# EMDRIA NEWSLETTER


## The Future of EMDRIA

*The Board of Directors begins a new strategic planning initiative and plans for EMDRIA's growth and development*

VOLUME 17, ISSUE 4

DECEMBER 2012

## CONTACT EMDRIA


**EMDR International Association**
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785
Tel: 512.451.5200 Fax: 512.451.5256
TOLL Free: 866.451.5200 (U.S.& Canada)
Email: info@emdria.org
Web site: www.emdria.org


**Office Hours**
Monday - Thursday, 8am to 5pm CT
Friday, 8am to 4pm CT



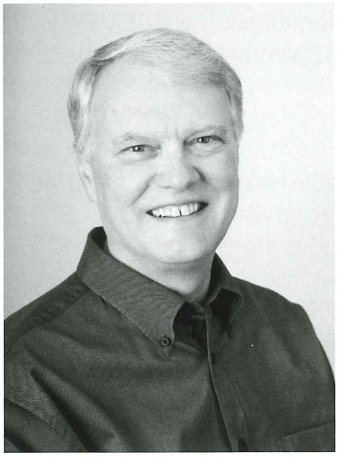
# DECEMBER 2012

## Featured Articles



## Announcements & Information

# President's Message
## From the Board Room



**BY WARREN FABER, PH.D.**
EMDRIA PRESIDENT

In my final installment of the EMDRIA Newsletter, I would like to reflect upon this past year as well as envision the future. Our recent Conference in Washington D.C. was a huge success with 1030 attendees, one-fourth of our membership in attendance and over 375 new attendees. As I looked around the Conference hall, I was aware of the large numbers of new and younger clinicians in attendance which speaks well for EMDRIA's future growth.

This has been a productive year for the EMDRIA Board of Directors, as we transition to a new Executive Director, establish goals and benchmarks to increase membership, diversity and advocate for EMDR within our military community. The Board desires to increase communication with the membership through teleconferencing with Chairs of the Administrative Committees, Regional Coordinating Committees and Special Interest Groups in order to obtain a clearer understanding of membership needs.

The Board will be beginning a new strategic planning initiative in February 2013 and will be soliciting membership input regarding the priorities you have for the organization. As we plan for the next five years of EMDRIA's growth and development, we will seriously consider your valuable input.

I am grateful to have been able to serve on the Board these past four years and most recently as President. I want to thank the membership for supporting me, the Board and EMDRIA. I also want to thank all of you who have volunteered your time and energy to work now and over the years to move this great organization forward. We are proud and encouraged by the contributions volunteers are making to EMDRIA. It has been a true labor of love and dedication to service.

Furthermore, I'd like to give a special acknowledgement and thank you to the EMDRIA Staff, headed by Mark Doherty and assisted by Gayla Turner. Their team, consisting of Sarah Tolino, Nicole Evans, Lynn Simpson, Jennifer Olson and Clara Bensen, has done incredible work behind the scenes in Austin and especially at our most recent Conference in Washington D.C.

And finally, I want to thank the Board for supporting me as President. Although my term is ending, I will continue to serve as Advisory Director for 2013, supporting the Board as needed with its five new members and new President, Kate Wheeler. As you may recall from my previous newsletter installments, I want to close with some words from Constantine Cavafy's poem, *Ithaca*.

*Always keep Ithaca in your mind.*
*To arrive there is the ultimate goal.*
*But do not hurry the voyage at all.*
*It is better to let it last for many years;*
*and to anchor at the island when you are old,*
*rich with all you have gained on the way…*

With gratitude for all the riches I have received on my journey with EMDRIA, I've been honored to serve you. ❖

# ANNOUNCEMENTS

### Call for Board of Director Nominations...

The EMDRIA Board is beginning to solicit Director nominations for the Spring 2013 Election. The elected directors will serve a four-year term starting in January of 2014. In order to be qualified for the Directorship, you must be a Full or Associate Member of EMDRIA, and it is suggested that you have served on an EMDRIA committee for at least one year and/or demonstrated equivalent services for other EMDR or similar organizations, and demonstrate a clear and unambiguous commitment to and identification with EMDRIA. If you are interested in serving on the Board, please email Gayla Turner at gturner@emdria.org to request an application packet. Completed applications are due by February 15, 2013.

### 2013 Call for Presentations - Deadline Extended to December 17, 2012...

You are invited to apply to present at the Annual EMDRIA Conference. Material should be relevant to the EMDR field and be an original contribution. Members and non-members of EMDRIA are invited to submit. Share your best practices and new techniques with other therapists in the industry, helping them to understand the new research and clinical practices in EMDR and how to help treat all types of trauma. EMDRIA's goal is to offer continuing education that helps promote and maintain the integrity of EMDR. Please help us accomplish our goal by submitting your presentations today! Please click on the link on the EMDRIA website homepage to submit your presentation today!

### Volunteers Needed - Appeals Task Group...

EMDRIA is looking for volunteers for a newly formed Appeals Task Group. The Group is charged with developing a code of conduct for EMDRIA members and grievance process to hear and mediate complaints. Contact Mark Doherty, EMDRIA Executive Director, at mdoherty@emdria.org if interested.

### EMDRIA Responds to Errors and Omissions in the July 2012 IOM Report on PTSD...

The EMDR International Association notes errors, misquotes, misrepresentations, and omissions in the portrayal of eye movement desensitization and reprocessing therapy in the Institute of Medicine (IOM) July 2012 report on the Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment. The inaccuracies are serious enough to bias the conclusions of the IOM study and call into question the validity of the document. EMDRIA's complete response can be found by clicking the link under "Featured Links" on the EMDRIA website homepage.

### Consultant-in-Training: Information & Resources...

Are you an EMDRIA Certified Therapist and currently working towards becoming an Approved Consultant (AC)? If so, email Sarah at stolino@emdria.org to let EMDRIA know you are a Consultant-in-Training (CIT) working towards AC status and also provide the name(s) of the Approved Consultants with whom you are working.

### EMDR Training Points of Clarification...

"EMDR Facilitator" is not a status or designation that is used by EMDRIA. Several EMDRIA Approved Basic EMDR Training Providers do use the term facilitator to identify their training staff and practicum supervisors. EMDRIA requires that all basic training faculty maintain Approved Consultant status and in some cases Consultants-in-Training may be able to assist.

No Fee Study Groups are not affiliated with EMDRIA. EMDRIA does maintain a list of Regional Coordinators who run and oversee Regional Network meetings in various locations throughout the US. To find out if there is an EMDRIA Regional Network near you, contact your local Regional Coordinator.

### EMDRIA Office Closed...

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

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

# Executive Director's Message

My first EMDRIA Conference was quite something. We had a vibrant and well attended Pre-Conference, great plenary speakers and many fine educational workshops. Quite frankly, I was so pleased to meet Francine Shapiro in person and to hear her talk. Just to see the admiration of the attendees told me all I needed to know about her. I also won't forget EMDRIA President Warren Faber's introduction of Francine. We all enjoyed it and had a good laugh with him.

We had well over one thousand attendees come to Washington, D.C. The demographics of the attendees gave me great hope for EMDRIA in that over one-third were first-time attendees and I saw more young people than I would have thought. I trust they not only benefited from the Conference, but took the opportunity to tour and take advantage of visiting the DC area.

A Conference like the one we put on is by no measure an easy undertaking. It takes many months of planning, organizing and coordinating to execute such an undertaking. It could not have happened without the concerted effort by the members of our Conference Committee chaired by Rosalie Thomas; our Conference volunteers: Wendy Freitag, Jocelyne Shiromoto and Laura Steele; of course the EMDRIA staff; and our outside meeting planners from Horizon Meetings. My hat is off to all of them for their commitment, good nature and perseverance to the end. They certainly made my job a lot easier.

While we were in the DC area, several of us took the opportunity to meet with staffers from the U.S. Senate Committee on Veterans' Affairs. We spoke with them about getting the proper treatment for PTSD that affects many active military and veterans. Obviously, we discussed EMDR and what it can do to alleviate human suffering. We relayed to them the need for federal funding primarily through the Departments of Veterans' Affairs and Defense to conduct research on EMDR therapy with military populations (active duty and veterans) to investigate which type of treatment (e.g., PE, EMDR, or CPT) is more effective with which type of trauma, symptom pattern, presentation, and personality. More soldiers have committed suicide than have died in the war in Afghanistan. There is an ethical mandate and a moral responsibility to provide our troops with all the best evidence-based treatments available.

To get to the point where we could have a conversation with Senate staffers, a lot of ground work had to be laid. We created the Advocacy Task Group, led by a board member and it includes two non-EMDRIA members on its roster. It's truly a hybrid task group that is doing significant work on behalf of EMDRIA. Having a board member, as well as outsiders, on an administrative task group, is something new for us, but these individuals have contributed their motivation, dedication, public policy expertise, and lobbying experience to the betterment of EMDRIA. We are better off for having them as our volunteers.

**BY MARK G. DOHERTY, CAE**
EXECUTIVE DIRECTOR

There are other changes afoot. The board's Leadership Committee has for years sought, vetted, and selected members to run for the board. The board began to question if such a process could really provide diversification among its ranks without getting more membership participation and involvement. As a result of the board's deliberation, we created a new administrative Nominating Committee composed of two members of the board and three EMDRIA members. This hybrid committee model has worked well for other organizations that I have been associated with. The board votes on accepting the entire slate of candidates put forward by the committee; it cannot choose from those individuals proposed. This joint member-board process can foster a greater sense of participation and ownership by the membership.

Does this mean that EMDRIA is departing from its adherence to the policy governance model? Not really. Rather we recognize that situations will arise which need to be dealt with in innovative ways. There are a limited number of members who are interested or who have the time to volunteer for EMDRIA whether at the board or administrative committee level. We won't always have the specific expertise we need to tackle issues we are faced with. So, we must be resourceful. For example, we worked as a staff, administrative task group, and board to make sure that we responded to the Institute of Medicine's report on "Treatment of Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment." We jointly crafted a strong response that can be found on our website (http://emdria.org ) under "Featured Links" or at: http://www.emdria.org/associations/12049/files/EMDRIA%20IOM%20Response.pdf . There are times and opportunities for EMDRIA to act in a way that taps all of its resources. EMDRIA is a growing and evolving entity that isn't large in comparison to other groups like the National Association of Social Workers or the American Psychological Association. So, we must utilize our volunteers and leaders in ways that are creative and get the job done. Yes, we are still following the policy governance model and appreciate what it has done for EMDRIA over the years.

Feel free to contact me about your thoughts on this column, volunteer opportunities, or should you have interest in running for the Board of Directors. I can be reached at mdoherty@emdria.org. ❖

# The Conference Corner

Thank you to everyone who was able to attend the 2012 EMDRIA Conference in Washington, D.C. It was a huge success thanks to all of you. We are very excited to announce the final number of attendees was 1030!

## CONFERENCE CERTIFICATES

EMDRIA Conference CEU certificates of completion are available for download. If you have not printed your certificate, please visit www.emdriaconference.com and click on the link at the top of the page. Once you click on the link you will login by entering your First Name and Last Name (as they appeared on your Conference badge). Click the "Submit" button and you will be able to print your certificate.

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

## CONFERENCE RECORDINGS

Audiotapes and CD's from this year's Conference are available through Convention Media. You have the option to purchase a complete set of Conference recordings synchronized with handouts, a complete set of Conference recordings on MP3, a complete set of Conference recordings on audio CD, or individual sessions. There are a few sessions that were not taped at the speaker's request. Please visit www.emdria.org and click on EMDRIA Annual Conference under the Get Involved tab to purchase audio recordings from 2012 or recordings from past EMDRIA Conferences.

## 2012 CONFERENCE AWARD RECIPIENTS

**Outstanding Research Award**
Carlijn de Roos, Ph.D.
**Outstanding Regional Coordinator**
Celia W. Grand, LCSW, BCD
**Outstanding Contribution and Service to EMDRIA**
Robbie Adler-Tapia, Ph.D.
**Special Recognition Award**
Gayla Turner, CAE
**Francine Shapiro Award**
Roberta "Robbie" Dunton, MS
**1st Place Poster Award Winner**
Blanch Freund, Gail Ironson and Lindsay Bira - *"The Effect of Three Treatments for Recent Trauma on Trauma Related Cognitions"*

## CONFERENCE HANDOUTS

For those who didn't attend the 2012 EMDRIA Conference, a Presentation Handout CD is now available for purchase. Past Conference Handout CD's are also available at a reduced price. Please visit the EMDRIA Store on www.emdria.org for more information or to purchase the CD's.

## 2013 EMDRIA CONFERENCE

Planning for next year's Conference has already begun! The 2013 EMDRIA Conference: *EMDR: Where Science and Research Meet Practice* is sure to be exciting and well attended, so please mark your calendars today! It will be held September 26-29, 2013 in Austin, TX, at the Renaissance Austin Hotel.

We are excited to announce the line-up of plenary speakers! We have confirmed Joan Borysenko, Ph.D. for Friday's plenary, Vincent Felitti, M.D. for Saturday and will wrap-up on Sunday with Robert Stickgold, Ph.D.

Keep an eye in the EMDRIA E-News for continuing updates. If you have any questions, please contact the EMDRIA office at info@emdria.org or Toll Free at 866.451.5200 or 512.451.5200. ❖

# TheraKey™

## *Questions every therapist should know—and ask!*

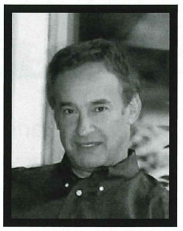
TheraKey is an **iPad app** that...

Lets you easily record, store and retrieve your Target Assessment records and EMDR session notes — ***no more shuffling through papers***

Provides you with the standard **Target Assessment** questions, the **Float Back**, and the **Float Forward** questions as well

Contains simplified scales and streamlined question organization

**Automatically saves client answers** and **populates subsequent questions with client answers** as you type — *for speed and ease of use*

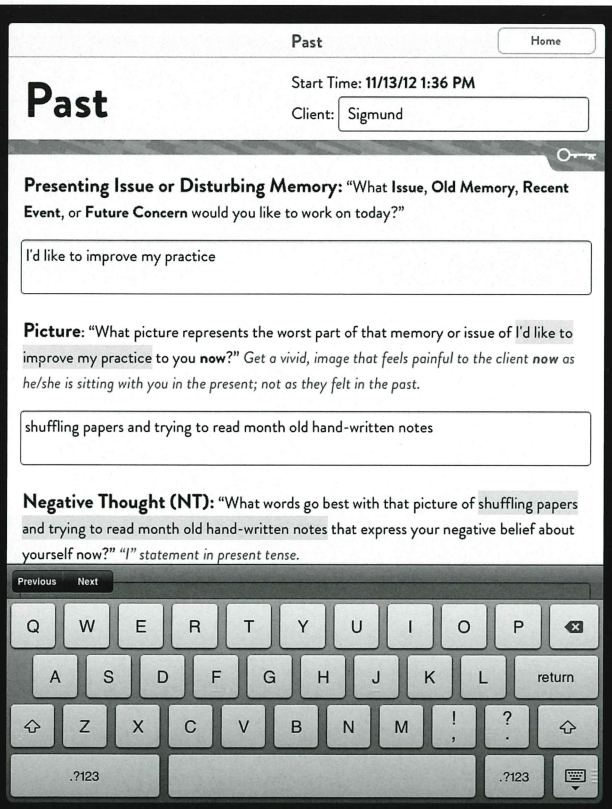


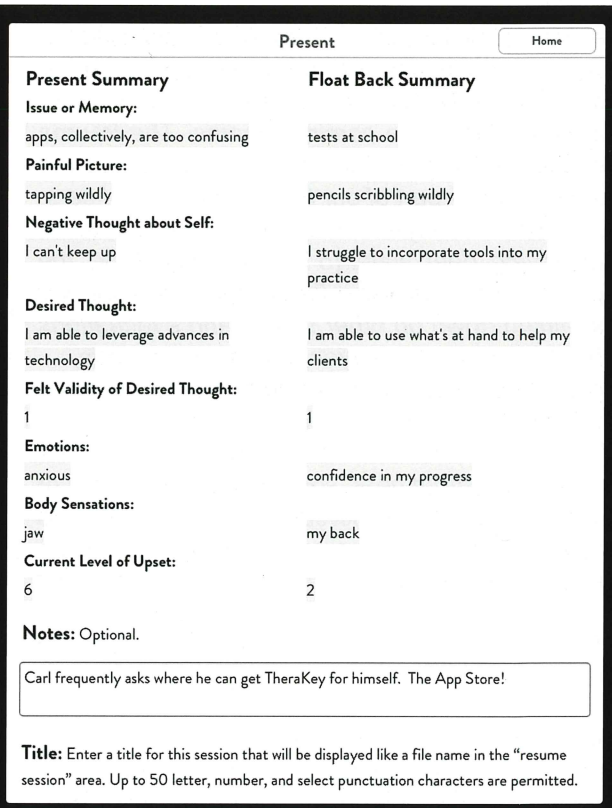
William Zangwill, PhD

Cindy Browning, LCSW

Available on the App Store

*A portion of the proceeds will go to research.*




visit us online at *www.TheraKey.com*

# Executive Director's Message

EMDR HAP

*EMDR HAP is not part of EMDRIA; this article is published as a service to EMDRIA members.*

**BY CAROL R. MARTIN**
EXECUTIVE DIRECTOR
EMDR HAP

The relief work for Hurricane Sandy is underway. Nonprofit disaster relief agencies, churches, local organizations, federal, state and local agencies are working tirelessly to provide the essentials such as food, water and housing to the many people who have been impacted by the Hurricane. For those who are not living in the areas that are directly impacted by the storm, pictures on the television and stories in the newspapers come into our homes. We all hear stories about people who have lost their lives, their homes and their communities. Those at the HAP office in Connecticut were spared and have family, friends and neighbors who are experiencing the legacy of the storm.

At HAP, we are also working with volunteers, in a number of communities, to help them assist victims of this horrific natural disaster cope with their trauma and their loss. Catherine Cattell, an EMDR clinician and HAP volunteer, from Belle Harbor in the Rockaways, describes the experience this way,

> *"As a resident of Belle Harbor, I have been balancing the resurrection of my house with my work as a volunteer in the community. These services are going to be very much in need during the coming months. The trauma experienced by my neighbors and myself include not just the loss of all or part of our homes, the loss of cars, etc. For those who stayed through the hurricane, there was fast moving, deep water (5 ½ feet on my block), the burning of numerous houses, fireballs from the burning houses raining down on other blocks and evacuations throughout the storm via kayak, ropes, surf boards, … walking in chest deep water, some times with just the help of firemen, neighbors or family members. It was a terrifying time…Throw in that afterwards there were weeks of living without heat, sometimes without gas or hot water coupled with the herculean efforts required to recover your home. If you were lucky enough to have a car, then there was no gas. All this occurred while living through a lens of exhaustion. As the recovery efforts move forward, people need emotional assistance and support."*

Volunteers have already been to Belle Harbor and began treating people, including many local therapists. The commitment of these volunteers is ongoing and will continue in the foreseeable future. Many of these volunteers have experience working with HAP in the wake of 9/11. The need is tremendous and as is always the case, the effects, and the trauma of the catastrophe will last for years to come.

At HAP, we are seeking funding to support the work of the volunteers. We are communicating with local organizations on the ground. Our volunteers are helping us to define the needs and the opportunities in their communities. We are looking for community partners who want training for their staff. We are also working with the leaders in Long Island and Northern New Jersey and their local network of the HAP Trauma Recovery Network (TRN). We will also continue to communicate with you as our response emerges.

*The Belle Harbor neighborhood in Queens, NY following Hurricane Sandy*

Several years ago, HAP developed a project called the Trauma Recovery Network (TRN). Since its inception, 13 TRNs have emerged throughout the country. Each one consists of local network of EMDR clinicians who agree to collaborate with fellow clinicians as a local voluntary mental health reserve force to meet extraordinary community needs in the event of disasters that cause extensive traumatization. Through the TRN, individuals suffering from disaster-related post-traumatic emotional disturbance can be linked with licensed mental health volunteers who are fully trained in the EMDR method of treatment. Services provided by TRN volunteers are for brief treatment and without fee.

The Trauma Recovery Network has focused on preparation in advance of a disaster and disaster recovery by helping local clinicians to work within their communities, forging alliances and relationships that will educate first responders about the potential of trauma focused therapies such as EMDR and R-Tep. The local TRNs gradually become familiar with others within their community with whom they can collaborate. Also, through HAP, local clinicians can be trained in the appropriate therapeutic approaches.

It is often out of a disaster such as Hurricane Sandy that TRNs have emerged. In fact, it is because of the tragedy in Oklahoma City that HAP was created. Unfortunately, we don't know where the next disaster will occur. Preparing yourself and your community to meet that challenge is one of the ways that you can help.

S for most people, who do not live within reach of the area pacted by Hurricane Sandy, you can work with HAP to bring a TRN to your area. It is our hope that by fostering a network of local groups working to educate their community and to respond to local disasters, that we can bring treatment to those who are suffering.

How else can you help? You can also donate to a fund that HAP has created to help communities that are affected by Hurricane Sandy. You can find it on our website.

On the other side of the world, HAP continues to work with Sr. Janet Nethisinghe, President of the Sri Lanka EMDR Association. HAP's relationship with Sri Lanka and with Sr. Janet began as a result of another horrific disaster – the Tsunami that engulfed her country. We received a grant that has allowed us to begin a round of trainings within Sri Lanka and to create a Sri Lankan resource library.

I met with Sri Janet, when she was recently in NYC, to discuss the trainings and to learn more about what is happening in her country. Many of you know that after more than 30 years, the war between the government and the separatist group of the Tamil Tigers ended with the defeat of the Tamil Tigers three years ago. It appears that reconciliation of the two factions, the Tamil Tigers of the north and the government forces in the south, has not occurred. Many civilians from the north were killed at the conclusion of the war. Recently, the government has expelled all NGOs from the country and has forbidden any psychological treatment for those who live in the north. This includes the more than 100,000 refugees who were released from camps.

Sr. Janet has been able to assist those in the north by describing her work with these refugees as "befriending" rather than counseling. Working through an organization such as Sr. Janet's church is one of the few ways that assistance is available to Sri Lankans who have suffered many years of war. The psychological consequences are well known to those who are a part of the mental health community. The legacy of trauma will be felt for generations to come if it can't be dealt with soon.

HAP is committed to continuing our work with the Sri Lanka EMDR Association by continuing our training. We are also seeking other ways to bring much needed resources. I have asked Sr. Janet to please let me know what their needs are and how we might help. HAP would also like to sponsor Sr. Janet's travel to the upcoming EMDR Asia Conference in the Philippines.

On a personal note, I have been truly awed by Sr. Janet's strength and kindness. When I asked her if she worries about the risk that she takes travelling to the north of Sri Lanka and the possibility of difficulties with the government, she said that it makes her more determined to bring help to those who need it most. When Hurricane Sandy struck, she was one of the first people to email me to make sure that we were unharmed, as she survived the Tsunami and knows the sadness and challenges of recovery. ❖

# IN CELEBRATION OF:

# KATHERINE E.B. DAVIS

BY MARILYN LUBER, Ph.D.

On September 11, 2012, our friend, Katherine E.B. Davis died. She was a humanitarian and enhanced the lives of everyone around her. Katherine tirelessly worked to uphold the rights of children and championed training programs to increase the awareness of her community about mental health issues. She was a loving and kind support to her family, friends and colleagues. This celebration of Kathy's life is an updated version of an article written in 2008 and is in collaboration with her husband, Robert Gelbach. It includes the contributions she continued to make since that time and recollections of some of many of those colleagues who loved and respected her.

With roots that go deep into American history, Katherine Davis' experience in life turned her into a woman who deeply understood the diversity of the human spirit. Although Kathy's ancestors did not arrive on the Mayflower, her family came to America in 1723. Kathy was born in Ashville, NC to Beauford Buchanan Davis and Pryor Langford Davis. Her father was career military and traveled the world in the service of his country with his wife and daughter in tow. The Davis' enjoyed the excitement of being placed into a new culture and learning all they could about the people and the new knowledge to which they were exposed. She averaged one new school a year and was educated in learning institutions both on and off military bases. As she traveled the globe and was dropped into one new school after another, she learned the skill of "scrappiness" that a smart, only child of a military family needed to know when she had no siblings or friends to "have her back." One of the most significant values that Kathy learned from being in a military family was service. No matter what else you did in your life, it was crucial to do what you believed in and to be useful in the world. This is evidenced by her family history and in Kathy's own life.

Kathy completed high school in Avondale, Georgia and went on to Nursing School at the Medical College of Georgia. During the initial part of her training she learned, "I was the worst prospective nurse" and quickly moved into Sociology and Psychology. She transferred and later graduated from Georgia State University with a B.S. in Sociology and Psychology. Intrigued by what she learned, she attended Tulane University's School of Social Work, with an emphasis in Clinical Social Work with children. In 1966, she was granted her M.S.W.

Kathy has been exposed to the vagaries of living throughout her life, especially during childhood and adolescence. They have deeply affected her:

*Kathy is 5 years old in China, on the coast, north of Shanghai. She learned some Chinese and interpreted for her parents. In China, people pulled rickshaws and corpse wagons were pulled past her complex daily with piles of bodies picked off the streets the previous night. Bodies of babies, usually females, floated in the water as she and her family traveled by boat to other cities.*

*Still in China, Kathy faced her own personal trauma at age five. Watching adults digging in the dirt in the safety of her military complex, she started to laugh thinking that they were having fun digging as she did. One of her "buddies," a guard who had befriended her, heard her laughing. Misunderstanding her behavior, he shamed her for laughing at people looking for food. While angry, he tried to push her out of the gate. This was terrifying for Kathy as she had been told if she were put outside the gate, she would be kidnapped. As she was not proficient in Chinese, she was unable to explain to him the misunderstanding. She did not want to tell anyone what happened because, even at the young age of 5, Kathy knew if she said anything, he would be fired and his children and family would starve.*

*She is 11 years old in Guantanamo, Cuba. Traveling to Santiago, she remembered the fear of entering the jungle overgrowth or cane fields as Fidel Castro's men hid in the mountains and often came down for supplies. Desperate men roamed the streets and were dangerous because of their lack of food and inability to support their families.*

*Kathy is 22 years of age and a Social Work graduate student at Tulane University working. It is 1965, Hurricane Betsy came roaring through New Orleans, flooding the 9th ward*

*and creating similarities to the recent Hurricane Katrina catastrophe. This was the first time Kathy was exposed to a natural disaster and she and her fellow students were sent out with the relief effort. Her duties were to help children who were waiting out the storm in empty public safe spaces, not knowing if they had a home to go home to or not.*

As a result of these early trauma experiences and exposure to diversity, Kathy demonstrated a great capacity for Social Work. She began her career at Children's Hospital in Columbus, Ohio working in the Comprehensive Care Clinic, assessing patients with undiagnosed medical and psychiatric disorders.

In 1970, she moved to the Yale New Haven Hospital as the Director of the Child Abuse Program. While there, she was responsible for casework, teaching, research and chairing the Child Abuse Committee. Other duties consisted of Co-chairing the State Advisory Committee on Child Abuse (which drafted the first child abuse statute in Connecticut), organizing the regional committee on Child Abuse and conducting the first Connecticut Parent's Anonymous group. This was all in just three years!

"Kathy had uncompromising integrity and fierce commitment. I believe she set out to change the world, to make it a better place than she found it. And, I think she actually did change the world."

In 1973, Kathy went to Hamden Mental Health Center. She became a Member of the new State Advisory Board on Child Abuse and authored, "*The Private Agency's Contribution to Child Abuse Prevention*" which was distributed nationally. She was a Consultant to community groups and worked on grants and program development. She became "The Family Therapist" on "Families," a tri-weekly WNHC broadcast on her local TV station. She also wrote a weekly newspaper article on important mental health topics. Her goal was to promote a regular Mental Health presence in the community.

The year 1975 was a particularly significant time for Kathy. Most importantly, she married her husband, Robert A. Gelbach. Members of the EMDR community know him as the past Executive Director of the EMDR Humanitarian Assistance Program. She also became the Clinical Director at the Hamden Mental Health Center, where she stayed for 10 years. The clinical staff she supervised saw approximately 7000 cases per year. She was responsible for the in-service training for the social workers, psychologists and psychiatrists on staff, and directed the clinical training programs for Master and Doctoral level students. She facilitated the training of her staff in the modalities she found helpful for clinical practice: Cognitive Therapy; Bowenian Family Therapy and Gestalt Therapy. She trained Hamden Police officers on Domestic and Child Abuse and Conflict Mediation and taught Social Work as an Adjunct Professor at the University of New Haven.

She began her private practice in 1984. Around this time, she also did short term therapy, staff training and development for the Employee Assistance Program at the Hospital of Saint Raphael. In 1990, she stopped her EAP work and went into full time private practice.

In the early nineties, Kathy was a Trainer-Consultant for family owned businesses and a trainer for Pitney Bowes and Connecticut Transit in Substance Abuse and Family. She also conducted weekly consultation to small private practice and agency groups in Trauma, Child and Family Therapy.

With this wide range of clinical experience at the individual, family and community levels, Kathy was seeing the range of human suffering. By 1993, after 26 years of service in the mental health field, she was ready, as she says, for "the gift of EMDR." Steve Lazrove, a colleague in her practice, introduced her to EMDR. Her immediate response was "I could not imagine not working hard to make sure that everyone else I could impact would learn about EMDR. It makes it more effective to work in the area of trauma yourself, without burning out." With this goal, she learned as much as she could about EMDR. In 1995, she became an EMDR Institute Facilitator and, in 2008, became an EMDR Basic Training Trainer for EMDR HAP.

Since her work with EMDR began, Kathy was involved with many projects, mainly through EMDR HAP. In 2004, Kathy and Leslie Weiss created "Traumatology and Stabilization". This EMDR HAP program was taught to clinicians and paraprofessionals throughout the United States and in EMDR HAP's international projects in Asia, Africa and the Middle East. Kathy herself was part of a team that brought basic EMDR and the traumatology workshop to US military chaplains in Germany. The workshop is currently being offered through EMDR HAP( www.emdrhap.org).

In 2005, Kathy and Leslie Weiss worked with the late Norma Hotaling, founder of Standing Against Global Exploitation (SAGE). SAGE is a San Francisco project to help women leave the sex industry. They worked with Kristie Miller to create a 4-day training program for peer counselors at SAGE and similar programs across the nation. This program was funded by the Justice Department Office of Juvenile Justice and was published as SAGE's "Trauma and Addiction Recovery Paraprofessional Training Program". This project marked an important collaboration between EMDR HAP and SAGE.

During this time, Kathy had a busy private practice with children and adults. She wrote a chapter, "Treating birth-related posttraumatic stress" in Robin Shapiro's book, *EMDR Solutions II* and was involved with Kathleen Wheeler on a research project. She was an EMDR Institute Facilitator, EMDRIA Approved Consultant and member of EMDRIA's

Continued on Page 12...

Membership Committee and volunteer EMDR HAP Trainer. As a former Commissioner for the Persons with Disabilities Commission in Hamden, Kathy explored the applications of EMDR to disability-related trauma, whether arising from the original injury, diagnosis and treatment, or discrimination.

When asked what she would like to say to the EMDR community, this was Kathy's response:

> *"I consider myself an average clinician who had the good luck to encounter EMDR. Since then, my burning desire has been to get the word out about this amazing psychotherapy. Not only has it helped me personally, but, professionally, it enabled me to continue to work in an area that I consider most important (trauma) without the burn-out, so often the result of long work with traumatized clients. I have tried to take advantage of every opportunity to pursue this goal, and have tried to tackle personal issues that stand in the way. The rewards have been great. All you reluctant clinicians out there: Get cracking. Do that research, that speaking engagement, those opportunities that are only yours to do. You will be glad you did."*

Kathy spoke from real experience as she originally had debilitating performance anxiety. She processed her anxiety over public speaking with EMDR and then lectured about EMDR and became an EMDR HAP trainer, speaking to large groups. EMDR had been crucial to Kathy's personal growth in other ways as well, such as returning to New Orleans after Hurricane Katrina with Hurricane Betsy whistling through her mind, as she remembered this earlier traumatic experience. Working productively to help the survivors of Hurricane Katrina and her personal EMDR work were crucial to the transformation of this old experience and dealing with the new one.

Over the next 4 years, as an EMDR HAP Trainer, Kathy was involved in "getting the word out" about EMDR to as many practitioners as she could – especially if they were in agencies that supported children. Her goal was to expand the use of EMDR in non-profit and public clinics. Over her professional life, Kathy gained a deep wisdom that those around her acknowledged. Colleagues spoke to her about their clients, about challenges in teaching and, for help with writing about mental health issues. She took time to help those around her to grow and tackle what was difficult. Her most recent project was putting together the "Stabilization and Trauma" workshop, originally for clinicians and then for non-clinicians. She thought it was essential for people to understand the nature of trauma and what could be done about it. She had an easy-going way of presenting that won people over and made the material she was teaching accessible. She illustrated her workshops with many personal anecdotes of successes and failures, resulting in material that people found they could incorporate into their work.

In recognition of her efforts, in 2010, she received the "Social Worker of the Year" Award from the Connecticut Association of Social Workers. In 2011, she received the "Elizabeth Snyker Outstanding Voluntary Service" Award from EMDR HAP.

Kathy and Bob were avid birders and enjoyed the outdoor sports of biking, camping and hiking. She enjoyed reading and was a print-maker, creating mono-prints and etchings in an impressionistic style.

Kathy is survived by her husband, Robert Gelbach; her children, Scott, Rebecca, Jonah and Amy; her sister, Deborah; her brother, Pryor; and grandson, Henry.

## Memories of Kathy

Robbie Dunton (EMDR Institute Coordinator)

*"I remember meeting Kathy Davis and Leslie Weiss at the Level 1 training in DC in the spring of 1993, and thinking, 'These women are so positive, intelligent and high energy.' At the time, little did I know that both women would make extraordinary contributions to the EMDR community. When I next met them, the following summer, they were highly enthusiastic about EMDR and the therapeutic results they had with their clients. I gave a short presentation on, "Using EMDR with Children" to a group of participants, Kathy being among them. She, too, had used EMDR with children and the group was impressed with her astute and discerning comments. Although we lived on opposite coasts, Kathy and I kept in touch to share our common interest in working with children and adolescents; Kathy was always available and willing to share her vast experience and knowledge of treating young clients and insights as an educator. Many of you know Kathy from her excellent advanced specialty workshops highlighting the use of EMDR with children that she presented at EMDR Institute Part 2 trainings and EMDRIA conferences. Not many people know that Kathy served on the EMDR Institute Manual Revision Committee, volunteering countless hours to review and make modifications to both manuals. Kathy was a mentor whose wisdom and guidance were an invaluable resource for me. I will always cherish the memory of her beautiful smile and cheerful attitude, creativity and intelligence, sincerity and integrity."*

Hope Payson (Previous Clinical Coordinator at EMDR HAP)

*"Often in the EMDR world, the people you get to know in your initial EMDR training years become your teacher, mentor and, if you are lucky, your friend. I experienced this with Kathy Davis. Kathy was my Part II trainer, consultant and mentor. I logged many hours at her kitchen table as she helped me to strengthen my EMDR skills and navigate through the process of certification, becoming a Consultant, and eventually a HAP facilitator. The population my consultees and I serve are complex-clients suffering with addictions, long histories of trauma, legal involvement and homelessness. These are people who bring a sense of urgency into the office. With Kathy at my side, I was able to assist my clients and consultees with more grace, guts and confidence*

*than I actually think I possessed. Years later, some of my most challenging clients credit me for their peaceful lives. I credit their hard work, Francine Shapiro, EMDR, and Kathy Davis.*

*I am sad to say goodbye to Kathy, she's enriched my life, as a clinician and a human being. She was a selfless, kind, and confident woman. A woman who was not afraid to stand up for others and what she believed in. Her time here was much too short and I know her family misses her dearly.*

*I am not the only clinician or human being Kathy has coached along, She shepherded hundreds as a trainer and consultant, along with all the clients she helped and the family she cared so much for. Hundreds of people are living better lives because of her-much more than a ripple, she created an unending flow that will persist for years."*

Kathleen Wheeler (EMDR Colleague)

*"Kathy was a professional and master therapist with the highest integrity who was highly respected in the EMDR community and beyond. After I took EMDR Part 2 training, I began to see Kathy in 2001 and we worked together over the next 10 years, sometimes every week and sometimes every month. Together, we developed an EMDR research proposal on depression and she also helped me write my book that teaches advanced practice nurses how to do psychotherapy. When I say helped me, she read every word and played a huge role in the development of the framework for the book. We based the whole book on Adaptive Information Processing as a meta- model for all psychotherapies. She knew how to apply theory to complex clinical problems and her insights and comments helped my own ideas evolve. The book won several awards and is now used by graduate psychiatric nursing programs all over the country. I never could have written that book without her. Not only have I personally benefitted enormously from Kathy's wisdom, but, so have my patients, my students and their patients. Kathy's reach far exceeded what she would have ever imagined. She was an amazing woman who touched all who knew her with her generosity of spirit. Her wise words, goodness, and presence fill my heart now with gratitude that I was lucky enough to know her."*

Leslie Weiss (Best Friend and Colleague)

*My way of knowing Kathy is too large and too completely a part of me to fit neatly into any kind of words. The best I can hope for is a metaphor: We were like lichen. Lichen is an organism composed of two completely separate beings. While each organism is capable of conducting an independent life, together they can thrive in the most extreme environments. Together they have a lacy beauty and rugged toughness. I first met Kathy when I went to work at Hamden Mental Health Service in 1975. I was 28 and new at everything. I was new as a clinician, new as a woman, new to Connecticut. Kathy was my boss. She taught me. We showed up for each other during our personal and professional joys and sorrow. We kept on learning and growing together. We used to call ourselves Tweedledee and Tweedledum. We finished each other's sentences. Kathy had uncompromising integrity and fierce commitment. I believe she set out to change the world, to make it a better place than she found it. And, I think she actually did change the world. Over many years, Kathy and I had many conversations about death, dying and the quality of life. Those exchanges came back to me this past year as I watched Kathy and Bob and their family walk this difficult path. Kathy and Bob knew full well what the story was when she was diagnosed with Glioblastoma. Kathy was committed to living each day well, with quality and lived out her days with dignity and with kindness all around her. She loved and was loved in return. She walked her talk. For us, her life has been way too short, but it has been rich and meaningful."*

Katherine Davis was a versatile woman who exemplified the wealth of experience that is in this EMDR community. She continued to engage the credo of her family and the military community in which her father served by her dedication, her service and her passion. There is no better legacy to pass on to her family, her clients, her community, her country and the world. ❖

.....

# RECENT ARTICLES on EMDR

**BY ANDREW M. LEEDS, PH.D.**

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

*Note: A comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=43.*

Adler-Tapia, R., & Settle, C. (2012). Specialty topics on using EMDR with children. Journal of EMDR Practice and Research, 6(3), 145-153. doi:10.1891/1933-3196.6.3.145

Robbie Adler-Tapia, 1615 E. Warner Road, Suite 2, Tempe, AZ 85284. E-mail: Dradler-tapia@cox.net

**ABSTRACT** "Specialty Topics on Using EMDR With Children" is written for therapists who have learned the basic eye movement desensitization and reprocessing (EMDR) protocol and are interested in expanding their skills in using EMDR in individual treatment with children. This article explores the advanced application of EMDR with other clinical, emotional, developmental, and behavioral issues, including children who have been diagnosed with attention deficit/hyperactivity disorder (ADHD) or have experienced trauma, attachment, and dissociation. The text is organized into headings of specific childhood diagnoses, issues, or presenting problems, with recommendations for procedural considerations and adjustments to the EMDR protocol. Unless indicated otherwise, the EMDR protocol follows the 8 phases, as discussed in the book, EMDR and the Art of Psychotherapy With Children (Adler-Tapia & Settle, 2008) with additions or modifications, as indicated.

• • •

Bergmann, U. (2012). Consciousness examined: An introduction to the foundations of neurobiology for EMDR. Journal of EMDR Practice and Research, 6(3), 87-91. doi:10.1891/1933-3196.6.3.87

Uri Bergmann, 366 Veterans Memorial Highway, Suite 1A, Commack, NY 11725. E-mail: ubergmann@att.net

**ABSTRACT** The human mind is difficult to investigate, but the biological foundations of the mind, especially consciousness, are generally regarded as the most daunting. In this article, excerpted from the book Neurobiological Foundations for EMDR Practice (Bergmann, 2012), we introduce and outline aspects of consciousness, information processing, and their relationship to eye movement desensitization and reprocessing (EMDR). We examine consciousness with respect to three characteristics: unity of perception and function, subjectivity, and prediction. The relationship of these characteristics to EMDR is examined.

• • •

de Jongh, A. (2012). Treatment of a woman with emetophobia: A trauma focused approach. Mental Illness, 4(1), e3.

Ad de Jongh, Department of Behavioral Sciences, Academic Centre for Dentistry Amsterdam, Louwesweg 1, 1066 EA Amsterdam, The Netherlands. E-mail: a.de.jongh@acta.nl

Full text available at: http://www.pagepress.org/journals/index.php/mi/article/view/mi.2012.e3

**ABSTRACT** A disproportionate fear of vomiting, or emetophobia, is a chronic and disabling condition which is characterized by a tendency to avoid a wide array of situations or activities that might increase the risk of vomiting. Unlike many other subtypes of specific phobia, emetophobia is fairly difficult to treat. In fact, there are only a few published cases in the literature. This paper presents a case of a 46-year old woman with emetophobia in which a trauma-focused treatment approach was applied; that is, an approach particularly aimed at processing disturbing memories of a series of events which were considered to be causal in the etiology of her condition. Four therapy sessions of Eye Movement Desensitization and Reprocessing (EMDR) produced a lasting decrease in symptomatology. A 3-year follow up showed no indication of relapse.

• • •

Dibajnia, P., Zahirodin, A. R., & Gheidar, Z. (2012). Eye-movement desensitization influence on post-traumatic stress disorder. Pajoohandeh Journal, 16(7), 322-326.

Ali Reza Zahirodin, Professor, Behavioual science Research center, Department of Psychiatry, Faculty of Medicine, Shahid Beheshti University of Medical Science, Tehran, Iran. E-mail: azahiroddin@yahoo.com

**ABSTRACT** Background: The 5% to 25% prevalence of post-traumatic stress disorder (PTSD) during life-time can cause irrefutable harms an individuals and society. This research carried out to examine; or not eye movement desensitization and reprocessing (EMDR) treatment can improve PTSD symptoms.

Materials and methods: 71 patients (56 females and 15 males) have been selected randomly. Demographic and kind of trauma-

reminding information were collected by two questionnaires. Blood pressure, Heart beating and Breathing numbers before and after EMDR were measured. Data were analyzed by descriptive statistic and Q2 using SPSS software version 16.

Results: 59% of patients were under 20-30 years old. 79% were females. According to the results, EMDR resulted to significant reduction of trauma reminding. Blood pressure, heart beating and breathing increased by trauma reminding significantly.

Conclusion: EMDR techniques promote improvement of negative symptoms of PTSD.

• • •

Foster, S. L. (2012). Integrating positive psychology applications into the EMDR peak performance protocol. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 213 - 217. doi:10.1016/j.erap.2012.04.005

Sandra L. Foster, Success at Work, Las Vegas, Nevada, USA. E-mail: samrolf@btinternet.com

**ABSTRACT** Introduction: This article describes an innovative Eye Movement Desensitization and Reprocessing (EMDR) protocol which applies the standard EMDR protocol, with modifications, to the reduction of performance anxiety and enhancement of skillful performance in higher functioning clients.

Objective: The intention was to compare a modified version of the standard EMDR protocol for the reduction of performance anxiety and the enhancement of performance.

Method: The method was applying the special EMDR protocol for peak performance with higher functioning clients. A further enhancement applied three empirically valid techniques drawn from the subfield of positive psychology.

Results: Published case studies suggest that this special EMDR protocol aided an experienced commercial pilot in overcoming his avoidance and returning to the flight simulator following a failed proficiency check, and assisted an executive in managing his sense of failure following a significant business setback. Athletes preparing for competition have also found the protocol assists them in managing precompetition anxiety. A further enhancement is the application of three techniques drawn from positive psychology which the empirical research in this subfield of psychology suggests can further enhance the benefits of this protocol.

Conclusion: Limitations are discussed and recommendations for future research are outlined.

• • •

Flu, B. R. L. (2012). Tap, tap tap the usefulllness of EMDR on kids on the autism spectrum. European Psychiatry, 27, 1. doi:10.1016/S0924-9338(12)74434-6

R.L. Brand Flu, The Town House, Child and Adolescence Psychiatry, Derby, UK

**ABSTRACT** EMDR, Eye movement Reprocessing and Desensitisation is an amalgamated psychotherapy and brain activation intervention. This hyper-focussed therapy has shown its value beyond the treatment of trauma i.e. in a large number of mental health issues and developmental disorders.

In autism this method requires some adaptations as described below.

Aim: To give an introductory of EMDR in autism children.

Objective: To establish the usefulness of this treatment.

Methods: The general method is after establishing a baseline of disturbance to work through the touchstone event or focus of the trauma/feared situation from image, feelings, self-judgment and bodily feelings. The preparation also consists of exploring the ability to work with imagery and understanding of feelings. Imagery is tailored to their special interest and at time bodily sensations and feelings are worked on together when no differentiation of these experiences exist 18 cases of the age of 9– 16 underwent the method. 11 had generalised but extreme anxiety issues, 5 had experienced bullying, 4 had aggression regulation problems, 1 had obsessive compulsive disorder, 1 had a spider phobia, one had a developing eating disorder. The level of disturbance went down in all cases. One relapsed. Three needed visual augmentation for the visualisation. Three could not bear physical contact and therefore required self-tapping. 12 cases needed only one session for the focussed treatment. 9 displayed continual improvement over the next 4 weeks and 5 were treated further under conventional therapy.

Conclusion: EMDR is a valuable therapy in autism children but requires specific modification.

• • •

Forgash, C., & Knipe, J. (2012). Integrating EMDR and ego state treatment for clients with trauma disorders. Journal of EMDR Practice and Research, 6(3), 120-128. doi:10.1891/1933-3196.6.3.120

Carol Forgash, LCSW, BCD, 353 North Country Road, Smithtown, NY 11787. E-mail: cforgash@optonline.net

**ABSTRACT** This article is an excerpt from *Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy* (edited by Carol Forgash and Margaret Copeley, 2007, pp. 1-59). The preparation phase of eye movement desensitization and reprocessing (EMDR) is very important in the therapy of multiply traumatized clients with complex posttraumatic stress disorder (PTSD) and dissociative symptoms. EMDR clinicians who treat clients with complex trauma will benefit from learning specific readiness and stabilization interventions that are inherent to Phase 1 of a well-accepted phased trauma-treatment model. Extending the preparation phase of EMDR by including these interventions provides sequential steps for the development of symptom-management skills and increased stability. Additional focus is placed on helping clients work with their ego state system to develop boundaries, cooperative goals, and healthier attachment styles. Following an individually tailored preparation phase, the processing of long-held traumatic memory material becomes possible.

• • •

Gomez, A. M. (2012). Healing the caregiving system: Working with parents within a comprehensive EMDR treatment. Journal of EMDR Practice and Research, 6(3), 136-144. doi:10.1891/1933-3196.6.3.136

Ana M. Gomez, MC, LPC, 1110 E Missouri, Suite 640, Phoenix, AZ 84014. E-mail: AnaG@AnaGomezTherapy.com

**ABSTRACT** This article is an excerpt from the book *EMDR Therapy and Adjunct Approaches With Children: Complex Trauma, Attachment, and Dissociation*. It presents an original model to work with caregivers of children with complex trauma. This model comprises 3 levels of parental involvement within a comprehensive eye movement desensitization and reprocessing (EMDR) treatment: psychoeducation, self-regulation, and memory reprocessing and integration (Gomez, 2009, 2012a, 2012b). Mentalization and reflective function (Fonagy & Target, 1997), mindsight (Siegel, 1999, 2010), mind-mindedness (Meins, Fernyhough, Fradley, & Tuckey, 2002), insightfulness (Koren-Karie, Oppenheim, Dolev, Sher, & Etziom-Carasso, 2002), and metacognitive monitoring (Flavell, 1979; Main, 1991) are all constructs linked to the parent's capacity to develop infant's attachment security. However, unresolved trauma and loss appears to impair these capacities in parents. Many children wounded by caregivers lacking such competences had to endure repetitive emotional, physical, and sexual overt and covert abuse; enmeshment and intrusiveness; or on the contrary, detachment and lack of connection. When the caregivers have been the wounding agents, their inclusion and active participation in the overall treatment of their children is fundamental.

• • •

Hensley, B. J. (2012). Adaptive information processing, targeting, the standard protocol, and strategies for successful outcomes in EMDR reprocessing. Journal of EMDR Practice and Research, 6(3), 92-100. doi:10.1891/1933-3196.6.3.92

Barbara J. Hensley, EdD, 9900 Carver Road, Suite 101, Cincinnati, OH 45242-5523. E-mail: bhens14456@aol.com

**ABSTRACT** This article provides excerpts from each chapter of *An EMDR Primer: From Practicum to Practice* (Hensley, 2009) to assist novice eye movement desensitization and reprocessing (EMDR) clinicians who are learning how to use this approach and to serve as a refresher for therapists who have not used EMDR consistently in their practices. Actual cases are presented that demonstrate various strategies that the therapist can use to help clients reach adaptive resolution of trauma. Tables and figures highlight important features to explain the obvious and subtle nuances of EMDR. Focal points are the following: (a) the adaptive information processing model; (b) the types of targets accessed during the EMDR process; (c) the 8 phases of EMDR; (d) the components of the standard EMDR protocol used during the assessment phase; (e) past, present, and future in terms of appropriate targeting and successful outcomes; and (f) strategies and techniques for dealing with challenging clients, high levels of abreaction, and blocked processing.

• • •

Ho, M. S. K., & Lee, C. W. (2012). Cognitive behaviour therapy versus eye movement desensitization and reprocessing for post-traumatic disorder; is it all in the homework then? Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 253 - 260. doi:10.1016/j.erap.2012.08.001

M. S. K. Ho, Murdoch University, School of Psychology, 90, South Street Murdoch, Western Australia 6150, Australia. E-mail: marg.sgia@gmail.com

**ABSTRACT** Introduction: Treatment of choice for post-traumatic stress disorder (PTSD) is either eye movement desensitization and reprocessing (EMDR) or trauma-focused cognitive behaviour therapy (TFCBT).

Objective: The aim of the present meta-analysis was to determine whether there are any differences between these two treatments with respect to efficacy and efficiency in treating PTSD.

Method: We performed a comprehensive literature search using several electronic search engines as well as manual searches of other review papers. Eight original studies involving 227 participants were identified in this manner.

Results: There were no differences between EMDR and TFCBT on measures of PTSD. However, there was a significant advantage for EMDR over TFCBT in reducing depression (Hedge's g = 0.63). The analysis also indicated a difference in the prescribed homework between the treatments. Meta-regression analyses were conducted to examine the relationship between hours of homework and gains in depression and PTSD symptoms.

Conclusion: These findings are discussed in terms of efficacy and cost-effectiveness and the use of homework in therapy.

• • •

Hunt, N. (2012). Methodological limitations of the RCT in determining the efficacy of psychological therapy for trauma. Journal of Traumatic Stress Disorders & Treatment, 1(1). doi:10.4172/jtsdt.1000e101

Nigel Hunt, University of Nottingham, UK, E-mail: nigel.hunt@nottingham.ac.uk

Full text available at: http://www.scitechnol.com/JTSDT/JTSDT-1-e101.pdf

**ABSTRACT** Which therapy to use with traumatized individuals is always a difficult choice, particularly as the evidence regarding the therapies available is often contradictory. Currently, the National Institute for Health and Clinical Excellence (NICE) Guidelines in the UK recommend, on the basis of a number of trials and reviews, that practitioners in the National Health Service (NHS) only use trauma-focused cognitive behavior therapy (TFCBT) and eye movement desensitization and reprocessing (EMDR) [1]. There is little attempt to consider the methodological limitations of the research which identifies these two therapies as the most effective. While it is true that TF-CBT and EMDR work well for many people, they are not effective for everyone. While the NICE guidelines do recognize drug treatments for individuals who express a preference not to engage in trauma-focused therapy there is no recognition of other forms of therapy.

• • •

Jarero, I., & Artigas, L. (2012). The EMDR integrative group treatment protocol: EMDR group treatment for early intervention following critical incidents. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 219 - 222. doi:10.1016/j.erap.2012.04.004

Ignacio Jarero, Bulevar de la Luz 771, Jardines del Pedregal, Álvaro Obregón, 01900 Mexico, Mexico. E-mail: nacho@amamecrisis.com.mx

**ABSTRACT** Introduction: This paper presents an overview of the Eye Movement Desensitization and Reprocessing – Integrative Group Treatment Protocol (EMDR-IGTP) that has been used since 1998 with both children and adults in its original format or with adaptations to meet the circumstances in numerous settings around the world for thousands of survivors of natural or man-made disasters and during ongoing geopolitical crisis.

Method: The author's intention is to highlight and enlightened the reader of the existence of this protocol that combines the eight standard EMDR treatment phases with a group therapy model and an art therapy format and use the Butterfly Hug as a form of a self-administered bilateral stimulation, thus providing more extensive reach than the individual EMDR application.

Conclusion : Randomize Controlled Trial Research is suggested to establish the efficacy of this intervention.

• • •

Khosropour, F., Ebrahiminejad, G. H., Salehi, M., & Farzad, V. (2012). Comparing the effectiveness of psychological debriefing, eye movement desensitization reprocessing, and imaginal exposure on treatment of chronic post-traumatic stress disorder. Journal of Kerman University of Medical Sciences, 19(2), 149-159.

F. Khosropour, Tehran Central Branch, Islamic Azad University, Tehran, Iran.

**ABSTRACT** Background & Aims: Post-traumatic stress disorder (PTSD) is considered as one of the most prevalent disorder during the life time and can negatively influence the individual, family and social relationships of patients, so, prevention and treatment of this disorder is highly important. Eye movement desensitization and reprocessing (EMDR), psychological debriefing (PD), and imaginal exposure (IE) are some treatment methods, but there is controversy about long effects of these treatments, especially among chronic patients.

Method: In a semi experimental study, a total of 54 adult male patients, based on Davidson scale and psychiatric diagnostic, were randomly selected, and then were divided into 3 equal therapy groups. All participants were evaluated before, after and 3 months after the treatment. Data were analyzed through the repeated variance and Duncan post-hoc tests.

Results: Psychological debriefing and eye movement desensitization and reprocessing were better than imaginal exposure in relief of chronic post-traumatic stress disorder signs and remaining the effectiveness in three months follow-up.

Conclusion: It is concluded that all of the above methods are effective on chronic post-traumatic stress disorder and the efficacy of the therapeutic techniques would be still in force even after 3 months.

Considering the importance of psychological interventions, it is necessary that such methods be taught to psychologists so that they can use them after traumatic accidents.

• • •

Leeds, A. M. (2012). EMDR treatment of panic disorder and agoraphobia: Two model treatment plans. Journal of EMDR Practice and Research, 6(3), 110-119. doi:10.1891/1933-3196.6.3.110

Sonoma Psychotherapy Training Institute, Andrew M. Leeds, 1049 Fourth Street, Suite G, Santa Rosa, CA, 95404. E-mail: aleeds@theLeeds.net

**ABSTRACT** This article, condensed from Chapter 14 of A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants (Leeds, 2009), examines applying eye movement desensitization and re- processing (EMDR) to treating individuals with panic disorder (PD) and PD with agoraphobia (PDA). The literature on effective treatments for PD and PDA is reviewed focusing on cognitive and behavioral therapies, pharmacotherapy, and EMDR. Case reports and controlled studies of EMDR treatment of PD and PDA are examined for lessons to guide EMDR clinicians. Two model EMDR treatment plans are presented: one for cases of simple PD without agoraphobia or other co-occurring disorders and the other for cases of PDA or PD with co-occurring anxiety or Axis II disorders. A more extensive literature discussion, detailed treatment guidelines, and client education resources can be found in the original chapter.

• • •

Luber, M. (2012). Protocol for excessive grief. Journal of EMDR Practice and Research, 6(3), 129-135. doi:10.1891/1933-3196.6.3.129

Marilyn Luber, PhD, Medical Tower Building, 255 S. 17th Street, Suite 804, Philadelphia, PA 19103. E-mail: marluber@aol.com

**ABSTRACT** "Protocol for Excessive Grief" is excerpted from Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations illustrating a scripted protocol from one of Francine Shapiro's 6 basic protocols. "Scripting" informs and reminds EMDR practitioners of the component parts, sequence, and language used to create effective outcomes, and also generates a template for practitioners and researchers to use for reliability and/or a common denominator so that the form of working with EMDR is consistent. This protocol includes 5 steps: process actual events, including the loved one's suffering or death; process any intrusive images that are occurring; process the nightmare images; process any stimuli/triggers associated with the grief experience; and address issues of personal responsibility, mortality, or previous unresolved losses. The future template is included. This protocol addresses the many aspects of grief and mourning to assure the full processing of clients' concerns.

• • •

Makinson, R. A., & Young, J. S. (2012). Cognitive behavioral therapy and the treatment of posttraumatic stress disorder: Where counseling and neuroscience meet. Journal of Counseling & Development, 90(2), 131-140. doi:10.1111/j.1556-6676.2012.00017.x

Ryan A. Makinson, Yerkes National Primate Research Center, Emory University, 954 Gatewood Road, Atlanta, GA 30329. E-mail: makinson7888@gmail.com

Full text available online: http://onlinelibrary.wiley.com/doi/10.1111/j.1556-6676.2012.00017.x/full

**ABSTRACT** There is increasing evidence to support the biological basis of mental disorders. Subsequently, understanding the neurobiological context from which mental distress arises can help counselors appropriately apply cognitive behavioral therapy and

other well-researched cognitive interventions. The purpose of this article is to describe the neurobiological context underlying the formation and treatment of posttraumatic stress disorders, a mental disorder frequently encountered by counselors, from a cognitive therapy framework.

• • •

Marich, J. (2012). What makes a good EMDR therapist? Exploratory findings from client-centered inquiry. Journal of Humanistic Psychology. doi:10.1177/0022167811431960

Jamie Marich, PsyCare, Inc., 2980 Belmont Avenue, Youngstown, OH 44505, USA Email: jamie@jamiemarich.com

**ABSTRACT** There are several qualities of *good* EMDR (eye movement desensitization and reprocessing) therapists that must be examined to understand what clients most value in this specialized treatment. These qualities, as defined by former clients, include therapist personality, an ability to empower clients, flexibility, intuition, a sense of ease and comfort in working with trauma, and a commitment to the small measures of caring that clients identify as helping them feel safer. This article highlights the importance of honoring client safety in EMDR treatment by further exploring a theme from a phenomenological parent study on the use of EMDR with women in addiction continuing care. The parent study offered qualitative evidence showing that there is a place for EMDR as part of a comprehensive women's addiction recovery program when applied properly. In this article, participants' descriptions of their EMDR therapists and how these therapists were able to establish safety are described in greater detail than the parent study article allowed. Implications for emphasis on client-centered factors in the training and formation of EMDR therapists are discussed using the data extrapolated from the clients' experiences, and further directions for researching the client-centered perspective in EMDR are presented.

• • •

Oren, U., & Solomon, R. (2012). EMDR therapy: An overview of its development and mechanisms of action. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 197 - 203. doi:10.1016/j.erap.2012.08.005

Udi Oren, EMDR Europe Association, 43, David Elazar, Raanana 43204, Israel. E-mail: udioren@emdr.co.il

**ABSTRACT** Introduction: This article examines the history and development of Eye Movement Desensitization and Reprocessing (EMDR), from Dr. Francine Shapiro's original discovery in 1987, to current findings and future directions for research and clinical practice.

Elements of the literature: An overview is provided of significant milestones in the evolution of EMDR over the first 20 years, including key events, research and scientific publications, and humanitarian efforts. The authors also describe the Adaptive Information Processing (AIP) model, which is the theoretical basis of the therapy; they address the question of mechanisms of action, and EMDR's specific contribution to the field of psychotherapy.

Discussion: EMDR is an integrative psychotherapy, which sees dysfunctionally stored memories as the core element of the development of psychopathology. In its view of memory, it integrates information that is sensory, cognitive, emotional and somatic in

nature. The EMDR protocol looks at past events that formed the presented problem, at the present situations where the problem is experienced, and at the way, the client would like to deal with future challenges.

Conclusion
EMDR is a 25-year-old therapy that has accumulated a substantial body of research proving its efficiency, and is now part of many professional treatment guidelines. The research is pointing to its potentially large positive impact in the fields of mental and physical health.

• • •


Pagani, M., Di Lorenzo, G., Verardo, A. R., Nicolais, G., Monaco, L., Lauretti, G., . . . Siracusano, A. (2012). Neurobiological correlates of EMDR monitoring - an EEG study. PLoS ONE, 7(9), e45753. doi:10.1371/journal.pone.0045753



Marco Pagani, Institute of Cognitive Sciences and Technologies, Consiglio Nazionale delle Ricerche (CNR), Rome, Italy. Email: marco.pagani@istc.cnr.it


Full text available at: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0045753


**ABSTRACT** Background: Eye Movement Desensitization and Reprocessing (EMDR) is a recognized first-line treatment for psychological trauma. However its neurobiological bases have yet to be fully disclosed.

Methods: Electroencephalography (EEG) was used to fully monitor neuronal activation throughout EMDR sessions including the autobiographical script. Ten patients with major psychological trauma were investigated during their first EMDR session (T0) and during the last one performed after processing the index trauma (T1). Neuropsychological tests were administered at the same time. Comparisons were performed between EEGs of patients at T0 and T1 and between EEGs of patients and 10 controls who underwent the same EMDR procedure at T0. Connectivity analyses were carried out by lagged phase synchronization.

Results: During bilateral ocular stimulation (BS) of EMDR sessions EEG showed a significantly higher activity on the orbito-frontal, prefrontal and anterior cingulate cortex in patients at T0 shifting towards left temporo-occipital regions at T1. A similar trend was found for autobiographical script with a higher firing in fronto-temporal limbic regions at T0 moving to right temporo-occipital cortex at T1. The comparisons between patients and controls confirmed the maximal activation in the limbic cortex of patients occurring before trauma processing. Connectivity analysis showed decreased pair-wise interactions between prefrontal and cingulate cortex during BS in patients as compared to controls and between fusiform gyrus and visual cortex during script listening in patients at T1 as compared to T0. These changes correlated significantly with those occurring in neuropsychological tests.

Conclusions: The ground-breaking methodology enabled our study to image for the first time the specific activations associated with the therapeutic actions typical of EMDR protocol. The findings suggest that traumatic events are processed at cognitive level following successful EMDR therapy, thus supporting the evidence of distinct neurobiological patterns of brain activations during BS associated with a significant relief from negative emotional experiences


• • •


Pagani, M., Di Lorenzo, G., Verardo, A. R., Nicolais, G., Lauretti, G., Russo, R., . . . Fernandez, I. (2012). Pre- intra- and post-treatment EEG imaging of EMDR - neurobiological bases of treatment efficacy. European Psychiatry, 27, Supplement 1(0), 1 -. doi:10.1016/S0924-9338(12)75329-4



Marco Pagani, Istituto di Scienze e Tecnologie della Cognizione, CNR, Roma, E-mail: marcopagani2@yahoo.it

**ABSTRACT** Aim: Eye Movement Desensitization and Reprocessing (EMDR) is a recognized first-line treatment for psychological trauma. However its neurobiological bases have not been disclosed yet.

Methods: Electroencephalography was used for the first time to fully monitor neuronal activation during whole EMDR sessions including the autobiographical script. Nine clients with major psychological trauma were investigated during the first EMDR session and during the last one performed after processing the index trauma. Comparisons between the EEG of the first and last EMDR session and between the EEG of the clients at the first session and those of 9 controls undergoing the same EMDR procedure were performed.

Results: During both script listening and bilateral stimulation EEG showed significantly higher activity in the prefrontal limbic cortex (Brodmann Areas, BA 9–10) at the first as compared to the last EMDR session. The opposite comparison showed a shift of the prevalent activity towards temporal, parietal and occipital cortical regions (BAs 20, 21, 22, 37, 17, 18, 19) with leftward lateralisation. The comparison between the 9 clients and the 9 controls confirmed the maximal activation in the limbic cortex in the clients before processing the trauma.

Conclusions: The implemented methodology made possible to image for the first time the specific activations associated with the therapeutic actions contemplated by EMDR. The findings suggest cognitive processing of traumatic events following successful EMDR therapy supporting the evidence of distinct neurobiological patterns of brain activations during bilateral ocular stimulation associated with a significant relieve from negative emotional experiences.

• • •

Pelissolo, A. (2012). Thérapies comportementales et cognitives des phobies sociales: Programmes classiques et nouvelles approches. [Cognitive behavioural therapy in social phobia: Classical programs and new approaches.]. Annales Médico-Psychologiques, 170(4), 289-292. doi:10.1016/j.amp.2012.03.009

Antoine Pelissolo, Service de psychiatrie adulte, CNRS USR 3246, hôpital Pitié-Salpêtrière (AP–HP), UPMC, 47, boulevard de l'Hôpital, 75013 Paris, France. E-mail: antoine.pelissolo@psl.ap-hop-paris.fr

**ABSTRACT** Social phobia (SP) is a prevalent and impairing condition, occurring especially in young subjects with deleterious consequences on their occupational and familial functioning. Cognitive behavioural therapy (CBT) has been shown to be effective for the treatment of SP in many studies for about 20 years. Validated components of this treatment can include psychoeducation, social skills training, in vivo exposure, video feedback, and cognitive restructuring. Other complementary methods, coming from the CBT, have been also integrated in therapeutic programs during last

years. This is the case for example of specific techniques focused on fear of blushing (erythrophobia), based on the task concentration training. Eye movement desensitization and reprocessing therapy can be also interesting for the treatment of patients with past traumatic social experiences, as well as mindfulness meditation for the prevention of relapses after a CBT. Researches are conducted on the use of new technologies for web therapy or virtual reality exposure therapy. Lastly, drug facilitation of exposure therapy is a great challenge for the treatment of SP, and positive results have been recently obtained with agents like d-cycloserine or oxytocin.

• • •

Poon, M. W. L. (2012). EMDR in competition with fate: A case study in a chinese woman with multiple traumas. Case Reports in Psychiatry, 2012. doi:10.1155/2012/827187

Maggie Wai-Ling Poon, Clinical Psychological Unit 3, Social Welfare Department, 14/F. Cornwall House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

**ABSTRACT** This paper described the application of eye movement desensitization reprocessing (EMDR) for addressing the posttraumatic stress disorder (PTSD) symptoms in a Chinese woman who had experienced multiple traumas in her childhood. EMDR is an integrative therapeutic intervention that uses a standardized eight-phase approach to treatment. It is also a proven, effective, and efficient treatment for trauma. In this client with multiple traumas, the etiological event that lay the foundation of her dysfunctional responses was reprocessed first. The successful resolution of this event allowed the positive treatment effects to transfer to other traumatic events of a similar theme. This case also illustrates the importance of identifying a culturally appropriate positive cognition (PC) in contributing to the success of the treatment.

• • •

Ringel, S. (2012). An integrative model in trauma treatment - utilizing eye movement desensitization and reprocessing and a relational approach with adult survivors of sexual abuse. Psychoanalytic Psychology, Advance online publication. doi:10.1037/a0030044

Shoshana Ringel, PhD, 1915 Greenberry Road, Baltimore, MD 21209. E-mail: sringel@ssw.umaryland.edu

**ABSTRACT** The aim of this article is to offer an integrative approach in the treatment of adult survivors of sexual abuse. The treatment orientation is psychodynamic and intersubjective and will draw on three conceptual models: (a) a developmental model based on current attachment research, (b) current neuroscience findings concerning traumatic memory that emphasize sensory, affective, and implicit knowing in the understanding and treatment of trauma, and (c) eye movement desensitization and reprocessing as an adjunctive technique to help access traumatic memories. The author will summarize each theoretical perspective and will provide a case illustration to demonstrate a treatment approach that incorporates all three modalities.

• • •

Royle, L., & Kerr, C. (2012). From the general to the specific – selecting the target memory. Journal of EMDR Practice and Research, 6(3), 101-109. doi:10.1891/1933-3196.6.3.101

Liz Royle, 346 Blackburn Road, Egerton, Bolton, UK, BL7 9TR. E-mail: liz.royle@krtraumasupport.co.uk

**ABSTRACT** This article is an excerpt from the book Integrating EMDR Into Your Practice (Royle & Kerr, 2010), which is a hands-on guide to facilitate the successful integration of eye movement desensitization and reprocessing (EMDR) training into therapists' practice while recognizing that trainees come from a range of theoretical backgrounds. This excerpt focuses on identifying the appropriate target memory and its related negative cognition (NC) in preparation for desensitization. Clients and therapists need to understand the rationale for selecting a particular target utilizing prioritization and clustering techniques. The importance of the belief system is discussed and methods of identifying the initial targets are offered, including the floatback technique. Many practitioners experience difficulty in getting the right NC, and methods for drawing this out are illustrated. Final preparations prior to desensitization are considered as well as the importance of addressing client anxieties and expectations. Throughout the excerpt, case vignettes are used to outline cautions and common pitfalls encountered by the novice EMDR therapist.

• • •

Shapiro, E. (2012). EMDR and early psychological intervention following trauma. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 241 - 251. doi:10.1016/j.erap.2012.09.003

Elan Shapiro, POB 187, 30095 Ramat Yishay, Israel. Email: elanshapiro@gmail.com

**ABSTRACT** Introduction: This article evaluates developments in the field of early psychological intervention (EPI) after trauma in general and the place of early eye movement desensitization and reprocessing (EMDR) intervention (EEI) in particular. The issues and dilemmas involved with EPI and EEI will be outlined; related research presented and the current status evaluated.

Literature and clinical findings: Reviewing the literature and drawing on findings from initial research and case studies, the rationale and contribution that EMDR therapy has to offer is discussed relative to current evidence and theory regarding post-traumatic stress syndromes and trauma memories. The relative advantages of EEI will be elaborated.

Discussion and conclusion: It is proposed that EEI, while trauma memories have not yet been integrated, may be used not only to treat acute distress but may also provide a window of opportunity in which a brief intervention, possibly on successive days, could prevent complications and strengthen resilience. Through the rapid reduction of intrusive symptoms and de-arousal response as well as by identifying potential obstructions to adaptive information processing (AIP), EMDR therapy may reduce the sensitisation and accumulation of trauma memories.

• • •

Shapiro, F. (2012). EMDR therapy: An overview of current and future research. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 193 - 195. doi:10.1016/j.erap.2012.09.005

Francine Shapiro, Mental Research Institute, 555, Middlefield Road, CA 94301, Palo Alto, United States. E-mail: fshapiro@mcn.org

**ABSTRACT** Introduction: EMDR therapy is an eight-phase treatment approach widely recognized as a frontline treatment for trauma. Research over the past decade has addressed the utility of the eye movements, mechanism of action and comparisons with other forms of therapy.

Literature and clinical findings: More than two-dozen randomized controlled trials (RCT) demonstrate the positive effects of EMDR therapy with trauma victims. Comparisons with trauma-focused cognitive behavioral therapy (TF-CBT) indicate comparable effects sizes. Approximately 20 additional RCT evaluated the eye movement component of EMDR in isolation, without the rest of the therapy procedures. These studies document a variety of positive effects, including a rapid decrease in distress and reduced clarity of the targeted disturbing image when compared to exposure-only conditions.

Discussion: Research findings indicate that EMDR therapy and TF-CBT are based on different mechanisms of action in that EMDR therapy does not necessitate daily homework, sustained arousal or detailed descriptions of the event, and appears to take fewer sessions. EMDR is guided by the adaptive information processing model, which posits a wide range of adverse life experiences as the basis of pathology.

Conclusions: Research is suggested to further explore mechanisms of action and address issues of efficiency and treatment differences. Rigorous research is also needed to investigate additional clinical applications.

• • •

Solomon, R., & Rando, T. A. (2012). Treatment of grief and mourning through EMDR: Conceptual considerations and clinical guidelines. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 231 - 239. doi:10.1016/j.erap.2012.09.002

Roger Solomon, Buffalo Center for Trauma and Loss, Buffalo, New York, United States. E-mail: rogermsolomon@aol.com

**ABSTRACT** Introduction: Eye Movement Desensitization and Reprocessing (EMDR) is an empirically-supported psychotherapeutic approach for treating trauma, which is also applicable to a wide range of other experientially-based clinical complaints. It is particularly useful in treating grief and mourning.

Literature findings: EMDR is guided by the Adaptive Information Processing Model (AIP), which conceptualizes the effects of traumatic experiences in terms of dysfunctional memory networks in a physiologically-based information processing system. Numerous empirical studies have demonstrated EMDR's efficacy.

Discussion: The death of a loved one can be very distressing, with memories and experiences associated with the loss becoming dysfunctionally stored and preventing access to adaptive information, including positive memories of the deceased. EMDR can be utilized to integrate these distressing experiences and facilitate the assimilation and accommodation of the loss and movement through the mourning processes.

Conclusion: Applying the eight phases of EMDR to grief and mourning can yield potent clinical results in the aftermath of loss.

• • •

Tarquinio, C., Brennstuhl, M. J., Reichenbach, S., Rydberg, J. A., & Tarquinio, P. (2012). Early treatment of rape victims: Presentation of an emergency EMDR protocol. Sexologies. doi:10.1016/j.sexol.2011.11.012

Cyril Tarquinio, APEMAC UE 4360 Research Department, Psychological and Epidemiological Approaches to Chronic Diseases, Health Psychology Team, Paul-Verlaine-de-Metz University, UFR SHA, Île-du-Saucy, BP 30309, 57006 Metz, France. E-mail: CTarquinio@aol.com

**ABSTRACT** This research aims to test the effectiveness of a new form of early treatment for the consequences of rape. Using several emergency EMDR protocols such as Shapiro's (2009) R-TEP (Recent Traumatic Episode Protocol) and Kutz, Risnik and Dekel's (2008) Modified Abridged EMDR Protocol, as well as the practice of psychological debriefing, we treated in one session 17 female rape victims within 24 to 78 hours after their aggression. Follow-up was done after 4 weeks and 6 months during which we measured the effects of this psychological support on posttraumatic symptomatology and psychological distress, as well as on certain indicators of the sexuality of these victims compared to their prior sexuality. The results show, after one session, an interesting reduction in the different measures which remains stable 4 weeks and 6 months after the treatment, as does the way in which the victims appear to take an interest in their sexuality. If this type of emergency intervention is not a complete substitution for in-depth psychotherapy, its contribution and pertinence in the context of immediate treatment offers interesting perspectives for treating victims of sexual aggression.

• • •

Wesselmann, D., Davidson, M., Armstrong, S., Schweitzer, C., Bruckner, D., & Potter, A. E. (2012). EMDR as a treatment for improving attachment status in adults and children. Revue Européenne De Psychologie Appliquée/European Review of Applied Psychology, 62(4), 223 - 230. doi:10.1016/j.erap.2012.08.008

Deborah Wesselmann, The Attachment and Trauma Center of Nebraska, 12822 Augusta Avenue, Omaha, Nebraska 68144, USA. E-mail: deb@atcnebraska.com

**ABSTRACT** IIntroduction: The purpose of the article is to examine the current literature regarding evidence for positive change in attachment status following Eye Movement Desensitization and Reprocessing (EMDR) therapy and to describe how an integrative EMDR and family therapy team model was implemented to improve attachment and symptoms in a child with a history of relational loss and trauma.

Literature: The EMDR method is briefly described along with the theoretical model that guides the EMDR approach. As well, an overview of attachment theory is provided and its implication for conceptualizing symptoms related to a history of relational trauma. Finally, a literature review is provided regarding current preliminary evidence that EMDR can improve attachment status in children and adults.

Clinical findings: A case study is described in which an EMDR and family therapy integrative model improved attachment status and symptoms in a child with a history attachment trauma.

Conclusion: The case study and literature review provide preliminary evidence that EMDR may be a promising therapy in the treatment of disorders related to attachment trauma. ❖

# EMDR Around the World

BY MARILYN LUBER, PH.D.

## ASIA

### BANGLADESH

Shamim Karim reports: "EMDR is now included in the curriculum of the MS degree in Counseling Psychology for the Department of Educational & Counseling Psychology at the University of Dhaka, Bangladesh due to my initiative. As a result, Counselors-in-Training are now interested in being trained in EMDR."

### INDIA

Seema Hingorrany reports: "I have recently written *Beating the Blues: Complete guide to overcoming Depression*, which mentions EMDR as a form of intervention."

Usha Verma reports: "In 2008, I published *Application of EMDR in the Treatment of EMDR Major Depressive Disorder: A case study* in the Indian Journal of Clinical Psychology (Vol. 35, No. 2, 163-172) with A. Mukhopadhyay. That same year T. Dutta and I wrote a chapter in A.Khan and R. Shyam's book *Clinical Child Psychology on EMDR: Therapeutic Prospects in Child Psychopathology*. In 2010, I presented a paper on *Application of EMDR in the treatment of Obsessive Compulsive Disorder: A case study*."

### SINGAPORE

Matthew Woo Choo Peng reports: "In 2009, EMDR Singapore started during an EMDR Basic Training by Sigmund Burzynski's as an idea that formed in the minds of Linda Koh, Lee Lee Ip, Ben Ho and me. We knew we needed to contribute towards the growth of EMDR in Singapore. Today EMDR Singapore has 60+ members and is recognized by EMDRIA and EMDR Asia. We have been the coordinating body for EMDR Basic Training in Singapore, with our key members initiating and organizing seminars at various venues. In 2011, Jasmine Pang coordinated the Basic Level Training at Changi General Hospital with Gary Quinn as the trainer and some EMDR Singapore committee members as Facilitators. In the summer of 2011, we hosted Roger Solomon for an expert forum as well as an advanced skills workshop aptly named, "The Art and Dance of EMDR," and later Sigmund Burzynski came to the Institute of Mental Health with several committee members contributing as Facilitators and Supervisors. The four of us became Facilitators in 2010 and are helping with peer supervision sessions coordinated by Vera Handojo. The facilitator's training is the first step to becoming an EMDR Trainer and we look forward to our first local certified trainer in a few years! We are also looking into certification for EMDR Practitioners and are grateful for Li Jen and her team's contributions in bringing clarity to the certification process. We want to note our appreciation for our webmaster, Stuart Tan, who volunteered his time to get our website up. Please visit us at www.emdrsingapore.org."

## AUSTRALIA

Pam Brown reports: "Sandi Richman visited New Zealand and trained over 60 psychiatrists and psychologists as a UK HAP response to the Christchurch earthquakes in 2011. She provided initial training in January and final training in August. The EMDR Association of Australia invited Sandi to Sydney to train 16 selected members for recognition as Approved Consultants. We will now introduce an accreditation program in line with other countries. EMDRAA has also recognized a Special Interest Group (SIG) within the Australian Psychological Society. In June, we organized a training by Carol Forgash and webinar lectures with Jim Knipe, Roy Keissling, Andrew Seubert and Phillip Manfield for members."

## EUROPE

### ISRAEL

Dani Kahn reports: "Gary Quinn has opened the Jerusalem EMDR Institute (http://www.emdr-israel.org/) with Dani Kahn (Deputy Director) and Debby Zucker, Sara Avitzour, and Joel Pomerantz (Clinicians). Judy Guedalia, Director of the Neuropsychology Unit and Chief Psychologist at Jerusalem's Shaare Zedek Medical Center, contacted Institute members Gary, Dani and Phyllis Strauss after she had been evacuated from Long Island as a result of Hurricane Sandy while in the US for a visit. She realized there were other Israelis stressed from the storm, either because they were there, or have families who are still there. They created a call-in service to schedule appointments with EMDR certified therapists for those affected by Hurricane Sandy and its aftermath."

### THE NETHERLANDS

Ad de Jongh reports: "Our EMDR society has just over 2000 members. Many studies are being conducted (e.g., EMDR with Psychosis, Panic Disorder and Agoraphobia, individuals with Intellectual Disabilities, Children with PTSD (2 RCTs), Refugees and Asylum Seekers), but maybe the most important thing is that Carlijn de Roos won the "EMDRIA Outstanding Research" Award with her article on the treatment of children following a big firework disaster. The article can be found in the European Journal of Psychotraumatology, 2, 1-11, *A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in disaster-exposed children* (de Roos, C., Greenwald, R., den Hollander-Gijsm, M., Noorthoorn, E., van Buuren, S., & de Jongh, A. (2011)."

## NORTH AMERICA

### CANADA

Phyllis Amato reports: "Deany Laliotis and Philippe Gauvreau gave a workshop, "Expanding EMDR: Treating Depression and Anxiety Disorders," which was a great success in Montreal. The EMDR Canada Conference, "EMDR: Integrating Brain & Body," will be held in Banff, Alberta from May 17-19, 2013."

### UNITED STATES

#### ARIZONA

Laurie Tetrault reports: "Arizona has been busy as usual with advanced trainings by Barry Litt on "EMDR and Couples", Mark Nickerson on "EMDR and Anger and Hostility", Ana Gomez on "Healing the Caregiving System", and Robbie Adler-Tapia will present in December on "Treating First Responders with EMDR". The Trauma Response Network (TRN) sponsored the Recent-Traumatic Episode Protocol (R-TEP) training in April. This year Ana published a book, *EMDR Therapy and Adjunct Approaches with Children,* and Robbie on *Child Psychotherapy*. The most recent issue of the Journal of EMDR Practice and Research featured an article by Robbie and Carolyn Settle, "Specialty Topics Using EMDR with Children." We had both our Approved Consultants

meeting, as well as our Regional meeting, in November in Phoenix, and Carolyn Settle presented on "Treating OCD with EMDR". Arizona also had the honor of being the state to claim Robbie, who was awarded the "Outstanding Contribution and Service Award" by EMDRIA at the EMDRIA Conference in Washington, D.C. in October. If you missed seeing Vanna White (as interpreted by Carolyn Settle) assist in the presentation, you missed a memorable experience! You can see that AZ has had a rather impressive year, and has sponsored a rather impressive number of EMDR contributors! GO ARIZONA!"

### CALIFORNIA

Susan Goodell reports: "We continue to have a great communication system with one email going out monthly to announce the topic of the first Saturday of each month's meetings (except for January, July, and September). We have 12 Approved Consultants in San Diego County, so we take turns facilitating the meetings and presenting topics of interest to the main group. We sometimes offer CEUs for watching borrowed DVD's from EMDRIA. Additionally, we have a lending library and are reconstructing that and how we get the word out about the materials and the lending process. We have partnered with Sierra Tucson (inpatient residential treatment center in Arizona) and brought Katie O'Shea here in November to present her workshop, "When There are No Words."

Merrill Powers reports: "At the 2012 EMDRIA Conference, Francine Shapiro spoke about the importance of our providing EMDR treatment to help heal our returning veterans with PTSD, TBI (traumatic brain injury) and MSA (Military Sexual Assault). There are two organizations, Give an Hour and The Soldiers Project, which link volunteer therapists with veterans of the Iraq and Afghanistan conflicts. In addition to, or instead of, providing therapy, both organizations are in need of help with administrative and outreach efforts. The biggest challenge seems to be breaking through the military "codes" and denial so that the vets will come for help. Outreach and publicity need more helpers. Give an Hour is a national organization and you can register to help on their website at www.giveanhour.org. The Soldiers Project is in Southern California, Sacramento, Chicago, Long Island and NY, the Northwest and Wyoming. The Soldiers Project provides free in-depth training to volunteer therapists specific to combat trauma. As the Sacramento Regional Coordinator, I've tried to recruit as many EMDR therapists as I can, but the majority of Soldiers Project therapists are not EMDR trained. As we know, trying to treat PTSD with talk therapy can re-traumatize and be less than effective. That's why I'd like to encourage as many of you as possible to get involved. For more information on The Soldiers Project, please visit www.thesoldiersproject.org.

Recently I've become aware of the hidden and huge problem of Military Sexual Assault when I saw a film titled, "The Invisible War." This recent film won the award for Best Documentary at the Sundance Film Festival. It documents the struggle of military women, and some men, who have been raped and sexually assaulted while serving in the military. Usually the perpetrator is either in the unit with her, or may even be her superior. When she tries to report it, following the chain of command, her report is denied. Often she is sanctioned and ostracized by members of her unit, leaving her in isolation and danger. It is estimated that less than 30% of such cases are actually reported – and there have been tens of thousands of reports. Frequently such women are given early discharges from the military. Because there is no report, she is unable to file for VA benefits for medical or psychological treatment. This outrageous abuse has finally come to the attention of Congress. Congresswoman Jackie Speier is sponsoring HR3435 to change the reporting process, taking it out of the military chain of command and into the civilian justice system. For more information, call 650-342-0300 or visit the website www.notinvisible.org."

### CONNECTICUT

Betsy Prince reports: "Maria Masciandaro and I just completed a one day EMDR HAP sponsored R-TEP seminar for the TRN in Stamford, Connecticut. Karen Alter-Reed was the local sponsor. Elan Shapiro and Brurit Laub from Israel created R-TEP to address recent trauma in individuals. They shared their protocol through HAP so that American clinicians can learn to use it in a one-day seminar. We had 32 participants and it went really well. EMDR HAP will continue to provide this seminar for other TRNs throughout the country, as needed.

### OHIO

Roy Kiessling reports: "I presented Advanced Workshops on "EMDR from a Belief Schema Perspective" in South Bend, Indiana; Boise, Idaho; Sacramento, CA; Cincinnati, Ohio this year."

### OREGON

Karen Forte reports: "Our Central Oregon EMDR therapist community continues to grow and thrive. We now have a regional steering committee consisting of very active members. Each month someone in our community presents on an EMDR related educational topic. On February 9-10, 2013, Deany Laliotis will be coming to Bend to give her two-day workshop, "Healing the Wounds of Attachment & Rebuilding Self." February is a great time to come and ski at Mt. Bachelor before or after attending this stimulating workshop!"

### TEXAS

Christie Sprowls reports: "I believe that everyone should have access to EMDR. It is my hope is to get the word about EMDR out to the general public, to inspire new practitioners to become trained and to encourage those who have already been trained to continue their training with advanced practitioners through the Masters Tele-Summit. The Masters Tele-Summit is free and launched in October. People can join in any time during the six weeks of its being on air. Because of the amazing response, I am planning a 2nd and possibly 3rd series of "Masters" interviews. In the event that people want to purchase the series, it is available for a fee, and 10% of the profit will go to EMDR HAP. I am hoping to do one for the EMDR Research Foundation in the future. For more information, contact http://www.masterstelesummit.com."

## SOUTH AMERICA

### IBEROMERICA

Esly Carvalho reports: "The Brazilian Association of EMDR has just published the first book of case studies with EMDR in Portuguese by Brazilian authors. The book is available on Amazon and for kindle. It was edited and organized by Andre Monteiro and is called *Conquests in Psychotherapy*, including chapters and different applications of EMDR. In Brasilia on November 14-18, 2012, the Second Brazilian EMDR conference was held. We had more than 120 people sign up. Karen Lansing and Santiago Jácome were the main speakers and we launched the EMDR HAP Brasil network. My book, *Sanando la Pandilla que Vive Adentro*, demonstrates the use of EMDR Applied to Role Therapy. It is available in Spanish through EMDR HAP (USA), as well as on Amazon. It is also available in Portuguese and will be published in English next year. I defended my doctoral dissertation in May on "The Use of EMDR for Sports Trauma" and it is available through the Francine Shapiro Library." ❖

# EMDRIA Credit Programs

To view a list of EMDRIA Approved Distance Learning Workshops, please go here: http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=54

(As of October 31, 2012)

| Program # / EMDRIA Credits / Title | Provider Name / Presenter(s) | Contact | Telephone | Dates / Location |
|---|---|---|---|---|
| RC12011-01<br>1.5 Credits<br>*The Early Trauma Protocol* | New Haven EMDRIA Regional Network<br>David Eliscu, LCSW and Susan Boritz, LMFT, LADC | Lynn Persson | 203.874.1781 | December 8, 2012<br>New Haven, CT |
| 00017-20<br>12 Credits<br>*Healing the Wounds of Attachment and Rebuilding Self* | Deany Laliotis, LICSW<br>Deany Laliotis, LICSW | Christina Zavalij | 202.364.3637 x0 | December 8-9, 2012<br>Tallahassee, FL |
| RC12105-03<br>2 Credits<br>*Dyadic Resourcing (DVD Presentation)* | Buffalo EMDRIA Regional Network<br>Phil Manfield - DVD | Kriss Jarecki | 716.913.2832 | December 12-13, 2012<br>Buffalo, NY |
| 12009-02<br>6.5 Credits<br>*Trauma, Attachment & Neuroscience: New Psychotherapeutic Treatments* | CMI Education Institute, Inc.<br>Bessel van der Kolk, M.D. | Dawn Messing | 800.647.8079 | December 14, 2012<br>King of Prussia, PA |
| RC12105-04<br>3.5 Credits<br>*Dyadic Resourcing (DVD Presentation)* | Greater Kansas City EMDRIA Regional Network<br>Phil Manfield - DVD | Larry Nieters | 913.469.6069 | December 15, 2012<br>Overland Park, KS |
| RC12107-01<br>3 Credits<br>*Using EMDR with Severely Dissociative Clients* | Buffalo EMDRIA Regional Network<br>Gerald Puk - DVD | Kriss Jarecki | 716.913.2832 | January 6 & 9, 2013<br>Buffalo, NY |
| 12002-06<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | January 19-20, 2013<br>Round Rock, TX |
| 03016-09<br>6 Credits<br>*Enhancing EMDR with Energy Psychology* | Phil Manfield, Ph.D.<br>Carol Odsess, Ph.D. | Renee Flores | 800.557.1384 | January 26, 2013<br>Berkeley, CA |
| RC12102-05<br>3 Credits<br>*Integrating Neurobiology & EMDR: Part 2 (DVD Presentation)* | S. Louisiana EMDRIA Regional Network<br>Dean Dickerson - DVD | Charlene Spears | 337.223.2249 | February 2, 2013<br>Location TBD |
| 99003-79<br>13 Credits<br>*The Neurobiology of EMDR: A Glimpse Inside the Brain* | EMDR Institute<br>Uri Bergmann, Ph.D. | Robbie Dunton | 831.761.1040 | February 2-3, 2013<br>Asheville, NC |
| RC12105-04<br>3.5 Credits<br>*Dyadic Resourcing (DVD Presentation)* | Greater Kansas City EMDRIA Regional Network<br>Phil Manfield - DVD | Larry Nieters | 913.469.6069 | December 15, 2012<br>Overland Park, KS |
| RC12107-01<br>3 Credits<br>*Using EMDR with Severely Dissociative Clients* | Buffalo EMDRIA Regional Network<br>Gerald Puk - DVD | Kriss Jarecki | 716.913.2832 | January 6 & 9, 2012<br>Buffalo, NY |
| 09003-15<br>12 Credits<br>*Mindfulness, Meditation and EMDR* | Awake Mind, LLC<br>Julie Greene, LPC | Julie Greene | 303.641.4997 | February 2-3, 2013<br>Marina del Rey, CA |
| 06003-40<br>20 Credits<br>*The Art of EMDR* | Kathleen Martin, LCSW<br>Roger Solomon, Ph.D. | Kathleen Martin | 585.473.2119 | February 4-8, 2013<br>Costa Rica |
| 00017-25<br>12 Credits<br>*Healing the Wounds of Attachment and Rebuilding Self* | Deany Laliotis, LICSW<br>Deany Laliotis, LICSW | Christina Zavalij | 202.364.3637 x0 | February 8-9, 2013<br>Bend, OR |
| 03002-20<br>12 Credits<br>*Attachment Based Trauma and EMDR* | Maiberger Institute<br>Barb Maiberger, MA, LPC and Arielle Schwartz, Ph.D. | Barb Maiberger | 303.875.4033 | February 9-10, 2013<br>Boulder, CO |

| Program # / EMDRIA Credits / Title | Provider Name / Presenter(s) | Contact | Telephone | Dates / Location |
|---|---|---|---|---|
| 01018-49<br>7 Credits<br>*Module 4 - Working with Dissociation in Complex Developmental Disorders* | Carol J. Crow, LMHC<br>Katherine Steele, MN, CS and Carol Crow, LHMC | Cheryl Lee | 813.915.1038 x1 | February 15-16, 2013<br>Tampa, FL |
| 12002-05<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | February 16-17, 2013<br>Phoenix, AZ |
| 99003-77<br>14 Credits<br>*Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD* | EMDR Institute<br>Jim Knipe, Ph.D. | Robbie Dunton | 831.761.1040 | February 22-23, 2013<br>Albuquerque, NM |
| 08014-03<br>14 Credits<br>*When There Are No Words: Recprocessing Early Trauma & Neglect in Implicit Memory with EMDR* | Regina Morrow, Ed.S., LMFT, LMHC<br>Katie O'Shea, MS, LMHC | Regina Morrow | 407.876.2078 | March 1-2, 2013<br>Orlando, FL |
| 07005-23<br>13 Credits<br>*Healing the Caregiver System: Using EMDR Therapy, the Adult Attachment Interview (AAI) and Attachment Theory* | Ana M. Gomez, MC, LPC<br>Ana M. Gomez, MC, LPC | Robin Gibbs | 914.686.9361 | March 8-9, 2013<br>Stamford, CT |
| 06003-39<br>20 Credits<br>*The Art of EMDR* | Kathleen Martin, LCSW<br>Roger Solomon, Ph.D. | Kathleen Martin | 585.473.2119 | March 15-18, 2013<br>Niagara-on-the-Lake, ON<br>CANADA |
| 12002-07<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | March 23-24, 2013<br>Baltimore, MD |
| 99003-78<br>14 Credits<br>*Step by Step: Making EMDR Effective and Developmentally Appropriate for Children & Adolescents* | EMDR Institute<br>Ana Gomez, MC, LPC | Robbie Dunton | 831.761.1040 | April 13-14, 2013<br>Arlington, VA |
| 03002-23<br>12 Credits<br>*Addictions and EMDR* | Maiberger Institute<br>Barb Maiberger, MA, LPC and John Gray, LPC | Barb Maiberger | 303.875.4033 | April 13-14, 2013<br>Boulder, CO |
| 99003-80<br>14 Credits<br>*EMDR and Treatment for Problematic Anger, Hostility & Violent Behaviors* | EMDR Institute<br>Mark Nickerson, LICSW | Robbie Dunton | 831.761.1040 | April 13-14, 2013<br>Denver, CO |
| RC12103-01<br>3 Credits<br>*Integrating Neurobiology & EMDR: Part 4 (DVD Presentation)* | S. Louisiana EMDRIA Regional Network<br>Dean Dickerson - DVD | Charlene Spears | 337.223.2249 | May 4, 2013<br>Location TBD |
| 99003-81<br>13 Credits<br>*The Neurobiology of EMDR: A Glimpse Inside the Brain* | EMDR Institute<br>Uri Bergmann, Ph.D. | Robbie Dunton | 831.761.1040 | May 4-5, 2013<br>San Diego, CA |
| 09003-16<br>12 Credits<br>*Mindfulness, Meditation and EMDR* | Awake Mind, LLC<br>Julie Greene, LPC | Julie Greene | 303.641.4997 | May 31 - June 1, 2013<br>Boulder, CO |
| 03002-21<br>12 Credits<br>*EMDR Toolkit for Complex PTSD* | Maiberger Institute<br>Barb Maiberger, MA, LPC and Katie Asmus, MA, LPC | Barb Maiberger | 303.875.4033 | June 29-30, 2013<br>Boulder, CO |
| 99003-82<br>13 Credits<br>*The Neurobiology of EMDR: A Glimpse Inside the Brain* | EMDR Institute<br>Uri Bergmann, Ph.D. | Robbie Dunton | 831.761.1040 | July 20-21, 2013<br>Seattle, WA |
| 99003-83<br>14 Credits<br>*Complex PTSD, Attachment and Dissociative Symptoms: Treating Children with Pervasive Emotion Dysregulation Using EMDR Therapy and Adjunctive Approaches* | EMDR Institute<br>Ana Gomez, MC, LPC | Robbie Dunton | 831.761.1040 | July 27-28, 2013<br>Charlotte, NC |
| 03002-22<br>12 Credits<br>*Somatic Interventions and EMDR* | Maiberger Institute<br>Barb Maiberger, MA, LPC | Barb Maiberger | 303.875.4033 | August 24-25, 2013<br>Boulder, CO |
| 99003-84<br>13 Credits<br>*The Neurobiology of EMDR: A Glimpse Inside the Brain* | EMDR Institute<br>Uri Bergmann, Ph.D. | Robbie Dunton | 831.761.1040 | October 26-27, 2013<br>Rosemont, IL |

# EMDRIA Regional Meeting SCHEDULE

(As of November 14, 2012)

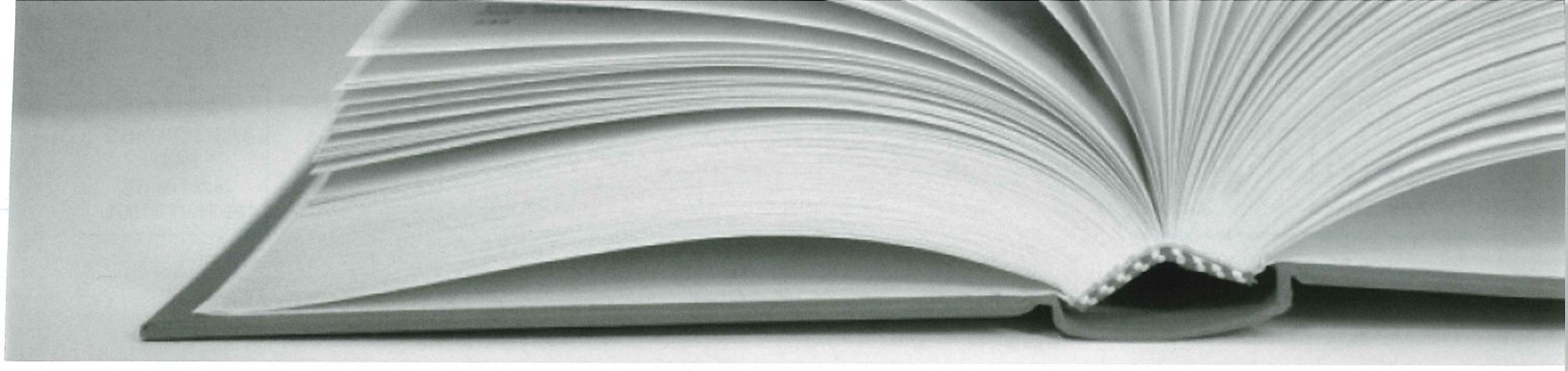
These meetings may or may not offer EMDRIA Credits. For Credit information, please refer to the EMDRIA Credit Program Schedule located on the previous page. For the most current information, go to http://www.emdria.org/calendar.cfm

| Location<br>Regional Meeting | Regional Meeting Schedule | | Regional Coordinator<br>Contact Information |
|---|---|---|---|
| ARIZONA<br>Southern Arizona EMDRIA Regional Network | December 20, 2012 | | Linda Bowers \| 520.326.5980<br>lindamimi@earthlink.net |
| CALIFORNIA<br>Greater Sacramento EMDRIA Regional Network | December 14, 2012 | January 12, 2013 | Merrill Powers \| 530.852.5066<br>merrill@powerstherapist.com |
| San Diego County EMDRIA Regional Network | December 1, 2012 | | Sue Goodell \| suegoodell@sbcglobal.net |
| CONNECTICUT<br>Greater New Haven EMDRIA Regional Network | December 8, 2012<br>March 2, 2013<br>June 1, 2013 | January 19, 2013<br>April 13, 2013 | Lynn Persson \| lkpersson@aol.com |
| KANSAS<br>Kansas City EMDRIA Regional Network | December 15, 2012 | | Larry Nieters \| 913.469.6069<br>lnieters@juno.com |
| LOUISIANA<br>South Louisiana EMDRIA Regional Network | February 2, 2013<br>May 4, 2013 | March 23, 2013 | Charlene Spears \| charlene1@hughes.net |
| NEW YORK<br>Buffalo EMDRIA Regional Network | December 12, 2012<br>January 6, 2013 | December 13, 2013<br>January 9, 2013 | Kriss Jarecki \| 716.913.2832<br>harmonyhearth@aol.com |
| OREGON<br>Central Oregon EMDRIA Regional Network | December 11, 2012 | | Karen Forte \| 541.388.0095 |
| TEXAS<br>North Texas EMDRIA Regional Network | December 28, 2012 | | Jordan Shafer \| 972.342.2448<br>jshafer@compassionworks.com |

# WELCOME New EMDRIA Members

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

Jack L Abernathy, MS, NCC, LAPC
Mardee Alff, Psy.D.
Stephanie R Alvarez, MA
Linda (lin) Ames, MSW, LCSW, LMHC, LCAC
Linda A Ankeney, MFT
Holly W. Anton, PhD
Peter Aron, LGSW
Eleanor C Baldwin, MSW/LCSW
Martha Keys Barker, LCSW-C
Julie M Bellamy, LCSW, MSW
Judy Benvenuto, MA
Hollis Blatt, MSW, LISW
Peter J. Brecher, PhD
Marci Brewer, LCSW
michele lee brooks, MSW, RSW
Natalie Sea Burger, LCPC
Cathy Delane Byars, LCSW
Lesley K Caldwell, LPC
Linda M Caldwell, LPC
Myriam A. Calero
Marian Camden, Psy.D.
Bertha T. Carrelli, LCSW-C
Jeremy T Ccohran, LMFT
Terry L Chapman, MSW LGSW
Charla A Chenoweth-Swift, MSW/LSCSW/LAC
Emily K Childress, MA, LMFT
Gayle A Civish, PhD
Deborah A Clague, LCSW
Seaghan P. Coleman, LMSW
Adam S. Colling, MS, LMHC, CAP, ICADC
Carol A. Coon, LCPC
Claudia Gayle Currie-Mills, LCSW
Katrina Curry, MA/MFT Intern
Nona Damore, MA/Clinical Psychology
Desiree DelMonte, Th.D.
Marilyn B DeLuera, LCSW
Frances Wendy Dorsey, MS Pastoral Counseling
Elaine Anne Duncan, MA, LMHC
Lori Eastep, MSW, LICSW
Linda E Eaton, M.Ed., LPC
Kathy Echelberger, LPC, MAMFC, D.Min.
Elizabeth A English, LCSW, CADC II, LAADAC
Carol E Farthing, PhD
Stephanie Ann Fedele, Limited Licensed Psychologist
Ernesto Felipe-Cuervo
Paula Ferradas, MA, MS
Mindy Fox, LMFT
Erica Fross, LCSW
Judith Fuhrman, LSW
Makiko Fujita, LCMHC
Denise R Fuller, LCSW-R
Arlene G. Gallan, Ph.D.
June A Gallegos Moser, LSW
Jean Gargala, LCSW
Joyce D Geddie, MA, RN, LAPC
Amita Ghosh, M.Ed.
Mitra Y Gilbert, Psy.D
Bernard J Gotway, Ph.D. P.C.
Ryan K. Grant, LCSW, RPT-S
Melissa Lanz Gretz, MA; LCMHC
Lisa E. Grinnell, MA, LPCC
Meg M. Grundy, LCSW
Patricia Osborne Hannon, PhD, CNS-BC, CNE
Alice I Harberts, MSW/LISW
Catherine A. Hart, LISW
Shazia Hasan, M.A., L.C.S.W.
Jane Hemphill, LISW, CPS
Laura L Henson, MS
Lisa Highgate, M.ED
Elizabeth K Hoffman, Ph.D., L.C.S.W.
netter elizabeth hollinsid, MSW LMSW
Ann L Horton, LMHC
Glenn T Howard, LMFT
Pamela Maureen Hurley, MSW, LCSW
Gail Ironson, MD, PHD
Cheri Jacobsen, MFT
Susan L Joa, MS, CRC, LMHC
Colleen Ann Johnston, LCSWR
Laura Joiner, MA, MFT
Daniel Kristin Jones, Psy.D.
Jaime Jones, LCSW
Greg Kaplan, LMFT
Angie Kauffman, MA
Elizabeth Kirkpatrick, LICSW
Carman Klassen, MA
Sabine Koch-Scoggins, PhD, LPC-MHSP
Louis Ari Kopolow, M.D,
Cassandra H. Landry, MA
Joseph P Lang, Ph.D.
Larry A Ling, MSW/CSW-PIP
Roxanna Litow, MAMFT, LAPC
David R Llewellyn, LMHC, CSAT
Eileen Long-Farias, LPC, CTS
Tracy P Mach, M.Ed.
Mary Mahood, MS
Cristina N Mardirossian, LMFT
Emily C Marion, LCSW
Caroline C Mason, MA
Michelle Millares May, M.Ed., LMHC
Kelly M McCall, LCSW
David William McDonald, MS. LPC. CSAC, RTC
Debra Eugenia Taylor McGee , Ed.D.
Arthur McHenry, Master
Annette D McMurrey, MA, LPC
Anne L Meijers, LCSW
Carol Mettus, MSW/LCSW-C
Janet Lynne Meyer, MSW, LCSW, C-ASWCM
Sharon L Moehle, Ed.S.
Jacki P Moffitt, M.A.
AndrÃ MaurÃcio Monteiro, Dr.
Paula Moore, LMSW
Belen Mora-Byers, Psy.D.
Deborah Mostert, M.Ed. L.P.C.
Tina Nicole Motley, LCSW
Janine Annette Muller, MSW, LCSW
Kimberly A Mulron
William Munze, MS, LMHC, NCC
Ellen M. Murphy, LCSW
Maria Luisa Navarro, Licenciada
Robin T. Navarro, Psy.D.
Philippe Nicolay, MFT
Mike Niehans, M.D.
Jan Nolan, LCSW-C, CPC
Eileen O'Brien, LMHC
Joanne B. O'Neil, MSW, LCSW
Mary Ortenburger, MS, LMFT
Theresa Owens, MSW, LICSW
Bryan Palmer, MSSW
Nicki S. Patyal
Diane Menke Pence, LMHC, NCC, MS, MSEd
Sara Peterson, MA, LPC
Michelle M Phillips, LPCA
H. Jonathan Polan, M.D.
Julie C Porter, LMFT
Susan Powell, LCSW
Stacy Jo Pray, LCPC
Amy J Price, MA, LCPC
Kimbo Prichard, MA, MFT
John Prosise, Licensed Psychologist
Susan M Quigley, PsyD
Nancy J Rafert, LCSW-C
Elizabeth A Ramos, MSW, LCSW, LCAS, CSI
Kathryn M Rauch, MA
Denise A Reding-Jones, Ph.D.
Leslie A Reduto, LCSW,CASAC
Mark Reid, MA
Michele R Renchner, Ph.D.
Karen A Rocchio, MS MFT, LMFT
Janet J. Rooney, APRN
Melissa E Rosen, LCSW
Colin A Ross, M.D.
Sharon Smith Saia, MSW, LISW-S
Heidi F Sammons, MA
Akeeda R Sampson, MSW, LCAS, LCSW
Michelle Sampson-Spencer, Psy.D
Brian Satt, Ph.D.
Jill Duba Sauerheber, Ph.D., LPCC, NCC, RTC
Silvana Scelfo, MS, LPC
Amanda Schara, LMHC, CADC
Rhonda (Roni) Scharf, RN, MSN, CRNP
Amy L Schneider, LMFT
Dorit Segal , Psychotherapist
Stan Seymour, LCMFT
Sutton L Shepherd, MA
Becky Frink Sherman, PhD
Jacquelyn M. Skinner-Johnson , MSW, LISW-CP
Diane E. Smith, MA/LMFT
Kathleen E Smith, LCPC, MA
Lynn M Smith, LCSW
Jackson D Sousa, LMFT, CSAT
Jill C Southam, MC, LMHC
Virginia M Spaulding, PhD
Yvonne W Tallent, LCSW
Lynn J Talpers, LICSW
Tamara A Tarver, LMFT, MAC
Carol Tomeo, LPC
Sarah E Trembley, MA, LMHC
Stacy Trostler, LISW-S
Candido Trujillo, PhD
Brandi L Turner, LMSW
Lynn L Turner, MA, LPC, LCDC
Judy Tyson, Ph.D., CGP
Viviana Umana, Master Social Science
Christy Van Horn, LCPC
Miguel A Vilara Colan, M.D.
Pamela E Warner de Montoya, LMHC
Kristan Warnick, MS, CMHC
Angela Wastrack, LCSW
Barbara Weiner, MA
Desdemonia L Whittle , MFT
Christine A. Widener, LCSW, RN
Sari Winerman, LISW
Erica Liu Wollin, Psy.D.
Maria L Wood, M.Ed.
Olivia Yang, LCSW
Victoria S Young, PhD, LCSW-C



# JOURNAL OF EMDR PRACTICE AND RESEARCH CALL FOR PAPERS

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

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

## Manuscript Preparation and Submission

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

Thank you in advance for your participation.

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

## Need Submission Ideas?

### Case studies

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

### Research studies

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

### Clinical contributions

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

### Review articles

- Summarize literature and research in a particular domain

### Theoretical reviews

- Summarize research and propose hypotheses

EMDRIA
EMDR INTERNATIONAL ASSOCIATION
5806 MESA DRIVE, SUITE 360
AUSTIN, TX 78731-3785

PRSRT STD
U.S. POSTAGE
PAID
AUSTIN, TX
PERMIT #1501

Is your address correct?
If not, fax your corrections to:
512.451.5256

*Visit us today at ...*

# WWW.EMDRIA.ORG