health provider and consultant, Mona has noted over the years how often people returned to their therapists because of the ongoing situation (ongoing traumas). The work was not complete and there were long waiting lists for people seeking counseling help. She was always searching for a better and more effective therapeutic approach and asked every professional she met, "Do you know something that would work better for an ongoing situation?" In 2000, her question was answered when she attended the first EMDR training on the West Bank in Bethlehem. During her practicum, she worked on a very traumatic incident. She had noted that since the incident there had been something inside her that would not leave and it felt like something heavy was on her chest. By the end of her reprocessing, something changed dramatically for her. From then on, Mona was committed to complete her EMDR training and to provide EMDR therapy in the field. Unfortunately, before she could take Part 2 of the EMDR training, the Second Intifada began.

Again this was a difficult time. Transportation and movement was restricted. At one stage the YMCA in Beit Sahour came under fire. People were injured and severely disabled. It was an ongoing crisis with ongoing trauma. Mona was committed to bringing the best possible care to the people, psychologically and physically but she was unable to bring further training to the West Bank or East Jerusalem.

By good fortune, EMDR Trainer Janet Wright, came to the YMCA to provide training in play therapy and she also taught the counseling staff the EMDR Integrative Group Treatment Protocol (IGTP). Through Janet, Mona found the EMDR Part 2 training that she needed in Turkey. In this training, not only did she learn more about practicing EMDR therapy, she reprocessed a personal phobia from childhood that had been a significant limitation. Mona was very surprised by the reprocessing and after her second practicum, life transformed in that she no longer had this phobia or the major limitation.

At the Part 2 training, she invited Jim Knipe and Peggy Moore to do EMDR training in Palestine and Mona came back with a great deal of excitement about opening up EMDR further. To her surprise, people were not so excited, as they thought it was very Western and not appropriate, and that she would be wasting their time and money. Mona, who is never easily deterred, decided that if EMDR worked for her, it would work for everyone. She went on to find funding to train counselors in EMDR therapy. As the participants used EMDR in practice, the word spread about the effectiveness of EMDR therapy and people came into their offices asking for EMDR. This has been a remarkably consistent response: that even people (and service providers) who had been opposed to the idea of EMDR were, on the evidence of the successful work being done, asking for EMDR to be provided and other agencies began to ask for their therapists to be trained. Individuals who had seen their friends or family change as a result of the therapy, came to ask for EMDR for themselves. No one had ever asked for a particular modality of therapy before!

With the support of Bob Gelbach from EMDR HAP, further EMDR trainings were arranged. The change in the people involved in the rehab program has been very rewarding as Mona sees the brightness in their eyes and the satisfaction of the counselors with the success of EMDR with the most difficult of cases. Counselors needed fewer sessions with clients so that, alongside some rapid response work, the

continued from page 13...

once long waiting list is now much shorter. More importantly, it was clear that the people who had been without hope now had hope, and a confidence in themselves and others.

Mona's interest was so keen that she became an EMDR Facilitator, Consultant, Trainer, and is now a Trainer-of-Trainers. During the trainings she attended, she became the interpreter and translator and has translated much of the training material into Arabic. Her skill as a counselor and an EMDR practitioner came together with her knowledge of language and culture and resulted in a better understanding for those who were trained. In 2007, she attended a Trainer's Training in Cologne, Germany and then did the second level with Francine Shapiro at Sea Ranch, California in 2010. By 2012, she became an EMDR trainer, and the first EMDR Arab trainer. Mona has now provided trainings in Arabic for mental health workers, including psychiatrists, psychologists, social workers and therapists in Palestine, Lebanon, Jordan, Libya and Turkey with Arabic-speaking colleagues attending from Iraq, Egypt, Syria, Jordan and Libya. (She also contributed to training in Kenya). EMDR practitioners began reporting how effective EMDR therapy is with their clients and how much it is needed in their countries. Some of these trainings have been difficult to arrange because of travel restrictions and ongoing conflict, and some have been in situations of tight security but it is a tribute to Mona that she has gone ahead with these trainings and a tribute to the trainees that they are able to bring EMDR to people and refugees in and from Syria, Iraq, Libya and other countries and war zones.

Mona has made a considerable contribution to the development of EMDR in Arab settings. At the EMDR International Association Annual Conference in 2012, Mona was presented with the "Elizabeth Snyker Award for Outstanding Service as a Volunteer for EMDR Humanitarian Assistance Programs," especially in the Arabic-speaking world. She has written two articles for the *Journal of EMDR Practice and Research*: "Building resilience and dismantling fear: EMDR group protocol with children in an area of ongoing trauma" (Zaghrout-Hodali, Alissa & Dodgson, 2008) and "Humanitarian Work Using EMDR in Palestine and the Arab World" (Zaghrout-Hodali, in Press).

Mona's strategy has been to find the most qualified and enthusiastic people who have the skills, experience and personality to support development of EMDR in their country. Already, she has trained 4 facilitators in Lebanon, 1 from Iraq, 1 from Syria, and 6 from Palestine with more to follow. Her hope is to have two trainers in every Arab country and have a regional EMDR Association for the Arab World.

To the EMDR Community, Mona says:

> "I feel honored to be part of the EMDR community as I feel that people who work with EMDR have something special. I feel supported and energized by my contact with them and it feels like a big family. It is important that we continue to bring EMDR therapy to people in need all over the world. I believe that EMDR is bringing inner peace to people who have been traumatized; this is the basis for world peace. It brings hope again to the people who had lost hope."

We are fortunate to have Mona Zaghrout-Hodali as part of the world-wide EMDR community.

References

Zaghrout-Hodali, M., Akissa, F., &Dodgson, P.W. (2008). Building Resilience and dismantling fear: EMDR group protocol with children in an area of ongoing trauma. *Journal of EMDR Practice and Research*, 2(2), 106-113.

Zaghrout-Hodali, M. (In press). Humanitarian work using EMDR in Palestine and the Arab world. *Journal of EMDR Practice and Research.* ❖

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UPDATE
Defining New Credentialing Standards

In 2012, under the auspices of the EMDRIA Standards and Training Committee, the Professional Development Subcommittee was formed and charged with developing new requirements for all EMDRIA credentialing levels. At the current time, there are no "standard" criteria defined by EMDRIA for any level of credentialing. The goal of the subcommittee's work is to establish a developmental and comprehensive "standard" which spans from training to trainers. This will establish a minimal standard for EMDR therapy practice as well as EMDR therapy training. To achieve this end, specific competency thresholds will be defined for each credentialing level (i.e., trained, Certified, Approved Consultant, and Provider of Basic EMDR Training) and must be met to move to the next level of credentialing.

To set the standards for EMDR therapy practice, the subcommittee began defining the standards and requirements for Certification first, from which the others will follow. The current credentialing system for Certification is hours-based rather than proficiency-based. This creates a lack of consistency in the requirements and assessment procedures used when recommending a candidate for Certification. The lack of specific requirements and standardization undermines the legitimacy of credentialing and calls its meaning into question. Without specific criteria and requirements defined, Approved Consultants (ACs) have also expressed difficulty in the dual role of mentor/coach and evaluator.

The Subcommittee has chosen the Core Competency Model (Sperry, 2010) to use as a framework, which we adapted to fit EMDR therapy practice. The first step (accomplished in 2013) was to define the Core and Essential Competencies for EMDR therapy for Certification. In the second step, we have operationally defined each of the Essential Competencies by identifying the Clinical Competencies. These Clinical Competencies are the knowledge, skills and attitudes that need to be demonstrated by a candidate for Certification. The Clinical Competencies were developed and are now under review by all ACs and Providers of Basic Training (and their Trainers), with feedback expected by 1/31/2015. The next step in this multi-step, multi-stage process is to determine how these Clinical Competencies will be assessed and measured and the Certification candidate will be evaluated.

The Subcommittee's presentation at the 2014 EMDRIA Conference in Denver outlined the "road map" for the proposed credentialing process. The road map included the timeline, responsibilities of trainers, ACs and Certification candidates, as well as some of the inevitable hurdles in making such a significant, yet necessary change. Transparency of the process is of utmost importance to keep everyone informed on our progress. It is equally important for us to learn and incorporate the vast knowledge and wisdom from the seasoned, highly effective therapists who make up the EMDR therapy community. We also outlined ways the EMDRIA membership can "stay in the loop" and most importantly, provide feedback and have input into the process.

It is important to note that at each step all ACs and Providers of Basic Training will be invited to give their feedback and suggestions before any policy changes are made and the system is implemented. **It is imperative we have your input,** so the systems put in place have been thoroughly vetted and have wide acceptance by all those involved. As an AC or Provider of Basic Training if you have not received instructions, in the last few weeks, on how to access the survey to provide feedback on the Clinical Competencies, please contact the EMDRIA office at 866.451.5200 or info@emdria.org for more information.

In closing, I want to acknowledge Jocelyn Barrett (Standard and Training Committee liaison), Nancy Errebo and Regina Morrow who make up the subcommittee. We each bring a different skill set and gifts to this work and give generously of our time, effort, energy and collaboration to make this a possibility. I also want to thank the EMDRIA Standard & Training Committee, Mark Doherty, CAE and the Board of Directors for their support in this process.

Wendy Freitag, Ph.D.
Chair of Professional Development Subcommittee

References

Sperry, L. (2010). *Core competencies in counseling and psychotherapy: Becoming a highly competent and effective therapist*. New York: Routledge.

EMDRIA 2013 FINANCIAL REVIEW

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INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors
EMDR International Association

We have reviewed the accompanying statements of financial position of the EMDR International Association (a nonprofit corporation) as of December 31, 2013 and 2012, and the related statements of activities, functional expenses, and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Allman & Associates, Inc.

Austin, Texas
April 9, 2014

EMDRIA 2013 FINANCIAL REVIEW

EMDR INTERNATIONAL ASSOCIATION
(Nonprofit Corporation)

STATEMENTS OF ACTIVITIES

For the Years Ended December 31, 2013 and 2012

	2013	2012
Unrestricted Net Assets:		
Revenue		
Membership dues	$ 577,327	$ 562,189
Conference fees	359,272	445,188
Education and training fees	214,391	177,575
Interest income	1,409	690
Publications	59,708	61,598
Total Revenue	1,212,107	1,247,240
Expenses		
Program services	976,989	857,813
General and administrative	303,598	317,609
Total Expenses	1,280,587	1,175,422
Change in unrestricted net assets	(68,480)	71,818
Net assets, beginning of year	297,292	225,474
Net assets, end of year	$ 228,812	$ 297,292

EMDRIA 2013 FINANCIAL REVIEW

EMDR INTERNATIONAL ASSOCIATION
(Nonprofit Corporation)

STATEMENTS OF FINANCIAL POSITION

As of December 31, 2013 and 2012

	2013	2012
Assets		
Current Assets		
Cash and cash equivalents	$ 356,255	$ 256,398
Investments - certificates of deposit	201,391	213,225
Accounts receivable	3,966	1,850
Prepaid expenses	25,234	26,813
Total Current Assets	586,846	498,286
Fixed Assets		
Furniture and equipment	40,496	40,496
Accumulated depreciation	(40,496)	(39,013)
Net Fixed Assets	-	1,483
Total Assets	$ 586,846	$ 499,769
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	$ 8,023	$ 1,757
Accrued vacation	18,925	12,416
Deferred revenue	330,855	188,081
Accrued expenses	231	223
Total Current Liabilities	358,034	202,477
Total Liabilities	358,034	202,477
Unrestricted Net Assets	228,812	297,292
Total Liabilities and Net Assets	$ 586,846	$ 499,769

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR—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 references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://emdr.nku.edu/

A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43

Chen, Y. R., Hung, K. W., Tsai, J. C., Chu, H., Chung, M. H., Chen, S. R., . . . Chou, K. R. (2014). Efficacy of eye-movement desensitization and reprocessing for patients with posttraumatic-stress disorder: A meta-analysis of randomized controlled trials. *PLoS ONE*, 9(8), e103676. doi:10.1371/journal.pone.0103676

Ying-Ren Chen, Graduate Institute of Nursing, College of Nursing, Taipei Medical University, Taipei, Taiwan, and Taoyuan Armed Forces General Hospital, Longtan, Taiwan. E-mail: wt.ude.umt@urieuk

Full text online: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4125321/

ABSTRACT

Background: We performed the first meta-analysis of clinical studies by investigating the effects of eye-movement desensitization and reprocessing (EMDR) therapy on the symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, and subjective distress in PTSD patients treated during the past 2 decades.

Methods: We performed a quantitative meta-analysis on the findings of 26 randomized controlled trials of EMDR therapy for PTSD published between 1991 and 2013, which were identified through the ISI Web of Science, Embase, Cochrane Library, MEDLINE, PubMed, Scopus, PsycINFO, and the Cumulative Index to Nursing and Allied Health Literature electronic databases, among which 22, 20, 16, and 11 of the studies assessed the effects of EMDR on the symptoms of PTSD, depression, anxiety, and subjective distress, respectively, as the primary clinical outcome.

Results: The meta-analysis revealed that the EMDR treatments significantly reduced the symptoms of PTSD (g = -0.662; 95% confidence interval (CI): -0.887 to -0.436), depression (g = -0.643; 95% CI: -0.864 to -0.422), anxiety (g = -0.640; 95% CI: -0.890 to -0.390), and subjective distress (g = -0.956; 95% CI: -1.388 to -0.525) in PTSD patients.

Conclusion: This study confirmed that EMDR therapy significantly reduces the symptoms of PTSD, depression, anxiety, and subjective distress in PTSD patients. The subgroup analysis indicated that a treatment duration of more than 60 min per session was a major contributing factor in the amelioration of anxiety and depression, and that a therapist with experience in conducting PTSD group therapy was a major contributing factor in the reduction of PTSD symptoms.

Croes, C. F., van Grunsven, R., Staring, A. B., van den Berg, D. P., de Jongh, A., & van der Gaag, M. (2014). [Imagery in psychosis: EMDR as a new intervention in the treatment of delusions and auditory hallucinations]. *Tijdschrift Voor Psychiatrie*, 56(9), 568-76.

Carlos F. Croes, Altrecht WA Divisie, Lange Nieuwstraat 119, 3512 PG Utrecht. E-mail: c.croes@altrecht.nl

Full text available in Dutch: http://www.tijdschriftvoorpsychiatrie.nl/en/tijdschrift/artikel/TVPart_10367

ABSTRACT

Background: Historically, psychotherapy has focused on the treatment of patients' verbal representations (thoughts) and has proved particularly successful in the cognitive behavioural treatment of psychosis. However, there is mounting evidence that visual representations (imagery) play an important role in the onset and maintenance of psychiatric disorders, including psychotic symptoms. There are indications that heightened

emotionality and vividness of visual representations are associated with severity of psychotic experiences. This may imply that a reduction in the vividness and emotionality of the psychosis-related imagery can lessen the suffering and stress, caused by the psychotic symptoms.

Aim: To introduce EMDR as a possible type of psychological treatment for patients suffering from psychosis-related imagery.

Method: Three outpatients who had a psychotic disorder and suffered from auditory hallucinations and delusions were treated with EMDR in an average of six sessions. Treatment was performed by three therapists in different psychiatric institutions. All three were experienced in administrating CBT and EMDR.

Results: Treatment with EMDR reduced patients' level of anxiety, depression and the severity of psychotic symptoms. In addition, patients reported less avoidant behaviour and greater cognitive insight.

Conclusion: The results of the study suggest that EMDR reduces the vividness and emotionality of imagery in psychosis which in turn alleviates the patients' psychotic symptoms. Further research into other possible types of interventions for the treatment of imagery in psychosis is recommended.

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d'Ardenne, P., & Heke, S. (2014). Patient-reported outcomes in post-traumatic stress disorder part I: Focus on psychological treatment. *Dialogues in Clinical Neuroscience*, 16(2), 213-26.

Sarah Heke, Director, Institute for Psychotrauma, 86 Old Montague Street, London E1 5NN, UK. E-mail sarah.heke@eastlondon.nhs.uk

Full text available online: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4140514/

ABSTRACT

Background: Since 2000, patient reports have contributed significantly to the widening diagnostic criteria for post-traumatic stress disorder, notably with the inclusion of complex, repeated, and indirect threat to people who develop symptoms. This paper describes and explains why patient reports matter, through worldwide mental health users' movements and the human rights movement. It looks at 46 recent patient-reported outcomes of preferred psychological treatments in clinical research and

practice, and compares them with clinician-reported outcomes, using rating scales that diagnose and measure therapeutic gains. Attention is given to one qualitative study of survivors of the London bombings as an example of patients' personal traumatic experiences. Understanding patients' views and their limitations can help increase success in trauma-focused therapy outcomes, particularly where patients fail to engage with or complete treatment, where they doubt the validity of the treatment, or do not see it as culturally appropriate, or fear of revisiting the past. Specific recommendations are made for a more collaborative approach with patients in psychiatric and community care and clinical research.

Di Lorenzo, G., Monaco, L., Daverio, A., Giannoudas, I., Verardo, A. R., La Porta, P., . . . Siracusano, A. (2014). Enhancement of right hemisphere EEG functional connectivity after EMDR therapy. *European Psychiatry*, 29, 1-. doi:10.1016/S0924-9338(14)78912-6

G. Di Lorenzo, Department of Systems Medicine University of Rome "Tor Vergata", Chair of Psychiatry, Rome, Italy

ABSTRACT

Introduction: Brain connectivity changes have been recently demonstrated in victims of psychological traumas treated with the eye movement desensitization and reprocessing (EMDR).

Objectives: Forty victims of psychological traumas were investigated at the first EMDR session (t0) and at the last one performed after processing the index trauma (t1).

Aims: To investigate differences in EEG functional source connectivity during bilateral ocular stimulation (BS) during EMDR therapy at t0 and t1.

Methods: Brain electrical activity during whole EMDR sessions was record with a 37-channel EEG. EEG functional connectivity analysis was based on the lagged phase synchronization (LPS), derived by a two-step eLoreta procedure: dimensionality reduction of inverse matrix from 6239 voxels to 28 regions of interest (ROIs); LPS index computation, for each spectrum band, in all possible ROI pairs.

Results: Significant differences were detected between t0 and t1 in alpha band LPS indexes. A prevalent enhancement in right intrahemispheric functional connectivity was found in t1 respect to t0, particularly among ROI pairs of (a) frontal regions (anterior frontal, orbital frontal, lateral frontal cortices) and limbic structures (anterior cingulate cortex, ACC), (b) frontal regions and associative areas (insula cortex, parietal lobe), (c) ACC and primary visual cortex and (d) ACC and associative areas.

Conclusions: These findings suggest that EMDR efficacy is associated to electrical brain connectivity changes during BS. An enhancement in the right hemisphere alpha band functional connectivity of areas involved in cognitive control, emotional processing and visual associative functions may play a key role in the elaboration of psychological traumas.

Herkt, D., Tumani, V., Grön, G., Kammer, T., Hofmann, A., & Abler, B. (2014). *Facilitating access to emotions: Neural signature of EMDR stimulation*. PLoS ONE, 9(8), e106350. doi:10.1371/journal.pone.0106350

Birgit Abler, Department of Psychiatry, Ulm University, Ulm, Germany. Email: birgit.abler@uni-ulm.de

Free full text online: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0106350

ABSTRACT

Background: Eye Movement Desensitisation and Reprocessing (EMDR) is a method in psychotherapy effective in treating symptoms of posttraumatic stress disorder. The client attends to alternating bilateral visual, auditory or sensory stimulation while confronted with emotionally disturbing material. It is thought that the bilateral stimulation as a specific element of EMDR facilitates accessing and processing of negative material while presumably creating new associative links. We hypothesized that the putatively facilitated access should be reflected in increased activation of the amygdala upon bilateral EMDR stimulation even in healthy subjects.

Methods: We investigated 22 healthy female university students (mean 23.5 years) with fMRI. Subjects were scanned while confronted with blocks of disgusting and neutral picture stimuli. One third of the blocks was presented without any additional stimulation, one third with bilateral simultaneous auditory stimulation, and one third with bilateral alternating auditory stimulation as used in EMDR.

Results: Contrasting disgusting vs. neutral picture stimuli confirmed the expected robust effect of amygdala activation for all auditory stimulation conditions. The interaction analysis with the type of auditory stimulation revealed a specific increase in activation of the right amygdala for the bilateral alternating auditory stimulation. Activation of the left dorsolateral prefrontal cortex showed the opposite effect with decreased activation.

Conclusions: We demonstrate first time evidence for a putative neurobiological basis of the bilateral alternating stimulation as used in the EMDR method. The increase in limbic processing along with decreased frontal activation is in line with theoretical models of how bilateral alternating stimulation could help with therapeutic reintegration of information, and present findings may pave the way for future research on EMDR in the context of posttraumatic stress disorder.

Hofmann, A., Hilgers, A., Lehnung, M., Liebermann, P., Ostacoli, L., Schneider, W., & Hase, M. (2014). Eye movement desensitization and reprocessing as an adjunctive treatment of unipolar depression: A controlled study. *Journal of EMDR Practice and Research*, 8(3), 103-112. doi:10.1891/1933-3196.8.3.103

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ABSTRACT

Depression is a severe mental disorder that challenges mental health systems worldwide. About 30% of treated patients do not experience a full remission after treatment, and more than 75% of patients suffer from recurrent depressive episodes. Although psychotherapy and medication can improve remission rates, the success rates of current treatments are limited. In this nonrandomized controlled exploratory study, 21 patients with unipolar primary depression were treated with a mean of 44.5 sessions of Cognitive Behavioural Therapy (CBT) including an average 6.9 adjunctive sessions of Eye Movement Desensitization and Reprocessing (EMDR). A control group (n = 21) was treated with an average of 47.1 sessions of CBT sessions alone. The main outcome measure was the Beck Depression Inventory II (BDI-II). The treatment groups did not differ in their BDI-II scores before treatment, and both treatments resulted in significant improvement. There was an additional benefit for patients treated with adjunctive EMDR (p = .029). Also the number of remissions at post treatment, as measured by a symptom level below a BDI-II score of 12, was significantly better in the adjunctive EMDR group, the group showing more remissions (n = 18) than the control group (n = 8; p < .001). This potential effect of EMDR in patients with primary depression should be examined further in larger randomized controlled studies.

Farina, B., Imperatori, C., Quintiliani, M. I., Castelli Gattinara, P., Onofri, A., Lepore, M., . . . Della Marca, G. (2014). Neurophysiological correlates of eye movement desensitization and reprocessing sessions: Preliminary evidence for traumatic memories integration. *Clinical Physiology and Functional Imaging*. doi:10.1111/cpf.12184

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ABSTRACT

We have investigated the potential role of eye movement desensitization and reprocessing (EMDR) in enhancing the integration of traumatic memories by measuring EEG coherence, power spectra and autonomic variables before (pre-EMDR) and after (post-EMDR) EMDR sessions during the recall of patient's traumatic memory. Thirteen EMDR sessions of six patients with post-traumatic stress disorder were recorded. EEG analyses were conducted by means of the standardized Low Resolution Electric Tomography (sLORETA) software. Power spectra, EEG coherence and heart rate variability (HRV) were compared between pre- and post-EMDR sessions. After EMDR, we observed a significant increase of alpha power in the left inferior temporal gyrus (T = 3•879; P = 0•41) and an increased EEG coherence in beta band between C3 and T5 electrodes (T = 6•358; P<0•001). Furthermore, a significant increase of HRV in the post-EMDR sessions was also observed (pre-EMDR: 6•38 ± 6•83; post-EMDR: 2•46 ± 2•95; U-Test= 45, P = 0•043). Finally, the values of lagged coherence were negatively associated with subjective units of disturbance (r(24) = -0•44, P<0•05) and positively associated with parasympathetic activity (r(24)=0•40, P<0•05). Our results suggest that EMDR leads to an integration of dissociated aspects of traumatic memories and, consequently, a decrease of hyperarousal symptoms.

June ter Heide, F. J., Mooren, T. T. M., Knipscheer, J. W., & Kleber, R. J. (2014). EMDR with traumatized refugees: From experience-based to evidence-based practice. *Journal of EMDR Practice and Research*, 8(3), 147-156. doi:10.1891/1933-3196.8.3.147

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Many refugees resettled in Western countries suffer from an accumulation of traumatic and current stressors that contribute to mental health problems and may complicate trauma-focused treatment. Consequently, the acceptability, safety, and efficacy of trauma-focused treatment with refugees have been a matter of clinical and scientific interest. In recent years, the evidence has accumulated for narrative exposure therapy and culturally adapted cognitive behavioral therapy. Although eye movement desensitization and reprocessing (EMDR) is practiced with resettled refugees, only five small studies of limited quality have been conducted on EMDR with this population. In the absence of strong evidence, therapists practising EMDR with refugees may be aided by transcultural psychiatric principles, especially matching of explanatory models. In addition, high-quality research is needed to reliably determine acceptability, safety, and efficacy of EMDR with traumatized refugees.

Keller, B., Stevens, L., Lui, C., Murray, J., & Yaggie, M. (2014). The effects of bilateral eye movements on EEG coherence when recalling a pleasant memory. *Journal of EMDR Practice and Research,* 8(3), 113-128. doi:10.1891/1933-3196.8.3.113

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ABSTRACT

In an investigation of the interhemispheric coherence (IhC) model for eye movement desensitization and reprocessing (EMDR) bilateral eye movement (BEM) effects, 30 participants were exposed to a stationary dot, a blinking red/green dot, or saccadic BEMs during the contemplation of a positive emotional memory. Electroencephalographies (EEGs) were measured afterward during an eyes-closed processing stage. Analyses revealed no significant IhC enhancement for the BEM condition but significant increases in Delta and Low Beta EEG intrahemispheric BEM coherence in the right and left frontal areas, respectively, and a trend increase in Right Frontal Low Beta BEM coherence. LORETA neuroimaging was employed to visually present significant amplitude changes corresponding to observed coherence effects. The functional significance of these intrahemispheric coherence effects is presented and a cortical coherence extension of the IhC model is suggested.

Kennedy, A. (2014). Compassion-Focused EMDR. *Journal of EMDR Practice and Research*, 8(3), 135-146. doi:10.1891/1933-3196.8.3.135

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ABSTRACT

Compassion-focused therapy was developed to enhance physiological systems related to well-being, safeness, and connectedness in people where shame and self-criticism inhibited progress in therapy (Gilbert, 2000; Gilbert & Irons, 2005). This system links attachment experiences with emotion regulation capacities, with integrative capacities of the mind and also with the interplay between different motivational systems, which are played out in multiple self-states (Cortina & Liotti, 2010; Cozolino, 2010; Gilbert, 2009; Liotti & Gilbert, 2011). Hence, a compassionate focus could potentially prove valuable in eye movement desensitization and reprocessing (EMDR), particularly where shame or attachment trauma is involved or for those traumas that have impacted on the structure of the self, for example, dissociation. A structured compassion-focused EMDR (CF-EMDR) seems likely to be particularly useful for therapists wishing to pay positive attention to strengths and well-being. The primary task of the CF-EMDR therapist would therefore be to facilitate a warm and wise relationship to the problems that brought the person to EMDR. This article outlines the potential benefit of a compassionate focus in the processing phases of EMDR to address self-critical blocks, giving clinical examples in tables to illustrate the process and language.

Logie, R. (2014). EMDR—more than just a therapy for PTSD. *The Psychologist*, 27(7), 512-517.

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Full text available at: http://www.thepsychologist.org.uk/archive/archive_home.cfm?volumeID=27&editionID=289&ArticleID=2543

ABSTRACT

Now recognised by the National Institute for Health and Clinical Excellence (NICE) and the World Health Organization as a treatment of choice for post-traumatic stress disorder, it appears that eye movement desensitisation and reprocessing (EMDR) has 'come of age' as a psychological therapy on a par with cognitive behavioural therapy or psychodynamic psychotherapy. However we still do not know how it works. And should it really be used for the treatment of other disorders as varied as depression, obsessive-compulsive disorder and psychosis?

McGuire, T. M., Lee, C. W., & Drummond, P. D. (2014). Potential of eye movement desensitization and reprocessing therapy in the treatment of post-traumatic stress disorder. *Psychology Research and Behavior Management,* 7, 273-83. doi:10.2147/PRBM.S52268

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ABSTRACT

Post-traumatic stress disorder (PTSD) continues to attract both empirical and clinical interest due to its complex symptom profile and the underlying processes involved. Recently, research attention has been focused on the types of memory processes involved in PTSD and hypothesized neurobiological processes. Complicating this exploration, and the treatment of PTSD, are underlying comorbid disorders, such as depression, anxiety, and substance use disorders. Treatment of PTSD has undergone further reviews with the introduction of eye movement desensitization and reprocessing (EMDR). EMDR has been empirically demonstrated to be as efficacious as other specific PTSD treatments, such as trauma-focused cognitive behavioral therapy. There is emerging evidence that there are different processes underlying these two types of trauma treatment and some evidence that EMDR might have an efficiency advantage. Current research and understanding regarding the processes of EMDR and the future direction of EMDR is presented.

Natha, F., & Daiches, A. (2014). The effectiveness of EMDR in reducing psychological distress in survivors of natural disasters: A review. *Journal of EMDR Practice and Research*, 8(3), 157-170. doi:10.1891/1933-3196.8.3.157

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ABSTRACT

Natural disasters affect whole communities both at an individual level as well as economically and socially. However, the impact of natural disasters on an individual's mental health is substantial; yet, the response to one's mental health needs after a disaster is underdeveloped. Nevertheless, the Humanitarian Assistance Programme has attempted to address these needs by providing eye movement desensitization and reprocessing (EMDR) to natural disaster survivors. This systematic review provides evidence for the effectiveness and efficacy of EMDR in the treatment of psychological distress in survivors of natural disasters. Of the 8 studies reviewed, 4 were controlled trials and

1 study part-controlled. All the studies demonstrated statistical and clinical significance in reducing posttraumatic stress disorder (PTSD) symptoms, anxiety, depression, and other distress experienced by survivors of natural disasters. In addition, 4 of the 8 studies demonstrated clinical significance after just 1 session, presenting EMDR as resource-, time-, and cost-efficient intervention. Theoretical framework, adaptation in intervention, methodological issues, and quality assessment of studies are discussed. Implications for future research and clinical practice are also discussed.

Newman, E., Pfefferbaum, B., Kirlic, N., Tett, R., Nelson, S., & Liles, B. (2014). Meta-analytic review of psychological interventions for children survivors of natural and man-made disasters. *Current Psychiatry Reports*, 16(9), 462. doi:10.1007/s11920-014-0462-z

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ABSTRACT

Although many post-disaster interventions for children and adolescent survivors of disaster and terrorism have been created, little is known about the effectiveness of such interventions. Therefore, this meta-analysis assessed PTSD outcomes among children and adolescent survivors of natural and man-made disasters receiving psychological interventions. Aggregating results from 24 studies (total N = 2630) indicates that children and adolescents receiving psychological intervention fared significantly better than those in control or waitlist groups with respect to PTSD symptoms. Moderator effects were also observed for intervention package, treatment modality (group vs. individual), providers' level of training, intervention setting, parental involvement, participant age, length of treatment, intervention delivery timing, and methodological rigor. Findings are discussed in detail with suggestions for practice and future research.

Oh, D., & Kim, D. (2014). Eye movement desensitization and reprocessing for posttraumatic stress disorder in bipolar disorder. *Psychiatry Investigation*, 11(3), 340-1. doi:10.4306/pi.2014.11.3.340

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Free full text online:
http://synapse.koreamed.org/Synapse/Data/PDFData/0162PI/pi-11-340.pdf

ABSTRACT

There is evidence that posttraumatic stress disorder (PTSD) is more prevalent in patients with bipolar disorder. According to a review, the mean prevalence of PTSD in bipolar patients is 16.0%, which is double the lifetime prevalence of PTSD in the general population. Also bipolar patients with comorbid PTSD exhibit more severe bipolar illness and multiple Axis I disorders, and they disengage more frequently from treatment, suggesting poorer outcome and course of the disorder. Trauma-focused cognitive-behavior therapy and eye movement desensization and reprocessing (EMDR) are considered first-line treatments for PTSD. Nonetheless, evidence for the efficacy of PTSD treatment in bipolar disorder is lacking. This is an unsatisfactory situation given the fact that anti-depressant pharmacotherapy, often suggested as a second-line treatment for PTSD, has limited application for bipolar patients because of the possibility of manic switch and adverse long-term outcomes. We report here the successful administration of EMDR to two cases of PTSD in patients with bi-polar disorder.

Perez-Dandieu, B., & Tapia, G. (2014). Treating trauma in addiction with EMDR: A pilot study. *Journal of Psychoactive Drugs*, 46(4), 303-9. doi:10.1080/02791072.2014.921744

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ABSTRACT

Objective: This study investigated the effects of standard eye movement desensitization and reprocessing (EMDR) protocol in chronically dependent patients. We propose that reprocessing traumatic memories with EMDR would lead to measurable changes of addiction symptoms.

Method: Twelve patients with alcohol and/or drug dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus eight sessions of EMDR (TAU+EMDR). Measures of PTSD symptoms, addiction symptoms, depression, anxiety, self-esteem, and alexithymia were included in this study.

Results: The TAU+EMDR group showed a significant reduction in PTSD symptoms but not in addiction symptoms. EMDR treatment was also associated with a significant decrease in depressive symptoms, while patients receiving TAU showed no improvement in this area. The TAU+EMDR group also showed significant changes in self-esteem and alexithymia post-treatment.

Conclusions: This study suggests that PTSD symptoms can be successfully treated with standard EMDR protocol in substance abuse patients

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Wheeler, K. (2014). Inadequate treatment and research for PTSD at the VA. The American Psychologist, 69(7), 707-8. doi:10.1037/a0037600

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ABSTRACT

Comments on the article by B. E. Karlin and G. Cross (see record 2013-31043-001). The article by Karlin and Cross clearly laid out how to disseminate and implement evidence-based psychotherapy in the Veterans Health Administration. The only problem is that the list of evidence-based psychotherapies notably missed one of the most highly regarded and effective evidence-based psychotherapies for posttraumatic stress disorder (PTSD), eye movement desensitization and reprocessing (EMDR).

Woo, M. (2014). Eye movement desensitization and reprocessing treatment of nightmares: A case report. *Journal of EMDR Practice and Research*, 8(3), 129-134. doi:10.1891/1933-3196.8.3.129

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ABSTRACT

A single client with depression and chronic nightmares was treated with 4 sessions of eye movement desensitization and reprocessing (EMDR) and showed a decrease in nightmares and improvement in general well-being. The client's 2 nightmare images were resolved following Luber's (2010) protocol for nightmare processing. Treatment effects were measured with the Outcome Rating Scale and showed a shift from the clinical range at pretreatment to the nonclinical range at the third session. The ready improvement and gains of this patient have served to highlight various aspects of the EMDR procedures which have worked well for the client, which included targeting the negative cognitions surrounding the theme of helplessness as well as adapting the positive cognition with a collectivistic orientation. ❖

AUSTRALIA

Pam Brown reports: "In November, the EMDR Association of Australia had our Annual General Meeting. Dave Howsam spoke on *Coherence Theory and EMDR therapy*. The Association has focused on the ongoing development of practitioners through accreditation and has accredited recently three more EMDR therapists."

BANGLADESH

Shamim Karim reports: "We are moving forward with our *'Psychotraumatology & Stabilization*' trainings with Hanna Egli who has been here twice and returns in February 2015 for this valuable training. Next year, we hope to send trainees to the EMDR Part 1 training in Cambodia."

BRAZIL

Esly Carvalho reports: "Anabel Gonzalez' book, *Transtornos Dissociativos*, in Portuguese, was number one on the Amazon Brazil bestseller list in 2014. Uri Bergman's book on Neurobiology is now available in Portuguese as well. We have published Tal Croitoru's book, *The EMDR Revolution: Change your life one memory at a time*, in Portuguese and Spanish. Ana Gomez' book, *EMDR Therapy and Adjunct Approaches with Children: Complex Trauma, Attachment and Dissociation,* and Francine Shapiro's book, *Getting Past your Past*, will be translated soon. I just found a translator for Marilyn Luber's, *EMDR Scripted Protocols: Basics and Special Situations*, and we are hoping to get that in the works as well. I opened a publishing house called, 'TraumaClinic Edições' that is dedicated to publishing books on trauma, dissociation and EMDR. In March, Carlos Raimundo, from Australia, will come to Brasilia, Brazil, to teach 'Play of Life,' in conjunction with EMDR therapy. The course will be in English with sequential translation into Portuguese. Those who read about this wonderful technique in my book, *Healing the Folks Who Live Inside*, will have a chance to deepen their knowledge about this visual form of psychotherapy and how to integrate it into EMDR therapy.

CHINA

Jinsong Zhang reports: "EMDR-China started the fourth round of EMDR Basic Training from 2014 into 2015. This includes six days of training for EMDR Parts 1 and 2 and case supervision between the two trainings. In four different Chinese cities, 160 participants took part in four Part 1 trainings, while the fifth is planned for December. Dagmar Eckers provided the 'EMDR with Children' training. There has been one EMDR Consultant/Supervisory training and Helga Matthess will provide the first Trainer's Training in China from December 30, 2014 – January 2, 2015. In December, several candidates will submit their applications to become EMDR therapists and EMDR consultants. Consultants organize many free study groups to support reading books and papers on EMDR.

EMDR therapists and consultants volunteered to assist several public charities to help people in trouble with EMDR. After two severe earthquake incidents in Yunnan province this year, two members of our EMDR community played important roles in the trauma intervention effort. At the 21st International Federation for Psychotherapy (IFP) World Congress of Psychotherapy, EMDR China's President, Professor Lv, presented, *A General Introduction of EMDR for Trauma and An Update on the Development of EMDR in China.* During a half-day seminar on EMDR, three other EMDR consultants spoke on EMDR-related topics. Professor Lv and I spoke at an EMDR symposium during the 7th National Chinese Mental Health Conference."

EMDR EUROPE

Udi Oren reports: "EMDR Europe just had its Fall Board Meeting in Lisbon. Derek Farrell was elected Vice President-Elect of EMDR Europe to replace now President-Elect, Isabel Fernandez; both take office in July 2015. The Edinburgh Conference was a major success with over 900 participants from over 40 countries. Marian Tobin and Derek Farrell headed the Conference Committee and did an amazing job. In July 2015, Milan will be the location of the next EMDR Europe Conference; registration is now open at www.emdr2015.it. Concurrently in Milan will be the EXPO (http://www.expo2015.org), and European Federation of Psychologists' Associations (EFPA) conference (http://www.ecp2015.it).

In 2013, EMDR Europe's national associations had over 12,400 members. We are expecting to cross the 13,000 line by the end of 2014!"

FRANCE

Olivier Piedfort-Marin reports: "We are in the process of integrating colleagues from the Italian speaking part of Switzerland with the collaboration of Isabel Fernandez and EMDR Italy. Italian speakers train in Italy and can be members of both the Swiss and Italian associations. The EMDR Switzerland website will soon include Swiss-German, French and Italian text. In November, in the French-speaking region, Eva Zimmermann and I invited Michel Sylvestre and Joanne Morris-Smith to do the first Part 2 training of *EMDR for Children and Adolescents*."

GREECE

Derek Farrell reports: "There will be an EMDR Part 1 HAP training in Athens in February 2015. With the support of the University of Worcester and Athens Medical College, I will give a training for EMDR Trainers in Training in Greece in June 2015. There will also be a Part 2 training at the time."

INDIA

Sushma Mehrotra reports: "EMDR Association India sponsored a Part 1 training in Mumbai (July) and Part 2 (September) with a Part 1 training in Delhi at the end of the year. The 1st Annual Conference of the EMDR India Association will occur in February-March 2015. The EMDR Asian Board will meet in New Delhi in March 2015."

JAPAN

Shigeuki Ota reports: "This year, the Japan EMDR Association membership has grown to over 1000 clinicians! We started a new training format following the structures in the USA, Europe and many countries in Asia. Providing consultation is effective in helping people keep applying EMDR after training. Next year, we celebrate our 10th Annual Conference. Andrew Leeds, who taught in Japan for a long time, will be the guest presenter and give a 2-day workshop. Also, we published Carol Forgash's Tokyo lecture and workshop on, *'Dissociation and EMDR*' from several years ago. It took much time, but is now available in Japanese!"

KASHMIR

Sushma Mehrotra reports: "In July 2014, an EMDR Project began for the traumatized children in Kashmir after there were devastating floods. There have been assessment visits prior to going and more training and interventions are planned."

MYANMAR

Derek Farrell reports: "In March 2015, a new project will begin for Myanmar with EMDR training offered in Thailand."

PAKISTAN

Derek Farrell reports: "In February 2015, EMDR HAP will give a Part 1 training in Lahore. I will lead the University of Worcester (UK)-supported EMDR Asian Trainers' Training. There are two EMDR Trainers in Training now from Pakistan: Rashid Qayyum and Saleem Tareen."

PHILLIPPINES

Lourdes Medina reports: "We are doing fine in the Philippines. We are collaborating with two of our national associations: Philippine Association of Psychologists and the Psychiatry Association of the Philippines. We have used EMDR to treat trauma victims from the latest two typhoons and with victims of the Zamboanga war/conflict and with children who are the victims of sexual abuse in Cebu. In August 2014, we held workshops on EMDR for the National Association of Psychologists and will do so again in August of 2015. We translated the EMDR Protocol and Cognitions into our native tongue for better understanding by our Filipino clients. In January, we will hold another EMDR Basic training with Derek Farrell and Sushma Mehrotra under the auspices of Trauma Recovery/HAP."

PORTUGAL

Ana Christina Santos reports: "EMDR Portugal started in 2009. In 2012, I accepted the Presidency of EMDR Portugal and I have been supporting the use of EMDR Therapy in Portugal since. In June 2012, EMDR-Portugal became an EMDR Europe member and also an EMDR Iberoamerica member. André Monteiro, from Brazil, became our Portuguese-speaking trainer and an EMDR Europe Trainer as well. In 2013, Andre started training several Portuguese-speaking clinicians to become EMDR trainers.

By the end of 2013, we created a syllabus for EMDR training in Portugal to support the standard of EMDR, with the assistance of Isabel Fernandez. In 2014, as our membership grew, EMDR Portugal adopted standards for EMDR trainers and trainers' programs. Since 2013, I have been talking to the national president representative of psychology and psychologists in Portugal about the scientific basis of the EMDR therapy model. Recently, we signed a cooperation agreement paper between the National Association for Psychologists in Portugal and EMDR Portugal. In that paper, EMDR therapy is recognized as a psychotherapy model. Over the next 4 years, we will adjust our curriculum to fit the criteria of EFPA; this includes 400 hours of training, 150 hours of supervision and 100 hours of individual or personal therapy. As a result, we will certify EMDR-trained therapists at either a practitioner or psychotherapist level. This is great news, but also a huge challenge to face!

On October 31, 2014, EMDR Portugal presented a seminar, *'Introducing EMDR for Child and Adolescents,'* at Lusíada University in Lisbon. The university assisted us by donating the space for our work. Joanne Morris-Smith gave us the idea, including her and the team's pro bono help. The presenters included Joanne Morris-Smith (UK), Michel Silvestre (France), Savita Dalsbø (Norway), and Cristina Cortés (Spain). From all parts of Portugal, we had almost 100 people in attendance that included students, psychologists of various specialties, academic professors and the CBT Portugal Association President. This seminar was very well received.

In 2015, I will be part of Joanne Morris-Smith's Child and Adolescent (C&A) Trainers' Training to become the first C&A trainer in Portugal. I gave a presentation at the EMDR Iberoamerica national psychologist's congress in September on 'EMDR: A therapeutic proposal supported by evidence in the treatment of trauma symptoms.'"

SRI LANKA

Sister Janet Nethisinghe reports: "EMDR work is proceeding in Sri Lanka steadily. As President of the Sri Lanka EMDR Association, I attended the EMDR Asia Conference in Manila (January 2014). The Association is offering EMDR training programs to train more mental health practitioners. In May, fourteen participants attended EMDR Part 1 training for 4 days (3-day training, plus a day focusing on case consultation) and in November, the Part 2 training occurred. Sushma Mehrotra (India) and Parul Tank (India) will conduct a Trainers' Training for Part 1. We are also working on getting our Association registered with the Government. For now, our main focus is to train as many therapists in EMDR as we can."

TURKEY

Zeynep Zat reports: "EMDR Turkey Association is engaged in a number of projects working with the traumas of different populations. *The Kilis Project* aims to enhance the assessment, evaluation and therapy skills of *mental health providers* to enable them to provide effective mental health services to Syrian refugees living in the camps in Kilis to resolve their psychological problems. The project will include teaching them Basic EMDR Part 1 and networking skills within the camps to attract refugees to get treatment. There are 300,000 Syrian refugees living in 18 camps near the cities located along the Syrian border (900km) and another 800,000 living in the cities close to Syrian borders or other parts of Turkey and that almost all were exposed to severe multiple war traumas during the last two years, the need for effective therapy services is considerable. Indeed, according to a survey (n=810) conducted by Assistant Professor Ceren Acartürk and her team from İstanbul Şehir University, the prevalence of PTSD (Post Traumatic Stress Disorder) symptoms is 60% among the refugees. Given that the time people will have to live in the camps may range from a year to several years, that life is highly restricted and refugees are severely traumatized, and personal and relationship problems, assuredly, will arise and worsen and there are few mental health providers there with the skills needed to deal with trauma, Ceren Acartürk and her five colleagues, received EMDR Part

1 training and 20 hours of live supervision through Skype and onsite to assist them in developing an international intervention program validated by research; research on the efficiency and efficacy of this model is part of the project.

Elan Shapiro's EMDR Group, Traumatic Episode Protocol (G-TEP), has been the inspiration for several studies with different populations. The Institute for Behavioral Studies' team of therapists went to the Syria Border under the tutelage of Emre Konuk and with supervision from Elan Shapiro for *the Kilis Syrian Refugee Project*. Only refugees diagnosed with PTSD were admitted into the project; psychological assessments included using the Beck Depression Inventory, Harvard Scale, Impact of Events Scale and MINI. Preliminary results were presented at the EMDR Europe Conference in Edinburgh, and will be published, hopefully, next year. Within the frame of the *Transgender Project*, the G-TEP was used with four friends of a transvestite person who committed suicide by jumping from the Bosphorus Bridge. The reasons behind the suicide were the financial, physical and psychological distress common to all transvestites and transgendered individuals because of their sexual identity. G-TEP's effectiveness was documented by pre- and posttest scores of Impact of Events Scale that showed a significant difference.

The Gezi Park protests occurred in Istanbul's Teksim Gezi Park where there was a violent clash between police forces and protestors who wanted the Prime Minister to resign. Protestors as well as non-participants in the area were affected by the police's use of tear gas, water cannons and arrests. *The Gezi Park Project* began with EMDR-HAP Turkey's providing a large number of protestors suffering from the moderate and serious symptoms of acute stress disorder with EMDR therapy with promising outcomes.

There are a number of projects concerning frequently seen illnesses in Turkey. Following the completion of the headache protocol, *Chronic Headache Research* is now at the stage of recruiting participants from İstanbul Samatya Hospital. A total of 60 patients diagnosed with migraine are randomly assigned into experimental (n=30) and control (n=30) groups. The experimental group receives EMDR Therapy from therapists who strictly adhere to a standardized treatment manual and receive regular supervision. The efficacy of the treatment is evaluated by the use of the following scales: MIDAS, SA-45, Headache Assessment Weekly and Daily. Regarding the treatment of *Fibromyalgia with EMDR*, the Fibromyalgia Protocol currently is being tested and after it is completed, will begin to recruit participants.

EMDR Turkey Symposium 3 will be organized with the participation of foreign researchers and influential figures in EMDR research literature. The symposium will both provide a platform for the presentation of EMDR research conducted in Turkey, and help to spread EMDR among the professionals. The symposium program will include workshops, panels, poster presentations and committee meetings.

Part 1 EMDR Training is provided in İstanbul to the Arabian professionals coming from Iraq, Iran, Syria and Palestine who are working with Syrian Refugees. This project is co-sponsored by EMDR-HAP UK, EMDR-HAP Turkey, YMCA Palestine, and DBE. Another project is the creation of a booklet on frequently asked questions (FAQ) by the participants during EMDR trainings, practicums, supervision concerning EMDR and their answers. We have been working on the translation of Francine Shapiro's *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures* and it will be published soon."

UNITED KINGDOM

David Blore reports: "At the 2014 EMDR European Conference, the first major European Symposium on *EMDR and Positive Psychology* was held to examine the potential of EMDR in the field of Positive Psychology with a specific interest in how much EMDR can, and does naturally, promote Posttraumatic Growth. Michelle Depre (France) chaired the symposium including four speakers and attended by almost 300 delegates. As a speaker, I asked 'What is the antonym to trauma?' and introduced the concept of 'tiering' positive cognitions for installation with EMDR. To convince delegates of the importance of studying EMDR and Positive Psychology, I asked the audience to raise their hands if they'd experienced a client who had gone on from EMDR to develop Posttraumatic Growth and everyone raised their hand! Ann-Marie McKelvy (United States) discussed some of the early results from her 'Three Treasures Study;' the study utilizes the 'dynamic duo' (from EMDR Solutions II) and Loving Kindness Meditation. Claudia Herbert (Germany and UK) described her work with complex trauma, the factors that facilitate posttraumatic growth and the skills needed by the therapist to do this. The symposium closed with Candida Condor (USA) with a description of her own personal journey through trauma and becoming an EMDR Consultant."

Derek Farrell reports: "The MSC EMDR therapy program at the University of Worcester is going very well with good recruitment."

UNITED STATES

Arizona

Beverlee Laidlaw Chasse reports: "Many citizens of Arizona have benefitted from the volunteer efforts of the AzTRN-Arizona Trauma Recovery Network since its inception in 2010. The AzTRN is a network of over 100 licensed mental health professionals in Arizona, trained in EMDR therapy, who are committed to providing quality, state-of- the-art Recent Incident Trauma Treatment to those individuals that have been significantly impacted by a community disaster or traumatic event/s in Arizona. Our volunteers are ready and prepared to provide appropriate psychological treatment from within hours, days, weeks, or months and/or years of a traumatic event. They are trained in Early EMDR Interventions, both individual and

group protocols, which are being utilized successfully throughout the world after major tragedies and disasters. Clinical and field studies have shown that Early EMDR Interventions can mitigate the negative effects of a significant traumatic event and prevent unnecessary suffering and possibly eliminate PTSD and other post trauma difficulties and disorders from developing.

In the past three years, volunteers of the AzTRN have donated over 400 hours of pro-bono EMDR therapy to individuals in Arizona. They have responded to a range of critical incidents, traumatic events and disasters such as helping families where their loved ones have committed suicide; fatal traffic accidents; a family that survived a carbon monoxide poisoning; many individuals, colleagues and other first responders that lost their loved ones or their homes in the Yarnell Hill wildfire tragedy; bystanders and colleagues of two prominent citizens who lost their lives in a fatal shooting in a busy office complex; and individuals significantly affected when a mother of four, murdered her child, stabbed her ex-husband and tried to overdose her other 3 children on Christmas Day. AzTRN volunteers have worked tirelessly to develop this network of EMDR professionals and provide them with the infrastructure and training necessary for them to be organized and ready and prepared to provide quality early psychological treatment should there be another community disaster or traumatic event in Arizona. We believe in prevention and are proud of the 1000's of hours that have been donated by our volunteers to make this dream a reality.

In June 2014, Trauma Recovery/ EMDR HAP, with the help of our National Association of County & City Health Officials (NACCHO) Challenge grant, Sierra Tucson, and Arizona State University (ASU), provided a low cost R-TEP training for 30 EMDR clinicians, and another R-TEP training for Southern Arizona clinicians in Tucson, in November. The AzTRN mission is to provide free, quality, early EMDR treatment to individuals who have experienced a traumatic event so they are able to heal as early as possible. We are doing this one person at a time and are committed to providing our network volunteers and other first responders with support and treatment for vicarious trauma.

In addition, Julie Miller and Linda Ouellette formed the EMDR Center of Tucson to provide specialty training to Southern Arizona EMDR clinicians. In November, I presented a low cost training on *Early EMDR Interventions: Preventing PTSD and other post disaster difficulties and disorders.* This is a very productive year in the area of Recent Incident Trauma treatment in Arizona."

MASSACHUSETTS

Stephanie Baird reports: "In October, the Western Massachusetts EMDRIA Regional Network steering committee executed our Annual Fall Meeting in Northampton. During the meeting, over 40 EMDR therapists learned the 'Tip of the Finger Strategy: A Powerful Way to Speed Up EMDR Phase 2 Preparation with Complex Clients,' described by Gonzalez and Mosquera in their book *EMDR and Dissociation: the Progressive Approach*, and presented by Farnsworth Lobenstine. Farnsworth gave a lively demonstration and explanation of this strategy, enhancing our clinical practice. Mark Nickerson, current EMDRIA Board President, began the evening with a slideshow presentation of the history of EMDR therapy development, going back the full 25 years, with considerable attention given to international developments, presence, and relevant research. We look forward to our annual EMDR spring conference, March 28, 2015 at UMass Amherst. The theme is "The Body/Mind Connection" and George Abbott will present this half-morning keynote: 'Somatoform Symptoms and Disorders from the Perspective of the AIP Model.' After the keynote, attendees will choose a second morning workshop to attend, enjoy a catered lunch, and end with 6 different afternoon workshops. Please go to our website at wmassemdria.com for more information."

Patti Levin reports: "The Greater Boston EMDRIA Regional Network has an executive committee comprised of our co-chairs, Barbara Gold Marks and Sheryl Knopf, as well as committee members Lori Miller-Freitas, Susan Zeichner and therapy. In the past year, there have been two EMDR Institute trainings (as usual), and we are fully supporting the "new" Boston Area TRN, co-coordinated by David Dockstader and Rebecca Rosenblum who hosted an R-TEP training in April. We did an online survey to determine the wants and needs of our community regarding workshop topics and other learning possibilities and, in May, had a half-day Case Consultation and Networking Opportunity with a panel of four EMDRIA Approved Consultants that was well-attended and well-received. In November, George Abbott presented on *The Dissociative Conference Table*."

Rebecca Rosenblum and Dave Dockstader report: "The Boston Area TRN has continued to be busy in this past year. Since April 2013, we have sponsored three R-TEP trainings and trained approximately 85 clinicians. We received 90 referrals for services in relation to the events of the Boston Marathon bombing, and many since the one year anniversary. We are working with the Massachusetts Office of Victim Assistance to find ways in which our experienced and highly-trained clinicians can continue to provide care to the survivors of the events of marathon week, as the pro-bono phase of disaster response comes to an end, and the federally funded outreach and treatment programs gear up. We have also been working with community leaders in the Boston area to pilot programs that would enable us to provide EMDR therapy to address ongoing community violence in underserved areas including the training of clinicians of color."

ZIMBABWE

Gary Quinn reports: "Anne Dewaily organized an EMDR HAP France sponsored Psychotraumatology course in Harae, Zimbabwe for 50 participants and then an EMDR Part 1 training for 23 clinicians. Anne and Pauline Guillerd were the facilitators and I was the trainer. The last day we had a workshop on the Emergency Response Procedure (ERP) and other emergency EMDR treatments featured in *'Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters'* (Luber, 2013). The group was talented and highly motivated to learn EMDR and -after a week- participants told us that they are successfully treating clients." ❖

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PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
00017-38 6 Credits *The Recent-Traumatic Episode Protocol (R-TEP)*	Deany Laliotis, LICSW Maria Masciandaro, Psy.D. & Betsy Price, LCSW	Christina Zavalij	607.222.5623	December 13, 2014 Chevy Chase, MD
10008-21 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	January 9-10, 2015 Scottsdale, AZ
00017-37 12 Credits *Moment to Moment Decision-Making: The Art & Science of EMDR Therapy*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	607.222.5623	January 10-11, 2015 Atlanta, GA
12002-31 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	January 17-18, 2015 Orlando, FL
00018-14 14 Credits *When There Are No Words: EMDR for Early Trauma & Neglect in Implicit Memory*	Sandra Paulsen, Ph.D. Sandra Paulsen, Ph.D.	Sue Genest	204.221.3619	January 19-20, 2015 Edmonton, Alberta
00018-13 14 Credits *Looking Through the Eyes: EMDR & Ego State Therapy Across the Dissociative Continuum*	Sandra Paulsen, Ph.D. Sandra Paulsen, Ph.D.	Sue Genest	204.221.3619	January 23-24, 2015 Calgary, Alberta
12002-36 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	January 24-25, 2015 San Diego, CA
13008-05 12 Credits *Applications of Mindful Resonance to EMDR*	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	January 24-25, 2015 Tucson, AZ
10002-06 12 Credits *Trauma, EMDR & Addiction: A Complete Course for Clinicians*	Jamie Marich, Ph.D., LPCC-S, LICDC Jamie Marich, Ph.D., LPCC-S, LICDC	Jamie Marich	303.881.2944	January 29-30, 2015 Cortland, OH
09003-21 12 Credits *Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion*	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	January 30-31, 2015 San Diego, CA
00017-39 12 Credits *Healing the Wounds of Attachment and Rebuilding Self*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	607.222.5623	Jan 30 - Feb 1, 2015 Stockbridge, MA
99001-10 13 Credits *DeTUR for Addictions & Dysfunctional Compulsive Behaviors*	Institute for Professional & Creative Development -Carol York Arnold J. Popky, Ph.D.		512.451.0381	February 6-7, 2015 Austin, TX
05007-09 12 Credits *EMDR Boot Camp*	DaLene Forester, Ph.D. DaLene Forester, Ph.D.	DaLene Forester	530.245.9221	February 6-7, 2015 Redding, CA
12002-32 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	February 7-8, 2015 Phoenix, AZ

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PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
12002-35 12 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	Feb 21-22, 2015 Los Angeles, CA
09003-22 12 Credits *Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion*	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	Feb 27-28, 2015 Austin, TX
03002-32 12 Credits *Attachment and EMDR: Adults*	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	March 7-8, 2015 Boulder, CO
12002-40 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	March 14-15, 2015 Arlington, VA
12005-07 6.5 Credits *Treating Chemical Dependency and Impulse Control Disorders Using EMDR*	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC & Kate Becker, LCSW	Sharon Reynolds	203.909.6888	April 10, 2015 Hamden, CT
12002-41 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	April 11-12, 2015 Denver, CO
03002-33 12 Credits *Addictions & EMDR*	Maiberger Institute Barb Maiberger, MA, LPC & John Gray, LPC	Barb Maiberger	303.834.0515	April 18-19, 2015 Boulder, CO
04007-10 12 Credits *When There Are No Words: Reprocessing Trauma & Neglect in Implicit Memory with EMDR*	Child & Adolescent SIG Katie O'Shea, MS, LMHC	Annie Monaco	716.289.2037	April 24-25, 2015 Buffalo, NY
99010-22 6 Credits *The Recent Traumatic Episode Protocol (R-TEP)*	Bender/Britt Seminars Maria Masciandaro, Psy.D.	Victoria Britt	973.756.5959 New York, NY	April 26, 2015
12002-42 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	April 26-27, 2015 Chicago, IL
12002-38 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	May 2-3, 2015 Bend, OR
06005-17 14 Credits *When There Are No Words: Reprocessing Trauma & Neglect in Implicit Memory with EMDR*	Jill Strunk, Ed.D., LPC Sandra Paulsen, Ph.D.	Jill Strunk	952.936.7547	May 16-17, 2015 Bloomington, MN
12002-37 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	May 16-17, 2015 Ashland, NE
03002-34 12 Credits *EMDR Toolkit for Complex PTSD*	Maiberger Insitute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	June 27-28, 2015 Boulder, CO

EMDRIA Credit Programs

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
12002-39 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	July 7-8, 2015 Reykjavik, Iceland
06005-18 14 Credits *EMDR Treatment of Health Related Problems*	Jill Strunk, Ed.D., LP Carol Forgash, LCSW	Jill Strunk	952.936.7547	July 25-2015 Minnetonka, MN
14007-01 12 Credits *Healing the Heart of Trauma with EMDR & Ego State Therapy*	Jordan Shafer, MS, LPC Carol Forgash, LCSW	Jordan Shafer	972.342.2448	October 2-3, 2015 Dallas/Ft.Worth, TX

EMDRIA Regional Meetings

LOCATION / REGIONAL NETWORK	2014 DATES	REGIONAL COORDINATOR / CONTACT INFORMATION
ARIZONA		
Central & Northern Arizona	March 28, 2015	Robbie Adler-Tapia | 480.753.1655
CALIFORNIA		
Greater Sacramento (Rocklin, CA)	January 10, 2015	Merrill Powers | 530.852.5066
Greater Sacramento (Elk Grove, CA)	December 12, 2015	Merrill Powers | 530.852.5066
Superior Northern CA	February 6, March 6, April 3, May 1, June 5	DaLene Forester | 530.245.9221
OREGON		
Central Oregon	January 13, February 10, March 10, April 14, May 12	Karen Forte | 541.388.0095
VIRGINIA		
Central Virginia	January 3, April 3, June 6	Terry Becker-Fritz | 614.507.1838

Welcome New EMDRIA Members

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

Thank you in advance for your participation.

Louise Maxfield, Ph.D., CPsych
Editor, *Journal of EMDR Practice and Research*

Need Submission Ideas?

Case studies

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

Research studies

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

Clinical contributions

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

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses

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