

EMDRIA NEWSLETTER



“Healing the Many Faces of Trauma”

Join us in Orange County, CA for another great EMDRIA Conference!

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Office Hours

Monday - Thursday, 8am to 5pm CT

Friday, 8am to 4pm CT

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JUNE 2011

Featured Articles

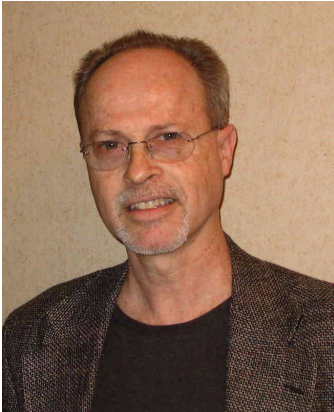
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President's Message

The Energy of Diversity



BY URI BERGMANN, PH.D.
EMDRIA PRESIDENT

William Sloan Coffin, Jr. wrote that "diversity may be the hardest thing for a society to live with, and perhaps the most dangerous thing for a society to be without." We know this to be true if we want to see treatment in general, and EMDR specifically, unimpeded by racial, ethnic, cultural, religious,

gender or political barriers. If our organization can increase the diversity of its membership, it will, thereby, increase the diversity in the application of EMDR treatment and of those who receive it.

In view of this, I'd like to recount an experience that I had at last year's Conference, which reminded me of poet W. H. Auden's comment that "civilization should be measured by the degree of diversity attained and the degree of unity retained."

I was privileged to be part of a panel of six speakers on the last day of the Conference. The subject of the panel was

diversity; with speakers presenting on working with the Hispanic community, Holocaust survivors and their families, traumatized sex therapists, inner city populations, the Native American community, and the gay, lesbian, bisexual, and transgender community. Each speaker recounted the unique struggles and pains of these specific communities, as well as the unique concomitant challenges regarding the treatment and the therapist's experience.

Not surprising was the fact that the knowledge and information was fascinating and at times astounding. However, what was astonishing for me was what I experienced in the last quarter of the presentation. In spite of the fact that this was the last presentation, on the last day of the Conference, with our inherent fatigue, the energy in that room began to steadily increase, to the point of being a wonderful buzz. This was palpable in the panel and in the audience. The magnitude of this experience was wonderfully startling!

If such an infusion of breathtaking energy could be created in such an environment, I can only imagine the outcome if the entirety of EMDRIA had the same composition. ❖



TRAUMA PROGRAM | Sandra Shapiro, PhD, Director

*Are you EMDR trained? Experienced with psychodynamic psychotherapy?
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For more information on the NIP Trauma Program, please visit www.nipinst.org or call 212.582.1566, x8713.

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New York, NY 10107

National Institute for the Psychotherapies

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ANNOUNCEMENTS

Thank You...

We would like to thank you for renewing your EMDRIA membership for 2011 and would like to welcome all of our new EMDRIA members!

Your Vote Counts

The EMDRIA Board of Directors Election will open soon. A proposed Bylaws Amendment will be included as well for you to approve. Just as we have for the past 2 years, we are utilizing online election voting in our continued efforts to Go Green! Once the election opens, you will receive an email containing a link to the ballot. All Full Members who renew or join by the date the election opens are eligible to vote. You can access the ballot directly from the link in the email or by visiting the Members Only area of the EMDRIA website and clicking "Vote Now". You can also call EMDRIA and request a paper ballot be mailed to you if you prefer to vote by mail. If you have not provided an email address to EMDRIA, a paper ballot will be sent to you automatically.

Standards & Training Committee Recruitment...

The EMDRIA Standards and Training Committee is actively looking to recruit additional members. The purpose of the Standards & Training Committee is to ensure that the highest standards of EMDR are maintained for all EMDRIA Approved Basic EMDR Trainings, advanced programs offering EMDRIA Credits and for those who apply for recognition as EMDRIA Certified Therapists and Approved Consultants in EMDR. Committee members review applications of those seeking to offer an EMDRIA Approved Basic Training or receive EMDRIA Credits (continuing education in EMDR) for advanced programs. The Committee meets regularly by conference call.

It is suggested that members interested in serving on the Standards & Training Committee meet the following qualifications:

1. EMDRIA Certified;
2. Interest in maintaining standards and training in EMDR; and
3. Able to communicate by email

Previous service on an EMDRIA Committee is preferred, but not required. If you're interested in serving on this Committee, or if you would like more information, please contact Laura Chism at Ichism@emdria.org.

Foundation Board Sets Fundraising Goal of \$125,000...

Please help the EMDRIA Foundation Board reach its goal of raising \$125,000 this year. As of February 22nd, the EMDRIA Foundation has raised \$11,564. Please take a moment to donate! Remember, your donations are tax-deductible! Please visit the Foundation website (www.emdriafoundation.org) for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDRIA Foundation.

EMDR Journal

Please be aware that the EMDRIA office will be closed on July 4th for Independence Day.

EMDR Journal

As an EMDRIA member you have the benefit of access to the current and past issues of the Journal of EMDR Practice and Research. Go to the EMDRIA website (www.emdria.org) and click "Members Only", enter your user name and password, and click on the photo of the Journal cover. You will then have access to the current issue and past issues which include 119 articles.

New VA Brochure...

EMDR member Dr. Susan Rogers of the VA is featured on page 5 of a new VA brochure on treating PTSD. See the brochure at http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf. VA/DoD Clinical Practice Guidelines for the Management of Post-Traumatic Stress can be viewed at http://www.healthquality.va.gov/Post_Traumatic_Stress_Disorder_PTSD.asp. These guidelines were updated in October 2010 and lists EMDR as one of four "strongly" recommended therapies.

Approved Consultants & Consultants-In-Training...

EMDR would like to remind Approved Consultants and Consultants-in-Training that one of the requirements for Certification is 20 hours of consultation after the completion of an EMDRIA Approved Basic Training. At least 10 of these hours must be obtained through individual, EMDR-focused consultation. The remaining hours may be obtained through group consultation. In the documentation where you verify these hours for your consultee, please remember to designate how many hours were provided in each form (individual or group), even if all were individual.

Executive Director's Message

I want to share with you some exciting information and news of interest.

New Website

The new EMDRIA website was launched in late April to deliver timely, well-organized information to both EMDRIA Members and the general public who is interested in finding out more about EMDR. The EMDRIA website has undergone a design and content renewal, featuring improved navigation and search features, such as Find an EMDR Therapist, with great accessibility to EMDR resources and social networking sites. Please update your Profile (on the EMDRIA website) to include your Specialties, Populations and Languages served to allow clients and other therapists to find you easier; these additional features have been added to the Find an EMDR Therapist search directory and EMDRIA's new membership database.

We also would appreciate you indicating in your Profile your race/ethnicity, gender and practice setting so that EMDRIA can learn more about the overall diversity of our membership. This will provide a baseline for measuring changes in these areas as EMDRIA looks to increase the diversity of its membership.

EMDRIA is planning to publish a transcript of the diversity panel at last year's conference that is mentioned in Uri Bergmann's President's column. Don deGraffenried, founder of the Public Practice and Diversity Special Interest Group, is editing the transcript.

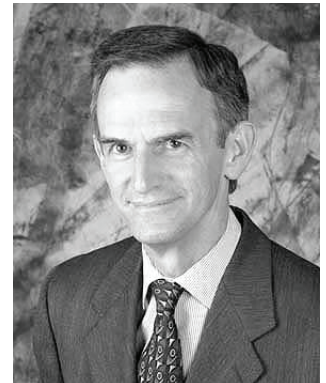
2011 Conference

Program and conference information is highlighted in the Conference Corner of this Newsletter and on the conference website (www.emdriaconference.com). In addition to EMDRIA Credits for this conference, EMDRIA has applied for continuing education credit for physicians and nurses, psychologists, social workers, marriage and family therapists, and counselors. Because of difficulties in obtaining CE's for physicians and nurses in past years, EMDRIA retained the services of SmithBucklin, an approved provider under the ACCME (physician) and ANCC (nursing) requirements. We expect that this will be the first EMDRIA Conference to give physicians continuing education credits.

EMDR and SAMHSA

The National Registry of Evidence-Based Programs and Practices of the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration (SAMHSA) now lists EMDR as a treatment for "PTSD symptoms, Anxiety symptoms, Depression symptoms, and Global mental health functioning". See <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199>. Special thanks for Christopher Lee, Ph.D. for his extensive work in completing the application and providing responses to questions from the reviewers. This approval of EMDR by SAMHSA is an

BY SCOTT BLECH, CAE
EXECUTIVE DIRECTOR



important development in the validation of EMDR for treatment of other symptoms in addition to PTSD.

EMDRIA Foundation

The EMDRIA Foundation recently announced the granting of two \$10,000 research awards to EMDR research projects. Thanks go to you, EMDRIA members, who have contributed to the Foundation so that it can financially assist those who are conducting EMDR research. Applications for research grants have more than doubled since last year. As Foundation President Wendy Freitag, Ph.D., discusses in her Newsletter column, the 2011 Annual Campaign goal is \$125,000. We ask you to continue to contribute to this important effort to support viable EMDR research projects.

EMDR HAP

During the past several years I have been fortunate to have worked with Bob Gelbach to enhance the relationship of EMDRIA and EMDR HAP. We are pleased today to see EMDRIA members volunteer for HAP and for EMDRIA Regional Coordinators to tap their Regional Networks to provide services under HAP's Trauma Recovery Networks. The EMDR community is united in its efforts to address crises throughout the world. And EMDR HAP through its EMDRIA Approved Basic Training programs has trained many in the public sector who have become members of EMDRIA. With Bob Gelbach's recent decision to step down as Executive Director of EMDR HAP, I want to express my gratitude and the special thanks of EMDRIA to Bob for his leadership and dedication to the EMDR community. EMDRIA looks forward to working with Carol Martin, EMDR HAP's new Executive Director. ❖

"What I Know For Sure"...



BY WENDY FREITAG, Ph.D.
EMDRIA FOUNDATION
PRESIDENT

In my efforts to de-clutter and simplify, I have been glancing through my unread Oprah magazines from the last 10 years. Oprah ends each of her magazines with a series entitled "What I Know For Sure." It was a series I didn't miss as I rushed to find any other treasures before recycling the magazine. One day I began to ponder about "what I know for sure." I wondered, what do I know for sure about...the world, life, my life, my work, my purpose, and of course that led to EMDR. I know for sure that EMDR is a gift, it heals, it is effective and efficient, it has given meaning to my life beyond anything I could imagine, it keeps my work challenging and equally rewarding. I don't know what I would do without it. "Doing without it" led me to think about the EMDRIA Foundation. (Funny how those associative links work, isn't it).

As all of you know, the mission of the EMDRIA Foundation is to support quality research, disseminate current information to mental health professionals and provide effective and efficient treatment information for mental health consumers. Although I don't think that EMDR practice will disappear, our focused concern is that EMDR remain a viable, evidenced-based practice conducted by competent and knowledgeable mental health professionals. High quality research defines and maintains that a treatment approach is evidenced-based. That's how it is done. As well, high quality studies provide important clinical information specifying what works, what doesn't and for whom. The EMDRIA Foundation has taken on the responsibility to pursue and uphold these standards. In the current milieu of evident-based practice this seems important, and the funding imperative. It appears that a bias against funding for EMDR research exists in the larger scientific and funding communities. Therefore, the EMDRIA Foundation's goal to fund high quality research is to further establish it as an evidenced-based practice and maintain the integrity of EMDR. practice. On the other end of the evidenced-based continuum, is the untrained therapist who waves their fingers in front of the client and calls it EMDR. And somewhere in the middle, is the result of the substandard, non-EMDRIA approved training programs producing uninformed and unprepared therapists in some variation of what we know as EMDR. These situations exist and are the current reality, so "what I know for sure" is that EMDRIA and the EMDRIA Foundation has the challenge of maintaining the integrity of EMDR practice through high quality trainings and improving the funding of EMDR research.

To that end, on behalf of the EMDRIA Foundation Board, I proudly announce the recipients of the 2011 Research Grant Awards. Each of these teams received a grant of \$10,000 for their project. We are grateful to the other four researchers who submitted proposals and hope that we can fund one of their projects in the future.

The first recipient is by Gail Ironson, MD, Ph.D. at the University of Miami Psychology Department in Coral Gables, FL. This research project involves a comparison between three interventions (EMDR, stress management, and standard care) to "mitigate the development of PTSD and to protect the psychological and physical health in disadvantaged people." "Aim 1: Effect of EMDR on outcome Variables: To determine the efficacy of EMDR compared to group administered stress management with a trauma focus (STRESS), and a psychological first aid control group on psychosocial and health outcome variables." "Aim 2: Who benefits most from this brief intervention: predicting recovery for the outcome variables from the nature of the trauma, past trauma history, substance use, and borderline personality disorder." The researchers have funding for this project and are already implementing the study. They will use the EMDRIA Foundation grant to cover the costs of adding a 6 month follow up. The second receipt is the research team of Michael Scheering MD, MPH at Tulane University School of Medicine in New Orleans, LA and Ana Gomez, MA, LPC of Phoenix, AZ. The aim of this research project is to evaluate the effectiveness of EMDR in "treating trauma-related depression in 6-17 year old children." The children (n=40) will be randomly assigned to received either 8 sessions of EMDR or 8 sessions of standard treatment at a mental health clinic. The Foundation Board is grateful to the review team lead by Tonya Edmond Ph.D, and thrilled that these two projects met the high standards required for the award.

What the EMDRIA Foundation Board knows for sure is that we need to continue our fundraising efforts. Our 2011 annual campaign goal is a lofty and **reachable** goal of \$125,000. As I said earlier, EMDR has given me more than I could ever have imagined. I know many of you feel the same way. If each of us donates a dollar for every time we **witnessed** the sheer strength of the human soul, **marveled** at a life-changing session, felt **great relief** for our client (and us, too!) at the other side of something horrible, have been **honored** to know the **empowerment** of healing a heart, or have simply just been **grateful for EMDR**, the EMDRIA Foundation's 2011 annual goal would easily be met. "What I know for sure" is that what we give comes back to us tenfold.

Please check out the EMDRIA Foundation's website (www.emdriafoundation.org) and visit the donation page, to promote the continued integrity and viability of EMDR practice. ❖



EMDR INSTITUTE INC

2011 SUMMER-FALL BASIC TRAINING SCHEDULE

	Weekend 1	Weekend 2
San Francisco CA	Jul 8-10	Dec 9-11
Phoenix AZ	Jul 15-17	Nov 11-13
Raleigh NC	Jul 22-24	Nov 18-20
Ann Arbor MI	Aug 5-7	Dec 9-11
Memphis TN	Aug 19-21	Feb 3-5, 12
Chicago IL	Sep 9-11	Mar 9-11, 12
Columbus OH	Sep 16-18	Mar 9-11, 12
Orlando FL	Sep 16-18	Feb 3-5, 12
Los Angeles CA	Sep 30-Oct 2	Mar 30-Apr 1, 12
Boston MA	Oct 14-16	Mar 16-18, 12
Iselin NJ	Nov 11-13	Feb 10-12, 12
Reno NV	Nov 18-20	May 4-6, 12
Portland OR	Nov 18-20	May 18-20, 12
Minneapolis MN	Dec 2-4	Mar 23-25, 12

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- *Discover methods to increase readiness for reprocessing and prepare clients for EMDR treatment.
- *Obtain practical knowledge of the neurobiology of EMDR and mindfulness practice
- *Gain methods to assist clients in developing self-assessment tools.

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EMDRIA Foundation

The EMDRIA Foundation is a nonprofit, charitable organization created to further the development of EMDR through research and the education of mental health professionals and the public.

The Foundation's goals are to support:

- Excellence in the research, theory, training, practice and evolution of EMDR;
- Integration (of EMDR) with current psychotherapy research;
- Accurate information regarding EMDR being universally available.

The Foundation is funded by voluntary contributions from EMDRIA members and other supporters of EMDR. The Foundation is recognized by the IRS to be exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code. Contributions are tax deductible under section 170 of the Code. Contributions can be made by mailing a check made payable to:

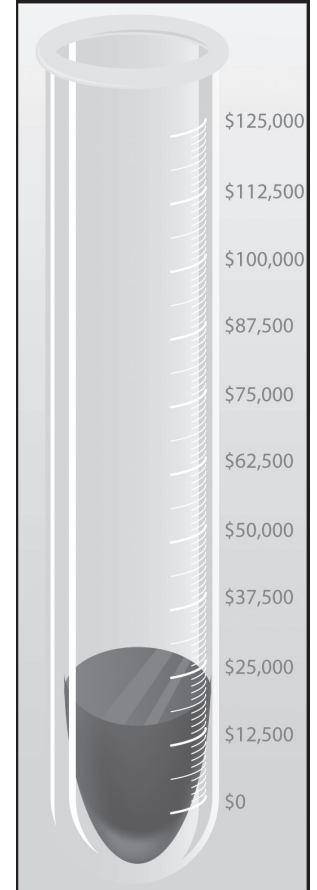
EMDRIA Foundation
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785

Contributions can also be made online at

www.emdriafoundation.org

2011 Fundraising Goal **\$125,000**

Please help the EMDRIA Foundation Board reach its goal of raising \$125,000 by the end of 2011. Take a moment to donate now! Remember, your donations are tax-deductible! Please check the EMDRIA Foundation webpage for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDRIA Foundation.



\$18,038
(as of June 7th)

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Recent Dedicated Donations

- Linda Cohn made a donation in memory of Mildred Waldman.
- Katy Murray made a donation in honor of Francine Shapiro's dedication to training EMDR HAP trainers.



The Conference Corner

BY PAULA CAMACHO, EVENT PLANNER

Come and be a part of the largest and most anticipated EMDR event in the United States! The 2011 EMDRIA Conference: “Healing the Many Faces of Trauma” will be held in Orange County, California, August 25th – 28th.

The schedule of events, speaker biographies, workshops descriptions, hotel information and sponsorship and exhibitor opportunities are available on our Conference website. Visit www.EMDRIAConference.com today!

REGISTRATION INFORMATION

Registration is now open! Here are two good reasons why you should register today:

1. We're offering an Early Bird registration - You must register by July 8th in order to receive the Early Bird registration fees. Fees will go up after July 8th, and if you wait and register on-site, there is an additional \$25 fee.
2. Workshops will be assigned according to the date registrations are received and meeting space is limited.

Visit our Conference website to register online or to download the printable Registration Form. In addition to this, you should receive the printed Conference brochure within the next few weeks. For more information or questions regarding Conference Registration, please contact Lynn Simpson at lsimpson@emdria.org.

HOTEL & TRAVEL INFORMATION

Hyatt Regency Orange County
11999 Harbor Blvd.
Anaheim, California 92840

The Conference will be held in beautiful Orange County, California, at the Hyatt Regency Orange County. Fresh from a \$25 million renovation, this hotel has easy access to the Honda Center, Angels Stadium, area beaches, shopping outlets, and free shuttle to/from Disneyland® Resort. Popularly recognized as The OC, this world-class visitor destination is the center of Southern California fun, attracting more than 40 million visitors each year! Please take a few minutes to explore this amazing area at www.anaheimoc.org.

Make your Hotel reservation today! We have secured a group rate at the Hyatt Regency Orange County of \$151/ single/double for EMDRIA Conference attendees. Book your reservation online today by going to our Conference Webpage, www.EMDRIAConference.org and clicking on the “Travel & Lodging” tab or give them a call at 714.750.1234 and ask for the EMDRIA rate. Rooms at this rate are selling quickly!

As in years past, we are helping to match attendees who are staying at the Hyatt Regency Orange County up as roommates at the Conference. If you are interested in finding a roommate,

go to EMDRIA's Conference Webpage and go to the “Travel & Lodging” tab and click on the Find a Roommate link, and add yourself to the Roommate List.

SPONSORSHIP / EXHIBITOR / ADVERTISING OPPORTUNITIES

Don't miss out on the opportunity to meet more than 800 leading EMDR professionals and promote your service or product! EMDRIA offers a wide variety of exhibit, advertising and sponsorship opportunities that are all designed to help you spread your message to EMDR therapists. Most of the sponsorship opportunities include Exhibit Booth Space, allowing you to get great advertising throughout the Conference! Exhibit space and sponsorships are filling up quickly so make sure you inquire about the opportunities still available. For more information go to EMDRIA's Conference Webpage and click on the “Sponsors” tab.

If you are interested in any of these opportunities, please contact me at pcamacho@emdria.org or 512.451.5200 and I will send you the Application & Payment Form. In order for your information to be included in the Conference Program, you must complete and submit payment by July 8, 2011. After this date, you may still purchase a booth or sponsorship, but your information will NOT be included in the Conference Program. We will not sell any booths or sponsorships after August 1, 2011.

We also have a “Free Take One” table available where you can place a brochure or flyer for Conference attendees to pick up. Details, including fees and deadline for submissions, are available on our Conference Webpage.

IMPORTANT ANNOUNCEMENTS

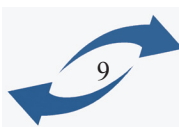
Memorial Scholarship

The Memorial Scholarship Application is available. Visit our website and download the application form if you would like to be considered for a scholarship to help with funds to attend the Conference.

Call for Questions

Our Main Conference will begin with an insightful presentation from the originator and developer of EMDR, Dr. Francine Shapiro, titled “EMDR Therapy Update: Theory, Research and Practice.” Dr. Shapiro will not only bring us up to date on the latest information about EMDR but also will be answering a few attendee questions during this Plenary session. If you plan on attending the Conference and wish to submit a question that Dr. Shapiro could answer during her session, please visit www.EMDRIAConference.com and fill out the Call for Questions Form. The deadline to submit your questions is July 15, 2011.

Continued on page 10...



Continued from page 9...

Conference Certificates


Like last year, we will be using software that allows you to print your certificates just two weeks after the Conference by going to our Conference website. Not only will this allow you to receive your certificates faster, it will also assist in EMDRIA's "Going Green" initiative. This means that we will NOT be sending certificates in the mail this year. Please go to our Conference webpage and click on the Educational Program tab for more details.

Session Handouts

In our continued efforts to "Go Green", we no longer provide printed handouts on-site at the Conference. A few weeks before the Conference, EMDRIA will email you an electronic copy of the handouts for the sessions you registered for. You may choose to keep these in electronic form or print them out and bring them with you to the Conference. When checking in at registration to pick up Conference materials, you'll be given a CD that will include all session handouts from participating presenters. If you forget to print them, there will be a 24-hour Business Center at the hotel where you can print them off of the CD using your credit card.

If you have any questions, please contact me at pcamacho@emdria.org or Toll Free at 866.451.5200 or 512.451.5200.

We hope you'll join us in Orange County for another great EMDRIA Conference! Please visit the Conference webpage for more information at www.EMDRIAConference.com. ❖



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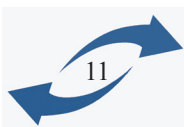
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Research studies

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- Investigate treatment processes
- Evaluate the role of eye movements and bilateral stimulation
- Assess individual factors / personality variables to treatment outcome or process

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- Discussion of the impact of ethnicity and culture
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- Recommendations for treatment of a specific disorder

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses

BY ROBERT GELBACH, PH.D.
EXECUTIVE DIRECTOR, EMDR HAP

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

By the time you read this, I will have stepped down as Executive Director of EMDR HAP after eight years of working with an amazing group of volunteers – most of them EMDRIA members – who have been transforming the prospects for effective trauma treatment in hundreds of American communities and dozens of developing countries. I am extremely grateful to these volunteers, to the HAP Board and Staff and to generous donors who fueled HAP's work. Thanks also to the Board and Staff of EMDRIA who welcomed this column each issue.

Leadership of HAP has passed to my good friend Carol Martin, a seasoned non-profit executive with a sound understanding of HAP's mission and the promise of EMDR. I would like to sum up our shared sense of where we are today and where we need to go as HAP and as part of the worldwide EMDR community.

Though HAP was born in the wake of the Oklahoma City bombing of 1995, and continued to respond to disasters (e.g., earthquakes in Turkey, Mexico, China, Haiti; tsunamis and floods in south Asia; hurricanes in the Gulf Coast; civil conflicts and combat trauma across a wide swath of the earth), experience has taught us that our best response to disaster is a "pre-response": prevent and mitigate harm, by building up EMDR clinical communities in vulnerable societies and equipping them with ever-improving protocols for early intervention.

In general, we aim to increase the capacity of underserved communities, anywhere in the world, to access evidence-based trauma treatment. That's it.

Sometimes a community is underserved because it has just been overwhelmed by a natural or man-made disaster. But sometimes, the trauma is a result of longstanding conditions and intergenerational transmission of psychic stress. And often the community lacks adequate service because caregivers lack relevant skills. Or because those who do have skills are in short supply or are out of reach for many who are in need.

In any of these circumstances, HAP has developed a response – when resources allow – that focuses on training caregivers to recognize and treat trauma, guided by the Adaptive Information Processing model. When the caregivers are clinicians, we train them in EMDR; when they are paraprofessionals, we teach them traumatology and stabilization. And we encourage both groups to work together as a team, because in most parts of the world clinicians are scarce, while trauma is plentiful, and paraprofessionals can do lots of the preparation for processing.

We think that effective trauma treatment for individuals can have a transformative effect on communities and societies in need. Last year, the World Health Organization issued a major report underscoring the critical role that mental health can play in supporting the UN's effort to help the earth's "bottom billion" people move toward economic and

social development. HAP attended the announcement with hundreds of other organizations. We hope it will stimulate new understanding from world leaders. But it has also encouraged us to move ahead with a new element in our programs.

That new element is a continuing effort to educate the general public about trauma, because very frequently individuals and communities live with undiagnosed and untreated traumas that literally overwhelm them. As we continue to expand the supply of evidence-based trauma therapists, we also need to increase public awareness that trauma is implicated in many community and personal problems.

That is why we have spent time and effort over the past two years reaching out to the agencies and families who are caring for people with intellectual disabilities – a population frequently experiencing trauma and capable of being helped by EMDR. Our outreach is fast becoming a collaboration with leaders in care for intellectual and developmental disability.

In other initiatives, we have continued to train clinicians to treat combat trauma, but we are also reaching out to veterans and their families. We have begun a dialogue with associations of 911 telephone operators ("the 'first' first responders"). And HAP volunteers are attending local Rotary and other civic association meetings to give brief talks on trauma and trauma treatment. These are just a few examples of what is possible. As we build a cohort of local Trauma Recovery Network volunteers, they will be able to support these outreach efforts in their communities.

Looking ahead, we will continue to focus on disasters, but with special efforts at preparation and mitigation. We will focus even more on building capacity to address trauma in underserved communities, by training clinicians and paraprofessionals, both at home and abroad. And we will expand our efforts to educate the general public to recognize trauma and realize that it can be treated, safely and effectively.

(PS, If I sound like I am still engaged in this effort, that's no accident. I will be continuing to serve HAP as a consultant. I look forward to seeing many of you at the EMDRIA Conference in Anaheim.) ❖

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 website at: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43>.

Arabia, E., Manca, M. L., & Solomon, R. M. (2011). EMDR for survivors of life-threatening cardiac events: Results of a pilot study. *Journal of EMDR Practice and Research*, 5, 2-13. doi:10.1891/1933-3196.5.1.2

Emanuele Arabia, University of California Los Angeles. E-mail: <emanuele84@ucla.edu>

ABSTRACT This pilot study evaluated the effectiveness of eye movement desensitization and reprocessing (EMDR) in treating posttraumatic stress disorder (PTSD) symptoms and concomitant depressive and anxiety symptoms in survivors of life-threatening cardiac events. Forty-two patients undergoing cardiac rehabilitation who (a) qualified for the PTSD criterion "A" in relation to a cardiac event and (b) presented clinically significant PTSD symptoms were randomized to a 4-week treatment of EMDR or imaginal exposure (IE). Data were gathered on PTSD, anxiety, and depressive symptoms at pretreatment, posttreatment, and 6-month follow-up. EMDR was effective in reducing PTSD, depressive, and anxiety symptoms and performed significantly better than IE for all variables. These findings provide preliminary support for EMDR as an effective treatment for the symptoms of PTSD, depression, and anxiety that can follow a life-threatening cardiac event.



Davis III, T. E., May, A., & Whiting, S. E. (2011). Evidence-Based treatment of anxiety and phobia in children and adolescents: Current status and effects on the emotional response. *Clinical Psychology Review*. doi:10.1016/j.cpr.2011.01.001

Thompson E. Davis III, Laboratory for Anxiety, Phobia, and Internalizing Disorder Studies (LAPIS), Department of Psychology, Louisiana State University, 236 Audubon Hall, Baton Rouge, LA 70803. Email: <ted@lsu.edu>

ABSTRACT Research on treatments for childhood anxiety disorders has increased greatly in recent decades. As a result, it has become increasingly necessary to synthesize the findings of these treatment studies into reviews in order to draw wider conclusions on the efficacy of treatments for childhood anxiety. Previous reviews of this literature have used varying criteria to determine the evidence base. For the current review, stricter criteria consistent with the original Task Force (1995) guidelines were used

to select and evaluate studies. Studies were divided by anxiety disorder; however, many studies combine various anxiety disorders in their samples. As a result, these were included in a combined anxiety disorder group. Using more traditional guidelines, studies were assigned a status of well-established, probably efficacious, or experimental based on the available literature and the quality of the studies. While some treatments do meet the criteria for well-established status, it is clear from this examination that gaps remain and replication is necessary to establish many of these treatments as efficacious. In addition, there still appears to be a lack of research on the effects of treatment on the physiological and cognitive aspects of fear and anxiety.



de Roos, C., Greenwald, R., den Hollander-Gijsman, M., Noorthoorn, E., van Buuren, S., & de Jongh, A. (2011). A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) in disaster exposed children. *The European Journal of Psychotraumatology*, 2, 5694. doi:10.3402/ejpt.v2i0.5694

Carlijn de Roos, Psychotrauma Centre for Children and Youth GGZ Rivierduinen Postbus 2211 NL-2301 CE Leiden, The Netherlands, Email: <c.deroos@ggzkinderenenejeugd.nl>

ABSTRACT Background: Building on previous research with disaster-exposed children and adolescents, a randomised clinical trial was performed in the treatment of trauma-related symptoms. In the current study two active treatments were compared among children in a broad age range and from a wide diversity of ethnic populations.

Objective: The primary aim was to compare the effectiveness and efficiency of Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).

Design: Children (n 52, aged 4-18) were randomly allocated to either CBT (n 26) or EMDR (n 26) in a disaster mental health after-care setting after an explosion of a fireworks factory. All children received up to four individual treatment sessions over a 4-8 week period along with up to four sessions of parent guidance. Blind assessment took place pre- and post-treatment and at 3 months follow-up on a variety of parent-rated and self-report measures of post-traumatic stress disorder symptomatology, depression, anxiety, and behaviour problems. Analyses of variance (general linear model repeated measures) were conducted on the intention-to-treat sample and the completers.

Results: Both treatment approaches produced significant reductions on all measures and results were maintained at follow-up. Treatment gains of EMDR were reached in fewer sessions.

Conclusion: Standardised CBT and EMDR interventions can significantly improve functioning of disaster-exposed children.



Engelhard, I. M., Hout, M. A. V. D., Dek, E. C., Giele, C. L., Wielen, J. -W. V. D., Reijnen, M. J., & Roij, B. V. (2011). Reducing vividness and emotional intensity of recurrent "flashforwards" by taxing working memory: An analogue study. *Journal of Anxiety Disorders*, 25(4), 599 - 603. doi:10.1016/j.janxdis.2011.01.009

Iris M. Engelhard, Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC Utrecht, The Netherlands. Email: <i.m.engelhard@uu.nl>

ABSTRACT Several studies have found that making eye movements while retrieving visual images about past negative events reduces their vividness and emotional intensity. A working memory account states that eye movements tax working memory and interfere with visual imagery, thus degrading images. This study examined whether eye movements also affect recurrent, intrusive visual images about potential future catastrophes ("flashforwards") in a sample of female undergraduates who had indicated on a screening-scale that they suffer from such intrusions. They were asked to recall two intrusive images with or without making eye movements. Before and after each condition, participants retrieved the image, and rated its vividness and emotionality. Results showed that vividness of intrusive images was lower after recall with eye movement, relative to recall only, and there was a similar trend for emotionality. Potential implications are discussed.



Garcia, H. A., Kelley, L. P., Rentz, T. O., & Lee, S. (2011). Pretreatment predictors of dropout from cognitive behavioral therapy for PTSD in Iraq and Afghanistan war veterans. *Psychological Services*, 8(1), 1-11.

Garcia, Hector A.: Frank Tejada Outpatient Clinic, 5788 Ekhert Road, 116A PCT, San Antonio, TX, US, 78240, Email: <Hector.Garcia2@va.gov>

ABSTRACT Cognitive-behavioral therapies (CBTs) can be effective treatments for posttraumatic stress disorder (PTSD) but their effectiveness is limited by high rates of premature dropout. Few studies have compared pretreatment characteristics of treatment completers and dropouts, and only one has examined these factors in Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) Veterans. This study analyzed archival clinical data from 117 OEF/OIF Veterans evaluated and treated through a Veterans Affairs PTSD clinic. High numbers dropped out of treatment (68%). Treatment dropouts (n = 79) and completers (n = 38) differed significantly on Minnesota Multiphasic Personality Inventory-2 (MMPI-2) scales, PTSD symptom severity, and age. Regression analyses identified one MMPI-2 scale, TRT (negative treatment indicators), and age as unique but modest predictors of dropout.



Grey, E. (2011). A pilot study of concentrated EMDR: A brief report. *Journal of EMDR Practice and Research*, 5, 14-24. doi:10.1891/1933-3196.5.1.14

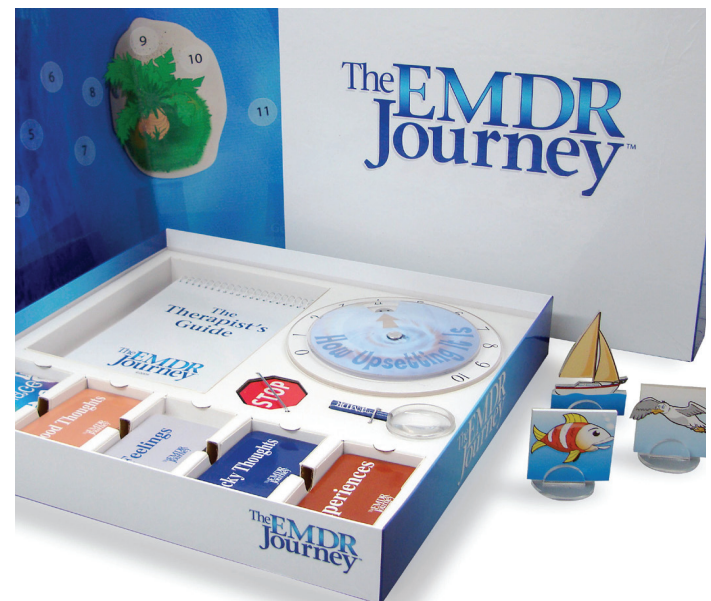
Earl Grey, 875 Greentree Rd, Seven Parkway Center, Suite 240, Pittsburgh, PA 15220. E-mail: <drearlgrey@gmail.com>

ABSTRACT The current research used a quantitative single-case study design to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) treatment for a participant diagnosed with comorbid major depressive disorder (MDD), severe without psychotic features, and panic disorder with agoraphobia. Treatment frequency was three sessions per week, with twelve 90-minute reprocessing sessions provided over a period of 1 month; the study also evaluated this application of "concentrated EMDR." At baseline, mean scores on the Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI) were 49 and 38, and at 3-month follow-up, the scores had decreased to 8 and 7 respectively. The results of this pilot study indicate that concentrated EMDR may be effective in treating comorbid MDD and panic disorder with agoraphobia. The study also evaluated the application of concentrated EMDR, with treatment frequency increased from one session to three sessions per week. Twelve 90-minute reprocessing sessions were provided over a period of 1 month. Results show the apparent effectiveness of concentrated EMDR.



Greenwald, R., & Shapiro, F. (2011). What is EMDR? Concluding commentary by Greenwald and response by Shapiro. *Journal of EMDR Practice and Research*, 5, 25-28. doi:10.1891/1933-3196.5.1.25 Email: <c.flik@antoniusziekenhuis.nl>

ABSTRACT This Point/Counterpoint concludes the interchange in Greenwald, R. and Shapiro, F. (2010) What is EMDR?: Commentary by Greenwald and Invited Response by Shapiro *Journal of EMDR Practice and Research*, 4, 170-179. Greenwald



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Rejoinder: In this rejoinder, I highlight areas of agreement between Shapiro and me that were obscured by Shapiro's (2010) response to my (Greenwald, 2010) commentary. I also address some of the erroneous statements made by Shapiro (2010) in her arguments against my positions. Finally, I summarize our disagreements, and again assert that until we have an empirical basis for preferring a particular theoretical model of eye movement desensitization and reprocessing (EMDR), it is premature for professional organizations to endorse Shapiro's model. Shapiro Response: In response to Greenwald, I again confine myself to addressing some of the errors and misconceptions in his arguments in relation to important aspects of EMDR therapy, theory, and research. Further, contrary to his assertion, there is already a sufficient empirical basis to support the preferential use of the adaptive information processing (AIP) model from which the EMDR procedures were formulated. His argument against this position is antithetical to the traditional process by which foundational models are challenged, refined, or replaced. Implications are salient to both training and practice.



Grogan, S., & Murphy, K. P. (2011). Anticipatory stress response in PTSD: Extreme stress in children. *Journal of Child and Adolescent Psychiatric Nursing*, 24(1), 58-71. doi:10.1111/j.1744-6171.2010.00266.x

Sherry Grogan, RN, BSN, Psychiatric Mental Health Nurse Practitioner student, University of Texas Health Science Center at Houston. Email: <sherry.d.grogan@uth.edu>

ABSTRACT TOPIC: Anticipatory stress chronically activates the stress response in children with post-traumatic stress disorder (PTSD). Effects of the allostatic load may begin even before birth in a stressful environment. **PURPOSE:** The purpose of this paper is to discuss the anticipatory stress response in children with PTSD. The paper discusses the etiology, the impact of the disorder on long-term health, cognitive and behavioral manifestations, and clinical management and treatment options. **SOURCES USED:** A review on current literature is presented and includes several key studies. **CONCLUSIONS:** Anticipatory stress in PTSD has acute and long-term health implications for the child. The psychiatric nurse plays a key role in preventing the long-term effects of PTSD.



Helen. (2011). Child abuse and voice hearing: Finding healing through EMDR. *Psychosis: Psychological, Social and Integrative Approaches*, 3(1), 90-95.

Helen. Email: <clinspsych_helen@yahoo.co.uk>

ABSTRACT TOPIC: Public education campaigns are needed to proclaim the right of children to be safe in their own homes and to encourage both abusers and victims to seek help. Broad-based discussion of this problem, its causes, its consequences and its remedies, would help lift the veil of secrecy and shame that surrounds the topic of sexual abuse within the family, preventing many individuals from seeking assistance. We therefore urge that all means, including the media, be used to raise public awareness about the need to end the sexual abuse of children, particularly within the family.



Murray, K. (2011). Container. *Journal of EMDR Practice and Research*, 5, 29-32. doi:10.1891/1933-3196.5.1.29

Katy Murray, 3627 Ensign Road NE, Suite B, Olympia, WA 98506. E-mail: <katymurraymsw@comcast.net>

ABSTRACT "Question: Is there a script that I can use to teach my clients to use a "container" resource? When and how might I use this with my clients?"

Excerpt: "Posttraumatic stress disorder (PTSD) can be thought of as a disorder of the present. Traumatic materials, including the beliefs, feelings, sensations, perceptions, urges, and images of the stored trauma intrude in the present; the client confuses the triggered experience with the reality of what is currently occurring. The adaptive information processing (AIP) model (Shapiro, 2001) posits that many presenting issues and diagnoses are fed by maladaptively stored experiential contributors and involve the experience of the past in the present. If a client has the ability to "put away" or "set aside" some disturbing memories, thoughts, worries, urges, and cravings, he or she is able to function more fully in the present rather than having his or her attention "hijacked" by the past or future. The use of a container resource can teach clients this ability. It can be introduced early in therapy during client preparation—Phase 2 in the eye movement desensitization and reprocessing (EMDR) approach—along with the calm/safe place skill."



Nappi, C. M., Drummond, S., & Hall, J. M. H. (2011). Treating nightmares and insomnia in posttraumatic stress disorder: A review of current evidence. *Neuropharmacology*. doi:doi:10.1016/j.neuropharm.2011.02.029

Carla M. Nappi. Email: <cnappi@ucsd.edu>

ABSTRACT Emerging evidence supports the notion of disrupted sleep as a core component of Posttraumatic Stress Disorder (PTSD). Effective treatments for nighttime PTSD symptoms are critical because sleep disruption may be mechanistically linked to development and maintenance of PTSD and is associated with significant distress, functional impairment, and poor health. This review aimed to describe the state of science with respect to the impact of the latest behavioral and pharmacological interventions on posttraumatic nightmares and insomnia. Published studies that examined evidence for therapeutic effects upon sleep were included. Some behavioral and pharmacological interventions show promise, especially for nightmares, but there is a need for controlled trials that include valid sleep measures and are designed to identify treatment mechanisms. Our ability to treat PTSD-related sleep disturbances may be improved by moving away from considering sleep symptoms in isolation and instead conducting integrative studies that examine sequential or combined behavioral and/or pharmacological treatments targeting both the daytime and nighttime aspects of PTSD.



Nelson, & Stephanie, D. (2011). The posttraumatic growth path: An emerging model for prevention and treatment of trauma-related behavioral health conditions. *Journal of Psychotherapy Integration*, 21(1), 1. doi:10.1037/a0022908

Stephanie D. Nelson, United States Army Medical Service Corps. Email: <ptgpath@gmail.com>

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ABSTRACT The aim of this study is threefold. First, the current evidence-based treatments for posttraumatic stress disorder (PTSD) are reviewed. Treatments reviewed for efficacy include prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing. Next, concepts identified as protective measures against chronic PTSD are explored, with particular emphasis on resiliency and posttraumatic growth (PTG). Third, based on the abovementioned systematic review, a new treatment model for trauma-related behavioral health conditions, the posttraumatic growth path (PTGP), is proposed. This research will demonstrate how this new model integrates a variety of therapeutic approaches and protective measures to treat and mitigate the development of chronic PTSD and other concomitant mental health concerns. Implications for practice are discussed.



Ono, Y., Furukawa, T. A., Shimizu, E., Okamoto, Y., Nakagawa, A., Fujisawa, D., . . . Nakajima, S. (2011). Current status of research on cognitive therapy/cognitive behavior therapy in Japan. *Psychiatry and Clinical Neurosciences*, 65(2), 121-129.

Yutaka Ono, MD, Center for Stress Management, Keio University Health Center, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan. Email: <yutakaon@gmail.com>

ABSTRACT Cognitive therapy/cognitive behavior therapy was introduced into the field of psychiatry in the late 1980s in Japan, and the Japanese Association for Cognitive Therapy (JACT), founded in 2004, now has more than 1500 members. Along with such progress, awareness of the effectiveness of cognitive therapy/cognitive behavioral therapy has spread, not only among professionals and academics but also to the public. The Study Group of the Procedures and Effectiveness of Psychotherapy, funded by the Ministry of Health, Labor and Welfare, has conducted a series of studies on the effectiveness of cognitive therapy/cognitive behavior therapy since 2006 and shown that it is feasible for Japanese patients. As a result, in April 2010 cognitive therapy/cognitive behavior therapy for mood disorders was added to the national health insurance scheme in Japan. This marked a milestone in Japan's psychiatric care, where pharmacotherapy has historically been more common. In this article the authors review research on cognitive therapy/cognitive behavior therapy in Japan.



Robertson, L. H. (2011). Self-Mapping in treating suicide ideation: A case study. *Death Studies*, 35(3), 267-280.

Lloyd Hawkeye Robertson, Program Management, Northlands College, La Ronge, Saskatchewan, Canada. Email: <lloyd@hawkeyeassociates.ca>

ABSTRACT This case study traces the development and use of a self-mapping exercise in the treatment of a youth who had been at risk for re-attempting suicide. A life skills exercise was modified to identify units of culture called memes from which a map of the youth's self was prepared. A successful treatment plan followed the mapping exercise. The process of self-map construction is presented along with an interpretive analysis. It is suggested that therapists from a range of perspectives could use this technique in assessment and treatment.



Robinson, B. L., & Shergill, S. S. (2011). Imaging in posttraumatic stress disorder. *Current Opinion in Psychiatry*, 24(1), 29.

Benjamin L. Robinson, Institute of Psychiatry, Box P096, 16 De Crespigny Park. Email: <benjamin.robinson@kcl.ac.uk>

ABSTRACT Purpose of review: Posttraumatic stress disorder (PTSD) is an unusual diagnosis in requiring an external environmental stressor to be present, in addition to the conventional signs and symptoms. Early controversies surrounded the validity of its criteria and whether there was a common neural basis for this disorder. This review summarizes recent neuroimaging studies, which have begun to clarify the basis of PTSD by combining imaging data with investigations of the stress response, and by employing fear and extinction learning paradigms to probe the underlying neural changes in those with the disorder.

Recent findings: We examine the recent literature with three main aims. First, to assess whether structural changes in PTSD are causal of or secondary to the condition. Second, to summarize current understanding of the relationship between neural activation and the stress responses within the autonomic nervous system in PTSD patients and controls. Finally, we examine neural mechanisms underlying the response to fear and reward, demonstrating how these are altered in PTSD.

Summary: A greater understanding of the brain mechanisms underlying healthy responses to fear and stress, and their alterations in PTSD, has opened up a new spectrum of possible pharmacological agents by which to approach to PTSD therapy and has begun to reveal the neural processes underlying the common failure of response to current treatments.



Rolfesnes, E. S., & Idsoe, T. (2011). School-Based intervention programs for PTSD symptoms: A review and meta-analysis. *Journal of Traumatic Stress*. doi:10.1002/jts.20622

Erika S Rolfesnes, University of Stavanger. <esrolfnes@yahoo.com>

ABSTRACT This is a review and meta-analysis of school-based intervention programs targeted at reducing symptoms of posttraumatic stress disorder (PTSD). Nineteen studies conducted in 9 different countries satisfied the inclusionary criteria. The studies dealt with various kinds of type I and type II trauma exposure. Sixteen studies used cognitive-behavioral therapy methods; the others used play/art, eye movement desensitization and reprocessing, and mind-body techniques. The overall effect size for the 19 studies was $d = 0.68$ ($SD = 0.41$), indicating a medium-large effect in relation to reducing symptoms of PTSD. The authors' findings suggest that intervention provided within the school setting can be effective in helping children and adolescents following traumatic events.

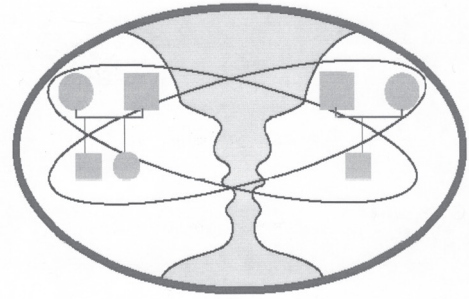


Sharpless, B. A., & Barber, J. P. (2011). A clinician's guide to PTSD treatments for returning veterans. *Professional Psychology: Research and Practice*, 42(1), 8. doi:10.1037/a0022351

Brian A. Sharpless, Department of Psychology, Pennsylvania State University, 314 Moore Building, University Park, PA 16802. E-mail: <bas171@psu.edu>

ABSTRACT What options are available to mental health providers helping clients with posttraumatic stress disorder (PTSD)? In this paper we review many of the current pharmacological and

psychological interventions available to help prevent and treat PTSD with an emphasis on combat-related traumas and veteran populations. There is strong evidence supporting the use of several therapies including prolonged exposure (PE), eye movement desensitization and reprocessing (EMDR), and cognitive processing therapies (CPT), with PE possessing the most empirical evidence in favor of its efficacy. There have been relatively fewer studies of nonexposure based modalities (e.g., psychodynamic, interpersonal, and dialectical behavior therapy perspectives), but there is no evidence that these treatments are less effective. Pharmacotherapy is promising (especially paroxetine, sertraline, and venlafaxine), but more research comparing the relative merits of medication vs. psychotherapy and the efficacy of combined treatments is needed. Given the recent influx of combat-related traumas due to ongoing conflicts in Iraq and Afghanistan, there is clearly an urgent need to conduct more randomized clinical trials research and effectiveness studies in military and Department of Veterans Affairs PTSD samples. Finally, we provide references to a number of PTSD treatment manuals and propose several recommendations to help guide clinicians' treatment selections.



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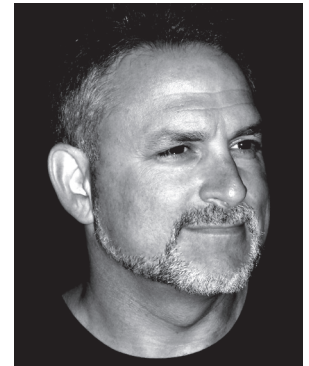
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AFRICA

Reyhana Seedat reports: "The EMDR community continues to grow in South Africa. In July, Michael Keller will do two Specialty Workshops on 'EMDR and Anxiety and Depression'."

ASIA

JAPAN

Masaya Ichii reports: "After the March 11th Tsunami, the Japanese EMDR Association (JEMDRA) prepared a special program to support the survivors at our annual Conference in May. Elan Shapiro and Brurit Laub taught the Recent Trauma Episode Protocol (R-TEP) and Ignacio Jarero and Lucina Artigas taught the Integrative Group Therapy Protocol (IGTP). In Yamagata City, close to the disaster area, we will have a Part 1 Training in August and Part 2 in December. Also, in August, a Part 1 Training will be held in Tokyo."

Shigeyuki Ota reports: "Great news is that we started HAP Japan during our Conference. We feel very grateful for the International help from the EMDR community."

EUROPE

EMDR EUROPE

Udi Oren reports: "The EMDR Europe Conference will take place in June in Vienna. For the first time, EMDR Europe and ESTSS will have a joint day of lectures and social activities."

FRANCE

Jenny Rydberg reports: "Final approval was received and EMDR will be taught at French universities, starting with the Paul Verlaine University of Metz in 2012!. The program is EMDR Europe accredited and includes the full Basic Training with

additional credits in psychopathology and additional hours of consultation. Through the determined efforts of Professor Cyril Tarquinio the course was accepted by the academic world. Many of his students are currently doing research on EMDR. On June 24-25, the first seminar for doctoral research in a university will take place at the University Paul Verlaine in Metz. The goal is to encourage European doctoral students to present their research on EMDR. This year we have Ph.D. students from several French universities. In the future, we hope to attract researchers from across the world."

ISRAEL

Udi Oren reports: "Mental Health Officers in the Israeli army completed EMDR Basic Training Part 1. The feedback is very positive and there is a plan for more training, as well as the development of EMDR based interventions for preventing the development of PTSD in combat units. EMDR Israel will provide free trainings to several young Medical Psychologists. Once they complete their trainings they will conduct research in medical settings using EMDR as their main intervention with medical clients."

PORTUGAL

Udi Oren reports: "Madalena Lobo from Lisbon, Portugal launched a blog called "The House of EMDR" (<http://oficinadepsicologia.com/blog>), targeting both the public and mental health providers. An email was sent to over 1,000 psychologists inviting them to participate in the blog, and send articles on their EMDR successes and experiences."

RUSSIA

Udi Oren reports: "I gave an introductory lecture on EMDR at the Moscow State Pedagogical University. The lecture was well received and training is planned for later in the year. Shapiro's 1995 text has already been translated into Russian."

SPAIN

Olaf Holm reports: "In 2012, EMDR Spain will host the EMDR European Conference: "Pathways to Healing" in Madrid. Due to the enormous interest in EMDR training, EMDR Spain will offer five workshops in 2011: "Complex Trauma (Olaf Holm, Part 3); AIP, Attachment, Case Conceptualization and Structural Dissociation of Personality (Andrew Leeds); "Structural Dissociation of the Personality and Benefits of EMDR (Anabel Gonzalez); "Trauma, Attachment and EMDR in Kids and Teens" (Ana Gomez);

and "Personality Disorders and EMDR" (Dolores Mosquera). I collaborated with Trauma Aid and EMDRHAP on the China Project to facilitate in Beijing and Harbin. I am in the process of becoming a HAP Trainer."

NORTH AMERICA

CANADA

Helen Doan reports, "EMDR Canada decided last year at the Annual General Meeting to hold two regional meetings instead of the Annual Conference. Sherry Dale is the chair of the committee and is in the process of setting up a committee to develop the program. We are hoping that with this program we can provide services to many different areas in Canada. The Annual Research Award and Research Grant will be presented at the Annual General Meeting, which will be held this year in Montreal and will offer video-cast access for members across Canada."

DOMINICAN REPUBLIC

Ignacio Jarero reports: "The first EMDR training in this country will be held in July 2011."

MEXICO

Ignacio Jarero reports: "In March 2011 Ivonne Spinelli (Uruguay) and I founded the Dissociation and Psychotraumatology Iberoamerica Journal. This journal's goal is to spread knowledge about psychotrauma throughout the Spanish speaking populations around the world. The journal follows APA standards and peer review. To reach that goal the Journal is electronic and totally free. The first volume has two new articles on EMDR and in the first seven weeks the Journal received 2,286 visits (see <http://revibapst.com>). In 2011, I began the Latinamerican and Caribbean Foundation for Trauma Research. The Foundation's first project is on "The Use of EMDR in Early Psychological Intervention"; ten researchers in Mexico and Colombia are working on this project. Also, I am collaborating with EMDRHAP-US and EMDRHAP-EUROPE in supporting EMDR-Japan by giving a webinar during the EMDR Japan's Annual Conference in May on EMDR protocols for early intervention for individuals and groups."

PANAMA

Ignacio Jarero reports: "After a hiatus in EMDR trainings, Panamá had a Part 1 training in May and sponsors are working on the legal formation of their own EMDR organization."

UNITED STATES

CALIFORNIA

Sara Gilman reports: "Susan Brown and I presented a 3-hour workshop on "EMDR in the Treatment of Trauma and Substance Abuse" to over 100 of California's Orange County Mental Health care providers at the 2011 Veterans Mental Health Conference County of Orange Health Care Agency Conference. They addressed the topics: "What is EMDR?" "What is the current research saying?" "EMDR with PTSD and Substance Use Disorder;" and "An Overview of their research with the Integrated Trauma Treatment Program in Drug Court; and EMDR and The Military: Challenges and Recommendations. Our hope was to educate and inspire clinicians from the county and military about EMDR. The audience was very enthusiastic asked about training opportunities and others said they were trained years ago and were re-inspired to obtain further training. We are grateful to Dr. Joshua Taylor and Nicole Ramirez from The Center of Excellence and Dr. Chau from the University of California, Irvine for their encouragement and support of this workshop."

COLORADO

John Hartung reports: "The University of the Rockies in Colorado Springs has a doctoral program in psychology where EMDR is an elective. I teach this course, and Chandra Nagireddy and Michael Galvin facilitate at trainings."

NEVADA

Nancy Errebo reports: "I trained counselors in EMDR at the historic Vet Center in Las Vegas. At the end of their Part 2 EMDR training, these Vet Center counselors were in an upbeat mood because they were imagining the healing that EMDR can bring to their Vet Center clients. Since the training, Region 4A counselors have been participating in weekly conference calls and have formed a cohesive EMDR community in service of our nation's veterans. Many trainees intend to attain EMDRIA certification. Drs. Robin Potter and Christine King are working to become EMDRIA Approved Consultants."

WISCONSIN

Wendy Freitag reports: "I sponsored "Healing the Wounds of Attachment," A Master Class in EMDR, with Deany Laliotis. The response was phenomenal; there was so much interest in this workshop, that at 96 attendees I had to stop taking registrations. The topic,

along with Deany as the Presenter, has achieved an excellent reputation in the EMDR community."

WISCONSIN

Jan Schaad writes, "Wyoming has had two Basic Trainings, one Institute and one HAP over the past 18 months, and we are beginning talk of another HAP training for 2011-2012. Our number of newly trained clinicians is growing! Roger Ludwig and I are both active EMDRIA Consultants. I am beginning a no-fee networking meeting in Cheyenne, and plan to meet quarterly and offer CEs, so I am applying to be a provider with EMDRIA. I also will bring two specialty trainings to Wyoming in the fall. The Mental Health Services Director of our State Prison System committed to train all clinicians in EMDR. In addition, there are inroads into the area mental health centers, and many of the staff is in training."

SOUTH & CENTRAL AMERICA

ARGENTINA

Ruben Lescano reports: "The Argentinian Society of Psychotrauma (SAPsi) and EMDR-Argentina are giving the first Post-graduate course "Psychotherapy Integration in EMDR. Advanced Protocols and Special Populations." The course is for EMDR practitioners who are trained in the use of a different form of psychotherapy. The goal is to help them build their skills in EMDR (with empirical support) and to keep the structure of the EMDR Standard Protocol. Another goal is to increase their skills in the use of EMDR in specials populations and with advanced protocols (Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations [Luber, 2009] and Special Populations [2009] are part of the mandatory bibliography).

The Conicet (National Research and Techniques Council), the most important authority in science and techniques in Argentina for scientists, gave its support to train professionals in EMDR (Part 1 and 2). The Conicet has one of the most prestigious Post-graduate courses in Neuroscience in Argentina and they have created a task force of how to support research in EMDR. I was invited to the University of Salvador in Argentina to present on EMDR as part of their Ph.D. curriculum. During the 12th annual conference on Psychotrauma, I will present my 7th EMDR workshop. The

Guatemalan Psychologists' Association and SAPsi, are combining their resources and supporting a postgraduate course on Psychotrauma using EMDR as the model of treatment for trauma resolution."

BRAZIL

Esly Carvalho reports: "We are happy to announce that we will open up two new cities in Brazil for EMDR Training We have now held EMDR training events in 15 cities and with one thousand trained therapists in Brazil, we continue to grow."

CHILE

Pablo Solvey reports: "We read about the Chilean miners with heavy hearts. We have trained more than 250 Chilean psychologists and psychiatrists in the last two years, from all over Chile, including several psychologists from Concepción, where the earthquake occurred. In 2010, two EMDR practitioners, Mariella Norambuena and Soland Cabello created an EMDR Association called EMDRIALAT CHILE, a branch of EMDRIA LATINOAMÉRICA. We also trained four Chilean Facilitators years ago. We offered our services to the Chilean Social Services, the group in charge of the miners' health, but they refused our help. We also trained five psychologists, who are in charge of Psicologos Voluntarios, an organization formed to help the miners, with more than 800 members, and they could do nothing as well. Recently, Mariella talked with the Director of the Chilean Health System that is in charge of the miners' mental health, and they are working together to do something. In January, Mariella was invited to work on a new project with the miners. We are hoping that this invitation will be the first step in our being able to help the miners and their families."

COLUMBIA

Ignacio Jarero reports: "In March 2011, EMDR-Iberoamerica-Colombia welcomed its 100th member trained in EMDR. Trainings occurred in Bogotá (the capital) and in the coffee triangle zone (north of Bogotá), because there is an active guerrilla and paramilitary group presence in this zone that results in a great deal of complex trauma in the civil population. In April 2012, Colombia will sponsor the first Andean Regional Conference and the main topic is EMDR in Early Psychological Intervention."

EMDRIA Credit Programs

To view a list of EMDRIA Approved Distance Learning Workshops, please go here: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=54>
(As of May 16, 2011)

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
07002-09 7 Credits <i>Using Stigma: EMDR Applications in the Dismantling of Socially-Based Internalized Oppression and Prejudice</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	June 25, 2011 Waltham, MA
03002-11 12 Credits <i>Creative Interventions and Strategies: The Integration of DBT and EMDR for Complex Trauma</i>	Maiberger Institute Olga Vera-NeSmith, Ph.D.	Barb Maiberger	303.834.0515	June 25-26, 2011 Denver, CO
03002-13 12 Credits <i>Building an EMDR Toolkit: Advanced Skills for Working with Complex Trauma</i>	Maiberger Institute Katie Asmus, MA, LPC, BMP	Barb Maiberger	303.834.0515	June 25-26, 2011 Portland, OR
07002-10 7 Credits <i>Using Stigma: EMDR Applications in the Dismantling of Socially-Based Internalized Oppression and Prejudice</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	July 8, 2011 Stamford, CT
04003-25 22.5 Credits <i>EMDR Advanced Clinical Workshop and Refresher</i>	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Omega Institute	877.944.2002	July 31 - August 5, 2011 Rhinebeck, NY
10012-02 6.5 Credits <i>EMDR, Mindfulness & Between Session Client Self-Assessment</i>	Carrie Ann Cherep, MA Carrie Cherep, MA	Carrie Cherep	708.448.7848	September 6, 13, 20, 27, 2011 Telecourse
06003-25 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.271.3050 x7	October 8-11, 2011 Venice, ITALY
09003-011 12 Credits <i>Mindfulness, Meditation, and EMDR</i>	Awake Mind, LLC Julie Greene, MA, LPC	Julie Greene	303.544.4705	October 21-22, 2011 Boulder, CO
03002-12 12 Credits <i>Building an EMDR Toolkit: Advanced Skills for Working with Complex Trauma</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC, BMP	Barb Maiberger	303.834.0515	October 29-30, 2011 Boulder, CO
01016 12 Credits <i>Healing the Wounds of Attachment and Repairing the Self</i>	EMDR Resource Center of Michigan Deany Lalotis, LCSW	Zona Scheiner	734.572.0880 x3	November 4-5 2011 Ypsilanti, MI
09003-12 12 Credits <i>Mindfulness, Meditation and EMDR</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.544.4705	January 27-28, 2012 Tampa, FL

EMDRIA Regional Meeting

(As of May 16, 2011) **SCHEDULE**

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 Regional Meeting	Regional Meeting Schedule	Regional Coordinator Contact Information
ARIZONA Southern Arizona EMDRIA Regional Meeting	June 16, 2011	Linda Bowers lindamimi@earthlink.net
MICHIGAN / OHIO SE Michigan & NE Ohio EMDRIA Regional Meeting	July 22, 2011 September 16, 2011	Deb Kennard debbiekennard@hotmail.com
NORTH CAROLINA North Carolina EMDRIA Regional Meeting	June 8, 2011 July 13, 2011 August 10, 2011 September 14, 2011	Jan Brittain janbritta@aol.com
OREGON Central Oregon EMDRIA Regional Meeting	June 14, 2011 July 12, 2011 August 9, 2011 September 13, 2011	Karen Forte kforte@bendcable.com
Portland EMDRIA Regional Meeting	June 24, 2011 July 22, 2011 August 26, 2011 September 23, 2011	David Manfield manfield@comcast.net
PENNSYLVANIA Southwestern PA EMDRIA Regional Meeting	July 16, 2011	Earl Grey swpaemdria@gmail.com

New 2011 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 Laura Chism at lchism@emdria.org today!

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The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the U.S. Department of Health and Human Services (HHS). This national registry (NREPP) cites EMDR as evidence based practice for treatment of PTSD, anxiety and depression symptoms. Their review of the evidence also indicated that EMDR leads to an improvement in mental health anxiety. EMDR is now live on the NREPP website and can be viewed here: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199>.

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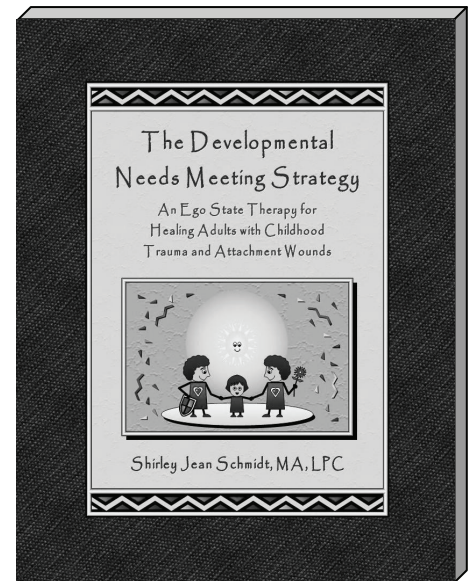
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