

2006



EMDR INTERNATIONAL ASSOCIATION

CONFERENCE

PHILADELPHIA, PENNSYLVANIA

SEPTEMBER 7 - 10, 2006

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EMDR International Association

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The EMDR International Association strives to provide a Conference dedicated to high quality presentations by trained clinicians and researchers to establish, maintain, and promote the highest standards of excellence and integrity in EMDR practice, research, and education. With this in mind, our goal is to keep participants informed on the most current research and findings in EMDR as it pertains to EMDR practitioners and researchers.

Plenary Guest Speakers

FRANCINE SHAPIRO, Ph.D., the originator and developer of EMDR, is a senior research fellow at the Mental Research Institute. She also is the founder and President Emeritus of the EMDR Humanitarian Assistance Programs, a nonprofit organization that coordinates disaster response and pro bono trainings worldwide. Dr. Shapiro was designated as one of the “Cadre of Experts” of the American Psychological Association & Canadian Psychological Association Joint Initiative on Ethnopolitical Warfare, and has served as advisor to numerous trauma treatment and outreach organizations. She is an internationally invited speaker and has written three books about EMDR: *Eye Movement Desensitization and Reprocessing* (Guilford Press), *EMDR* (BasicBooks), and *EMDR as an Integrative Psychotherapy Approach* (American Psychological Association Press). She is a recipient of the International Sigmund Freud Award of the City of Vienna, for distinguished contribution to psychotherapy, and the Distinguished Scientific Achievement in Psychology Award presented by the California Psychological Association.

DAVID SERVAN-SCHREIBER, M.D., Ph.D., is one of the foremost thinkers in psychiatry today and author of the international best-seller *THE INSTINCT TO HEAL* (1.3 million copies sold, translated in 30 languages, published in 35 countries). After 15 years as psychiatrist and cognitive neuroscience researcher of international reputation, Dr. Servan-Schreiber started to lead new clinical and research programs exploring the efficacy and mechanisms of a variety of complementary and alternative medicine approaches to health care and emotional well-being while directing the Center for Integrative Medicine of the University of Pittsburgh Medical Center – Shadyside Hospital. Today, Dr. Servan-Schreiber is Clinical Professor of Psychiatry at the school of Medicine at the University of Pittsburgh and Lecturer at the School of Medicine of Lyon (France). Dr. Servan-Schreiber was also one of the seven founding members of Doctors Without Borders, USA and has been a volunteer physician in Kurdistan, Guatemala, India, Tajikistan and Kosovo. He remained on the board between 1991 and 2000.

ROBERT SCAER, M.D., received his B.A. in Psychology, and his M.D. degree at the University of Rochester. He is Board Certified in Neurology, and has been in practice for 36 years, twenty of those as Medical Director of Rehabilitation Services at the Mapleton Center in Boulder, CO. His primary areas of interest and expertise have been in the fields of traumatic brain injury and chronic pain, and more recently in the study of traumatic stress and its role in physical and emotional symptoms, and in diseases. He has lectured extensively on these topics, and has published several articles on posttraumatic stress disorder, the whiplash syndrome and other somatic syndromes of traumatic stress. He has published two books, the first *The Body Bears the Burden: Trauma, Dissociation and Disease*, presenting a new theory of dissociation and its role in many diseases. A second book, *The Trauma Spectrum: Hidden Wounds and Human Resiliency*, addresses the broad and relatively unappreciated spectrum of cultural and societal trauma that shapes every aspect of our lives. He is currently retired from clinical medical practice, and continues to pursue a career in writing and lecturing in the field of traumatology.

Other Featured Speakers

Pre Conference

Francine Shapiro, Ph.D.

Jim Knipe, Ph.D.

Deborah L. Korn, Psy.D.

Susan Rogers, Ph.D.

Carolyn Settle, MSW, LCSW

Nancy Smyth, Ph.D.

Debra Wesslemann, MS, LPC

Full Day Workshop

Roger Solomon, Ph.D.

Masters Series

Arne Hofmann, M.D.

Curtis C. Rouanzoin, Ph.D.

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***Please visit our website for more information on these  
Guest Speakers!  
[www.emdria.org](http://www.emdria.org)***

# SCHEDULE AT A GLANCE

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## WEDNESDAY - SEPT 6th

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**6:00pm - 8:00pm**

Early Registration for Pre Conference Only

## THURSDAY - SEPT 7th

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**7:00am to 8:30am**

Pre Conference Registration Open

**8:30am to 12 Noon**

Session 101

**12 Noon to 1:30pm**

LUNCH (on your own)

**1:30pm - 5:00pm**

Sessions 101A - 101E

**2:00pm to 7:00pm**

Early Registration for Main Conference

**5:30pm to 7:00pm**

Welcome Reception

## FRIDAY - SEPT 8th

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**7:00am to 5:00pm**

Registration Open

**8:00am to 8:30am**

Announcements & Welcome Address

*Scott Blech, CAE &  
Zona Scheiner, Ph.D.*

**8:30am to 10:00am**

Plenary - Session 201

**10:30am to 5:00pm**

Sessions 211 - 212

**10:30am to 12 Noon**

Sessions 221 - 227

**12 Noon to 1:30pm**

LUNCH (on your own)

**1:30pm to 5:00pm**

Sessions 231 - 238

**5:15pm - 6:15pm**

EMDRIA Volunteer Training

*See page 9 for more details.*

**7:00pm to 9:00pm**

EMDRIA Awards & Recognition Dinner

*See page 9 for more details.*

## SATURDAY - SEPT 9th

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**7:00am to 5:00pm**

Registration Open

**8:00am to 8:30am**

Announcements

**8:30am to 10:00am**

Plenary - Session 301

**10:30am to 5:00pm**

Sessions 311 - 313

**10:30am to 12 Noon**

Sessions 321 - 326

**12 Noon to 1:30pm**

LUNCH (on your own)

**1:30pm to 5:00pm**

Sessions 331 - 337

**5:30pm to 6:30pm**

EMDRIA General Membership Meeting

*See page 9 for more details.*

**6:30pm to 7:30pm**

Formal Poster Session & Closing Reception

*See page 9 for more details.*

## SUNDAY - SEPT 10th

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**7:00am to 12 Noon**

Registration Open

**8:00am to 8:30am**

Announcements

**8:30am to 10:00am**

Plenary - Session 401

**10:30am to 2:00pm** ~ (BREAK from

Sessions 431 - 434

12 Noon to 12:30pm)

**10:30am to 3:00pm** ~ (LUNCH on your

Sessions 435 - 438

own from 12 Noon -  
1:30pm)

# SITE & TRANSPORTATION INFORMATION

## Hotel Reservations

All sessions of the 2006 EMDR International Association Conference will be held at the Sheraton Philadelphia City Center Hotel. For overnight accommodations, please call the Sheraton Philadelphia City Center Hotel directly at (800) 325-3535 and be sure to tell them you are with the *EMDR International Association Conference* to receive the group rate. The EMDRIA group rate is \$139.00 for a single/double room. Check-in time is **3:00pm** and check-out is **12 Noon**. Please visit our website for more information.

## Cancellation of Reservation

In the event that a guest under the EMDRIA room block must cancel their reservation, they must contact the Sheraton Philadelphia City Center 72 hours prior to their check-in date in order not to be charged for their reservation.

The **cut off date** for the EMDRIA Conference group rate at the Sheraton Philadelphia City Center Hotel is

*August 4th.*

## Transportation from the Philadelphia International Airport

\* Shuttles are located outside the airport and available from the airport to the Sheraton Philadelphia. Fare is \$10 each way.

\* Taxis are located outside the airport and the hotel. Fare to or from the airport is a \$25 flat fee each way, and is approximately 30-45 minutes travel time, depending on traffic/time of day.

## Sheraton Philadelphia City Center Hotel Parking

If you are driving to the hotel, the Sheraton Philadelphia has parking available. Self Parking is \$25.00 per day and Valet Parking is \$32.00 per day. This includes in and out privileges.

## Dress Suggestion

The suggested dress for this entire Conference is business casual. *We also suggest that you dress in layers as meeting room temperatures vary and can be unpredictable.*

## Special Needs

The Sheraton Philadelphia and City Center and EMDRIA are in compliance with the Americans with Disabilities Act. If you have any questions or are in need of special assistance, please contact Nickie Morgan at the EMDRIA Administrative Office US Toll Free: 866-451-5200, or email at [NMorgan@emdria.org](mailto:NMorgan@emdria.org).

## ROOM MONITORS NEEDED!!

Participants can earn a reduced registration fee by volunteering as a **Room Monitor**. Submit the "Monitor Form" online by visiting our website under the Conference section. You can also call Lisa Jones US Toll Free: 866- 451-5200, or email her at [LJones@emdria.org](mailto:LJones@emdria.org), if you are interested in volunteering in this way. **ALL** monitors will be required to attend an orientation meeting on an evening prior to their monitoring duties. You will not be able to volunteer as a *Room Monitor* until you know which session(s) you will be interested in monitoring. Please have this information ready when you call or email. All Monitors are scheduled on a first come, first serve basis, so to take advantage of this opportunity, we advise you to call or email as soon as possible to reserve your spot.

# About Philadelphia...

## LOCATION

- Gateway to the Northeast and Mid-Atlantic states.
- Only one hour by train to/from New York City and one hour and 45 minutes by train to/from Washington, D.C.
- Only two hours by car to/from New York City and three hours by car to/from Washington, D.C.

## POPULATION

- Fifth-largest city in the United States.
- Second-largest city on the East Coast.
- Largest city in Pennsylvania.
- Six million people in the metropolitan area and 1.5 million in the city.
- Fourth-largest media market.
- One of largest college/university cities in the U.S. with approximately 300,000 college and university students in the metro area.

## HISTORY

- Most historic city in America and birthplace of American government.
- Founded in 1682 by William Penn, an English Quaker.
- Nation's capital from 1790 to 1800.
- Declaration of Independence and U.S. Constitution were written and ratified here.
- Philadelphia translates in Greek to mean "City of Brotherly Love."

## ATTRACTIONS

- Historical – Independence National Historical Park, which includes the Liberty Bell, Independence Hall, National Constitution Center, Betsy Ross House and Carpenter's Hall.
- Cultural – World-famous museums, including Philadelphia Museum of Art, Rodin Museum, The Barnes Foundation, The Franklin Institute Science Museum, The Academy of Natural Sciences, the Pennsylvania Academy of the Fine Arts. Cultural performances at The Kimmel Center for the performing arts (home of the Philadelphia Orchestra and eight resident company performing arts organizations), and The Academy of Music (home of the Pennsylvania Ballet).
- Gardens – More public gardens than anywhere else in North America, including Fairmount Park, the U.S.'s largest landscaped city park and Longwood Gardens is one of the premier botanical gardens in the U.S.
- Shopping – Center City (downtown) shopping includes The Gallery at Market East -the nation's largest urban shopping center – The Shops at Liberty Place, Rittenhouse Row, Antique Row, Jewelers' Row and South Street. A short distance away are The King of Prussia Mall, the largest retail complex in the U.S., Franklin Mills discount shopping mall, Manayunk, Chestnut Hill, Peddler's Village and New Hope. (There is no sales tax on clothing or shoes in Pennsylvania!).
- World-class restaurants and nightlife – includes some of the top restaurants in the U.S. and clubs featuring live jazz, blues, dance music, plus comedy.

*...We hope to see you all there!*

# SPECIAL EVENTS

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## **Welcome Reception**

*Thursday, September 7th, 5:30pm to 7:00pm*

You are invited to join us for hors d'oeuvres and cocktails. This is a great opportunity to meet new people, or become reacquainted with old friends. Everyone is welcome.

## **EMDRIA Volunteer Training**

*Friday, September 8th, 5:15pm to 6:15pm*

EMDRIA invites Committee Members and those interested in opportunities to volunteer to learn about EMDRIA's policy governance system. Also, you can have your questions answered about volunteering as a Committee Member or about becoming a Board Member.

## **EMDRIA Awards & Recognition Dinner**

*Friday, September 8th, 7:00pm to 9:00pm*

In recognition of those who have dedicated their time, expertise, and knowledge to the preservation and growth of EMDR, we will host our annual Awards & Recognition Dinner on Friday. More details will be in your Conference Program given to you upon on-site registration. The dinner buffet will include a variety of selections, including vegetarian. Entertainment will be provided by *Jukebox Jane*.

## **EMDRIA General Membership Meeting**

*Saturday, September 9th, 5:30pm to 6:30pm*

The EMDRIA Board of Directors welcomes this opportunity to listen to your perspectives regarding the paths EMDRIA should take to keep us moving forward. This is your organization. Please come and help plan its future.

## **Formal Poster Session & Closing Reception**

*Saturday, September 9th, 6:30pm - 7:30pm*

This will be the "scheduled" time for authors to be present at their poster for questions and comments. You will find a listing of Poster presentations offered in your on-site registration packet. This will be in conjunction with our Closing Reception. You are invited to join us for hors d'oeuvres and cocktails.

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***EMDR Humanitarian Assistance Programs, Inc.***

welcomes our colleagues, friends and HAP Volunteers to the  
**2006 EMDRIA Conference in Philadelphia**

Join us

as we honor HAP Volunteers  
at the annual HAP Dance in the

***Horizons Rooftop Ballroom*** of the Conference Hotel

**Friday evening 9:00pm to Midnight, following the  
EMDRIA Awards & Recognition Dinner**

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# CONFERENCE INFORMATION & FEES

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## **Registration Deadline:**

To receive the regular registration fee, your registration must be postmarked, faxed, or completed online by August 1, 2006. Advance registration ensures the best selection of sessions.

## **Late Registration Deadline:**

Any registrations received *after* August 1, 2006 will be subject to the Late Registration fees. More information regarding these fees can be found on Page 16.

## **On-Site Registration:**

There will be an additional \$25.00 fee for all on-site registrants.

Pick up your name badge, all tickets, on-site program and information packet at the registration tables. We will have an early registration for the Pre Conference attendees on Wednesday evening beginning at 6:00pm, lasting until 8:00pm. Please note, this early registration is for participants registered for the Pre-Conference only. Any participant attending just the Main Conference may register on Thursday afternoon between 2:00pm and 7:00pm, if you want to "beat the Friday morning crowd".

*Upon registering online, you must print a receipt and a copy of your schedule. Upon registering through the EMDRIA Administrative Office, we will send you a receipt and your Conference schedule. You will want to keep these with you at all times during the Conference. This is the only verification to show the sessions for which you have registered for and your payment. In case of rooms filling to capacity, you may need to show your receipt to verify that you've registered for that particular session. You must be registered for each session in order to reserve a seat.*

## **NO ADMISSION WILL BE ALLOWED WITHOUT YOUR BADGE. YOUR NAME BADGE IS YOUR TICKET!**

All room listings for sessions are in the on-site packet. Please note that we reserve the right to limit the size of each session.

Please note that your general registration fee includes all plenary sessions, workshops, breaks, dinner (on **Friday ONLY**), and the welcome reception and closing reception. (Dinner **will not** be provided by EMDRIA during the Pre Conference on Thursday or the Main Conference on Saturday & Sunday.)

**Verification of Student Status:** Students requesting the "student" fee category must enclose an official statement from their university registrar or program director stating a current **FULL TIME** enrollment of at least 9 hours per semester.

**Cancellation Policy:** All cancellations must be in writing and requests for refunds must be received **no later** than 30 days following the Conference. A \$30 processing fee will apply to all cancellations postmarked on or before August 15, 2006. For all cancellations received after August 15, 2006, a refund of one half of the paid registration fee will be given. All refunds will be issued after the Conference.

**Program Changes & Cancellation:** EMDR International Association reserves the right to substitute faculty or cancel and reschedule courses due to low enrollment or other unforeseen circumstances. If EMDRIA must cancel the Conference, registrants are responsible for requesting a full credit or refund of their paid registration fee. Refunds *cannot* be made by EMDRIA for lodging, airfare, or any other expenses related to the Conference.

# MEMBERSHIP INFORMATION

If you are not a current member and would like to join EMDRIA in order to obtain the member rate for the Conference, you have two choices of Membership.

- 1) **Join for 2006** now and receive all backdated materials for 2006. Your membership will expire on December 31, 2006, and your annual renewal will be due again by January 1<sup>st</sup> for 2007.
- 2) **Join for 2007** now and receive the member rate for the 2006 Conference, plus all of your member benefits for 2007, which includes receiving the member rate for the 2007 Conference as well.

*\* Please note that our Membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>, so your membership for 2007 would activate as of January 1, 2007.*

## What are the benefits of membership?

- \* Four issues of the EMDRIA Newsletter
- \* Preferred pricing for EMDRIA programs, products, & resources
- \* An attractive EMDRIA Membership Certificate
- \* Reduced rates for the Annual EMDRIA Conference
- \* Listing in the EMDRIA Member Directory
- \* Access to the "Members Only" areas of the EMDRIA Website
- \* Access to the latest developments in the theory and practice of EMDR
- \* The opportunity to network with colleagues in your area by acquiring information about Regional Meetings or networking with those sharing common interests in a Special Interest Group (SIG)
- \* Enhanced credibility as an EMDR practitioner

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## MEMBERSHIP TYPES

**\* FULL MEMBER:**                                      **Membership \$120**                                      **(U.S. Dollars)**  
**Outside the U.S., add \$20.00 (U.S. Dollars)**

Requirements -

1. Persons or entities (EMDRIA affiliate) licensed, certified, or the equivalent as a mental health professional or per the guidelines of their state, province, or country.
2. Persons or members of an EMDRIA affiliate entity who have completed EMDRIA approved EMDR training. (a minimum of 18 didactic and 13 supervised hours)

**\* ASSOCIATE MEMBER:**                                      **Membership \$95**                                      **(U.S. Dollars)**  
**Outside the U.S., add \$20.00 (U.S. Dollars)**

Requirements -

1. Persons, agencies, or members of EMDRIA affiliate entities who are licensed, certified, or the equivalent as a mental health professional per the guidelines of their state, province, or country OR who are pursuing licensure under supervision and have NOT met the guidelines as outlined above for members OR other interested parties. - **OR** -

**\* STUDENT/INTERN:**                                      **Membership \$70**                                      **(U.S. Dollars)**  
**Outside the U.S., add \$20.00 (U.S. Dollars)**

Requirements -

2. Persons who are enrolled **FULL TIME** (min. of 9 hours per semester) in a University or Academic Institution.

**YOU MUST JOIN AT YOUR HIGHEST LEVEL OF ELIGIBILITY.**

# CONTINUING EDUCATION

Please be aware that all credit hours will be awarded according to the individual requirements of each continuing education agency. Documentation of credit will be developed and awarded to each participant successfully completing the program. To receive your certificate(s), it is mandatory that you have the Room Monitors scan your badge as you go in to each presentation and also as you leave each presentation. **For full day presentations, please be sure to scan in and out in the morning, in the afternoon as you return from lunch, as well as at the end of the day.** Certificates will not be available until after the Conference. Certificates will be mailed. *It is IMPERATIVE that you scan in and out of every session you attend as you will not receive a certificate if you do not.* You will receive your certificates in the mail within 45 days of the Conference. Also, you must complete and turn in a Workshop Evaluation for each session you attend in order to get your certificates. You must attend each workshop you sign up for, *in its entirety*, to receive credit for it. **NO EXCEPTIONS.**

## CE CREDITS

| <u>SESSION</u>                           | <u>RN's</u> | <u>All Others</u> |
|------------------------------------------|-------------|-------------------|
| <b>Pre Conference</b>                    |             |                   |
| Session 101 & either 101A, B, C, D, or E | 7           | 6                 |
| <b>Main Conference</b>                   |             |                   |
| Session 201                              | 1.8         | 1.5               |
| Sessions 211 - 212                       | 5.4         | 4.5               |
| Sessions 221 - 227                       | 1.8         | 1.5               |
| Sessions 231 - 238                       | 3.6         | 3                 |
| Session 301                              | 1.8         | 1.5               |
| Sessions 311 - 313                       | 5.4         | 4.5               |
| Sessions 321 - 326                       | 1.8         | 1.5               |
| Sessions 331 - 337                       | 3.6         | 3                 |
| Session 401                              | 1.8         | 1.5               |
| Sessions 431 - 438                       | 3.6         | 3                 |

## ACCREDITING AGENCIES

**American Psychological Association:** EMDR International Association is approved by the American Psychological Association to sponsor continuing education for psychologists. EMDR International Association maintains responsibility for the program.

**National Board for Certified Counselors:** EMDR International Association is recognized by NBCC to offer continuing education for National Certified Counselors. EMDR International Association adheres to NBCC Continuing Education Guidelines (NBCC #5757).

**California Board of Behavioral Sciences:** For California, the course meets the qualifications for the number of hours of continuing education credit listed in the lower left hand side of this page for MFCC's and/or LCSW's, as required by the California Board of Behavioral Sciences. EMDR International Association, Provider #PCE233.

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

**EMDR International Association:** This Conference is approved by the EMDR International Association for EMDRIA Credits.

◆ EMDR International Association is applying to the following organizations to provide continuing education credits. These organizations will notify EMDRIA of acceptance prior to the Conference. Please feel free to call our office US Toll Free: 866-451-5200, and speak to Nickie Morgan to inquire on the status of the applications.

**Texas Nurses Association  
National Association of Social Workers**

# Information to help you choose your sessions...

On the following pages, are descriptions for each workshop being presented at the Conference. After each description, you will notice two additions which should help to guide you in selecting your workshop choices.

## Level of Experience

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

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

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

~ **All levels** indicates that the workshop is suitable for Introductory, Intermediate, or Advanced clinicians.

## Percentage of EMDR

The % listed after the description of the workshop denotes what percentage of the presentation pertains to EMDR theory, practice, and/or research. This information was provided by the presenter.

*An EXAMPLE of Level of Experience & Percentage of EMDR follows:*

### **SESSION 227**

#### **EMDR Consultation:**

#### **How to Be the Best You Can Be**

*Jamie Zabukovec, Psy.D.; Laurie Tetreault, MA*

The functions of EMDRIA Approved Consultants include the provision of consultation and supervision. However, consultation is not the same as supervision. One of the areas of consultation is to provide guidance and training to applicants for EMDRIA Certification. There is support in the literature that EMDR works best in a therapeutic relationship, when fidelity to the method is maintained. This workshop will address ways to examine and assess the expectations of the consultants-in-training, such as skills with case conceptualization, knowledge and ability to implement the EMDR treatment method, and ability to assert that knowledge with confidence. This workshop hopes to build upon the skills that consultants already possess, refining and upgrading their competencies. (Intermediate) 90%

Level of Experience

Percentage of EMDR

# SPECIALTY TRACKS

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## ALCOHOL & SUBSTANCE ABUSE

- Session 221: EMDR Applied to Reprocess the Addiction Memory in Alcohol Addicted In-Patients – Outcome and Follow-Up Data of a Clinical Study

## ATTACHMENT ISSUES

- Session 231: Strengthening Parent-Child Attachments with EMDR  
Session 321: Learning to Feel Good About Positive Emotions with the Positive Affect Tolerance and Integration Protocol

## CHILDREN/ADOLESCENTS

- Session 232: From Research to Practice: What the Research has Taught Us About Training Therapists to Use EMDR with Young Children  
Session 331: Creative Approaches to Motivate, Prepare, and Guide Children to Use EMDR

## CHRONIC ILLNESS/MEDICAL ISSUES

- Session 233: Integrated EMDR Headache Treatment

## COMPLEX PTSD

- Session 311: Treating Complex PTSD with EMDR  
Session 432: Transforming Imagery in the Treatment of Complex PTSD

## COUPLES/FAMILY

- Session 211: The Marriage of EMDR and Ego State Theory in Couples Therapy  
Session 234: Effective EMDR Targeting with Couples  
Session 332: EMDR: Targeting the Repetition Compulsion in Couples Therapy  
Session 435: Enhancing Couples Therapy with EMDR

## DISSOCIATION

- Session 326: Treating Complex Trauma and Dissociation  
Session 333: Treating Dissociation in the Spectrum of Personality Disorders

## EATING DISORDERS

- Session 235: Treating Eating Disorders Using EMDR and its Variations

## EDUCATION/TRAINING

- Session 222: Becoming an EMDRIA-Approved Trainer  
Session 224: Basics for EMDRIA Conference Submissions  
Session 227: EMDR Consultation: How to Be the Best You Can Be  
Session 236: A Trauma-Informed Treatment Model for Practice and Consultation  
Session 322: Brief Adjunctive EMDR: A Collaborative Consultation Model  
Session 323: Decisions, Decisions... Forks in the Road in EMDR: What, When, and Why

## EMDR MASTERS SERIES

- Session 238: EMDR MASTERS SERIES - I  
Session 337: EMDR MASTERS SERIES - II

## MODELS/THEORY

- Session 431: EMDR and the Treatment of Chronic Relationship Problems  
Session 434: "What the Bleep Do We Know?": Examining EMDR with Quantum/Holographic Theory

## NEUROBIOLOGY

- Session 436: The Neurobiology of EMDR: Thalamic, Cerebellar, and Pontine/REM Processes

## OTHER

- Session 223: Using EMDR with Individuals with Autistic Spectrum Disorders – A Protocol (*Developmental Disabilities*)
- Session 325: Post-Katrina Disaster Response: EMDR Humanitarian Assistance Program (HAP) Volunteers Discuss Post-Katrina Recovery Work and its Comparison with the 9/11 New York City Response (*Disaster Response*)

## PERFORMANCE ENHANCEMENT

- Session 313: EMDR and Creativity

## PRACTICE ISSUES

- Session 225: The EMDR Therapist as Case Consultant
- Session 226: Criteria for Assuring Appropriate Clinical Use and Avoiding Misuse of Resource Development and Installation When Treating Complex Post Traumatic Stress Syndromes
- Session 324: Wash Your Hands: Healthy and Practical EMDR Practices
- Session 335: All EMDR All the Time: Various Clinicians Present and Discuss Videos of Actual Cases
- Session 437: The EMDR Clinician and the Challenging Client: How to Improve Relational Responsiveness

## RACE, CULTURE, & ETHNICITY

- Session 334: The Role of Culture, Ethnicity and Spirituality in the Treatment of Trauma

## SPECIAL POPULATIONS

- Session 237: Military 101: Effective Therapy with Military and Their Families
- Session 433: The Heart with a Door: EMDR with Clients with Mental Disabilities

## TECHNIQUES/STRATEGIES

- Session 212: The Art of EMDR: Dealing with Abreactions
- Session 312: Back to Basics: The Positive Template & Affect Bridge
- Session 336: From BLS to EMDR: Treating Survivors of Trauma, Natural Disaster, and Combat Along a Time and Stability Continuum
- Session 438: Phase-Based Trauma Treatment: EMDR and DBT or STAIR

## **COME LEARN WITH THE MASTERS!**

The *EMDR Masters Series* is a chance for participants to hear Master EMDR Clinicians talk about actual case examples of their work in depth. This year's Master Clinicians will present case examples that outline case conceptualization, treatment planning, and course of treatment. Each Clinician will demonstrate the essential elements of EMDR and demonstrate perceptual fidelity of the EMDR model.

# REGISTRATION INFORMATION

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- Your cancelled check is your receipt. Please send check, credit card information, or money order with pre-registration. You may also pay by check, money order, credit card or cash at the door, however, there is a \$25 fee for those who wait to register on-site. For payment by voucher, please contact the EMDRIA Administrative Office prior to submitting your registration form. There will be a \$25 processing fee charged if rebilling is required for credit cards and a \$25 charge for all returned checks. Credit cards cannot be processed without an expiration date. **Fees must be paid in U.S. dollars.**
- If you complete your Conference registration online, you must print a receipt for payment as well as your Conference schedule. Keep these and bring them with you to the Conference.
- If the EMDRIA Administrative Office processes your registration, we will send you a receipt and your Conference schedule either by Fax, Email, or Mail. Keep these and bring them with you to the Conference.
- Registration forms without payment will NOT be processed.
- If you send your registration by fax, do NOT also mail a hard copy.
- The registration form is also on the EMDRIA website at [www.emdria.org](http://www.emdria.org).
- If we do not receive your conference registration by August 31st, it will not be processed and you must register on-site. (*\$25 additional fee for all on-site registrations*)
- Space is limited and some workshops may close. For each workshop slot (i.e. Friday morning, Friday afternoon, etc.) submit a 1st & 2nd choice. Workshops will be assigned according to the date received, and according to availability. Every effort is made to assign your first choice. If your first choice is full, you will be assigned your next available choice. Registration without sufficient selections to make assignments will be returned.
- In order to get your first choices, it is **strongly suggested** that you register as early as possible, since this Conference promises to be well attended.
- When registering at “student” rates, you must meet student status requirements. See “Conference Information & Fees” on page 10 in this brochure for details.

## QUESTIONS?

Call (512) 451-5200 or US Toll Free: (866) 451-5200

or Fax (512) 451-5256

Email: [info@emdria.org](mailto:info@emdria.org)

Website: [www.emdria.org](http://www.emdria.org)

THURSDAY

# THURSDAY - Sept. 7th

## Pre Conference

8:30am - 5:00pm  
FULL DAY PRE CONFERENCE

PART 1 OF 2

**SESSION 101 (8:30am - 12 Noon)**  
**Know the Why and How to Choose Your What: Some Essentials of EMDR Model and Methodology**

*Francine Shapiro, Ph.D.*

In its twenty-year history, EMDR has evolved from a simple technique into an integrative psychotherapy approach with a theoretical model that emphasizes the brain's information processing system and memories of disturbing experiences as the basis of pathology. Process studies and qualitative analyses have identified distinct treatment effects (including a rapid reduction of subjective distress) that differentiate EMDR from other therapies. This workshop will explore some essential conceptual and procedural elements necessary to practice EMDR. A thorough understanding of these elements allows for both flexibility and comprehensive attention to the full clinical picture. The morning session is based upon sections of the trainer's training that Dr. Shapiro has conducted over the past fifteen years. The choice of afternoon sessions will be conducted by experts in various special interest areas that will continue the instruction through the presentation of detailed case examples and clinical supervision.

PART 2 OF 2  
(Please choose one of the following)

**Please Note:** In order to receive CE credits for the Pre Conference Day, you must attend Session 101 and either 101A, 101B, 101C, 101D, or 101E.

**SESSION 101A (1:30pm - 5:00pm)**  
Addictions  
*Nancy Smyth, Ph.D.*

**SESSION 101B (1:30pm - 5:00pm)**  
Complex PTSD  
*Deborah Korn, Psy.D.*

**SESSION 101C (1:30pm - 5:00pm)**  
Children  
*Debra Wesselmann, MS, LPC & Carolyn Settle, MSW, LCSW*

**SESSION 101D (1:30pm - 5:00pm)**  
Combat Veterans  
*Susan Rogers, Ph.D.*

**SESSION 101E (1:30pm - 5:00pm)**  
Personality Disorders  
*Jim Knipe, Ph.D.*

(All levels) 100%

# FRIDAY - Sept. 8th

## Main Conference

8:30am - 10:00am  
PLENARY

**SESSION 201**  
**EMDR Update: Theory, Research, and Practice**

*Francine Shapiro, Ph.D.*

As an integrative psychotherapy approach, EMDR brings together aspects of major psychotherapy orientations. Dr. Shapiro will review several cases with special attention to synthesizing recommendations from these various models along with the latest EMDR research and clinical developments. The Adaptive Information Processing model and research on underlying mechanisms will be used as a springboard to explore potential applications, procedural modifications, and clinical limitations. Questions from conference participants will be taken in advance to address aspects of the model and methodology. (All levels) 100%

10:30am - 5:00pm  
FULL DAY WORKSHOPS

**SESSION 211**  
**The Marriage of EMDR and Ego State Theory in Couples Therapy**  
*Barry Litt, MFT*

Great strides have been made in applying EMDR to different populations with a variety of diagnoses. Integrating this powerful treatment into couples therapy is relatively new and very promising. By augmenting EMDR with the explanatory power and clinical inventiveness of ego state theory, couples therapy can be brought to new levels of efficacy. Through didactic presentation and case illustration, participants will understand the relational nature of the Self, psychobiological and psychodynamic mechanisms of attachment, the structure of the

FRIDAY



relational self, and the challenges of individuation/differentiation. In addition, participants will learn and be able to assess the intergenerational pathogenesis of ego fragmentation, and will be able to identify clinical manifestations of ego state conflict in conjoint sessions, including the double-bind, split loyalty, and reenactments. Participants will be able to use this learning to diagnose the interlock of negative cognitions in their client couples, and implement strategies to contract for individually-focused EMDR therapy. Participants will be able to explain to clients the risks and benefits of conjoint EMDR, and understand the contraindications for conjoint EMDR. Participants will learn a model of EMDR treatment planning that includes target selection and salience, and will be able to utilize a progressive sequence of techniques for facilitation EMDR processing with dissociative clients who are blocked, looping, or at risk of abreaction. (*Intermediate & Advanced*) 33%

#### SESSION 212

##### **The Art of EMDR: Dealing with Abreactions**

*Roger M. Solomon, Ph.D.*

The overall objective of this workshop is to enable the EMDR therapist to deal more effectively, and comfortably, with intense client affect. Treatment of complex trauma, where dissociation prevents the integration of traumatic memories, often involves the processing of intense emotions. The abreaction can be quite shocking to the therapist who may then engage the client in verbal interventions (e.g. interweave, resource installation, talking therapy). While this can indeed be appropriate and helpful, it is often the therapist who is uncomfortable with the level of client affect, rather than the client being unable to deal with the intense emotions. The hallmark of EMDR is "staying out of the way" if the dysfunctionally stored information is moving. An inherent value of EMDR is to facilitate natural processing and the client's natural healing patterns. Assuming client readiness and preparation to deal with emotional material, an interweave (which elicits other neural networks), or resource installation (which initiates a state change) or prolonged talking (which initiates an interpersonal process) – though often useful - can interfere with the client's own internal processing and take the client away from their natural and unique resolution and integration. The therapist can enable the client to process intense material utilizing a) strong attunement skills to hold the client in one's therapeutic presence, b) recognition of behavioral manifestations of processing to

guide speed, rate, and tempo of bilateral stimulation to maximize processing c) using different rate, speed, and tempo to control emotional intensity of the processing; d) and knowing when to verbally intervene and when to "stay out of the way". Hence, more important than the mechanics of bi-lateral stimulation is the way EMDR is delivered. EMDR is a "dance" between client and therapist, with the therapist interacting through bi-lateral stimulation even more than through verbal communication. This workshop will focus on dealing with intense affect with EMDR (the dance) and include discussion of 1) How to assess client readiness for dealing with intense material, both before and during EMDR processing. 2) Therapist clinical presence and attunement skills, 3) Detecting behavioral manifestations of processing and calibrating bi-lateral stimulation to the client in order to maximize processing, and control intensity of processing. 4) Therapeutic choice points concerning verbal interventions and "staying out of the way". Demonstration and video tapes will be used to illustrate teaching points. (Participants should be aware that the videos have intense emotional content) (*Intermediate & Advanced*) 95%

#### 10:30am – 12 Noon

##### 90 MINUTE WORKSHOPS

#### SESSION 221

##### **EMDR Applied to Reprocess the Addiction Memory in Alcohol Addicted In-Patients – Outcome and Follow-Up Data of a Clinical Study**

*Michael Hase, Psychiatrist*

Substance abuse and its sequela often mean intense suffering for the individual and huge costs for society. Established treatment modalities, as good as they are, lack effectiveness. Comorbid PTSD with substance abusers is more the rule, than the exception. So the integration of traumatherapy, especially EMDR, into addiction therapy seems necessary. Recent research in the field of neuroscience has shown that most experience is automatically processed on subcortical levels, i.e. by "unconscious" interpretations that are made outside of conscious awareness. Insight and understanding have only a limited influence on the operation of these subcortical processes. The concept of an addiction memory is helpful. It can be understood as a form of maladaptive memory and EMDR could be the tool for resolution. Targeting the addiction memory and reprocessing should lead to a reduction in craving. Data of a clinical study on alcohol addicted in-patient support the hypothesis.

Data shown include outcome and follow-up data. Reprocessing of the addiction memory could lead to EMDR protocol beyond the EMDR Chemical Dependency Treatment Manual. Participants will be able to understand the concept of the addiction memory and its implications for therapy. They will be able to identify targets for EMDR. Video of treatment sessions illustrate common principles and differences. (*Intermediate*) 75%

#### SESSION 222

##### **Becoming an EMDRIA Approved Trainer**

*Sandra Kaplan, MSW; Bennet Wolper, MSW; Jim Knipe, Ph.D.; Molly Gierasch, Ph.D.; Jari Preston, M.Ed.*

The members of this panel will speak about their unique experiences in becoming Trainers of basic EMDR and their approaches to teaching basic EMDR to particular populations in particular settings: EMDR-HAP training, independent training, Medical University and University Graduate School settings, and the challenges and rewards of training. The panel will address the process and requirements for becoming an EMDRIA Approved Trainer and will describe the networking, sharing of resources, and support that are available for new, as well as for all, EMDRIA Approved Trainers. (*Advanced*) 100%

#### SESSION 223

##### **Using EMDR with Individuals with Autistic Spectrum Disorders – A Protocol**

*Sherri Paulson, M.Ed.*

Individuals with Autism have a number of complex differences that make trauma processing exceptionally difficult. In order to use the eight step protocol with these individuals, preparation and some modifications are necessary. The process presented in this workshop will provide some general information about the characteristics of autistic individuals, step by step skill training to precede the EMDR process, the use of Carol Gray's *Social Stories* to help clarify those targets and situations being processed, and the EMDR protocol with slight adaptations for individuals with speech and language impairments. Also included are cautions for using EMDR with this population due to their complex differences. This process has been used successfully with individuals across the Autistic Spectrum as well as individuals with Asperger's Syndrome and other developmental disorders including Williams Syndrome. This has been developed over a 7 year span. This step by step program has been successful with abused individuals with global development delays, significantly impaired speech

and language abilities, and significant cognitive disabilities. Following the use of the EMDR process, individuals have demonstrated a significant reduction in symptoms, increased verbal ability, as well as improved social relationships and self-regulation skills. These improvements have remained over time. (*Intermediate*) 80%

#### SESSION 224

##### **Basics for EMDRIA Conference Submissions**

*Jennifer Lendl, Ph.D.*

Are you wanting to present at the Conference but don't know where to start? Have you had a submission rejected? Are you bored with the Conference offerings? Then this is the workshop for you. We will review the Call for Papers application, the use of the EMDRIA definition for EMDR, applicable APA ethics and standards, and possible resources for the evidence base. The Conference Program Committee process will be explained and a sample application will be provided as a model. (*All levels*)

#### SESSION 225

##### **The EMDR Therapist as Case Consultant**

*William Zangwill, Ph.D.; Victoria Britt, MSW*

As EMDR's reputation for powerful and effective treatment grows, EMDR clinicians are increasingly being asked to provide services as consulting or adjunct therapists. These consultations can be intensely productive and stimulating if done properly; they can also be counterproductive if not. This workshop will provide the consulting therapist with specific techniques for ethical and effective treatment of the patient and guidelines for working with the primary therapist. It will include: 1) setting realistic goals with both the patient and the primary therapist; 2) exploring the eight phases of EMDR treatment from a consulting perspective; 3) understanding the ethical issues concerned with this type of treatment; 4) dealing with treatment implications such as splitting and transference; 5) how to avoid common pitfalls such as judging the primary clinician's performance; and 6) the satisfaction of developing an ongoing productive, collegial relationships. The workshop will provide a step-by-step framework for consultation work, clear case examples and didactic information woven into a lively interactive format. (*All Levels*) 100%

**SESSION 226****Criteria for Assuring Appropriate Clinical Use and Avoiding Misuse of Resource Development and Installation When Treating Complex Posttraumatic Stress Syndromes***Andrew Leeds, Ph.D.*

The consensus model of treatment for patients with complex posttraumatic syndromes emphasizes assuring adequate stabilization before and during uncovering and resolving of traumatic memories. Resource Development and Installation (RDI) has been reported to be a potentially effective intervention for enhancing patient stabilization. There are now several published descriptions and case reports of RDI including a summary in the standard reference text on EMDR. The growing use of RDI by EMDR trained clinicians has been followed by reports indicating that a significant number of patients with posttraumatic stress syndromes who meet standard EMDR readiness criteria for ego strength and stability have been offered RDI without being offered standard EMDR reprocessing. This presentation will review specific criteria for identifying: for which patients and clinical situations the use of RDI is indicated; for which patients and clinical situations RDI should be offered cautiously, if at all, but alternate stabilization methods should be considered; and for which patients RDI should not be offered but where standard EMDR reprocessing should be offered without delay. An overview of RDI procedural steps will be presented to clarify its use. Strategies will be offered to address technical, clinical and countertransference issues that may be associated with misuse of RDI. Clinical vignettes will be presented to illustrate appropriate clinical use, clinical cautions and misuse of RDI. (*Intermediate*) 100%

**SESSION 227****EMDR Consultation:****How to Be the Best You Can Be***Jamie Zabukovec, Psy.D.; Laurie Tetreault, MA*

The functions of EMDRIA Approved Consultants include the provision of consultation and supervision. However, consultation is not the same as supervision. One of the areas of consultation is to provide guidance and training to applicants for EMDRIA Certification. There is support in the literature that EMDR works best in a therapeutic relationship, when fidelity to the method is maintained. This workshop will address ways to examine and assess the expectations of the consultants-in-training, such as skills with case conceptualization, knowledge and ability to

implement the EMDR treatment method, and ability to assert that knowledge with confidence. This workshop hopes to build upon the skills that consultants already possess, refining and upgrading their competencies. (*Intermediate*) 90%

**1:30pm – 5:00pm****HALF DAY WORKSHOPS****SESSION 231****Strengthening Parent-Child Attachments with EMDR***Debra Wesselmann, MS, LPC*

Although professionals and parents are often challenged by the provocative behaviors exhibited by children who have a history of pathogenic care and a diagnosis of reactive attachment disorder, children who have attachment issues related to more subtle problems in parenting may be equally challenging. Negative family patterns related to poor attachments, once established, can create a negative feedback loop that is extremely difficult to change. EMDR offers a method for resolving trauma and loss and changing beliefs, feelings, and responses that may interfere with trust and the development of affectional bonds. Workshop participants will learn to identify significant precursors to attachment problems for EMDR reprocessing with parents and with children. They will learn methods to engage parents to do their own attachment work and to change their automatic negative responses to their child's behaviors. Participants will learn methods of bilateral stimulation to strengthen feelings of closeness and connection between parents and children prior to EMDR reprocessing, and methods for effectively utilizing parents during EMDR with children in the treatment of attachment problems. Workshop participants will also learn how storytelling can be integrated into treatment as a method to help solidify new cognitions and develop a positive sense of self. (*Intermediate*) 60%

**SESSION 232****From Research to Practice: What the Research has taught us About Training Therapists to Use EMDR with Young Children***Robbie Adler-Tapia, Ph.D.*

Our initial research study explored the therapist's ability to demonstrate fidelity to the EMDR protocol with young children. While data collection focused on documenting fidelity to the EMDR protocol, ancillary data emerged that identified skills and training that therapists needed in order to successfully implement the full EMDR

protocol in the treatment of children. The preliminary content analysis of the data from the research group identified six major themes that impact treating children with the full EMDR protocol that include therapist issues, client issues, treatment issues, parent/home environment issues, clinical environment issues and therapist training issues. This presentation will review the findings from the research with focus on teaching specific skills for therapists to improve their practice of using EMDR with young children. Therapists need to understand the implication of attachment and attunement in the therapeutic relationship, the impact of parents and the home environment on the treatment, and learn skills to teach children emotional literacy in order to improve the efficacy of EMDR in the treatment of young children. This presentation will summarize the advanced skills that therapists working with young children will need after Part II training in EMDR. With consultation focused on EMDR and additional training in using EMDR with young children, the research study has demonstrated that therapists trained in child development and play therapy can successfully implement the full eight phases of EMDR with children. (Advanced) 100%

#### SESSION 233

##### **Integrated EMDR Headache Treatment**

*Steven Marcus, Ph.D.*

Forty-three individuals diagnosed with classic or common migraine were randomly assigned to either Integrated EMDR treatment or a medication treatment. Integrated EMDR combines diaphragmatic breathing, cranial compression and EMDR for abortive migraine treatment. Various abortive medications were used in the comparison group including Demerol, DHE, oral triptans, Excedrin, Floralin, Percoset, Toradol and Vicodin. Participants were treated during mid to late stage acute migraine and assessed by an independent evaluator at pretreatment, post treatment, 24 hours, 48 hours and 7 days for migraine pain level. Both medication and Integrated EMDR treatment groups demonstrated reduced migraine pain levels at post treatment, 24 hours, 48 hours and 7 days. However, Integrated EMDR treatment showed significantly greater improvement compared to medication at post treatment. Also, Integrated EMDR reduced or eliminated migraine pain level with greater rapidity than medications. This study introduces Integrated EMDR as a new abortive behavioral treatment for acute migraine episodes. (Advanced) 70%

#### SESSION 234

##### **Effective EMDR Targeting with Couples**

*Philip Manfield, Ph.D.*

The workshop begins with a discussion of which clients this technique is appropriate for. The technique is not recommended for couples in which either or both partners do not have adequate affect tolerance, observing ego, or trust of each other's integrity. Other risk factors for using EMDR in couples therapy that have been highlighted in other presentations and literature will be briefly reviewed. Participants will learn to differentiate between clients' statements that represent present experience and those that represent concepts of present experience or reporting of past experiences. Participants will be taught specific interventions which they will practice in guided exercise that will enable them to facilitate both individuals and couples to stay in their present experience during EMDR targeting. Irrational emotional responses to daily interactions and conflicts are often the result of unresolved issues resulting from underlying feeder memories. Participants will learn a simple method for identifying underlying issues of each individual partner related to a given conflict. The final and most substantial portion of this presentation will be focused on using a refined "affect bridge" technique to identify the feeder memories associated with those issues so that they can be targeted with the standard EMDR protocol. Specific methods will be taught to overcome clients' resistance and difficulties with accessing memories; these methods include use of accessing cues (re: NeuroLinguistic Programming) and developing eidetics (re: Eidetic Psychotherapy). These methods will be illustrated using a case transcript, guided participant experiential exercise, and live demonstration. (Intermediate) 80%

#### SESSION 235

##### **Treating Eating Disorders using EMDR and its Variations**

*Linda J. Cooke, MSW, LCSW, BCD; Nancy Eaton, RN, LMHC*

This is a three-hour program designed for the EMDR professional who is interested in learning about using EMDR with clients with eating disorders. Attendees will receive updated, current treatment approaches, with the latest research on attachment and its impact on early brain development. The program will describe how early brain development relates to the development of eating disorders. Trauma's impact on the body will be reviewed. Trauma's impact on emotion regulation and the management of affect will be discussed. Participants will learn

to integrate EMDR into a phase oriented treatment approach through the following techniques: Variations of EMDR for symptom reduction and stabilization in eating disorder treatment; Resource development for affect regulation; Identification of triggers and targets for standard EMDR protocol; Working with future templates for relapse prevention using EMDR. (*Intermediate*) 33%

#### SESSION 236

##### **A Trauma-Informed Treatment Model for Practice and Consultation**

*Ricky Greenwald, Psy.D.*

EMDR is both a trauma resolution method and a comprehensive phase model of trauma treatment. EMDR training has typically focused primarily on the trauma resolution method (phases 3-7 of the protocol), with only passing mention of the rest of the treatment approach. This leaves many EMDR trained clinicians unsure how to identify clients for whom EMDR may be appropriate, how to prepare their clients adequately for EMDR, and how to identify appropriate targets (and target order) for EMDR. In this workshop participants will learn, and practice, how to conceptualize a case from a trauma perspective, so that the clients' presenting problems can be directly related to the clients' trauma/loss history. Participants will learn, and practice, explaining this to their clients, so they can develop a treatment plan (including EMDR) accordingly. Participants will learn a phase model of trauma treatment that is consistent with EMDR while providing more detailed guidance in phases 1,2, and 8 of the EMDR protocol. Participants will learn a systematic approach to preparing clients for EMDR. Participants will also learn, and practice, applying this model in a systematic way to problem-solving their own challenging cases, as well as to supervision and consultation. (*Introductory, Intermediate, & Advanced*) 100%

#### SESSION 237

##### **Military 101: Effective Therapy with Military and Their Families**

*Beverly Dexter, Ph.D.*

Many more families are now affected dramatically by military service and combat. War is a disturbing experience for the service member and the family. Yet military culture is something that mental health providers do not receive training on in graduate school. Military medical systems tend to lead military families to expect certain services and knowledge when they seek help from a therapist. If military families are able to utilize

military medical facilities they expect the providers to be experts on military culture. It is not necessary however, for therapists to have served in the military in order to provide high quality service to military individuals and their families. The military community is an entire culture with many honorable customs and traditions. To fail to learn about military culture when working with military families would be tantamount to telling a client that ethnic minority issues were not worthy of therapeutic consideration. It is more critical now for mental health providers to learn about military culture because many Activated Reservists, National Guard and their families will need to receive mental health services outside of the structured military mental health setting. There is no one "central source" for military information needed by a clinician in order to provide the most effective therapy. In this workshop we will include up-to-date handouts and referral sources for therapists serving military families. We will also identify how to use military culture knowledge to build rapport and to set up effective targets for EMDR processing. (*Introductory & Intermediate*) 25%

**1:30pm - 5:00pm**

**EMDR MASTERS SERIES**

#### SESSION 238

##### **EMDR Masters Series - I**

*Arne Hofmann, M.D.*

EMDR is a method that has a number of interesting possibilities that are needed to work with some of the more challenging complex PTSD patients. Concepts like the Disorder of Extreme Stress (Herman et al.) and the concept of structural dissociation (Nijenhuis et al.) help to understand the patient better. The treatment course, also with the use of EMDR, is often complicated. EMDR can be one of the key treatment approaches in a therapy setting for those patients, however, it usually needs also to enclose other treatment modalities in an overall treatment plan. The objective of this presentation is to help therapists use the opportunities that EMDR offers and to reduce the risks for their treatment course. Depending in the size of the group, time for discussion about clinical cases of participants is welcome. (*Advanced*) 100%

# SATURDAY - Sept. 9th

8:30am - 10:00am

PLENARY

## SESSION 301

### Nature's Way of Self-Healing- From Neuroscience to Clinical Practice

David Servan Schreiber, M.D., Ph.D.

Progress in neuroscience and recent clinical studies are shedding light on how mind and body affect each other. The central mechanism of healing is homeostasis: the body's ability to return to balance when provided with basic biological needs. This talk will review mind-body interactions in relation to emotional healing and how they translate into specific treatment interventions. (All levels)

10:30am - 5:00pm

FULL DAY WORKSHOPS

## SESSION 311

### Treating Complex PTSD with EMDR

Denise Gelinias, Ph.D.

Research has demonstrated that EMDR is efficacious in treating PTSD. Many clinicians however treat clients with more complicated forms of PTSD resulting from early, repeated trauma experiences. This workshop will provide a framework for treating complex PTSD using EMDR. It will first summarize the clinical picture of complex PTSD, including its bi-phasic numbing/constricting interspersed with repetitive intrusions, chronic physiological hyperarousal, distortions of the self, and the presence of dissociation, which includes for some clients, the presence of ego states. This information will be used to demonstrate EMDR Case Conceptualizations and several approaches to target selection, depending upon the characteristics of the clinical situation. The workshop will provide a number of EMDR methods for stabilizing clients early in treatment then will focus on Assessment and Desensitization. Complex PTSD frequently calls for extensive use of cognitive interweaves because of the significant distortions in sense of self, and so their use will be reviewed. As they emerge in the different phases of EMDR, different types of dissociation present the clinician with choice points about how to proceed. The workshop will provide several ways to recognize the emergence of dissociation during each of the 8 phases of EMDR and the choice points this represents. It will discuss several ways to manage dissociation as it emerges, including ego states, so that EMDR can proceed

productively. Present triggers and future considerations will be included. Time will be included for questions and for focused discussion. (All levels) 70%

## SESSION 312

### Back to Basics:

#### The Positive Template & Affect Bridge

Jennifer Lendl, Ph.D.

One of the reasons EMDR is such a powerful treatment method is the eight phase, three prong protocol. The robustness of the method is not achieved if any part of the protocol is dismissed. Dr. Shapiro's recent trainings have emphasized the need for the future template. The future template is a combination of the use of imagery, and used successfully in sport performance and health recovery, and bi-lateral stimulation. *Back to Basics: The Positive Template* is a workshop to remind participants of the importance of positive templates in complete and incomplete EMDR protocol sessions. The future template, which addresses avoidance, adaptation, and actualization, is a part of phase eight/reevaluation and the third prong (future) of the EMDR protocol. Preliminary research will be presented that suggests positive templates are useful before phase eight. Participants will learn to integrate the positive template to help maintain skills between sessions, encourage new skills and practice ways to handle resistance. There will be supervised practice for using the future template and ESP (End Session Positive) template. Additionally, this workshop has been expanded to go over the Affect Bridge and practice will be included. (Introductory & Intermediate) 100%

## SESSION 313

### EMDR and Creativity

David Grand, Ph.D.

This presentation addresses how creativity has been interwoven into the discovery and development of EMDR, as well as how EMDR is an effective tool in unblocking and enhancing creativity. Dr. Shapiro's discovery of EMDR and her development of the EMDR Protocol, are examined as underpinnings of EMDR and Creativity. EMDR processing will also be examined as an essentially creative process at the core of healing trauma-based blocks. The therapeutic relationship in EMDR is discussed as a co-creative process. This presentation addresses creative enhancements EMDR's healing tools including: "open listening" - avoiding assumptions while attending to all in-the-moment verbal and non-verbal client communications,

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creative use of eye movements with flowing hand movements and shifting rates of speed, integrating music and nature sounds into left/right auditory stimulation and enhancing of body sensations with color and imagery. This presentation also addresses using EMDR in addressing issues of creativity. Creative blocks are regularly reported by both artists and non-artists and often cripple and traumatize the artist, and interfere with the creativity of dialing living of non-artists. Using EMDR protocol to target creative blocks is discussed, as well as the contribution of trauma to these blocks. The EMDR future template is discussed as a tool for enhancing creativity with artists free of significant blocks. This includes actors, singers, dancers, writers and graphic artists. Mini-practica and demonstrations are used to operationalize the concepts presented in lecture and handout format. (Intermediate) 75%

### 10:30am - 12 Noon

#### 90 MINUTE WORKSHOPS

#### SESSION 321

##### **Learning to Feel Good About Positive Emotions with the Positive Affect Tolerance and Integration Protocol**

*Andrew Leeds, Ph.D.*

Although healthy individuals experience the interpersonal sharing of such positive emotional states as pride or enjoyment as positive experiences, survivors of profound early childhood emotional neglect and abuse often find such experiences aversive due to these being unfamiliar states (and thus confusing and anxiety provoking) as well as due to these positive emotional states being associated with early formative experiences of being ignored, shamed or hurt. The standard EMDR procedural steps are generally applied to resolving maladaptive responses to memories of discrete disturbing events or recently encountered stimuli reminiscent of such events. The adaptive information processing model of EMDR hypothesizes reprocessing results from the synthesis of maladaptive memory networks with adaptive memory networks. The inability of survivors of profound emotional neglect to access and tolerate relevant positive emotional states may help explain their observed limited and atypical responses to standard EMDR reprocessing of disturbing memories as well as to Resource Development and Installation. Concepts from attachment theory of dismissing (avoidant) style (Main, 1996), the discrete behavioral states model of Putnam (1997) and affect phobia proposed by

McCullough (1996, 2003) will be reviewed as the foundation for applying the standard EMDR procedural steps to increasing the awareness of, tolerance for and integration of positive emotional states into adaptive interpersonal schemas and toward fostering the development of more resilient and positive self-concepts. Case examples will illustrate the criteria for this application of EMDR and the potential benefits of this approach with the aim of encouraging further research into this application of EMDR. (Intermediate) 100%

#### SESSION 322

##### **Brief Adjunctive EMDR: A Collaborative Consultation Model**

*Suzanne S. Borstein, Ph.D.*

Non-EMDR trained clinicians sometimes ask if "a little EMDR" might help some of their clients. When painful feelings about a single incident continue to intrude or interfere with otherwise productive psychotherapy, a short trial of EMDR may indeed resolve the impasse. By narrowly targeting specific traumatic memories or intrusive material, adjunctive EMDR can accelerate progress in traditional therapy, help the client and the primary therapist to clarify stuck points, and enrich the ongoing work. This workshop will describe a model of brief adjunctive EMDR consultation, a focused application of standard EMDR therapy, provided by the EMDR consultant to clients in collaboration with their referring therapist. In this model, adjunctive EMDR does not replace or interrupt ongoing therapy. It is complementary to the primary therapy relationship. The workshop will include guidelines for identifying appropriate referrals and for maintaining a collaborative stance with referring therapists. Ethical issues will be addressed, and potential pitfalls will be discussed. The presenter will describe a pilot study of this model, including qualitative and quantitative measures of outcome. (Intermediate & Advanced) 100%

#### SESSION 323

##### **Decisions, Decisions... Forks in the Road in EMDR: What, When, and Why**

*Susan Curry, MS*

Following EMDR training, clinicians experience a steep learning curve when they attempt to implement the protocol with clients. Anecdotal evidence points to a significant reduction in numbers of EMDR trained clinicians actually utilizing it correctly with clients on a regular basis. EMDR is much more complex than it first appears; therefore those who use the protocol only occasionally or loosely will miss significant

opportunities to grasp its subtleties and effective application. There is a need, even for experienced EMDR clinicians, to learn and apply a structured way of identifying the decisions we make both before and as we proceed through the protocol. A growing body of research exists to back up our decisions; however, some choices are made based on intuition and clinical judgment. Topics will include a self-evaluation (passions and expertise); why we sharpen our phone skills up-front; rationales for tightening up intake and case conceptualization; decisions during preparation, safe place, resource development, assessment, desensitization, and later phases of the protocol; decisions regarding cognitive interweaves; and decisions regarding time management and flexing a treatment plan. Participants will be encouraged to sharpen their thinking about how they do EMDR with their clients, by means of identifying the most important "forks in the road" before and during treatment; be able to name at least one decision point pertaining to each of the Phases covered; and finally, to provide a rationale for the choices they do make at these critical moments. (Intermediate) 100%

#### SESSION 324

##### **Wash Your Hands: Healthy and Practical EMDR Practices**

*Sheila S. Bender, Ph.D.*

This workshop will focus on insider tips for healthy and practical EMDR practice issues. An effective strategy for introducing EMDR therapy and how to make it part of your initial patient interview will be described from the nitty-gritty aspect of dealing with sanitizing your equipment whether using your hands or plastic sensors to an assortment of useful forms. Three forms will be distributed and explained: *Welcome to My Practice* form, *Tracking EMDR Session* form, and *Addendum to the Multimodal* form. In addition, a means of "previewing" with your patient the safe place, the VOC and SUD scales and each of the questions in the assessment phase will be discussed. Emphasis will be placed on the importance of each of these steps for developing a sound therapeutic relationship and gleaned more information about the patient. Newcomers to EMDR will have an opportunity to get the answers to basic questions and the hands on materials that will increase their comfort and competence using and integrating EMDR into their practices. (Introductory) 80%

#### SESSION 325

##### **Post-Katrina Disaster Response: EMDR Humanitarian Assistance Program (HAP) Volunteers Discuss Post-Katrina Recovery Work and its Comparison with the 9/11 New York City Response On-Site Lessons Learned for Future Trauma Recovery Response will be Presented**

*E.C. Hurley, Dmin; Gina Colelli, LCSW*

This presentation provides a collective body of knowledge helpful for EMDR clinicians in understanding disaster response at sites both in post-Katrina operations in Louisiana and 9/11 operations in New York City. The presentation will include information learned by EMDR Humanitarian Assistance Program (HAP) volunteers in establishing an on-site network for trauma recovery clinicians serving in Louisiana. Lessons learned include establishing initial on-site networks, noting key contact persons, and networking with local agencies in providing EMDR services. EMDR Consultation and the importance of daily debriefings of the clinical work will be discussed. Differences in protocols such as EMD, Recent Events Protocol and EMDR, as they relate to the timing of the trauma will be outlined. The importance of practicing healthy self-care and avoiding burnout will be noted. A summation will include the similarities and differences between the EMDR community-based intervention project in New York City with responders and civilians following 9/11 and the post-Katrina HAP project with first responders in Louisiana. (Introductory) 70%

#### SESSION 326

##### **Treating Complex Trauma and Dissociation**

*Carol Forghash, LCSW, BCD*

This workshop will present an integrated approach to the treatment of clients diagnosed with complex trauma. Ego state work, Somato-sensory work and EMDR are utilized to help such clients deal with dissociation, internal fragmentation, and disconnections, Integrating these strategies in the preparation phase of the EMDR protocol results in a safety focused therapeutic approach. Complex trauma victims enter therapy seeking help for PTSD, depression and anxiety. This workshop will help clinicians implement strategies that help traumatized clients to experience first relief, then stability, and trauma processing. Learning Objectives include the importance of including information in the history taking about fragmentation and dissociation; defining and selecting the appropriate ego state and somatosensory and affect management



strategies to help such clients successfully process trauma with the EMDR protocol. This workshop will present case illustrations and slides. Handouts and an extensive bibliography will be provided. (Intermediate) 70%

**1:30pm – 5:00pm**  
**HALF DAY WORKSHOPS**

**SESSION 331**  
**Creative Approaches to Motivate, Prepare, and Guide Children to use EMDR**

*Ana M. Gomez, MC, LPC*

This workshop is intended to teach specific ways to use storytelling, metaphors and play therapy techniques within the context of the EMDR protocol. Participants will learn play therapy techniques to use during the target identification phase. Techniques such as the “mixed up box”, “My yucky bags” among others, will provide a playful approach to assist children in identifying EMDR targets as well as to provide an opportunity for containment. Safe place, as well as other types of resource development, will be addressed using alternative ways to cue the child, such as olfactory stimulation. Participants will learn metaphors and stories to help children understand what happens in the mind and body when trauma occurs. These Metaphors are intended to motivate children that are reluctant to embrace the memories associated to the trauma. By using stories and metaphors, children can also maintain emotional distance from their own struggles. One of the main goals of this workshop is to help clinicians learn to communicate more effectively with children by using metaphors, stories and play. How to talk to children about EMDR and how to prepare children for the outcome of EMDR will be addressed. By making the process more predictable, the likelihood of children stopping the process when they experience the difficult feelings associated with the trauma might be minimized. Participants will also learn to use creative, fun and playful ways to assist children in understanding and using the measure scales of the EMDR protocol (SUDs and VOC). (Intermediate) 100%

**SESSION 332**  
**EMDR: Targeting the Repetition Compulsion in Couples Therapy**

*Mark Karpel, Ph.D.*

EMDR constitutes a valuable tool for couples therapists when one or both partners are stuck in repetitive, reactive cycles. This workshop describes the circumstances in which EMDR is most likely to be helpful in couples therapy. It examines the benefits of EMDR through the lens of the repetition

compulsion, with particular emphasis on common – and often intractable – impasses in the treatment of couples. The origins of the repetition compulsion in early failures of attunement are described, as in the re-enactment of these experiences in the adult couples relationship. Working with EMDR is nested within the context of a resource-based approach to couples therapy, emphasizing how emotional reactivity and defensive withdrawal impede the expression of empathy, trustworthiness, intimacy and repair in the couples relationship. Different formats for conducting EMDR (separately with one partner; separately with both partners; conjointly with both partners; or adjunctively with another therapist) are presented, along with indicators, advantages and disadvantages of each format. Special considerations (such as when to introduce EMDR, balancing alliances, sequencing sessions and instructions to an observing partner) and modifications of the standard protocol when EMDR is used in the context of couples treatment are also clarified. Finally, circumstances in which EMDR is unlikely to be helpful or in which it is contraindicated are examined. (Intermediate) 50%

**SESSION 333**  
**Treating Dissociation in the Spectrum of Personality Disorders**

*Uri Bergmann, Ph.D.*

The integration of EMDR with Ego State Therapy will be presented as a comprehensive approach to treatment of the wide spectrum of personality disorders. These diagnostic categories include individuals manifesting character pathology, borderline personalities, antisocial and sociopathic tendencies as well as addictive behaviors. These clients have often been seen as poor candidates for EMDR or even non-responders. They are often mandated for treatment or come at the behest of others. Their histories often include early repeated experiences of abuse, deprivation, abandonment, and parental coldness. The hallmarks of personality disorders are rigid, intractable defenses, difficulty relating and empathizing with others, as well as acting-out behavior. Historically, the treatment of personality disorders has been described as difficult, if not impossible; manifested by a rigid character-armor and defensive resistance. Accordingly, this presentation will propose that the symptoms of personality disorders be viewed as aspects of dissociation and will examine the applications of ego state concepts and techniques to all phases of the EMDR protocol in order to facilitate the treatment of these clients. Central to this approach is the conceptualization of self

and object representations, self-objects or schemas as ego-states. Discussion will include how to use a developmental approach to assessment and will review the identification, mapping and accessing of ego-states as well as how to promote ego-state-specific EMDR targets, facilitating the enhancement of EMDR processing. (*Intermediate & Advanced*) 75%

#### SESSION 334

##### **The Role of Culture, Ethnicity and Spirituality in the Treatment of Trauma**

*Rosemarie Amendolia, Ph.D.; Jacqueline Gemme, MS, CRC, LMHC*

The Narrative Constructivist personal psychology model postulates that traumatized children and adults experience disturbances in cognitive schemata within domains of their psychological and interpersonal functioning: safety, trust, power, esteem and intimacy. Their processing of themselves and the world, which is greatly affected by ethno-cultural and spiritual beliefs, becomes rigidified around the "trauma story". Their responses to stimuli are thus limited to repetitive and intrusive manifestations of fear and withdrawal. Utilizing culturally and spiritually salient metaphors, as well as appropriate timing, EMDR facilitates the creation of meaningful narratives about the person's present and future and the world, enhancing sense of self and focused, purposeful behaviors. This symposium will introduce the narrative/cultural context model of trauma, with discussion, film clips and handouts; engage participants in a brief group intervention based on this model, to explore the emotional impact of ethno-cultural issues in regard to trauma and treatment interventions; and present clinical cases treated with EMDR based on cultural-sensitive choice-points and useful metaphors in work with diverse populations. (*Intermediate*) 40%

#### SESSION 335

##### **All EMDR All the Time: Various Clinicians Present and Discuss Videos of Actual Cases** *William Zangwill, Ph.D.*

The second most common complaint from participants at our Conference is that they don't get to see enough actual EMDR sessions. The purpose of this symposium is to have various EMDR clinicians show and discuss videos of some of their most interesting/challenging cases. Presentation will include a session on a single event trauma (motor vehicle accident involving the death of a loved one), a couples session, and an EMDR session with a more involved case

involving several small "t" traumas. This presentation will allow participants to watch actual EMDR sessions, not just segments, and discuss the strengths and weaknesses in each session with the clinician who conducted it. Three clinicians will present their cases throughout the day (for approximately 90 minutes each). The hope is that by watching complete sessions, participants will become more aware of the important and 'little' details that enrich our work. (*All levels*) 100%

#### SESSION 336

##### **From BLS to EMDR: Treating Survivors of Trauma, Natural Disaster, and Combat Along a Time and Stability Continuum**

*Roy Kiessling, LISW*

The Comprehensive treatment protocols and treatment outcomes of EMDR have been well researched and documented. The calming effects of Bi-lateral Stimulation (BLS) and its impact on having images fade have also been documented. Consequently, there are many situations where stabilization and symptom reduction may be appropriate and/or necessary, such as trauma from terrorism, natural disasters and combat. This workshop will discuss a number of Bilateral Stimulation (BLS) interventions along a time and client stability continuum. Participants will learn and hone their skills using a number of stabilization and symptom reduction interventions through lecture, video and live demonstration, as well as small group practice of these more truncated, target specific, symptom desensitization protocols. Additionally, participants will understand when to select these interventions in preparing the client for the comprehensive EMDR treatment protocols. (*Intermediate & Advanced*) 100%

**1:30pm - 5:00pm**  
**EMDR MASTERS SERIES**

#### SESSION 337

##### **EMDR MASTERS SERIES - II**

*Curtis C. Rouanzoin, Ph.D.*

Dissociation is a normal human process. We all dissociate. Some individuals are so severely and chronically traumatized that, in order to survive, they split their awareness into at least two levels or streams of consciousness—one level being the participant in the abuse drama and the other level being an observer watching as if the abuse was happening to someone else. This defense mechanism, which allows severely abused

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individuals to survive, can become an obstacle in the reprocessing of their traumatic memories. This presentation will discuss dissociative process from the Accelerated Information Processing Model of EMDR. It will cover: the implications and complications of clinical treatment with dissociative process; the nature of dissociative process; screening for dissociation and the 'Red Flags' of treatment concerns; the differential diagnoses of dissociation – from dissociation found in diagnostic categories other than Dissociative Disorders (e.g., Mood Disorders, Anxiety Disorders, PTSD) to DDNOS (ego states work) and DID; The use of EMDR in the treatment of dissociation in relation to trauma; Therapist attributes that help contribute to the successful treatment of dissociative patients. Participants will be encouraged to share their own insights and difficulties in working with this very traumatized population of individuals. (Advanced) 100%

## SUNDAY - Sept. 10th

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8:30am – 10:00am

PLENARY

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### SESSION 401

**Dissociation Theory and the Healing of Trauma**  
*Robert Scaer, M.D.*

The early studies of trauma in late 19th century Paris centered on the clinical phenomenon of conversion hysteria, a dissociative disorder. Janet and Freud wrote extensively on this topic, and actually described many of the posttraumatic syndromes that we are revisiting today. I will make the case that the late syndromes of Posttraumatic Stress Disorder, especially dissociation, are clearly the defining symptomatic and physiological manifestations of trauma. These syndromes all have prominent somatic features, all of which represent posttraumatic somatosensory implicit memory. This unconscious, body-based feature of the posttraumatic syndrome presents a compelling case for the universal application of somatically-based therapies such as EMDR in the healing of trauma. (All levels) 10%

10:30am - 2:00pm\*

HALF DAY WORKSHOPS

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*\*Please note: If you take one of these half day workshops (Sessions 431 - 434), you will have one break from 12 Noon - 12:30pm.*

### SESSION 431

**EMDR and the Treatment of Chronic Relationship Problems**

*Nancy Knudsen, M.Ed.*

A history of failed or disappointing relationships is a primary symptom for many clients. Bowen Theory is a family systems model that offers a conceptual roadmap for working with individuals, as well as families on enhancing the capacity to be a Self, while staying in healthy connection to others. The theory helps guide clear thinking about how the emotional system works within a multigenerational frame and offers concepts that predict human relational behavior over time. Yet, as we know, intellectual understanding can only bring us so far without the kind of whole brain integration that can be so swiftly brought about with EMDR treatment. By integrating the Adaptive Information Processing Model and the EMDR approach with Bowen Theory, this treatment model facilitates a client learning to have a whole new experience in their significant relationships. This workshop will provide a basic overview of Bowen Theory. An integrative model using Bowen Theory and EMDR will then be described, followed by an in-depth case analysis illustrating the approach. The treatment includes an extensive assessment of the family system, the selection and processing of EMDR targets causing high levels of reactivity involving closeness to others, coaching to re-work and repair significant relationships in the family of origin, and finally the targeting of present day triggers in a newly forming relationship. (Intermediate & Advanced) 50%

### SESSION 432

**Transforming Imagery in the Treatment of Complex PTSD**

*Robert Ferrie, M.D.*

Many trauma therapies, including EMDR, rely on the transformation of traumatic imagery to images of self-empowerment and safety, either spontaneously or by design. When traumatic memories resolve by transformation, many of the same areas of the brain are involved, as in the original perception: the brain revisits the scene and has a second chance to "see" it a different way i.e. to reprocess the memory. This workshop will begin by examining the neuroscience supporting this hypothesis. Fortunately, not only is mental imagery central to trauma therapy, facility with mental imagery is a set of skills, which can be learned by clients. Participants will be introduced to a method of teaching mental imagery skills as part of an overall resource development protocol the presenter has used in a

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single-case design study of Complex PTSD. This study examines the correlation between the client's degree of facility with mental imagery and subsequent recovery from the symptoms of Complex PTSD. The method and results of this study will be presented. Client material will be used to illustrate these techniques and their application to EMDR therapy. Participants will be able to critique this study as well, and in the process, will learn how to apply the single case design paradigm to their own practices. *(Intermediate & Advanced)* 75%

**SESSION 433**

**The Heart with a Door: EMDR with Clients with Mental Disabilities**

*Andrew Seubert, LPC, NCC*

For the past three decades clinical experience, as well as research, has supported the validity of counseling and psychotherapy in the treatment of dually diagnosed (MH/MR) clients. At first behavioral therapies and later various forms of process-oriented therapy (Gestalt, creative arts, body-centered, play) have been effectively employed with this population. Particularly through the use of process therapies it has become clear that traditional insight and cognitive therapy must be adapted in favor of experience, action, body-centeredness and "right-brain" functioning to be impactful with this population. EMDR, given its primarily non-verbal mode of functioning, holds great promise as an effective and efficient therapy for trauma treatment with dually diagnosed clients, a population inherently vulnerable to traumatic impact. This presentation will emphasize the "phase model" aspects of trauma treatment and will demonstrate where EMDR is effective within this model. Attention will also be given to ways in which the basic EMDR protocol would need to be adapted to meet the needs of these clients. A report on the progress of a series of single case studies with clients with mental disabilities in Pennsylvania, as well as anecdotal reports, will be utilized to demonstrate EMDR effectiveness with this population. Video clips of sessions involving clients with varying levels of functioning will give the audience a concrete experience of the adaptive use of EMDR. The workshop will leave time for participants to apply the learning to cases of their own. *(All levels)* 60%

**SESSION 434**

**"What the Bleep Do We Know?": Examining EMDR with Quantum/Holographic Theory**

*Christine Ranck, Ph.D., LCSW*

Quantum theory is the "science of possibility." The 2004 documentary film, "What the Bleep..." presents quantum/holographic concepts that challenge assumptions about the nature of reality and the healing process. In this discussion-based and experiential workshop, we will examine EMDR with two of these principles: 1) **Belief creates reality.** A subatomic particle (a tiny piece of matter) always behaves like a wave, spread out all over space, *until it is looked at.* It only manifests as a particle when it is being *observed.* Thus, human consciousness plays a central role in quantum theory. That is, *we create our own reality.* 2) **The part contains the whole.** This holographic concept is best illustrated by the cloning of a sheep from a single DNA cell. In profound trauma, painful experiences of powerlessness are reduced into more manageable holographic fragments (such as a physical symptom, a distinctive odor, etc.) which *contain the whole event.* Triggering these unresolved holographic encodings floods the nervous system with the whole traumatic memory. EMDR facilitates resolution of these holograms. The brain may use holograms for memory storage and retrieval, and EMDR appears to amplify this process. Quantum concepts will be explored to illuminate aspects of EMDR in new and creative ways. Participants will learn dynamic strategies to enrich EMDR treatment by incorporating quantum/holographic principles. *(All levels)* 65%

**10:30am - 3:00pm**

**HALF DAY WORKSHOPS**

**SESSION 435**

**Enhancing Couples Therapy with EMDR**

*Constance Scharf, LCSW; Kathy Berliner, LCSW; Mimi Meyers, LCSW; Natalie Schwanberg, LCSW; Margot Weinschel, LCSW, RN*

Couples often have difficulties changing present day maladaptive patterns of interaction when they are triggered by past traumatic events and/or attachment traumas. This workshop will demonstrate ways in which EMDR can be incorporated into couples therapy in order to interrupt "stuck" cycles of interaction, decrease reactivity, and deepen connections. Our work is informed by a family systems perspective and attachment theory. There will be a theoretical discussion of how we use EMDR in couples work, as well as an experiential exercise illustrating these

concepts. Clinical examples and videotape excerpts from a year-long course of therapy will illustrate the ongoing choices the therapist makes in incorporating EMDR in her work with a couple. We will also demonstrate how one partner's witnessing and the other's being witnessed during the processing enhances the healing of old wounds and opens up possibilities for new ways of relating. (*Intermediate*) 50%

#### SESSION 436

##### **The Neurobiology of EMDR: Thalamic, Cerebellar and Pontine/REM Processes**

*Uri Bergmann, Ph.D.*

Clinical case reports and a growing body of controlled research suggest that EMDR is equally and perhaps more efficacious when cross-compared with other methods in treating Posttraumatic Stress Disorder. However, as EMDR was originally an empirically driven method, there has persisted a need for a more defined theoretical model, further scientific validation, and a neurobiological understanding of EMDR's reported robust effects. The possibility that EMDR can effectuate change on a neurobiological level has fueled speculation as to the neural-mechanisms that might underlie EMDR's effects. Brain scans and QEEG's are beginning to shed light on the alterations of brain function that EMDR appears to yield. This presentation will synthesize the existing research with theoretical speculation correlated with Francine Shapiro's model of the Adaptive Information Processing System. Specific attention will be given to recent empirical findings involving the thalamus in information processing and memory integration. This material will be integrated with previously posited theories regarding the cerebellum's involvement in many aspects of information processing and activation processes of the left prefrontal areas and EMDR's activation of the neurophysiology of REM-sleep systems. A neurobiological definition of EMDR can serve to further legitimize its usage. It can also potentially enlighten our practice by informing preparation, resourcing and target selection strategies. (*Introductory*) 65%

#### SESSION 437

##### **The EMDR Clinician and the Challenging Client: How to Improve Relational Responsiveness**

*Mark Dworkin, MS, LCSW*

This experientially based workshop will address clinician issues with clients who are challenging to work with, both before and during an EMDR session. Participants will develop greater awareness

of these moments and learn strategies to overcome potential moments of misattunements. These strategies will include parts of the Procedural Steps Outline in preparation for anticipated problems; applied R/D/I strategies for compartmentalizing activated clinician state dependent moments in session; and using a variation of cognitive interweave when an interruption of the flow of states between clinician and client temporarily ruptures contingent collaborative communication. "The Clinician Self Awareness Questionnaire" will be introduced as a method of enhancing these awarenesses. Participants are invited to bring their most challenging cases to work on. (*Intermediate*) 100%

#### SESSION 438

##### **Phase-Based Trauma Treatment: EMDR and DBT or STAIR**

*Ann Potter, Ph.D.*

Clients who have experienced traumatic events, as well as complex issues, such as substance abuse/addiction, personality disorders, chronic and/or severe mental illness often have significant skill deficits in the area of emotion regulation. This presentation will explain the concepts of emotion regulation and dysregulation and the behavioral manifestations of emotion dysregulation. Clients' difficulty in regulating emotion can interfere with their ability to process traumatic memories with a minimum of re-traumatization and relapse in or a worsening of symptoms. Phase-based trauma treatment was conceptualized to assist clients in developing adequate emotion regulation skills during a preliminary phase of therapy prior to trauma processing. This presentation will offer rationale for phase-based treatment with certain client populations. This presentation will show how sessions of trauma processing with EMDR can be integrated into the second level of phase-based trauma treatment, replacing the utilization of exposure therapy for trauma processing. Additionally, this presentation will establish how skills learned in the initial phase of trauma treatment can be employed during EMDR positive resource development and as cognitive interweaves during EMDR trauma processing. Case and videotape examples will be utilized throughout the presentation to illustrate topics presented in lecture and discussion. (*Introductory*) 33%