

# EMDRIA

MARCH 2015

THE INFORMATION RESOURCE FOR EMDR THERAPISTS

VOL 20 ISSUE 1

**EMDRIA begins  
expanding educational  
opportunities for Members**  
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A man in a light purple shirt is smiling while using a computer mouse. In the background, other people are seated at desks in what appears to be a classroom or training room.

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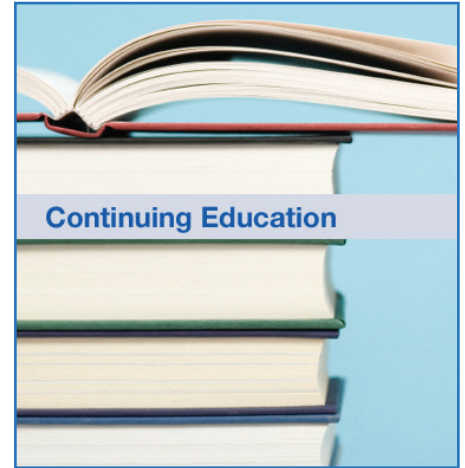
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# A word from the President...

In the first EMDRIA Newsletter of the year, I want to welcome all the returning and new members to EMDRIA. It is a pleasure and a humbling experience to take on the Presidency of EMDRIA for 2015. This is my fourth year on the Board of Directors and I have watched and learned from the amazing leadership of Warren Faber, Kate Wheeler and Mark Nickerson, who were the Presidents in 2012, 2013 and 2014.

It is the 20th Anniversary since the establishment of EMDRIA in 1995. Although the original guideposts continue, EMDRIA has evolved during this time in membership and vision. Yet the Board recognizes that much more is needed to make this association stronger and healthier.

Under the excellent leadership of our Executive Director, Mark Doherty, and the previous and current members of the Board, EMDRIA is moving forward as a result of our Strategic Plan. Growth in membership has been and will continue to be a primary goal for EMDRIA. We grew over twenty percent since the Strategic Plan was initiated in 2013, and our goal is to have 20,000 members in the near future.

With a growth in membership, EMDRIA will have the resources and staff to provide a myriad of services and new benefits to our members. It will also support the future needs that will be necessary to make EMDRIA an important association for future EMDR therapists; be the “go to” organization for policy development and issues related to mental health and trauma on a national and global level; be taught in graduate schools as a required course; and succeed in making EMDR therapy recognized as a household word when discussing healing from trauma or natural disasters.

The Board has embarked on a Long Range Plan that is beginning to look at a multi-year road map for meeting our goals. One of the areas we are discussing is what the future membership of EMDRIA will look like in regards to generation continuity. If the organization is going to continue to grow, we will need to better understand who these individuals are and what their needs will be. An e-learning platform, as well as an effort to brand EMDRIA, are actions being considered in the Long Range Plan.

You can expect the Board to be in continuous contact with you as we begin to fine tune this road map, seeking your input every step of the way. Look for more information in the Newsletters, through membership surveys and as blast emails throughout this year.

I urge you to attend our annual Conference in Philadelphia on August 27-30, 2015. Besides being an excellent educational opportunity, the Board is going to use this venue to hopefully get input from most of you who attend the Conference. One of the exciting changes that we are going to implement is to change the length and time of the General Membership Meeting at the Conference. It is now being planned as an interactive lunch meeting that will last two hours. We plan to share more details of our road map and to receive your feedback and recommendations on our Long Range Plan. More information will be included as the Conference information is rolled out. Thank you! ❖



**Ira Dressner, Ph.D., LCSW  
EMDRIA President**



## EMDR FOR CHILDREN BROCHURES

The new version of the popular “EMDR therapy for Children & Adolescents: A Guide for Parents, Professionals and those who care about Children” brochure is now available! Educate potential patients about EMDR. Special discounts available for EMDRIA Members.

# Announcements



## Upcoming EMDR Conferences

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

The 2015 EMDR Canada Conference takes place April 24th-26th in Vancouver. Guest Speakers include Jim Knipe, Ph.D. and Michel Silvestre. For more information, please visit <http://emdrcanada.org/conference/>.

The 16th Annual EMDR European Conference takes place July 10th-12th in Milan, Italy. For more information and the full schedule, please visit [www.emdr2015.it](http://www.emdr2015.it).

## NEW! EMDR & Spirituality Special Interest Group (SIG)

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

## DISTANCE LEARNING

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**For information, schedule, and registration go to: [www.DrIreneSiegel.com/mindful\\_online.htm](http://www.DrIreneSiegel.com/mindful_online.htm)**



**\*See schedule for LIVE 2 day program at [www.DrIreneSiegel.com/mindful.htm](http://www.DrIreneSiegel.com/mindful.htm)**

*Be the Tool of Transformation!*

## Nominate a Colleague for an EMDRIA Award!

Did you know...as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. Do you know of someone who you would like to nominate for an award? If so, email your nominations to Gayla Turner at [gturner@emdria.org](mailto:gturner@emdria.org) before May 1, 2015.

## Do you know an outstanding Regional Coordinator?

The Regional Coordinating Committee is accepting nominations until May 1, 2015 for Outstanding Regional Coordinator for 2015. If you know a special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributions to the Regional Coordinator effort over the past year, and you would like to nominate them, please email Sarah Tolino at [stolino@emdria.org](mailto:stolino@emdria.org). Please include a paragraph describing why they should be selected.

## Need EMDRIA Credits?

If you need EMDRIA Credits and are looking for a workshop in your area, check out our online Calendar of Events. Don't see anything in your area? Check out all of the Distance Learning Programs that offer EMDRIA Credits. Keep checking back as new workshops are received and added to the calendar every week.

# Executive Director's Message

In a past column, I mentioned that sometimes our terminology gets in the way of what we are trying to accomplish. Clinicians go through EMDR “basic” training to learn what is in effect an advanced treatment for trauma. EMDRIA’s Standards & Training Committee decided that it’s time we drop “basic” from our lexicon. From now on, we have “EMDR therapy training”. We will still have advanced workshops for EMDRIA Credits – no change there. It will take some time to modify many documents and web pages as well as to work with our providers of EMDR therapy training to adjust our terminology, but the time has come to make the transformation. Hopefully with “basic” removed, there will be fewer issues with groups like the VA and more of a focus on clinicians having completed EMDR trainings.

Starting in late August 2014, we began using Google AdWords to see if more attention could be drawn to EMDR therapy and EMDRIA. As of early February 2015, there have been over 725,000 views and more than 3,500 click-throughs, meaning individuals have gone directly to the EMDRIA website by clicking on our Google Ad. A prominent feature someone clicking through sees on our website is the “Find A Therapist” function. The greatest number of hits came from individuals Googling “PTSD”, so we are hopeful that they indeed did find an EMDR therapist. We are accomplishing this outreach in cyberspace on less than \$10 a day. For about \$2 per member per year, we could up the ante considerably and extend our reach significantly. The pay-off is really for our members in getting referrals from individuals in need of therapy.

When someone comes to our website, the other very noticeable element is our logo. Basically, it is EMDRIA with the “EMDR International Association” underneath. Nothing jumps out at the viewer as to what EMDRIA stands for or what EMDR therapy is. While it may not matter to us in the know, we are looking to add a tag line as a component in the logo that provides some information so that viewers are drawn in and will further scan the web page to find out more. A tag line could be something like “Clinicians Dedicated to Treating Trauma”. How about “EMDR – Alleviating Human Suffering and Building Healthy Lives” or “Providing Access to Healing”? We want to embellish the logo with some phrase that captures the essence of what we as an organization are about that the general public can grasp. The right tag line can be extremely useful in fostering our brand. Who wouldn’t want to be known as an association that helps people? I’m challenging the membership to help us come up with a tag line that embraces what EMDRIA stands for and tells the world about us. Send your suggestions to me at [mdoherty@emdria.org](mailto:mdoherty@emdria.org). Should we use your tag line, there will be a special acknowledgement and prize.

There is a good deal of activity occurring within EMDRIA. On another front, we are about to launch a pilot project that we call the General Provider of EMDRIA Credits. General Providers will be able to hold advanced workshops and offer EMDRIA Credits without having to first go through the standard review process. Those who are already Providers of EMDRIA Credits, that are Approved Consultants, and have already gone through the Standards & Training review process for advanced workshops at least three times are eligible to apply for this new status. While pre-approval of programs won’t be required, there is an audit process to assure that General Providers are in compliance with EMDRIA standards of training and in keeping with the definition of EMDR therapy. If you are interested in this and meet all of the eligibility requirements above, contact the office for details, cost, and an application form.

This year, 2015, is EMDRIA’s 20th anniversary. EMDRIA has a great deal to be proud of. We are thinking of ways to celebrate this milestone. Let us know your ideas about how we can promote our 20th year. We’d especially like to have some distinctive things going on at our annual Conference in Philadelphia, August 27-30, 2015. So please plan to join us and celebrate EMDRIA being 20.

As always, should you have any comments or observations, contact me or the staff. We are here to help and serve you. ❖



**Mark G. Doherty, CAE**  
**EMDRIA Executive Director**

# Conference Corner



The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. The Conference Committee has made it a priority to continue to bring you a quality educational experience. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach

has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment associations and to additional applications for EMDR.

This year we celebrate the 20th Anniversary of EMDRIA at our Conference in Philadelphia, August 27-30, 2015. The theme is “**EMDR: The Freedom to Heal.**” EMDRIA has grown and developed so much in these first 20 years! Starting with just 470 Charter Members, EMDRIA now has over 5,500 EMDR clinicians as members.

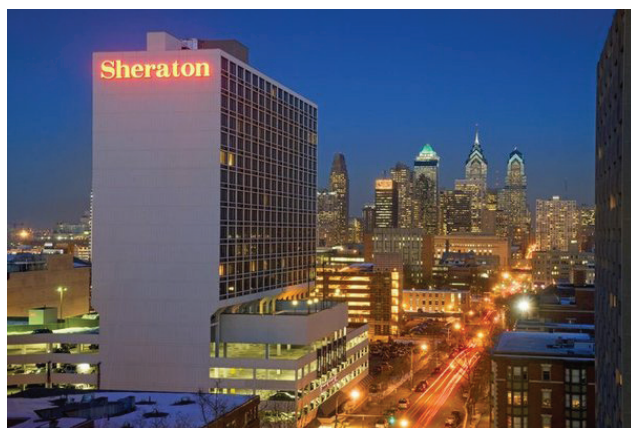
We are excited to announce the line-up of plenary speakers! We have confirmed Dr. Rachel Yehuda (Epigenetics and PTSD), Dr. Marco Paganì (Neuroimaging & EMDR) and Dr. Ruth Lanius (Neurobiology of Trauma). We are in the process of finalizing the rest of the program and will announce all speakers and sessions in April.

### Registration Information

We anticipate registration to be open online on the Conference website ([www.emdriaconference.com](http://www.emdriaconference.com)) at the end of April. An email will be sent out to the membership when registration has been opened. You will also receive a registration brochure in the mail.

### Hotel Information

Our Conference venue this year is the Sheraton Philadelphia Downtown Hotel. View this beautiful property and meeting place online on the Sheraton Philadelphia Downtown Hotel website. Just two blocks from the Pennsylvania Convention Center, and in walking distance of Love Park, the Franklin Institute and the Philadelphia Museum of Art, the Sheraton Philadelphia Downtown Hotel is surrounded by the city’s cultural and corporate headquarters.



EMDRIA has secured a special group rate of \$169/single/double for EMDRIA Conference attendees. It’s not too early to book your reservation! Visit <https://www.starwoodmeeting.com/events/start.action?id=1501142074&key=664D915> to book your reservation or click on the link on the EMDRIA website under the Conference tab.

### Registration Prices

#### Single Day – Pre-Conference

EARLY BIRD (by July 1st)		
Member   \$165	Non-Member   \$215	Student   \$75
REGULAR RATE (after July 1st)		
Member   \$190	Non-Member   \$240	Student   \$75

#### Pre-Conference & Main Conference

EARLY BIRD (by July 1st)		
Member   \$525	Non-Member   \$650	Student   \$200
REGULAR RATE (after July 1st)		
Member   \$550	Non-Member   \$675	Student   \$200

#### Main Conference Only

EARLY BIRD (by July 1st)		
Member   \$430	Non-Member   \$550	Student   \$150
REGULAR RATE (after July 1st)		
Member   \$455	Non-Member   \$575	Student   \$150

#### Single Day – Main Conference

EARLY BIRD (by July 1st)		
Member   \$200	Non-Member   \$255	Student   \$75
REGULAR RATE (after July 1st)		
Member   \$225	Non-Member   \$280	Student   \$75



**Ricky Greenwald, PsyD**  
Executive Director

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- **EMDR Within A Phase Model of Trauma-Informed Treatment.** 9 CEs, 9 EMDRIA CEs
- **EMDR In Child & Adolescent Psychotherapy.** 7 CEs, 7 EMDRIA CEs
- **Progressive Counting.** 9 CEs

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# EMDR RESEARCH FOUNDATION

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

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



## A NEW Day is Dawning

Last year the EMDR Research Foundation had a successful fundraising campaign, in celebration of the 25th Anniversary of EMDR Research. I want to thank our one-time donors, our NEW and current Visionary Alliance members for their generous support. These donations are the future of EMDR therapy research funding and make it possible to expand the science and knowledge about EMDR therapy. The results from the research will increase the credibility and influence evidence-based EMDR therapy in the future.

The new year brings many NEW successes for the EMDR Research Foundation. Our NEW campaign for 2015 is **Expanding our Research, Deepening our Impact**. The goals of the campaign are to maintain or exceed our current funding level, expand the international awareness of the Foundation, and house a full list of all current EMDR therapy projects worldwide on our website. Throughout this year, we will keep you aware of our progress.

We are thrilled to announce the four NEW recipients of the special \$25000 grant in celebration of the 25th year anniversary of EMDR therapy research. These special awards brought our yearly funding total significantly higher than ever before. Here is a brief synopsis of the NEW research projects that were awarded funding. For a full description, please visit our website ([www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org)).

**Joyce Baptist, Ph.D., LCMFT** of Kansas State University for her project, Developing Evidence-based Practice for EMDR for Depression. The primary purpose of this project is to further understand the neurological mechanisms of EMDR and to gain more evidence for the efficacy of EMDR in treating depression. This study aligns with EMDR Research Foundation's first research priority -- to substantiate EMDR as an evidenced-based practice for depression.

**Erno J. Hermans, Ph.D.** with co-applicants of **Lycia D. de Voogd, MSc; Jonathan W. Kanen, BSc** of Radboud University Medical Centre Donders and the Institute for Brain, Cognition and Behaviour Centre for Cognitive Neuroimaging for their project, Neurobiological basis of EMDR: The medial temporal lobe suppression hypothesis. To further understand the mechanisms by which EMDR therapy exerts its therapeutic effects and to promote evidence-based practice, this study is designed to investigate the effects of lateral eye movements on fear memory retention in a well-established experimental laboratory model of fear and safety learning.

**E. C. Hurley, Ph.D.** of the Soldier Center, Clarksville, TN for his project, A comparative study of the efficacy of EMDR therapy in the treatment of simple PTSD and moral. On average of 22 veterans a day commit suicide while nearly one-fourth of veterans suffer from posttraumatic stress disorder (PTSD). Additionally, many veterans who have served in combat struggle with guilt and moral injury. This study is designed to measure the effectiveness of EMDR therapy in the treatment of OIF and OEF veterans diagnosed with posttraumatic stress disorder (PTSD), guilt and moral injury.

**Emre Konuk, MA** and **Zeynep Zat** from DBE DAVRANIŞ BİLİMLERİ ENSTİTÜSÜ (INSTITUTE FOR BEHAVIORAL STUDIES) and Sivas University, Medical Faculty, Psychiatry Department for the project, EMDR Treatment of Fibromyalgia. The EMDR Fibromyalgia Protocol was specifically developed through a pilot study to offer an effective EMDR Therapy for fibromyalgia patients. This study aims to examine the effectiveness of EMDR Fibromyalgia Protocol in fibromyalgia treatment and other psychological problems including depression and trauma related symptoms.

We feel fortunate to have the ability to offer funding to these deserving projects and look forward to their results. As a reminder for future funding, we have two yearly cycles with submission deadlines of February 1 and July 1. For the research grants, the award will be up to \$25,000 and the Doctoral Dissertation award is up to \$5,000. The Foundation also offers Consultation and Dissemination Travel Awards, which are available year round. Please see our website ([www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org)) for more information about the grants and awards we offer.

To our next NEW thing and this one is really exciting. The Foundation Board is pleased to announce the release of the EMDR Early Intervention Researcher's Toolkit. This is quite an impressive piece of work, if I do say so myself! I must first acknowledge our Board members, Rosalie Thomas, Katy Murray and Barbara Hensley for their huge investment of time and energy to provide such a comprehensive and thorough tool. In 2013, the EMDR Research Foundation established "Addressing the Global Burden of Trauma" as one of its research priorities. The research previously done on early interventions indicated a need for research validation of the various protocols utilized. The Toolkit is the Foundation's response to that need.

The Toolkit was specifically designed to assist EMDR clinicians who provide early EMDR therapy interventions as part of frontline trauma response and recovery. The primary goal of the Toolkit is to increase data collection and publication of studies in order to gain a better



understanding of the most effective ways to intervene after a traumatic event. It is our hope that with the publication of this Toolkit, researchers will have the ability to use with fidelity, the protocols created by early intervention researchers in response to man-made and natural disasters. In that research, we hope to see the accumulation of wisdom about the most effective interventions possible. We are very excited about the potential for this and hope you will be too. Please visit our website ([www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org)) to learn more about the Toolkit. Please note, it is most effective if you save it to your hard drive and review it from there. Also please complete the online registration form, so we can send you updates or new information.

Another important, non-financial supportive initiative of the Foundation is the “Translating Research into Practice” (TRIP) Column in the *Journal of EMDR Research and Practice*. This column is edited by the Foundation and provides a link between research findings and their implications on clinical work. It also provides clinicians the opportunity to share how a particular research finding has impacted their work with clients. Please check out the NEW column, Myers, K. (In Press - 2015). EMDR with Choking Phobia: Reflections on the 2008 Study by de Roos and de Jongh. *Journal of EMDR Practice and Research*, 9(1). In this issue’s column, Keith Myers references the 2008 study, which investigated EMDR treatment of choking phobias. Illustrating the treatment considerations and treatment results reported by de Roos and de Jongh, Myers describes the successful treatment of an adult client who presents with choking phobia and secondary depression using the EMDR protocol for phobias. The case example is followed with a discussion of specific treatment considerations in the addressing phobias within the eight phases of EMDR therapy.

Like Keith, if you have found a research study or article that has been useful in your clinical practice, we would be very interested to hear about your experience. Please contact our office ([Kristen@emdrresearchfoundation.org](mailto:Kristen@emdrresearchfoundation.org)) to find out how you can be a part of this effort.

Last, but certainly not least is my great pleasure in introducing our two NEW Board members. Neither of these two fine women (clinicians, colleagues, friends) need much introduction as they are well known to the EMDR therapy community. We are thrilled to welcome Susan Rogers and Susan Brown to the EMDR Research Foundation Board of Directors.

Susan Rogers, Ph.D. is retired after 24 years as a psychologist for the VAMC in Coatsville, PA. Dr. Rogers states, “*Research is the lifeblood of any psychotherapy*” and believes the “*Foundation serves a critical function.*” At this time, she finds serving on the Board the most important contribution she can make to support EMDR therapy research. Dr. Rogers has quite an impressive list of accomplishments and current EMDR-related activities. She is a trainer for the EMDR Institute and EMDR-HAP, as well helped to launch training programs in the VA and Department of Defense. She conducted EMDR studies, wrote grant proposals, obtained VA funding, served as Principle Investigator for one VA study and a local PI for a multisite study. Dr. Rogers also serves on the editorial board of the *Journal of EMDR Practice and Research*, served on the EMDRIA research committee and coordinated the UNICEF-HAP Bangladesh program. She has publishing five articles, wrote a book chapter and co-authored *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors*, along with presenting EMDR therapy research summaries at national and international conferences.

Susan Brown, LCSW is a Board Certified Diplomate in Clinical Social Work and works in private practice in La Mesa, CA. Susan has her own personal research experience with a lengthy pilot study with addicted clients. She is very invested in developing and supporting research that expands the clinical applications of EMDR therapy. As well she is strongly committed to promoting evidence-based practice and well-informed clinicians. Susan also has an impressive list of papers, publications and several presentations on trauma, EMDR therapy and addictions, both locally and nationally. Susan is a facilitator for the EMDR Institute and Trauma Recovery. She is an EMDRIA Credit provider, EMDRIA Certified and an Approved Consultant and does extensive EMDR Therapy consultation. She served on the EMDRIA Standards and Training Committee and currently serves on the EMDRIA Conference committee.

We are so fortunate to have both of them join the Board! They each have so much to offer, with the breadth and depth of their experience as well as their passion for EMDR therapy research.

**“With the new day comes new strength and new thoughts.”**  
- Eleanor Roosevelt ❖

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# TRAUMA RECOVERY/HAP UPDATE

BY CAROL R. MARTIN - EXECUTIVE DIRECTOR, TRAUMA RECOVERY/HAP

TRAUMA RECOVERY is not a part of EMDRIA; this article is published as a service to EMDRIA members.



## The Next Generation

When I think about the work of Trauma Recovery/HAP, it always come back to education and outreach. Of course, our trainings provide education to participants who want to use EMDR therapy to improve the lives of their clients. And there is education in other ways as well.

One of the most important ways that we provide education is by nurturing and training the next generation of EMDR trainers and facilitators. Each year, our faculty and staff identify and mentor those consultants who demonstrate the interest and skills to develop into a facilitator and perhaps a trainer for Trauma Recovery/HAP. Many of those facilitators and trainers go onto develop their own EMDR therapy training or develop specialty trainings that enhance the understanding and use of EMDR therapy with certain populations. We also provide feedback to each facilitator and trainer, from each training, to help them improve their

training skills. Our goal is to help them support the use of EMDR therapy in non-profit settings. We listen and respond to the participant evaluations often consulting with faculty about the training.

We also listened to the faculty when it was suggested that we look ways to improve our training to address the needs of our non-profit participants. At the last EMDRIA Conference, we convened a group of trainers representing many years of talent and training experience for both Trauma Recovery/HAP and the EMDR Institute. The agreed upon goal was to develop a training that better addressed the learning needs of all participants, particularly those newer to the field and with more challenging clients. We are fortunate that the Institute has been there for us from the beginning by providing both the manual that we use and by providing Trainer Training from Francine Shapiro.

Our traumatology and stabilization workshop provides information about how to recognize trauma as well as ways for non-clinicians to address the trauma. We have found the workshop to be successful with agency and non-profit staff and at schools as well. We encourage the agencies where we train to provide this workshop to all those in their organization. It is our hope that more and more non-profits will do so thereby providing a common understanding of the effects of trauma, how these effects can be mitigated and that there is hope. We work steadily towards imbedding EMDR therapy in non-profit settings.

Another very exciting effort for education and outreach has been with the Connecticut Department of Mental Health and Substance Abuse. After several years of conversation and outreach with the Director of Evidence-based therapies for the state of Connecticut, we were asked to present to the Commissioner and the senior leaders about EMDR therapy with agency settings. Our meeting, last month, generated a lot of interest in EMDR therapy. We are in discussion about developing a pilot program.

There are some very personal ways that we help to support those who wish to learn and use EMDR therapy. Patty Giffin, a Trauma Recovery/HAP trainer from Bend, Oregon and Stephanie Drieze, a facilitator, told us about an extraordinary participant, Juli-Ann Knight, a student at Palm Beach Atlantic University. Juli-Ann had organized the training at the University and then didn't have the funds for the Part II training. We were delighted that because of the generosity of Lark Ryan from Portland Oregon we were able to provide a scholarship for Juli-Ann. Below is the letter from Juli-Ann to Lark. (Lark provides this scholarship in honor of her parents and gives the letter from the recipient to them at Christmas.)

Hello,

*My name is Juli-Ann Knight and I am a student of the Palm Beach Atlantic University. I first heard about EMDR through one of my graduate classes and I became fascinated with the therapy as I heard about the tremendous help that people could achieve by doing this therapy. I quickly asked my professor, Dr. Virkler, where could I go to be certified in EMDR. He explained to me to try EMDR HAP.*

*So of course I began to do my research, which much to my dismay, I found out that the training was not being offered in West Palm Beach at that time. I was a bit frustrated when I saw this and I began to ask God questions about my next step. So that's when I began to take a survey of students and colleagues who would be interested in doing the training. I got enough people to make a training class and I asked my professor for added help; he assisted by providing the place for the training.*

*We did EMDR 1, but at the time I was not working with a population that I could benefit from this therapy technique. Of course, this is when I began praying to find a better job and a place where I could utilize the techniques I am being taught.*

*I knew Part 2 of the training was coming up and I wanted to do it, but for financial reasons I could not participate in the training. However, being the host I was still dedicated to making sure that all participants were able to have a comfortable environment and adequate equipment to make sure that their training went well.*

*Since then I have had several clients that I have started EMDR with and I have heard of the many success stories. This makes me even more excited to do part 2 and becoming fully certified in EMDR. Part of the reason why I am so excited and interested in this therapy is that I now work with children that come with deep seated trauma, and no other therapy seems to have a breakthrough but EMDR. Having the opportunity to be awarded this scholarship is a surprise and blessing for me. It was just a couple days ago I was praying asking God to provide the necessary funds to travel and get the training done wherever it's being offered.*

*So I am going to be very optimistic right now and say thank you in advance for choosing me to receive this scholarship. Know that am truly humbled to be a recipient of this award. Thanks once more.*

*Sincerely,  
Juli-Ann Knight*

Juli-Ann will not be able to get her Part 2 training and use it at the non-profit organization where she is working full-time! According to Patty and Steph, her enthusiasm for EMDR therapy is contagious. It was only because of her dedication that 18 students from Pacific Atlantic University were trained in EMDR therapy.

We also continue to provide education and outreach to those outside of the United States. Perhaps you will remember that last year, in the wake of typhoon Yolanda, we provided EMDR therapy training for nearly 100 clinicians in the Philippines. This was a wonderful collaboration between EMDR Philippines, EMDR India, and Trauma Recovery/HAP. During the subsequent year, Rosalie Thomas provided consultation and support allowing a group of the therapists to participate in the EMDR Part II training that happened a few weeks ago.

We also have been working with Sushma Mehrotra, the President of EMDR Asia and EMDR India. Because of Sushma's dedication and energy, we have been able to continue to provide trainings throughout India. She also has continued our work in Sri Lanka, with ongoing trainings and consultations. This work was supported by a grant from the International Relief Team.

We also continue our work with the Veterans of the post 9/11 era. Supported by a grant received by Trauma Recovery/HAP, over the past two+ years, Elaine Wynne, has developed a network of clinicians who work with veterans in Minnesota. They have treated more than 50 patients through their work. Elaine is now creating a non-profit, the MN Resilience project, to continue this work in Minnesota. It is very exciting that this education and outreach can continue with these Vets.

I couldn't conclude this article without a mention of the Yezidi people of Iraq, although some of you have already seen this communication.

*Hello,*

*I am sending this to you because we were asked by Derek Farrell, Chair of the Humanitarian Assistance Program (HAP) Section, EMDR Europe, to call your attention to the dire situation in Northern Iraq where he visited refugee camps set up to protect the Yezidi population from ISIS.*

*Although we are not spearheading the humanitarian efforts, I have been in touch with Derek to see if, in any way, we can be of help. I will keep you apprised of those efforts when I hear more from Derek.*

*There are many ways to get the word out to those who can have an impact on this situation. For example, I have contacted my Connecticut congressional delegation to make them aware of what I have learned about this situation. Perhaps you might want to do the same in your state. If many of us express our concerns perhaps we will be heard.*

*Let us wish for peace, hope, and healing.*

Following is the letter that I received from Derek.

*continued on page 12...*

*continued from page 11...*

*Dear Carol,*

*I'd like to share with you, if I may, a rather personal experience. I have, in the last few days, just returned from Northern Iraq where I visited refugee camps set up to protect the Yezidi population from ISIS. The invitation to go to Iraq was from Pari Ibrahim, a quite remarkable young woman who has set up the Free Yezidi Foundation.*

*The Yezidi are a religious community, a religion that is a hybrid - incorporating elements of Islam, Christianity, Sufism, etc. The Yezidi have been deliberately targeted by ISIS.*

*Speaking to a number of Yezidi survivors the format of ISIS attacks follow a certain pattern: they surround a local village (community/ township) cutting off any potential means of escape. When they eventually enter a village (community/ township) they massacre all of the males. In one such attack over 500 men were killed. These deaths are often carried out, in execution style, in front of the Yezidi women and young children. The women are then abducted to be sold as sex slaves to ISIS fighters - many of which are sold for around €20 and sent to either Syria or Saudi Arabia. The women who are prized the most are 13/14 year old virgins - these are highly sought out as they are considered valued assets attracting large sums of money. Once in captivity these Yezidi women, who are already terrified, are subjected to repeated and violent sexual, physical and psychological abuse. The Yezidi women are told to either convert to Islam and have one abuser (husband), or keep their faith and have multiple abusers. All the survivors I spoke to repeated this same message.*

*One of the survivors I met was a 13 year old girl who had managed to escape from ISIS before being rescued. Her story is harrowing. Because her 'honour' had been taken from her she didn't know whether she wanted to live or die. Her future - in her mind, was largely uncertain. Currently she is now living in a UNHCR refugee camp of some 18,000 people. ISIS is only a couple of miles away.*

*All of the narratives I encountered were powerful and harrowing.*

*As a humanitarian intervention my visit has highlighted that I think there is a means in which EMDR therapy could be useful in working towards addressing some of the psychological distress the Yezidi women currently encounter. Presently there are no services or resources available to these women in Northern Iraq.*

*If you have a moment please take a look at Paul Wood's BBC News article December 2014: <http://www.bbc.com/news/world-middle-east-30573385>.*

*We will put together a humanitarian assistance intervention - led by University of Worcester, to help the Yezidis and will return to Iraq later this year. However one of the messages the Yezidis repeatedly ask is to raise international awareness about their plight and desperate situation.*

*Iraq is certainly not the safest country in the world. I thought I would be relieved at leaving. But to witness, close up, the depth of perpetration by ISIS and hear these Yezidi narratives first hand places a sense of responsibility on individuals, a responsibility to do something.*

*What we are witnessing is ethnic cleansing of the Yezidis population by ISIS. Please can we raise awareness? Thank you for your time."*

And so, I conclude this article with the fervent wish that through our work, with education and outreach we can help those who are suffering and make a difference to them and to the rest of the world. ❖

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# RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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

Note: a comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: <http://emdr.nku.edu/>

A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning website 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/?page=43>.

Alter-Reid, K., Colelli, G., & Simons, N. (2014). When disaster strikes our local communities: U.S. EMDR trauma recovery network coordinators reflect on lessons learned. *Journal of EMDR Practice and Research*, 8(4), 205-214. doi:10.1891/1933-3196.8.4.205

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## ABSTRACT

As a result of a dramatic surge of community-wide traumatic events over the last years, we have seen an increase in eye movement desensitization and reprocessing (EMDR)-trained clinicians in the United States who want to volunteer as responders to their own or neighboring communities in the wake of disaster. This grassroots movement was followed by the Trauma Recovery/Humanitarian Assistance Program's (TR/HAP) development of an organizational structure for Trauma Recovery Networks (TRNs) to provide EMDR training and treatment in their own local, affected areas. The personal stories of disaster response interventions by TRNs in Fairfield County, Connecticut, and New York City in 2012–2013 are examples of two decades of HAP team "experiences along the way." Lessons learned from the inside out are shared to encourage other developing networks in the logistical, emotional, and spiritual preparation for community disaster work. With the unfolding of TR/HAP's development of a National Trauma Recovery Network, there is an opportunity to ensure efficient and effective disaster responses by properly trained and prepared local EMDR clinicians. TRN chapters and their teams continue to increase awareness in local communities of the healing possibilities of acute and longer term trauma symptoms through early intervention with EMDR treatment.

Boucher, J. (2014). Treatment of women veterans with PTSD. *Undergraduate Review*, 10(1), 31-36. Retrieved

from [http://vc.bridgew.edu/undergrad\\_rev/vol10/iss1/11](http://vc.bridgew.edu/undergrad_rev/vol10/iss1/11)

Available at: [http://vc.bridgew.edu/undergrad\\_rev/vol10/iss1/11](http://vc.bridgew.edu/undergrad_rev/vol10/iss1/11)

## ABSTRACT

This study addresses the question, what is the most effective treatment method for female veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) diagnosed with Post Traumatic Stress Disorder (PTSD)? Female veterans experience unique difficulties when dealing with symptoms of PTSD that their male counterparts do not. Some of the causes of their PTSD are different as well. Evidence suggests that treatment programs should be developed in a manner that tailors to gender-specific needs. This research consisted of a thorough review of the literature, including peer-reviewed articles.

Carriere, R. C. (2014). Scaling up what works: Using EMDR to help confront the world's burden of traumatic stress. *Journal of EMDR Practice and Research*, 8(4), 187-195. doi:10.1891/1933-3196.8.4.187

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## ABSTRACT

Global estimates of trauma exposure, classified under the heading "Four Violences," demonstrate that the world faces a mental health crisis of truly epidemic proportions. Given the extent, severity, and consequences of trauma-based disorders (including posttraumatic stress disorder) worldwide for individuals, communities, and societies, the current minimal global public health response needs to be addressed. An important part of the response should involve the implementation

of timely treatment both during and after a crisis. Eye movement desensitization and reprocessing (EMDR) therapy offers a potentially scalable intervention that combines effectiveness, efficiency, affordability, and acceptability—essential preconditions—for launching an ambitious global trauma therapy plan. An overview of both challenges and solutions to effective scaling up and global implementation is provided, including the areas of policy, funding, and ethics. This article concludes with a list of activities (including research) that should be initiated without delay as part of starting up a global trauma therapy plan.

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Chung, Y., Kim, N. H., Kim, D., Bae, J. J., Kwon, J. S., Jang, J. H., . . . Cho, K. (2014). [The psychological characteristics and functional magnetic resonance imaging findings in firefighters with partial posttraumatic stress disorder and the effect of treatment by using eye movement desensitization and reprocessing]. *Journal of the Korean Neuropsychiatric Association*, 53(2), 122-133.

#### ABSTRACT

**Objectives:** This study investigated the clinical characteristics and functional magnetic resonance imaging (fMRI) findings of

firefighters suffering from partial posttraumatic stress disorder (partial PTSD). They were treated by eye movement desensitization and reprocessing (EMDR) and the treatment effect was evaluated.

**Methods:** A total of 116 firefighters were screened and 15 of them were diagnosed as partial PTSD. 1) We compared sociodemographic and psychological characteristics between the firefighter partial PTSD group and the firefighter control group. 2) Subjects in the firefighter partial PTSD group (n=10), firefighter control group (n=8), and general control group (n=12) underwent fMRI with traumatic, negative, positive, and neutral picture stimuli. We compared clinical characteristics and fMRI findings among these three groups. 3) Seven firefighters in the partial PTSD group were treated by EMDR and the treatment effect was evaluated according to psychological scales.

**Results:** In fMRI analysis, there was a left middle temporal/occipital activation in the order of the general control group, firefighter control group, than the firefighter partial PTSD group for the Traumatic- Baseline contrast. For the Negative-Baseline contrast, there was an increased left middle temporal/occipital activation in the general control group versus decreased activation in the firefighter control group and the firefighter partial PTSD group. All firefighters in the partial PTSD group treated by EMDR showed

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significant improvement of Clinician-Administered PTSD Scale scores.

**Conclusion:** These results show high incidence rate of partial PTSD in firefighters. In addition, partial PTSD firefighters exhibited distinct clinical characteristics and fMRI findings and showed significant improvement by EMDR treatment.

Coubard, O. A. (2014). Eye movement desensitization and reprocessing (EMDR) re-examined as cognitive and emotional neuroentrainment. *Frontiers in Human Neuroscience*, 8, 1035. doi:10.3389/fnhum.2014.01035

Full text online: <http://www.ncbi.nlm.nih.gov/pubmed/25610389>

Olivier A. Coubard, The Neuropsychological Laboratory, CNS-Fed, Paris, France. Email: [olivier.coubard@cns-fed.com](mailto:olivier.coubard@cns-fed.com).

**ABSTRACT**

Jessica Phillips-Silver and colleagues recently introduced a new concept, neuroentrainment, to refer to the human tendency for synchronization in time and affect through coordinated rhythmic movements. Entrainment, from French entrainer, originally refers to the spatiotemporal coordination between several individuals in response to a rhythmic signal (Phillips-Silver and Keller, 2012). By extension, the neuroentrainment framework by Jessica Phillips-Silver and colleagues aims at developing theoretical and technical tools for further understanding how entrainments from different movement disciplines favors body and mind development of healthy volunteers and may treat patients suffering from various pathological conditions. In cognitive and behavioral (CBT)-inspired therapies, clinicians have a theoretical and technical tool so-called Eye Movement Desensitization and Reprocessing (EMDR) to treat anxiety disorders, particularly Post-Traumatic Stress Disorder (PTSD). Knowing that EMDR can treat affective disorders through coordinated movements, we examine in this opinion article the possibility that EMDR may act as neuroentrainment.

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Ehring, T., Welboren, R., Morina, N., Wicherts, J. M., Freitag, J., & Emmelkamp, P. M. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review*. doi:10.1016/j.cpr.2014.10.004

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Full text available: <http://www.sciencedirect.com/science/article/pii/S0272735814001500>

#### ABSTRACT

Posttraumatic stress disorder (PTSD) is highly prevalent in adult survivors of childhood sexual and/or physical abuse. However, intervention studies focusing on this group of patients are under-represented in earlier meta-analyses on the efficacy of PTSD treatments. The current meta-analysis exclusively focused on studies evaluating the efficacy of psychological interventions for PTSD in adult survivors of childhood abuse. Sixteen randomized controlled trials meeting inclusion criteria could be identified that were subdivided into trauma-focused cognitive behavior therapy (CBT), non-trauma-focused CBT, eye movement desensitization and reprocessing, and other treatments (interpersonal, emotion-focused). Results showed that psychological interventions are efficacious for PTSD in adult survivors of childhood abuse, with an aggregated uncontrolled effect size of  $g = 1.24$  (pre- vs. post-treatment), and aggregated controlled effect sizes of  $g = 0.72$  (post-treatment, comparison to waitlist control conditions) and  $g = 0.50$  (post-treatment, comparison with TAU/placebo control conditions), respectively. Effect sizes remained stable at follow-up. As the heterogeneity between studies was large, we examined the influence of two a priori specified moderator variables on treatment efficacy. Results showed that trauma-focused treatments were more efficacious than non-trauma-focused interventions, and that treatments including individual sessions yielded larger effect sizes than pure group treatments. As a whole, the findings are in line with earlier meta-analyses showing that the best effects can be achieved with individual trauma-focused treatments.

Farrell, D. (2014). Developing EMDR therapy in Pakistan as part of a humanitarian endeavor. *Journal of EMDR Practice and Research*, 8(4), 233-239. doi:10.1891/1933-3196.8.4.233

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#### ABSTRACT

The empirical justification for the use of eye movement desensitization and reprocessing (EMDR) therapy as part of the repertoire of interventions used in response to humanitarian

endeavors continues at a pace. A devastating earthquake, measuring 7.6 magnitude on the Richter scale, occurred in Northern Pakistan in October 2005. In response, the first EMDR Humanitarian Assistance Program to be facilitated by an academic institution was established. This article highlights how 3 research projects assisted in the continued development of EMDR therapy in Pakistan to the point where presently more than 125 Pakistani mental health professionals have now been trained; it now has its own EMDR National Association and is an active participant within EMDR Asia.

Fernandez, I., Callerame, C., Maslovacic, G., & Wheeler, K. (2014). EMDR Europe humanitarian programs: Development, current status, and future challenges. *Journal of EMDR Practice and Research*, 8(4), 215-224. doi:10.1891/1933-3196.8.4.215

Isabel Fernandez, Center of Psychotraumatology, via Vitruvio 43, 20124, Milan, Italy. E-mail: isabelf@tin.it

#### ABSTRACT

The efficacy of eye movement desensitization and reprocessing (EMDR) therapy has been well established by numerous scientific studies over the past 25 years. The ability to achieve a rapid resolution of trauma symptoms often after only a few EMDR sessions allows clinicians to treat many survivors in a very short period of time. This makes EMDR an ideal intervention after a catastrophic event. The main objective of this article is to describe how European EMDR Associations have provided interventions in emergency situations. Natural and man-made disaster relief projects in Italy, Greenland, and the Netherlands are highlighted. EMDR Europe Humanitarian Assistance Program (HAP) projects sponsored by Austria and Sweden in the Ukraine and Estonia have provided trainings for clinicians. National EMDR Europe associations have developed initiatives in many other areas of the world, such as in Vietnam (EMDR Italy), Cuba (EMDR Spain and Italy), in Pakistan (EMDR United Kingdom and Ireland), in China (EMDR Germany), and in Kenya (EMDR Germany). These projects illustrate the resilience of the populations affected and the generosity of the EMDR Europe community.

Gelbach, R. (2014). EMDR humanitarian assistance programs: 20 years and counting. *Journal of EMDR Practice and Research*, 8(4), 196-204. doi:10.1891/1933-3196.8.4.196

Robert Gelbach, PhD, 64 Hall Street, Hamden, CT 06517. E-mail: robertgelbach@yahoo.com.

#### ABSTRACT

EMDR Humanitarian Assistance Programs (HAP) was created in 1995 by EMDR clinicians who had offered pro bono care and training for therapists in Oklahoma City after a terrorist attack. HAP set its mission to bring evidence-based trauma therapy to

communities that were underserved or that had suffered disasters. HAP's training programs, which are low-cost, are provided by volunteers and target clinicians in public or nonprofit agencies. HAP currently reaches about 2,000 trainees annually. Similar HAP training programs in developing countries reach about 200 clinicians annually and aim to build local communities of practice that are sustainable. HAP has responded to disasters worldwide, with both training and treatment, but increasingly directs most disaster aid to the United States as new sister organizations appear and respond to disasters in other regions of the world. In recent years, HAP has aimed to promote emergence of its Trauma Recovery Network (TRN)—local voluntary teams of clinicians who stress preparedness as a key component of disaster response. Three TRN chapters in 2010 had grown to 20 in 2013 and will soon double, providing new options for service to HAP's more than 1,500 registered clinician volunteers.

-----

Gilderthorp, R. C. (2014). Is EMDR an effective treatment for people diagnosed with both intellectual disability and post-traumatic stress disorder? *Journal of Intellectual Disabilities*: JOID. doi:10.1177/1744629514560638.

Rosanna C Gilderthorp, Salomons Centre for Applied Psychology, Canterbury Christ Church University, Runcie Court, Broomhill Road, Tunbridge Wells, Kent TN3 0TF, UK. Email: r.c.trigg180@canterbury.ac.uk.

#### ABSTRACT

This study aimed to critically review all studies that have set out to evaluate the use of eye movement desensitization and reprocessing (EMDR) for people diagnosed with both intellectual disability (ID) and post-traumatic stress disorder (PTSD). Searches of the online databases Psych Info, The Cochrane Database of Systematic Reviews, The Cochrane Database of Randomized Control Trials, CINAHL, ASSIA and Medline were conducted. Five studies are described and evaluated. Key positive points include the high clinical salience of the studies and their high external validity. Several common methodological criticisms are highlighted, however, including difficulty in the definition of the terms ID and PTSD, lack of control in design and a lack of consideration of ethical implications. Overall, the articles reviewed indicate cause for cautious optimism about the utility of EMDR with this population. The clinical and research implications of this review are discussed.

-----

Graca, J. J., Palmer, G. A., & Occhietti, K. E. (2014). Psychotherapeutic interventions for symptom reduction in veterans with PTSD: An observational study in a residential clinical setting. *Journal of Loss and Trauma*. doi:10.1080/15325024.2013.810441.

Glen A. Palmer, St. Cloud VA Health Care System, 4801 Veterans Drive, St. Cloud, MN 56303, USA. E-mail: Glen.Palmer@va.gov.

Full text available at: <http://www.tandfonline.com/doi/abs/10.1080/15325024.2013.810441>.

#### ABSTRACT

Cognitive processing therapy (CPT) and eye movement desensitization and reprocessing (EMDR) therapy were compared for veterans in a posttraumatic stress disorder (PTSD) residential program (N = 51) who received individual EMDR and group CPT, individual CPT and group CPT, or trauma group exposure (TGE) therapy. Analyses revealed an overall significant difference on posttest measures of the PTSD Checklist for individual EMDR/group CPT and individual CPT/group CPT when compared to TGE, with no significant difference found between EMDR and CPT. Depression scores were significantly decreased between pre- and posttest for patients who received individual EMDR/group CPT. Results support EMDR and CPT as clinically effective and complementary treatments in residential PTSD treatment programs.

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Greenwald, R., McClintock, S. D., Jarecki, K., & Monaco, A. J. (2014). A comparison of eye movement desensitization and reprocessing and progressive counting among therapists in training. *Traumatology*. doi:10.1037/trm0000011.

Greenwald, Trauma Institute & Child Trauma Institute, 285 Prospect Street, Northampton, MA 01060. E-mail: rg@childtrauma.com.

#### ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is effective, efficient, and well tolerated, but complex and resource-intensive to learn. Progressive counting (PC) is newer, has similar advantages and is easier to master. The objective of this study was to compare EMDR and PC. One hundred nine therapists in either EMDR or PC training programs worked on several of their own upsetting memories in practicums during the course of the training. For each treated memory they recorded treatment time as well as pre/post memory-related distress ratings; ratings were repeated at 2 and 10 weeks posttreatment via e-mail. Participants also rated the perceived difficulty of the treatment they experienced. Participants in both conditions reported large and significant reductions in memory-related distress, which persisted at 2 weeks and 10 weeks posttreatment. There were no differences in effect size or maintenance of gains. PC was 37.5% more efficient than EMDR, and was rated as being less difficult. Participants were therapists, not distressed individuals; allocation to group was natural and not randomized; and there was no evaluation of treatment fidelity. PC is less resource-intensive than EMDR to disseminate. In this study, PC was as effective as EMDR, more efficient, and perceived as less difficult. If these findings are replicated with distressed participants, PC will become a preferred trauma treatment.

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Gupta, D., Gupta, N., & Choudhary, T. (2014). Effectiveness of the EMDR therapy on specific phobia in young children. *Delhi Psychiatry Journal*, 17(2), 175-178. Retrieved from <http://medind.nic.in/daa/t14/i1/daat14i1p175.pdf>

Deepak Gupta. Centre for Child & Adolescent Wellbeing.  
E-mail: [deegupta\\_2000@yahoo.com](mailto:deegupta_2000@yahoo.com)

Available online: <http://medind.nic.in/daa/t14/i1/daat14i1p175.pdf>

### ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 2001) is a comprehensive, integrative psychotherapeutic approach. It contains elements of a number of effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioural, interpersonal, experiential, and body-centered therapies (Shapiro, 2002). EMDR psychotherapy is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance future adaptive behaviours and mental health. During treatment, various procedures and protocols are used to address the entire clinical picture. One of the procedural elements is "maintain dual awareness using bilateral stimulation" using bilateral eye movements, tones or taps. During the reprocessing phases the client attends momentarily to past memories, present triggers, or anticipated future experiences while simultaneously focusing on a set of external stimulus. During that time, clients generally experience the emergence of insight, changes in memories, or new associations. The clinician assists the client to focus on appropriate material before initiation of each subsequent set. In our experience EMDR has proved helpful in many childhood psychological and psychiatric disorders (Gupta & Choudhary, 2012, 2013). When applied to children, EMDR can often be used in adjunction with some innovative Cognitive Based therapeutic techniques to elicit better results (Rachamim et al, 2009).

Jarero, I., Artigas, L., Uribe, S., García, L. E., Cavazos, M. A., & Givaudan, M. (2014). Pilot research study on the provision of the EMDR integrative group treatment protocol with female cancer patients. *Revista Iberoamericana De Psicotraumatología Y Disociación*, 6(3). Retrieved from <http://revibapst.com/volumen-6-numero-3-2014/>

Available online: <http://revibapst.com/volumen-6-numero-3-2014/>

### ABSTRACT

The purpose of this research was to evaluate the effectiveness of the Eye Movement Desensitization and Reprocessing (EMDR)

Integrative Group Treatment Protocol (EMDR-IGTP); in reducing Posttraumatic Stress Disorder (PTSD) symptoms related to the diagnosis and treatment of different types of cancer in adult women. EMDR-IGTP intensive therapy was administered for three consecutive days, twice daily, to 24 adult women diagnosed with different types of cancer (cervical, breast, colon, bladder and skin) who had PTSD symptoms related to their diagnosis and treatment. Statistical analysis using General Linear Model and t-tests, comparing the mean scores of the Short PTSD Rating Interview (SPRINT) between each assessment time (pre, post, and two follow-ups); showed a statistically significant improvement after treatment with the EMDR-IGTP for both, patients in the active phase of cancer treatment and patients in the follow-up phase of cancer treatment. Results also showed an overall subjective improvement in the participants. This pilot study suggests that intensive administration of the EMDR Integrative Group Treatment Protocol can be a valuable support for cancer patients with PTSD symptoms related to their diagnosis and treatment. Further research with randomized controlled studies is needed to demonstrate the effectiveness of EMDR-IGTP in this population.

Jarero, I., Artigas, L., Uribe, S., & Miranda, A. (2014). EMDR therapy humanitarian trauma recovery interventions in Latin America and the Caribbean. *Journal of EMDR Practice and Research*, 8(4), 260-268. doi:10.1891/1933-3196.8.4.260

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### ABSTRACT

This article presents an overview of the eye movement desensitization and reprocessing (EMDR) Humanitarian Trauma Recovery Interventions in Latin America and the Caribbean and provides the reader with clinical stories from the front lines. During our many years working in the field, we have observed that psychological trauma is a challenging consequence of the multifaceted situations confronting individuals and communities after disasters. In this article, we describe the EMDR humanitarian interventions provided since 1998 in Latin America and the Caribbean to address survivors' psychological distress after natural disasters (e.g., flooding, landslides, earthquakes), man-made disasters, human massacre, and severe interpersonal violence. Treatment has been provided to child, adolescent, and adult survivors, often in community settings, and to first responders and cancer patients. The EMDR early intervention protocols are brief effective interventions that can be used in the field or emergency situations; there is a body of research supporting the use of modified EMDR therapy protocols to treat acute trauma in both group and individual formats (Jarero, Artigas, & Lubert, 2011).

Mattheß, H., & Sodemann, U. (2014). Trauma-Aid, humanitarian assistance program Germany. *Journal of EMDR Practice and Research*, 8(4), 225-232. doi:10.1891/1933-3196.8.4.225.

Helga Mattheß, Gro ß enbaumer Allee 35 a, 47269 Duisburg, Germany. E-mail: Helga.Matthess@t-online.de.

#### ABSTRACT

Trauma-Aid Germany was founded in 2002 by dedicated eye movement desensitization and reprocessing (EMDR) therapists to help people traumatized by calamities, disaster, or violence to overcome the psychological consequences and regain emotional stability and mental health. Trauma-Aid, also known as the Humanitarian Assistance Program Germany, works in crisis areas abroad, offering nonprofit trainings in EMDR therapy and establishing projects to support and treat trauma victims and survivors. Projects in China, Slovakia, Indonesia, Thailand, Cambodia, Burma, Rwanda, and Haiti, in cooperation with other nongovernmental organizations and the German government, have supported trained participants in the treatment of clients in the respective countries and the initiation of local research projects. The basic principle is to work with networks of local practitioners or mental health worker, experts, and universities to establish structures that will maintain themselves in future. Nearly all countries to which Trauma-Aid Germany has taken training have meanwhile set up their own EMDR organizations, with many local EMDR trainers already trained or in training.

Mehrotra, S. (2014). Humanitarian projects and growth of EMDR therapy in Asia. *Journal of EMDR Practice and Research*, 8(4), 252-259. doi:10.1891/1933-3196.8.4.252

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#### ABSTRACT

This article focuses on the accomplishments of humanitarian projects in Asia using eye movement desensitization and reprocessing (EMDR) therapy. The main thrust of EMDR humanitarian assistance programs has been to train local clinicians to provide EMDR to individuals suffering from the disaster. The article highlights the training projects and the experience of using EMDR therapy after earthquakes in China, India, Indonesia, and Pakistan; after tsunamis in Japan, India, Indonesia, and Sri Lanka; and after accidents and terror attacks in Korea and Pakistan. Detailed descriptions are provided about the responses to the 2001 earthquake in Gujarat; the 2004 tsunami in India, Indonesia, and Sri Lanka; the 2005 earthquake in Pakistan; the 2008 earthquake in China; and the 2011 tsunami in Japan. In addition, the article discusses how Asian EMDR therapists are working together to provide training, respond to crises, and establish professional standards, so that EMDR therapy can be established in Asia and integrated into regular practice. Further, this article describes the creation of EMDR Asia, which brought several Asian countries together and share the development of EMDR therapy in their countries. The challenges faced by EMDR Asia today are discussed in detail.

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Monteiro, A. M. (2014). Group and individual EMDR therapy in the humanitarian assistance project in southern Brazil. *Revista Iberoamericana De Psicopatología Y Disociación*, 6(3). Retrieved from <http://revibapst.com/data/documents/ANDREENGLISH.pdf>.

Available online: <http://revibapst.com/volumen-6-numero-3-2014/>.

### ABSTRACT

Dealing with catastrophe survivors is always a challenge for therapists trained in EMDR at individual level. In this text, the amazing experience of helping flood and landslide survivors in southern Brazil with EMDR is described in a step-by-step fashion. The additional training of the therapists was carried out on site, mainly with the debriefing and the EMDR group protocol. After working with multiple groups of victims in the shelters, therapists also received emotional support. Details of the support teams are also provided. Strictly speaking, what follows is not a scientific text. However, the details of the process may help those interested in the subject of catastrophe intervention to replicate the methodology and compare results.

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Schnyder, U. (2014). Treating intrusions, promoting resilience: An overview of therapies for trauma-related psychological disorders. *European Journal of Psychotraumatology*, 5, 26520. doi:10.3402/ejpt.v5.26520

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Full text available online: <http://www.ejpt.net/index.php/ejpt/article/view/26520#Abstract>

### ABSTRACT

The efficacy of psychotherapeutic approaches in the treatment of posttraumatic stress disorder (PTSD) can be regarded as empirically demonstrated. Overall, effect sizes appear to be higher for psychotherapy than for medication. Many well-controlled trials with a mixed variety of trauma survivors have demonstrated that trauma-focused cognitive-behavioral therapy (TF-CBT) is effective in treating PTSD. Prolonged exposure therapy (PE) is currently seen as the treatment with the strongest evidence for its efficacy. Cognitive therapy (CT) and cognitive processing therapy (CPT), with their stronger emphasis on cognitive techniques, and Eye Movement Desensitization and Reprocessing (EMDR) seem equally effective. More recent developments include brief eclectic psychotherapy for PTSD (BEPP) and narrative exposure therapy (NET). Emerging evidence shows that TF-CBT can successfully be applied in PTSD patients suffering from severe comorbidities such as borderline personality disorder or substance abuse disorder (Schnyder & Cloitre, 2015). There

is also a trend towards developing "mini-interventions," that is, short modules tailored to approach specific problems. Moreover, evidence-based approaches should be complemented by interventions that aim at promoting human resilience to stress. Finally, given the globalization of our societies (Schnyder, 2013), culture-sensitive psychotherapists should try to understand the cultural components of a patient's illness and help-seeking behaviors, as well as their expectations with regard to treatment.

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Shapiro, F. (2014). EMDR therapy humanitarian assistance programs: Treating the psychological, physical, and societal effects of adverse experiences worldwide. *Journal of EMDR Practice and Research*, 8(4), 181-186. doi:10.1891/1933-3196.8.4.181

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### ABSTRACT

The negative effects of trauma and other adverse life experiences have been shown to interfere with individual, family, and societal functioning. Eye movement desensitization and reprocessing (EMDR) therapy is empirically supported and recommended as a frontline treatment for psychological trauma in numerous practice guidelines. It provides both effective and efficient treatment without the need for detailed descriptions of the disturbing event or homework. This allows field teams to provide culturally sensitive therapy on consecutive days for those in remote areas and in crisis situations. Humanitarian assistance organizations have conducted projects internationally to provide EMDR therapy after both natural and manmade disasters and have helped develop sustainable mental health resources worldwide. This brief introduction provides an overview of current programs, treatment rationale, and a call for future action.

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van den Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., Van Minnen, A., & van der Gaag, M. (2015). Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: A randomized clinical trial. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2014.2637

David P. G. van den Berg, Parnassia Psychiatric Institute, Den Haag, the Netherlands.

### ABSTRACT

**Importance:** The efficacy of posttraumatic stress disorder (PTSD) treatments in psychosis has not been examined in a randomized clinical trial to our knowledge. Psychosis is an exclusion criterion in most PTSD trials.

**Objective:** To examine the efficacy and safety of prolonged exposure (PE) therapy and eye movement desensitization and reprocessing (EMDR) therapy in patients with psychotic disorders and comorbid PTSD.

**Design, Setting, and Participants:** A single-blind randomized clinical trial with 3 arms (N=155), including PE therapy, EMDR therapy, and waiting list (WL) of 13 outpatient mental health services among patients with a lifetime psychotic disorder and current chronic PTSD. Baseline, posttreatment, and 6-month follow-up assessments were made.

**Interventions:** Participants were randomized to receive 8 weekly 90-minute sessions of PE (n=53), EMDR (n=55), or WL (n=47). Standard protocols were used, and treatment was not preceded by stabilizing psychotherapeutic interventions.

**Main Outcomes and Measures:** Clinician-rated severity of PTSD symptoms, PTSD diagnosis, and full remission (on the Clinician-Administered PTSD Scale) were primary outcomes. Self-reported PTSD symptoms and posttraumatic cognitions were secondary outcomes.

**Results:** Data were analyzed as intent to treat with linear mixed models and generalized estimating equations. Participants in the PE and EMDR conditions showed a greater reduction of PTSD symptoms than those in the WL condition. Between-group effect sizes were 0.78 ( $P < .001$ ) in PE and 0.65 ( $P = .001$ ) in EMDR. Participants in the PE condition (56.6%; odds ratio [OR], 3.41;  $P = .006$ ) or the EMDR condition (60.0%; OR, 3.92;  $P < .001$ ) were significantly more likely to achieve loss of diagnosis during treatment than those in the WL condition (27.7%). Participants in the PE condition (28.3%; OR, 5.79;  $P = .01$ ), but not those in the EMDR condition (16.4%; OR, 2.87;  $P = .10$ ), were more likely to gain full remission than those in the WL condition (6.4%). Treatment effects were maintained at the 6-month follow-up in PE and EMDR. Similar results were obtained regarding secondary outcomes. There were no differences in severe adverse events between conditions (2 in PE, 1 in EMDR, and 4 in WL). The PE therapy and EMDR therapy showed no difference in any of the outcomes and no difference in participant dropout (24.5% in PE and 20.0% in EMDR,  $P = .57$ ).

**Conclusions and Relevance:** Standard PE and EMDR protocols are effective, safe, and feasible in patients with PTSD and severe psychotic disorders, including current symptoms. A priori exclusion of individuals with psychosis from evidence-based PTSD treatments may not be justifiable.

**Trial Registration:** isrctn.com Identifier: ISRCTN79584912

Zaghrou-Hodali, M. (2014). Humanitarian work using EMDR in Palestine and the Arab world. *Journal of EMDR Practice and Research*, 8(4), 248-251. doi:10.1891/1933-3196.8.4.248.

Mona Zaghrou-Hodali, Head of Counseling and Supervision, East Jerusalem YMCA, P.O. Box 25168, Shufat, Jerusalem. E-mail: mzaghrou@ej-ymca.org.

#### ABSTRACT

Humanitarian outreach is a significant part of the practice of eye movement desensitization and reprocessing (EMDR) therapy. The development of training in Arabic and provision of EMDR in areas of ongoing conflict including Palestine, Libya, Syria, and Iraq is described, and brief accounts of clients and therapists illustrate the help that EMDR has brought to survivors of conflict, imprisonment, and torture. Three clients, each with a diagnosis of posttraumatic stress disorder, are briefly presented here: one from a refugee camp in Palestine, one from a Syrian refugee camp in Jordan, and the other from a war zone in Libya.

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Zimmermann, E. (2014). EMDR humanitarian work: Providing trainings in EMDR therapy to African clinicians. *Journal of EMDR Practice and Research*, 8(4), 240-247. doi:10.1891/1933-3196.8.4.240

Eva Zimmermann, Route-Neuve 7A, 1700 Fribourg, Switzerland. E-mail: ez@renz-zimmermann.ch

#### ABSTRACT

This article is a nonexhaustive overview concerning the developments of eye movement desensitization and reprocessing (EMDR) therapy in a humanitarian context in Africa. These efforts aimed to promote psychological healing for people suffering after humanitarian crises, wars, and disasters. This article reflects a summary of the contributions obtained from organizations and people working and teaching EMDR therapy in Africa. In addition to explaining the cultural, political, and socioeconomic outcomes of the African context and the special needs of those suffering from trauma and trauma-related symptoms, this article emphasizes the challenges for humanitarian efforts in offering and in teaching EMDR therapy in Africa. The work in four countries is presented to provide specific examples. ❖



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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



## CANADA

Jim Lichti reports: "Twelve therapists from Student Counseling Services at University of Waterloo (Ontario, Canada) recently completed EMDR training. Barbara Horne from Niagara Stress & Trauma Clinic was the trainer and I was the facilitator. A group of social service agencies from across the Region of Waterloo has formed a Collaborative to work at the following: raising the capacity of agencies to provide trauma-specific treatment; organizations becoming more trauma-sensitive; and the general community to become more trauma-informed. Several EMDR therapists are involved in this initiative."

## CHINA

Jinsong Zhang reports: "The website for EMDR China is under construction and should be completed soon. Helga Matthes taught 19 trainees (3 Chinese practitioners) Part I of EMDR trainer's training in Shanghai in the beginning of the year."

## EMDR EUROPE

Isabel Fernandez reports: "July 10-12, 2015, EMDR Europe will host their annual Conference in Milan, Italy. There will be many opportunities to develop further competence and skills in working with EMDR with different populations and disorders. Three keynote presentations will be addressing important and innovative topics: "The State of the Art of EMDR" (Udi Oren, Israel); "The Impact of Adverse Childhood

Experiences on Mental and Physical health and the Role of EMDR in this Field" (Carol Forgash, USA); and "Treating Trauma in Psychosis" (Marc van der Gaag, Netherlands). You can register already through the website [www.emdr2015.it](http://www.emdr2015.it) or through the EMDR Europe website clicking on the button for the 16th EMDR Europe Conference. Friday, July 10th will be a Joint Day with EFPA at their European Congress of Psychology."

## EMDR IBEROAMERICA

Esly Carvalho reports: "There are many resources and books available in Portuguese and Spanish on the EMDR Iberoamérica website: <http://www.emdriberoamerica.org/recur-sosymateriales.html>."

## FRANCE

Jacques Roques reports: "I have written my sixth book, "Essai d'anatomie psychique basé sur les neurosciences." It is the first of a trilogy, "Psychoneurobiologie - Fondement et Prolongements de l'EMDR" This book backs up the AIP model of EMDR with the neurosciences the AIP model of the EMDR based on the networks, memories and the ego states. The second book will be called "Fonctionnement et dysfonctionnements psychiques" and the last book will be called "Traitement des dysfonctionnements psychiques." I have written a clinical book, "Couples et EMDR, Comment aider efficacement un couple en difficulté," that is in press."

## GERMANY

Michael Hase reports: "EMDR has been recognized as a treatment for PTSD in adults and will be embedded in the system of medical insurance in Germany. The decision was made in October and it was a hard fight for quality and protecting EMDR therapy from CBT since summer. Although this is very important, as the system in Germany is extremely conservative and closed, it brings many hazards. Unfortunately, EMDR was not recognized as a stand-alone treatment but has to be integrated into one of the recognized approaches: psychodynamic, psychoanalytic and behavioral. It was a major success to gain the option to integrate EMDR in psychoanalytic therapy as the analytic societies wanted EMDR banned from psychoanalysis. Currently, we are fighting hard to maintain standards of teaching e.g., as the official system will set their own standards. For the official system, EMDR Germany is a nuisance as we are constantly asking for quality. One of their strategies is to integrate EMDR into the teaching of psychotraumatotherapy in general, which would downgrade EMDR to a technique. Their argument is that there is only scientific recognition as a treatment for PTSD, regarding the strict German Standards. They have not paid attention to the existing literature. So, we need more RCT's to get EMDR therapy recognized for the successes in working with other disorders, not just PTSD. It is a hard fight and Arne Hofmann, Susanne Leutner, myself and several others have spent much time writing papers, sending out mailings and networking, in order to maintain at least part of the EMDR standards."



It is hard to say how things will develop in Germany. We'll keep you informed."

## GREECE

Domna Ventouratou reports: "During 2014, the Institute for Trauma Treatment completed EMDR trainings in Athens, Thessaloniki and Nicosia (Cyprus) for the first time. All colleagues are enthusiastic about the method and most of them continue with group supervision. In September 2014, a new training in Athens began, which will be completed in March 2015. Meanwhile we started the first training in Heraklion, Crete, which will be completed in July 2015. Further trainings in Thessaloniki and Nicosia are planned for later in 2015. As there is a need for more consultants, I am planning a training for consultants-in-training during the following summer. EMDR Hellas is organizing a Child and Adolescent Training with Thomas Hensel in May 2015 and we plan Part II soon after Part I. EMDR Hellas was awarded 6000Euros from EMDR Europe to run "A randomized controlled trial testing the effectiveness of EMDR on unemployed individuals with adjustment disorder." This will be the first study about the effectiveness of EMDR in Greece.

We are very happy that the EMDR community is growing in Greece despite the crisis, and we support it in every possible way!"

## ISRAEL

Brurit Laub reports: "We are in the middle of a research project in Sderot where many people have been traumatized for years. However, the last onslaught has seemed to be the most difficult of many people, perhaps it is because there is no hope about resolving the issue. We had an R-TEP training for the therapists in the Resilience Center and they are now working with the second group (control group). I am going to give a two-day workshop about the application of dialectical perspective in EMDR therapy."

## LEBANON

Lina Ibrahim reports: "EMDR Lebanon Association has finally concluded the last part of Basic EMDR Training Course. Group Supervision II was held in January, and now 14 professional psychologists emerged trained in EMDR Therapy. These psychologists work with refugees, underprivileged children and adults, and people from different socio-economic status in the private and public sectors. Mona Zaghrout, the EMDR trainer is Mona Zaghrout from Palestine who volunteered with facilitators to train these psychologists. The training project was funded by international and national organizations but mainly by Mona and a small part of it the EMDR Lebanon Association. We thank Mrs. Zaghrout for her dedication and her commitment to help psychologists in the Arab world learn EMDR therapy. We really appreciate also all those who worked on making this project a success nationally and internationally. We are planning now to arrange for continued education workshops to improve the skills of EMDR therapists in applying EMDR therapy.

## MEXICO

Nacho Jarero reports: "The National Institute for the Clinical Application of Behavioral Medicine (NICABM), pioneer and leader in the field of mind-body-spirit medicine, recently published an interesting commentary about a "Promising, multifaceted approach to treating childhood trauma that includes EMDR therapy" See <http://www.nicabm.com/nicabm-blog/treating-trauma-in-children/>."

## NEW ZEALAND

Irene Begg reports: "I am the new Chairperson on the Board of EMDR New Zealand. I was elected at our second AGM in Wellington in November 2014. I took over from Astrid Katzur who has returned to her native homeland of Germany. I have much admiration for the work Astrid has done in getting the EMDR New Zealand Board up and running. She is missed by us all. The membership of our Association is growing and we have over 100 + members. Many have completed training through Sigmund Burzynski (Institute Trainer) from Geelong, Australia who has been teaching here since 2010. Our newly formed Board is busy with working on the Accreditation Document for EMDR Practitioners and Trainers for New Zealand and our website. We are very proud to have been able to continue on with much enthusiasm and we hope to have this document and website completed by the middle of the year. Since we are scattered over New Zealand, we plan to have meetings via Skype and are regularly in touch each week via email. EMDR therapy is making headway as a preferred modality in treating trauma in this country. Our main insurance provider, Accident Compensation Commission, states EMDR as one of their preferred therapies. We continue to network with organizations in the health and social services field to promote EMDR therapy across the country, in our places of work and communities and we look forward to more participants eagerly coming to trainings. Sigmund taught a Part I training at the end of January. Tom Flewett, a Psychiatrist from Wellington, is training to be a trainer and we are looking forward to his being one soon. We continue to promote and enhance our alliance with EMDRAA (Australia) and EMDR Asia and are looking forward to November when Roger Solomon will be back here in to give a Master Class for the second time."

## SOUTH AMERICA

Reyhana Ravat reports: "In South Africa we started an EMDR focus group that meets once a month. The group is free and we discuss any problems the participants have in the implementation of EMDR therapy and new protocols. We had a good turnout for speaker Tuly Flint from Israel who did a one-day workshop on "Families Under Siege." Basic EMDR training continues in South Africa regularly and 95% of the participants always complete the whole training."

## SPAIN

María Cervera reports: "I have translated Tal Croitoru's book, "The EMDR Revolution- The Client Guide" into Spanish. It is a

very good tool for spreading EMDR into different communities. Clients use it to describe their experience to family and friends and it has proven very helpful. My supervisees are also using it in their practices and they tell me they get very good results.”

## TAIWAN

Sigmund Burzynski reports: “Last year I was invited by Professor Pei li Wu, of the National Taiwan Normal University, to provide Part I EMDR training in Taipei, Taiwan in June 2014 for 16 participants. This was the first ever EMDR therapy training in Taiwan and the first EMDR Institute training held there. The training was in English and used two translators. Part II is scheduled for this year. Peili and her team are responsible for translating Dr. Shapiro’s seminal text into Mandarin.”

## THE NETHERLANDS

Renee Beer reports: “The EMDR Association of the Netherlands developed and commissioned several informative and professionally produced film clips about using EMDR for children and adolescents. The goals are to inform potential patients, children and their parents, as well as those who refer patients (colleagues & general practitioners), what they can expect if they are referred for EMDR therapy. These productions became available on November 20th. This was the date 25 years ago the United Nations accepted the Declaration of the Rights of the Child. We consider it fitting to let children know, on this date, they have the right to receive an effective, evidence-based therapy like EMDR. There are two, seven minute animated clips. The first is about an eight year old girl with a type I trauma. She survived a car accident with her parents. The other is about a 15 year old boy who was bullied by his peers in school for many years. To avoid ethical dilemmas, we chose animation to portray what happened. We have chosen moving storyboards (animated clips) to avoid ethical dilemmas. These are recorded in Dutch subtitles in English and could be subtitled in other languages too. There is another clip for Dutch audiences that portray real children who talk about their experience with EMDR therapy after treatment is complete. We want you to know about these products because you might be interested in making them accessible for children and adolescents in your country. Our intention is to make these products available for as many children, adolescents, and their parents as possible. We sincerely hope that they will find their way so that children who need it are more likely to get the effective therapy they deserve to receive, not only in the Netherlands, but also abroad. From November 20 you can watch them on: <http://www.emdr.nl/childrenvideoclips/>.

Ad de Jongh reports: “The psychosis study, “Prolonged Exposure vs. Eye Movement Desensitization and Reprocessing vs. Waiting List for Posttraumatic Stress Disorder in Patients With a Psychotic Disorder: A Randomized Clinical Trial” was published in one of the best psychiatric journals, JAMA Psychiatry. The team of researchers for this groundbreaking work consisted of David P. G. van den Berg;

## EMDR Institute Advanced Clinical Applications Workshops & Distance Learning Courses



### Face to Face Workshop *Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out & Addictive Behaviors*

Mark Nickerson, LICSW

• San Francisco, CA  
October 10-11, 2015

• Salt Lake City, UT  
October 17-18, 2015

14 professional & EMDRIA credits

### Home Study DVD Course *The Utilization of EMDR with Trauma & Dissociative Symptoms*

Curt Rouanzoin, PhD

12 professional CE credits  
& 10 EMDRIA credits



### Home Study Book Course *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures*

Francine Shapiro, PhD

8 professional & EMDRIA CE credits



### Home Study Book Course *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors*

Steven Silver, PhD & Susan Rogers, PhD  
10 professional & EMDRIA CE credits



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Paul A. J. M. de Bont; Berber M. van der Vleugel; Carlijn de Roos; Ad de Jongh; Agnes Van Minnen; and Mark van der Gaag.

## UNITED STATES

### Arizona

Karen Alter-Reid reports: "It's been a busy year for the Fairfield County Regional Network. Dr. Kate Wheeler's book, *Psychotherapy for the Advanced Practice Psychiatric Nurse: A How-To-Guide for Evidenced-Based Practice*, just won the 2015 AJN Book of the Year Award. This book is based on Adaptive Information Processing as a framework for advance practice psychiatric nursing. The book was reviewed in *Journal of EMDR Practice & Research* (2015), 9(1), p. 71. Among three another articles published this year, Dr. Wheeler's article, *Inadequate Treatment and Research for PTSD at the Veterans Administration*, was published in the *American Psychologist*, 69(7). <http://dx.doi.org/10.1037/a0037600>. She also presented "Panel: Psychoanalytic Therapies and EMDR in Psychiatric Nursing" at International VIIth National Psychiatric Nursing Congress at Hacettepe University in Ankara, Turkey on September 2, 2014. She was also granted The Brinkman Foundation for EMDR Group Intervention *Study for Children and Adolescents Exposed to Trauma*, \$4,000 awarded 2014. In March, I am presenting a paper, *"Using EMDR Therapy with Burn Patients and their Caregivers"*, written by Kate and myself to nurses, case managers, EMS personal and ED/trauma physicians at the 2015 JMS Burn Symposium in Georgia. Eric Chamberlin, neuropsychiatrist, presented a workshop, *"Network Balance Model Applied to EMDR Therapy"* to our Fairfield County EMDRIA Regional Network.

### Massachusetts

Stephanie Baird reports: "Registration is now open for our 11th annual EMDR Spring Conference on March 28, 2015, at UMass Amherst. The theme is "The Body/Mind Connection" and George Abbott will present the half-morning keynote: "Somatoform Symptoms and Disorders from the Perspective of the AIP Model." After the keynote, attendees will choose a second morning workshop to attend and end with six different afternoon workshops. Some of the exciting workshops include: "The Embodied Self in EMDR Therapy" (Barry Litt), "When Less is More: Restricted Processing in the Treatment of Complex Traumatization" (Denise Gelinias), "Treating Chronic Pain with EMDR Therapy" (Ted Olejnik), "Spiritual Resources & EMDR Therapy" (Jeanne Folks), "The Art of Self-Care: Using Qio Gong Techniques for EMDR Resource Development" (Jason Rose-Langston). Please go to our website at [wmassemrdria.com](http://wmassemrdria.com) for more information and registration. Mark Nickerson, current Western MASS EMDRIA co-coordinator, has also just released his first book (co-authored with Joshua Goldstein): *The Wounds Within: A veteran, A PTSD Therapist, and a Nation Unprepared*. Here is a synopsis "The Wounds Within follows the iconic case of Marine Lance Corporal Jeff Lucey, who deployed early in the Iraq War, battled PTSD after returning home, and set his family on a decade-long campaign

to reform the Veterans Affairs system and end the stigma around military-related mental health issues. Their story is told uniquely from the perspective of Jeff's psychotherapist, Mark Nickerson, an internationally recognized expert on trauma treatment."

### New York

Carol Forgash reports: "Phoebe Kessler and Herb Cohen, Coordinators of The Long Island EMDRIA Regional Network, will present a workshop with Robert Fox, "EMDR and the Treatment of Eating Disorders", in March 2015 at the Regional Meeting. Also in March, Don de Graffenreid will present, "Using the EMDR Recent Event Protocol with Homicide Survivors and Victims of Other Violent Crimes." I have been invited to give a plenary presentation at the EMDR Europe Conference In Milan (July 9-12), "Breaking the ACE (Adverse Childhood Events)/ Poor Health Cycle with EMDR."

Susan Sullivan reports: "The Long Island TRN is presenting an RTEP training on April 25. The TRN has received a grant from the Slomo and Cindy Sylvian Foundation to develop and present a full day presentation: "Trauma Awareness and Readiness: Conference for Mental Health and First Responder Professionals" on October 3, 2015."

### Washington

Sandra Paulsen reports, "I am offering the "When There Are No Words" workshop for early trauma and repair in Seattle April 25 -26 2015. These workshops will also occur in London, Minneapolis, Calgary, Edmonton and Worster. In November, I have been invited to Brazil to teach a full day workshop in Brazil in conjunction with the EMDR Annual Conference there. The Springer book, *The Neurobiology and Treatment of Traumatic Dissociation: Toward an Embodied Self by Lanius, Paulsen, and Corrigan*, was released in 2014.

## ZIMBABWE

Anne Dewailly reports: "I am an EMDR Facilitator and supervisor and also Vice President of HAP France. I am currently living in Harare, Zimbabwe. Last October, with HAP France, we trained 45 participants in psychotraumatology. Also, we organized Part I of the EMDR Basic Training for 23 local psychologists and psychiatrists in Harare. The trainer was Gary Quinn and facilitators were Pauline Guillerd and myself. It was very useful for our Zimbabwean colleagues who are dealing with an extraordinary amount of trauma in this country (political torture, sexual abuse, HIV-AIDS, domestic violence, etc.). The training was successful and the enthusiasm for EMDR in Zimbabwe has really taken off. All 23 participants are now part of supervision groups before taking Part II of the training, which will be organized by HAP France later this year. ❖

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PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
06003-55 4 Credits <i>Module 3: Treating Dissociative Phobias &amp; The Art of Time Orientation</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW	Susan Staples	585.473.2119	March 20, 2015 Live Webinar
09011-04 12 Credits <i>Excellence in EMDR: The Recent Traumatic Episode Protocol (R-TEP)</i>	Dr. Brynah Schneider Brynah Schneider, Ph.D. & Kathy Karn, M.Ed.	Brynah Schneider	519.679.1952	March 20-21, 2015 London, Ontario
99003-106 7 Credits <i>EMDR-IGTP and EMDR-PRECI</i>	EMDR Institute Ignacio Jarero, Ph.D.	EMDR Institute	831.761.1040	March 21, 2015 La Mesa, CA
07003-13 12 Credits <i>An Introduction to the Integration of Ego State Therapy with EMDR Therapy</i>	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	March 21-22, 2015 New Haven, CT
06006-08 12 Credits <i>Parts/Ego State Work in EMDR Practice</i>	Andrew Seubert, LPC Andrew Seubert, LPC	Renee Sanchez	406.491.4976	March 26-27, 2015 Butte, MT
14007-02 12 Credits <i>EMDR Boot Camp</i>	Jordan Shafer, MS, LPC Jordan Shafer, MS, LPC	Jordan Shafer	972.342.2448	March 27-28, 2015 Irving, TX
13007-07 13 Credits <i>Treating Headaches with EMDR</i>	Steven Marcus, Ph.D. Steven Marcus, Ph.D.	Heidi Sammons	951.238.7783	March 27-28, 2015 Orlando, FL
RC00005-16 Various Credits <i>State of the Art EMDR 2015: The Body/Mind Connection (Annual Spring Event)</i>	Western MA EMDRIA Regional Network Various Presenters	Amanda Roberts	413.253.0440	March 28, 2015 Amherst, MA
13018-07 13 Credits <i>Clinical Treatment of Behavioral &amp; Chemical Addictive Patterns</i>	Jan Schaad, LCSW Jan Schaad, LCSW	Sheri Rezak-Irons	314.304.3292	April 9-10, 2015 St. Louis, MO
12005-07 6.5 Credits <i>Treating Chemical Dependency and Impulse Control Disorders Using EMDR</i>	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC & Kate Becker, LCSW	Sharon Reynolds	203.909.6888	April 10, 2015 Hamden, CT
13012-03 6 Credits <i>Recent Trauma and EMDR Therapy: Acute and Early Intervention Treatment</i>	Deborah S. Kennard, MS, LLP Deborah S. Kennard, MS, LLP	Deborah Kennard	734.925.3622	April 10, 2015 Wauseion, OH
12006-09 14 Credits <i>The EMDR Toolbox: AIP Methods for Treating Complex PTSD &amp; Dissociative Personality Structure</i>	Sue Evans, MA, LP Jim Knipe, Ph.D.	Sue Evans	612.870.7673	April 10-11, 2015 Bloomington, MN
12002-41 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	April 11-12, 2015 Denver, CO
12005-08 6 Credits <i>EMDR and the Treatment of Substance and Behavioral Addictions</i>	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC & Kate Becker, LCSW	Susan Collings	828.257.4432	April 17, 2015 Asheville, NC

# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
10006-13 13 Credits <i>Healing the Heart of Trauma with EMDR and Ego State Therapy</i>	Laurie A. Tetreault, MA, LMFT Carol Forgash, LCSW	Laurie Tetreault	928.771.9422	April 17-18, 2015 Phoenix, AZ
01007-28 12 Credits <i>Integrative Team Treatment for Attachment Trauma in Children</i>	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP	Debra Wesselmann	402.981.6130	April 17-25, 2015 Live Webinar
RC12103-12 2 Credits <i>Integrating Neurobiology &amp; EMDR: Part 3 (DVD Presentation)</i>	New Haven EMDRIA Regional Network Dean Dickerson - DVD	Lynn Persson	203.874.1781	April 18, 2015 New Haven, CT
RC12104-12 2 Credits <i>Integrating Neurobiology &amp; EMDR: Part 4 (DVD Presentation)</i>	New Haven EMDRIA Regional Network Dean Dickerson - DVD	Lynn Persson	203.874.1781	April 18, 2015 New Haven, CT
03002-33 12 Credits <i>Addictions and EMDR</i>	Maiberger Institute Barb Maiberger, MA, LPC & John Gray, LPC	Barb Maiberger	303.834.0515	April 18-19, 2015 Boulder, CO
01008-69 12 Credits <i>Child/Adolescent Trauma Treatment Intensive</i>	Trauma Institute/Child Trauma Institute Ricky Greenwald, Psy.D.	Karen Steward	413.774.2340	April 20-23, 2015 & June 5, 2015 Florence, MA
04007-10 12 Credits <i>When There Are No Words: Reprocessing Trauma &amp; Neglect in Implicit Memory with EMDR</i>	Child & Adolescent SIG Katie O'Shea, MS, LMHC	Annie Monaco	716.289.2037	April 24-25, 2015 Buffalo, NY
12012-10 19 Credits <i>Going Deeper into Personality &amp; Character Structure Using EMDR Therapy</i>	Karen Alter-Reid Deany Laliotis, LICSW	Karen Alter-Reid	203.329.2701	April 24-26, 2015 Norwalk, CT
13008-06 12 Credits <i>Applications of Mindful Resonance to EMDR</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433 Columbus, OH	April 25-26, 2015
00018-15 14 Credits <i>When There Are No Words: EMDR for Early Trauma &amp; Neglect in Implicit Memory</i>	Sandra Paulsen, Ph.D. Sandra Paulsen, Ph.D.	Jim Hermanson	206.855.1133	April 25-26, 2015 Seattle, WA
99010-22 6 Credits <i>The Recent Traumatic Episode Protocol (R-TEP)</i>	Bender/Britt Seminars Maria Masciandaro, Psy.D.	Victoria Britt	973.756.5959	April 26, 2015 New York, NY
12002-42 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction in the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	April 26-27, 2015 Chicago, IL
01008-69 12 Credits <i>Treating Problem Behaviors</i>	Trauma Institute/Child Trauma Institute Ricky Greenwald, Psy.D.	Karen Steward	413.774.2340	April 27-30, 2015 & June 5, 2015 Florence, MA
10008-24 12 Credits <i>Attachment-Focused EMDR: Healing Developmental Deficits &amp; Adults Abused as Children</i>	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	May 1-2, 2015 Cleveland, OH

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PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
12002-38 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	May 2-3, 2015 Bend, OR
13008-07 12 Credits <i>Applications of Mindful Resonance to EMDR</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	May 4-5, 2015 New Haven, CT
10008-25 12 Credits <i>Attachment-Focused EMDR: Healing Developmental Deficits &amp; Adults Abused as Children</i>	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	May 4-5, 2015 Novi, MI
12009-24 6.5 Credits <i>EMDR &amp; Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	May 6, 2015 White Plains, NY
12009-25 6.5 Credits <i>EMDR &amp; Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	May 7, 2015 Plainview, NY
12009-26 6.5 Credits <i>EMDR &amp; Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	May 8, 2015 Manhattan, NY
13008-08 12 Credits <i>Applications of Mindful Resonance to EMDR</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433 Huntington, NY	May 16-17, 2015
06005-17 14 Credits <i>When There Are No Words: EMDR for Trauma &amp; Neglect Held in Implicit Memory</i>	Jill Strunk, Ed.D., L.P. Sandra Paulsen, Ph.D.	Jill Strunk	952.936.7547	May 16-17, 2015 Bloomington, MN
12002-37 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	May 16-17, 2015 Ashland, NE
12005-09 6 Credits <i>EMDR and the Treatment of Substance Addiction and the FSAP</i>	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC & Kate Becker, LCSW	Hope Payson	860.830.6439	May 20, 2015 Westfield, MA
06003-56 12 Credits <i>Mastering the Treatment of Complex Trauma: Transforming Theory into Practice</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW	Sarah Jenkins	480.370.7630	June 4-5, 2015 Paradise Valley, AZ
13003-02 13 Credits <i>Healing the Heart of Trauma with EMDR &amp; Ego State Therapy</i>	Boulder Institute for Psychotherapy & Research - Lisa Hupfer Carol Forgash, LCSW		303.442.4562 x9	June 5-6, 2015 Boulder, CO
06003-60 20 Credits <i>The Power of EMDR: A Practicum for Personal and Professional Development</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW	Sarah Jenkins	480.370.7630	June 5-8, 2015 Paradise Valley, AZ
12002-43 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	June 6-7, 2015 San Antonio, TX

# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
03002-34 12 Credits <i>EMDR Toolkit for Complex PTSD</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	June 27-28, 2015 Boulder, CO
99019-60 14 Credits <i>History Taking and Preparation for EMDR therapy in Complex Cases</i>	Andrew Leeds, Ph.D. Andrew Leeds, Ph.D. & Dolores Mosquera, Psych.	Andrew Leeds	707.579.9457	June 27-28, 2015 Alameda, CA
12002-39 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	July 7-8, 2015 Reykjavik, Iceland
06005-18 14 Credits <i>EMDR Treatment of Health Related Problems</i>	Jill Strunk, Ed.D., LP Carol Forgash, LCSW	Jill Strunk	952.936.7547	July 25-26, 2015 Minnetonka, MN
03002-35 12 Credits <i>Somatic Interventions &amp; EMDR Therapy</i>	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	August 1-2, 2015 Boulder, CO
07002-19 14 Credits <i>Breaking the Cycle of Problem Behavior: EMDR Solutions for Problematic Anger, Acting Out &amp; Behavioral Addictions</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	Sept 25-26, 2015 Minneapolis, MN
06006-09 12 Credits <i>Healing the Heart of Trauma with EMDR &amp; Ego State Therapy</i>	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	October 2-3, 2015 Burdett, NY
14007-01 13 Credits <i>Healing the Heart of Trauma with EMDR &amp; Ego State Therapy</i>	Jordan Shafer, MS, LPC Carol Forgash, LCSW	Jordan Shafer	972.342.2448	October 2-3, 2015 Dallas/Ft. Worth, TX
99003-107 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 10-11, 2015 Burlingame, CA
99003-108 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 17-18, 2015 Salt Lake City, UT
01016-15 13 Credits <i>Treatment of Attachment Trauma &amp; Dissociation through the Life Span: EMDR &amp; Case Conceptualization</i>	EMDR Resource Center of Michigan Robbie Adler-Tapia, Ph.D.	Zona Scheiner	734.572.0882 x3	October 23-24, 2015 Ypsilanti, MI
09-003-23 12 Credits <i>Earning Secure Attachment: EMDR, Mindfulness &amp; Self-Compassion</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	October 24-25, 2015 Boulder, CO
06003-59 6.5 Credits <i>Mastering the Treatment of Complex Trauma: Transforming Theory into Practice</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW & Cindy Shrigley, RSW	Tina Shrigley	519.331.0795	November 8, 2015 St. Catherines, ON CANADA
14006-07 24 Credits <i>Integrating Somatic Psychotherapy in EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Nov 12-15, 2015 Atlanta, GA

# EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2015 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
<b>ARIZONA</b> Central & Northern Arizona	March 28	Robbie Adler-Tapia   480.753.1655
<b>CALIFORNIA</b> San Francisco - South Bay  Superior Northern CA	April 11  April 3, May 1, June 5, August 7	Rajani Levis   415.683.1008  DaLene Forester   530.245.9221
<b>CONNECTICUT</b> New Haven Connecticut	April 18	Lynn Persson   203.874.1781
<b>MASSACHUSETTS</b> Western Massachusetts	March 28	Mark Nickerson   413.256.0550
<b>OREGON</b> Central Oregon	April 14, May 12, June 9, September 8	Karen Forte   541.388.0095
<b>PENNSYLVANIA</b> Montgomery-Bucks County	March 20, May 15, July 17, September 18	Elizabeth Venart   512.233.2002
<b>VIRGINIA</b> Central Virginia	April 17, June 12, September 4	Terry Becker-Fritz   614.507.1838

## 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](http://www.emdria.org) or email Sarah Tolino at [stolino@emdria.org](mailto:stolino@emdria.org) today!*

Yvette Acosta  
Christina Aguilar  
Jill Alger-James, LCSW  
Beth Andrews, LCSW, LAC  
Andrew Anthony, Ph.D.  
Annecy Baez, LCSW  
Matthew Baker  
Rachel Bar, LMFT  
Jaree Basgall, LPC Kansas; PLPC Missouri  
Kathryn Bass  
Danielle Beck-Ellsworth, Psy.D., LMFT  
Zohar BenDavid-Streiner, Ph.D.  
Cheryl Bereziuk  
Rafael Bergamasco, Ph.D.  
Kathleen Bernhoft, LICSW  
Aliza Bilman, M.A. & Psy.D.  
Louise Blanchard, MA  
Ariane Blouin

Linzy Bonham, MSW  
Melyssa Bonnell, ACSW  
Jennifer Bovee, LCSW, CRADC  
Danielle Brown, LCSW  
Maggie Brown, MA, LMHCA  
Tania Bubar, M.Sc.  
Jacqueline Byrnes  
Barbara Callahan, LMFT  
Ron Cameron  
Carolynn Campbell, MSW  
Janis Campbell, M.Ed.  
Jose Carbajal, Ph.D., LCSW  
Dolores Caviglia-Fischer, MS, LCSW  
Quandra Chaffers, MSW, LCSW  
Suneel Chamoli  
H. David Chaney, MS, LPC  
Alvin Cheong  
Rhonda Chesson, M.Ed., LPC, LCAS

Cecilia Cheung  
Angela Childers, MS  
C Chohan, Ph.D.  
Kirsten Christensen, MA, NCC, LPC  
Susan Clark  
Gert Cloete  
Asmaa Cober, MSW  
Laurie Conaty  
Deborah Connery  
Maryann Connolly  
Michael Cottrell, M.Div, Gestalt Psychotherapist  
Tivoli Cousineau, MA, LMFT  
Robin Custer  
Larissa Darter  
Juanita de Sanz  
Jenna Dey, LPC  
Megan Dieme  
Karen Dierkens, PCC, LSW



Elaine DiStasi, MSW, LCSW-R  
 Pamela Dobbie, LMHC  
 Karen Dolde, MC, ARNP  
 Dawn Draayer-Thibodeau, MSW, LICSW  
 Jodi Dunphy, LPC  
 Pamela Eaton  
 Jason Eccker, MSW LCSW  
 Anna Eckhardt, LCSW, CCLS, OSW-C  
 Lynne Einhorn  
 Delia Esparza, Ph.D., APRN, BC, LMFT  
 Allison Falkenberry, LICSW, ACSW  
 Julie Farnam, MSW, LCSW  
 Lisa Fennessey, Psychotherapist  
 Patricia Fitzpatrick, MSW/LCSW-R  
 Kelly Floyd, Ph.D., Licensed Psychologist  
 Myra Gasser  
 Francine Gerstein  
 Normand Gilbert, Ph.D.  
 Michael Gisser  
 Steve Gocłowski, MSW, LCSW  
 Carlos Golfetto, LPC  
 Diana Gomez, M.A.  
 Shelley Goodwin  
 Laura Gottfried, LCSW  
 Sherri Grady, LPC, LPCS  
 Jozeffa Greer, LMFT  
 Ed Gresick, LMFT  
 Michelle Groff, LPC  
 Erin Guinyou  
 Jane Gulino  
 Kate Hald, LAC  
 Crystal Hall  
 Nate Hamlin, LCPC, LAMFT  
 Bonnie Handy, MSW, LCSW, LADC  
 Jean Hansson, LCSW  
 Jack Harris  
 Tony Hawkins  
 Kelly Hays  
 Janice Helfand, Ph.D.  
 Marion Helmick, MA, LPC  
 Owen Helmky  
 Wynn Helms  
 Maria J. Heredia, MSW  
 Lorie Hershberger  
 Leigh Higgins, MA, LPC  
 Jaminie Hilton  
 Marcia Holland  
 Katie Hornowski, MA, MSW, LCSW  
 Dorothy Hurd, M.C., LPC  
 Carolee Iltis, Psy.D.  
 Hilary Jackson  
 Kelly James  
 Jessica Jeremiah, MSW, LCSW, LCAS, CSI  
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