

EMDRIA

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THE INFORMATION RESOURCE FOR EMDR THERAPISTS

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The 17th annual
EMDRIA Conference

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A word from the President...

EMDRIA's core purpose is to advance the education, practice, and science of EMDR. To accomplish this, one of the top three goals of the strategic plan is: to advocate for EMDR practice and research. Advocacy is defined as a process of supporting a cause or proposal by an individual or group aimed to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions. A tall order indeed for a relatively small member association with limited resources. However, EMDRIA has made some significant strides this past year to strengthen strategic collaboration with our sister organizations, other associations, and in the greater public arena of media and policy...all towards enhancing EMDR's visibility and influence. This column is a report on a recent collaboration and attendance at the EMDR Europe Association Conference held in Geneva, Switzerland June 6-8, 2013.

The theme of the Conference was "EMDR Uniting Nations: Promoting Peace within and between People." The Conference was co-sponsored by UNITAR (UN's Institute for Training and Research) and the NGO (Non-Governmental Organization) Forum for Health. A keynote by Professor Mukesh Kapila entitled: "Against a Tide of Evil: Can trauma healing stop the inter-generational transfer of evil?" opened the Conference and set the tone. Professor Kapila wrote a book on genocides called *Against a Tide of Evil*. It was a very powerful speech. Although the meeting was conducted in English, the venue provided simultaneous translations into several languages for keynote speeches and several of the larger workshops throughout the Conference.

EMDR Europe is a federation that has over 11,000 members from 23 countries. Many new member countries have joined in the past 5 years. It appears that EMDR is thriving all over the world. Many countries were represented by their respective President and/or Vice President. There were approximately 400 attendees. Next year is the 25th anniversary of the publication of Francine Shapiro's article on EMDR and the Conference will be held in Edinburgh with Francine planning to attend and deliver a keynote speech. Future meetings are 2015 in Milan, 2016 in Amsterdam/Hague, and 2017 in France.

Since I have co-authored several articles with EMDR Europe researchers, I was invited to attend the Research Committee meeting. The EMDR Europe President, Udi Oren, the co-Vice Presidents, Isabel Fernandez and Kerstin Bergh Johannesson, the Treasurer, Peter Liebermann and approximately 30 other members of the Committee attended the meeting. The Chair of the Research Committee, France Haour, presided over the meeting. The Committee discussed research priorities and how to allocate and award money to conduct research, as well as travel money to disseminate research. Our EMDR Europe colleagues have conducted many quality studies and there are several large-scale multi-site studies which are currently ongoing, one of which is on treating depression with EMDR with Arne Hofmann from Germany as the Principal Investigator. A computerized online database has been developed for this study and this will be a model for other future large scale research projects. I made wonderful connections with researchers who want to collaborate on projects. There was a palpable excitement amongst the attendees about EMDR research.

Derek Farrell of the United Kingdom has developed a masters program in EMDR at the University of Worcester. Derek indicated that he would be happy to share information about the new program that is the first of its kind. This initiative coincides with the EMDRIA Board's interest identified earlier this year of integrating EMDR into curriculums in University graduate programs for licensed mental health clinicians. Derek will be presenting at our Conference in Austin on the results of a Delphi survey that explored EMDR consultants' experiences and various models and frameworks for consultation. Several other EMDR Europe scholars and clinicians will also be presenting at our Conference. This is a great opportunity to welcome our colleagues and to continue to collaborate with our European counterparts on issues important to all of us.

We were invited and attended an all day Board meeting held two days after the Conference. EMDR Europe Board members, elected officers and Presidents and Vice-Presidents representing numerous countries were welcoming and gracious and in some ways seemed to be in a similar place politically. Particularly in light of the new World Health Organization (WHO) endorsement of EMDR, a need was identified to develop guidelines for how to best teach paraprofessionals to do EMDR. The reason that this consideration is important is that the localities involved in significant man-made and natural disasters often are third world underdeveloped nations with few or no trained mental health professionals. UN agencies and NGO's generally become the responders and care givers. I joined a group that will be working on this issue and the EMDRIA Board also established at our July Board meeting a task force to address this issue.



Kate Wheeler, Ph.D., APRN, FAAN
EMDRIA President

Continued from page 3...

After speaking with many Presidents of other countries, we seem to be the only EMDR organization that has only a one-year term for the President. Most EMDR Europe countries have a minimum of 2 years, some 3, and some 4. They were surprised that we could have continuity with a President who only has a one-year term even though EMDRIA Board members do serve four-year terms. EMDRIA does have in addition to the President position, a President-Elect, Past President, and an Advisory Director with the latter two positions utilized and filled if needed.

Overall, attendance at this Conference proved to be a very valuable experience. If possible, EMDRIA should be represented at the EMDR Europe Conference, held every spring, in the future and continue to develop collaborative projects, facilitate relationships, and share ideas. ❖



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12 CE hours available for psychologists, social workers, therapists, counselors and helping professionals for each of the workshops listed below.

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HOUSTON, TX: Oct. 19-20, 2013
SAN DIEGO, CA: Nov. 2-3, 2013
SALT LAKE CITY, UT: Nov. 9-10, 2013
PASADENA, CA: Feb. 1-2, 2014
See Level 2 dates at energypsych.org

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SANTA CLARA, CA: Nov. 8-9, 2013
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HONOLULU, HI: Jan. 18-19, 2014
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Taught in 2 Parts, 6 weeks apart

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Sliding scale fee for nonprofit!

Options are available to audit or join Part 2 after attending another provider's Part 1

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- * The Adaptive Information Processing Model
- * EMDR's 8 phases and 3 prongs
- * Belief Schema targeting sequence planning
- * Multiple stabilization skills
- * The Processing Continuum (EMD, EMDr, EMDR)
- * 4 Supervised Practice Sessions
 - Belief Schema Target Sequence Planning
 - 4 Stabilization Resourcing Skills
 - EMD on present or future triggers
 - Acute Stress or Processing using Drawings

This training approach helps participants leave Part 1 with the tools, basic techniques and confidence to start integrating EMDR into their practice the next day! Weekly consultation, either face-to-face or by telephone group conference calls, will be available to support participants.

Part 2: The Standard EMDR Procedures

Building upon the techniques practiced after Part 1, participants will expand their knowledge and skills by learning:

- * Complex targeting sequence planning options
- * Extended resourcing skills
- * The full implementation of EMDR's procedures, and advanced clinical interventions to use during reprocessing:
- * Special Populations
 - Introduction to clients with dissociative tendencies
 - Addictions: Introduction to DeTUR & FSAP
 - Phobia, Grief, & Pain
- * 4 Supervised Practice Sessions
 - Complex Target Sequence Planning
 - 4 Behavior Change Resourcing Skills
 - 2 Sessions of Standard EMDR Reprocessing

EMDRIA Approved Consultants: "Come dance with me!"

Consultants provide 60% of the basic training, so I'm looking for enthusiastic, knowledgeable, attuned, empathic encouraging and flexible consultants that will give my participants the confidence they need to start integrating EMDR into the practice the day after Part 1! If you have those qualities and would like to sponsor, supervise the practicums and provide consultation for my basic training, contact me and we'll talk about whether we will form a good partnership. If we match, I'll teach you how to follow my lead.



Internet Discussion List:

Everyone's invited to join!

I am hosting a discussion list that is open to all EMDR training providers and their trainees! No fees, no restrictions, just open discussions about cases, procedures, books, products, upcoming events, and anything else related to integrating EMDR into your clinical practice. Come join us!

Check out my web site for more information on everything I offer:

www.emdrconsulting.com



Announcements

General Membership Meeting at 2013 Conference

Each year at the annual Conference, EMDRIA holds its General Membership Meeting. We encourage all members to attend so that they can address the EMDRIA Board to provide feedback, share input and ask questions. Please join us on Saturday, September 28th at 5:45pm.

EMDRIA Office Closed

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

- Monday, September 2nd for the Labor Day holiday.
- Monday, September 23rd through Friday, October 4th for the 2013 EMDRIA Conference. Please Note: Any orders placed for EMDRIA Products, such as brochures, etc., during this two week period will not be processed until the week of October 7th.
- Thursday, November 28th and Friday, November 29th for the Thanksgiving Holiday.



2014 Call for Presentations

You are invited to apply to present at the 2014 EMDR International Association Conference. Material should be relevant to the EMDR field and be an original contribution. Members and non-members of EMDRIA are invited to submit. Share your best practices and new techniques with other therapists in the industry, helping them to understand the new research and clinical practices in EMDR and how to help treat all types of trauma. For more information and to submit your presentation, please visit www.emdria.org and click on the Get Involved > EMDRIA Annual Conference tab and follow the link on the left side bar. Please email us at info@emdria.org with any questions.

New SIG - EMDR for First Responders and Protective Services Personnel

The focus of the EMDR for First Responders and Protective Service Personnel Special Interest Group (SIG) of EMDRIA is to create an international assembly of professionals to promote collaboration, training, treatment, and research for EMDRIA therapists who work with individuals who are and/or have worked as first responders/protective services workers. These professionals differ from veterans in that they spend their careers at home working in and around their communities to protect the safety and welfare of citizens. Some first responders/protective services workers have served in the military, but differ in many ways as they live in the communities they serve. These professionals experience daily personal and professional exposure to traumatic incidents. If you are interested in joining this SIG, please visit First Responders and Protective Services Personnel SIG page on the EMDRIA website.

Consultation Services during the 2013 EMDRIA Conference

If you are seeking EMDR Consultation services during the 2013 EMDRIA Conference, September 26-29, 2013 in Austin, Texas please visit www.emdriaconference.com and click on the Consultation Services tab under Conference to view the current Consultation Services List. Several printed lists will also be available for reference during the Conference.

New EMDRIA Staff Member

We are pleased to introduce Christal Rosa as the newest member of the EMDRIA team. Christal joined the EMDRIA Staff in June 2013 as Membership Development Coordinator. Prior to EMDRIA Christal served as the Field Experiences Program Coordinator for Education Services at The University of Texas at Austin. As the Membership Development Coordinator for EMDRIA, she looks forward to getting to know the members and helping to grow the membership. You can contact Christal at crosa@emdria.org.

Journal Article Access

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

Executive Director's Message

Attending the 2013 EMDR European Conference in Geneva gave me the opportunity to meet in person a number of therapists with whom I have corresponded and spoken to. Udi Oren, president of EMDR Europe, has been a partner in the EMDR Global Alliance, where we are working to understand and formulate minimum standards for basic training and certification on a worldwide basis. Gary Quinn is a one man trauma recovery network, not only in Israel, but throughout the world. Derek Farrell has developed a masters' degree program in EMDR at the University of Worcester, something that we in the States would like to emulate. Ad de Jongh has been helpful in selecting EMDRIA's annual research award and is conducting ground breaking research in EMDR. These are just a few of the many dedicated and helpful colleagues from Europe that were my pleasure to talk to and listen in on their workshops.

EMDR is flourishing and thriving in Europe. The Europeans pride themselves on their standards of practice particularly with respect to those individuals who conduct basic trainings. They also have a tremendous appetite for and desire to conduct research on EMDR. Here in the States we have taken a more practice focused approach to EMDR while our European colleagues seem to have a more academic slant.

Next year's European Conference is in Edinburgh, where they are planning to celebrate the 25th anniversary of Francine Shapiro's publication on EMDR, as we will September 18 – 21, 2014 in Denver. They then go to Milan, Amsterdam/The Hague and France. Somehow their locations seem more exotic than our upcoming Conferences in Austin, Denver and Philadelphia. However, we need to keep things in perspective and recognize what we really want to accomplish at our Conferences – the educational aspects, networking and social gatherings.

Our 2013 Conference: "EMDR: Where Science & Research Meet Practice" is an acknowledgement that we need to understand the underpinnings of EMDR if we are to continue to develop as a profession. We have a broad range of plenary speakers. Joan Borysenko, Ph.D. is a pioneer in psychoneuroimmunology, mind-body medicine and stress management, and will present information on the cutting-edge of mind-body medicine from immunology to neuroscience. Vincent Felitti, MD is the co-principal investigator of the Adverse Childhood Experiences (ACE) Study and will speak on the profound and prolonged impacts of adverse childhood experiences. Robert Stickgold, Ph.D. is working on the nature and function of sleep and dreams from a cognitive neuroscience perspective with an emphasis on the role of sleep and dreams in memory consolidation and integration. Dr. Stickgold will update us on the current theories regarding the mechanisms of EMDR.

Our Pre-Conference has an exciting line up of speakers. Carol York, the founding executive director of EMDRIA, will present a full day on the applications of the AIP model for children and adolescents in EMDR therapy. Shelley Uram MD and Uri Bergmann Ph.D. are teaming to present a day on the neurobiology of trauma and EMDR processing. Clifton Mitchell Ph.D. will provide a program on legal and ethics training in a dynamic, entertaining format.

The Conference is accredited by numerous organizations, in addition to giving a total of 22.5 EMDRIA Credits. The American Psychological Association, National Board for Certified Counselors, California Board of Behavioral Sciences, Texas State Board of Marriage & Family Therapists, Texas State Board of Social Work Examiners and Institute for Advancement of Human Behavior for continuing medical education for physicians and nurses are among those entities that have granted credit for the Conference.

The 17th Annual Conference is a jam-packed four days, September 26 – 29, 2013. The Pre-Conference is on Thursday, September 26th followed by the opening reception from 5:00 – 6:00 PM. There is a new member and first time attendee breakfast on Thursday and Friday from 7:30 – 8:30 AM. Please attend the "How to Become an EMDRIA Volunteer" session on Friday, September 27th at 5:45 – 6:15 PM. The EMDRIA Awards and Recognition Dinner is Friday evening starting at 7:00 PM followed by the EMDR HAP dance. Don't miss the EMDRIA General Membership meeting Saturday the 28th at 5:45 – 6:45 PM, which is followed by a Networking Reception and Poster Session from 6:45 – 7:45 PM. Sunday the 29th, we close the Conference at 3:30 PM.

The Conference venue is in our hometown of Austin, the live music capital of the world. The last time the Conference was in Austin was 2001. Austin is now the 11th largest city in the country. Come and see how we've grown! I hope to see you all here in our dynamic city. ❖



Mark G. Doherty, CAE
EMDRIA Executive Director

Conference Corner

The Conference Committee, along with the EMDRIA Board and our staff, is eager to welcome you to Austin! If you haven't made your plans to attend, there's still time to do so. We have an exciting line-up of plenary speakers, pre-conference presentations, and workshops that will inform your practice and help you stay on top of the latest innovations in EMDR.

Dr. Vincent Felitti will be speaking about his well-known Adverse Childhood Experiences (ACE) study, **Dr. Joan Borysenko** will speak about psychoneuroimmunology and will also present a workshop on illness, change, and grief and **Dr. Robert Stickgold** will inform us of recent updates concerning the underlying mechanisms of EMDR and the function of memory. In addition to top-of-the-line academic experiences, you'll also have opportunities to connect with colleagues from across the United States and abroad. We're looking forward to seeing y'all in our "home town" of Austin.

Registration Information

The deadline to send in your registration form via fax or mail is September 13, 2013. After this date, you must register online at www.emdriaconference.com or register on-site. If you register on-site there will be an additional \$25 fee. Please note that if you register on-site or after September 6th you will NOT be able to attend the Awards Dinner on Friday, September 27th.

All Cancellations must be in writing and requests for refunds must be received no later than 30 days following the Conference. A \$30 processing fee will apply to all cancellations postmarked on or after August 31, 2013, a refund of one half of the paid registration fee will be given. All refunds will be issued after the Conference.

Hotel & Transportation Information

Renaissance Austin Hotel
9721 Arboretum Blvd.
Austin, Texas 78759

Nestled in the picturesque hills of Texas Hill Country, this luxury Austin, Texas hotel provides a tranquil environment surrounded by nature trails and 95 breathtaking acres, yet enjoys convenient proximity to Downtown Austin, the University of Texas, Sixth Street, Austin Bergstrom International Airport and The Domain Shopping Center less than two miles away.

Need a Roommate? As in years past, we are helping to match up attendees who are staying at the Renaissance Austin Hotel as roommates at the Conference. If you are interested in finding a roommate, go to the EMDRIA Conference website and go to the "Hotel & Travel" tab and click on the Find a Roommate link and add yourself to the roommate list. You can also view the Roommate List to contact someone who has already reserved a room.

Ground Transportation

Super Shuttle - \$19USD (one way) - Reservation required

- Airport Reservations: 1.800.BLUE.VAN (258.3826)
- Groups and Charters: 512.929.3900 ext.4 (after hours use ext.2)
- AusSales@supershuttle.net

Taxis - Estimated taxi fare is \$45USD, this includes a \$1.00 airport surcharge. All taxis have a 4 passenger maximum. All taxis accept major credit cards.

- Yellow Cab: 512-452-9999
- Austin Cab: 512-478-2222
- Lone Star Cab: 512-836-4900

Parking - Parking is available at the hotel. The hotel offers complimentary on-site self-parking. Valet \$17/overnight, \$14/daily.

Exhibitor/Advertising Opportunities

Exhibit Booths are still available, but won't last much longer! Don't miss out on the opportunity to meet more than 1000 leading EMDR professionals and promote your service or product!

Have a lower budget? Highlight your presence by taking advantage of our Take One Exhibit Opportunity. This is a perfect way for a non-exhibitor to disseminate information to Conference attendees. Take One exhibits are pamphlets, brochures, cards, leaflets, magazines



2013 EMDRIA Conference
September 26th-29th | Austin, Texas

or similar materials that will be displayed prominently, so that those visiting the Exhibit area can help themselves.

If you are interested in any of these opportunities, please contact Lisa Gallo at lisa.gallo@horizonmeetings.com or 512.336.9029 and she will send you the Application and Payment Form.

Important Announcements

Continuing Education & Conference Certificates

Please be aware that all credit hours will be awarded according to the individual requirements of each continuing education agency. We will be using software that allows you to print your certificates just two weeks after the Conference by going to our Conference website. This process will allow you to receive your certificates faster. We will NOT be sending certificates in the mail.

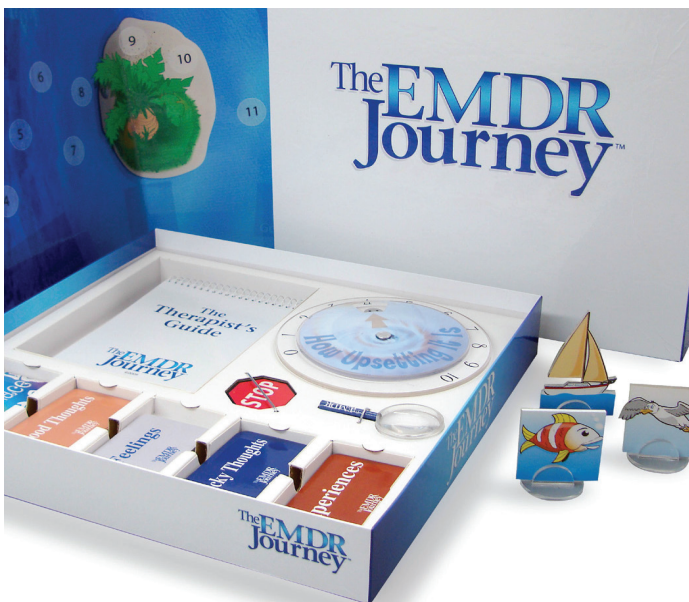
It is imperative that you scan in and out of every session you attend, as you will not be able to obtain credits if you do not. You must attend each workshop you sign up for, in its entirety, to receive credit for it. NO EXCEPTIONS. Please plan your travel schedule accordingly.

Session Handouts

A few weeks before the Conference, EMDRIA will email you an electronic copy of the handouts from the sessions you registered for. You may choose to keep these in electronic form or print them out and bring them with you to the Conference. EMDRIA will not

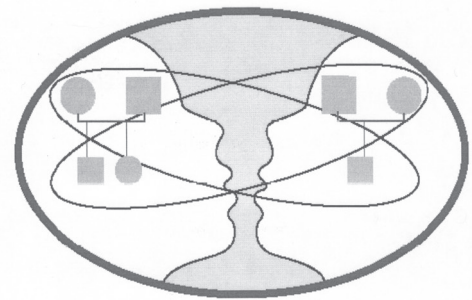


provide printed handouts on-site at the Conference. When checking in at registration to pick up Conference materials, you'll be given a USB that will include all session handouts from participating presenters. If you forget to print them, there will be copy services available where you can print them for a small fee using your credit card. We highly recommend if you would like hard copies of the handouts that you print them out prior to coming to the Conference. ❖



The EMDR Journey is a new board game that puts phases 3-7 of Dr. Shapiro's 8 Phase EMDR Protocol into action for a variety of ages, while providing fun visual and tangible aids.

Visit www.emdrjourney.com to learn more and order your EMDR Journey!



Barry Litt, MFT
EMDRIA Approved Consultant
AAMFT Approved Supervisor
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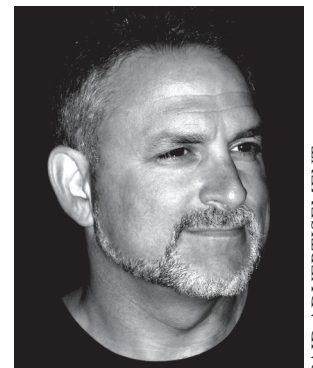
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EMDR RESEARCH FOUNDATION

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.



The Best Time of the Year

The EMDRIA Conference is the best time of the year for the ERF's Board of Directors. This is the one time in the year we are able to see and talk with our generous donors in person. It is our opportunity to talk about what we have done and our plans for the future. Most importantly, it is our chance to personally say "thank you" for your support. We will once again have a booth in the exhibit hall at the Conference. Here you can visit us and learn about our progress over the last year. We also have badge ribbons for both our Visionary Alliance members and our annual donors. Wearing these ribbons sets you aside from the other attendees and signifies your commitment to supporting high quality EMDR research. We are looking forward to seeing all of you in Austin.

At the time of this writing, our Research Committee, under the direction of Tonya Edmond, Ph.D., is reviewing the applications submitted for the second funding cycle in 2013. We will know the recipient(s) by Conference time. The ERF Board is now considering other vehicles for funding EMDR research.

Serious consideration will be given to offering a large research grant (i.e., \$30,000 or \$40,000) to a qualifying applicant, in addition to the two funding cycles already in place. Also our Fund Development Committee under the direction of Dennis Hall is working with a grant writer to secure a partnership with other funding organization with similar missions. These decisions are important to further our mission, yet need appropriate deliberation to make the best fiscal decision. Stay tuned for more information on these decisions, as well as the updates on the research projects already funded.

Given only roughly 25% of EMDRIA members attend the yearly Conference, we want to increase the ways everyone can be involved, whether you attend or not. By now, you may have received an email or two from the ERF in which we are asking you to "Research the Facts." We are asking you to "Research the Facts" and answer three questions. Since the answers can be found on our website, it will provide an opportunity to learn about the ERF's website, our activities and provide a chance to win prizes from our generous vendors. Typically the opportunity to win one of the great prizes is offered only at the conference. However, this new initiative will allow you to be part of the fun whether or not you attend the conference. As you see in the emails, there are lots of great prizes to win and an online way to respond if you are not attending the conference. For those of you coming to Austin, you can submit your answers there and you will be given one free raffle ticket. If you have not gotten the email, please go to our website and sign up for our newsletter or write to info@emdrresearchfoundation.org and we will make sure you get on our list. Thank you for taking the time to "Research the Facts" and learn about the ERF in meantime.

Important announcement for our current Visionary Alliance Members:

I mentioned in my last article that our new donation system allows donors to make one-time and recurrent donations online. Given this is a new and updated donation system we need to integrate all our current Visionary Alliance members into it. All members received a personal email from me in the last few weeks, inviting you to register your membership on your own. When doing so, please make sure to choose the "Monthly" option rather than a single donation. If you have not done so, we ask that you take a few moments to do so at your earliest convenience. If not, someone from the Foundation office will be contacting you by phone to assist you in setting up your account. Or if you have any questions, please feel free to contact Angie Schlanger at 512.571.3637. We want to thank you for your support and patience during this important transition. ***New Visionary Alliance Members are always welcome!***

As I was putting the finishing touches on my newsletter article, I received an important email from Francine Shapiro. This newly released article, "Eye Movement Desensitization and Reprocessing (EMDR) as Treatment for Combat-Related PTSD: A Meta-analysis" in *Military Behavioral Health* concludes **that until more research is done, EMDR as first treatment of choice for combat-related PTSD should only be used if other treatment protocols have proven unsuccessful.** To read the complete article, please see the link at: <http://www.tandfonline.com/eprint/X2FmNRFzTXkXc6emwDki/full#UgAm3eD6pU1>. This conclusion fully exemplifies the importance of your donations as well as the existence of the EMDR Research Foundation.

My closing sentiment of gratitude is more poignant in light of the above noted article. On behalf of the ERF's Board, I express my full gratitude to each of you for your sustained financial support of the ERF. We could not do it without you. Apparently, widespread acceptance of EMDR can't either. We recognize, and want to acknowledge just how vital your contributions are to funding high quality, unbiased EMDR research.

"If not us, who? If not now, when?" - Hillel the Elder ❖

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EMDR HAP UPDATE

BY CAROL R. MARTIN - EXECUTIVE DIRECTOR, EMDR HAP

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



By the time that you read this, we will all be packing for annual EMDRIA Conference. The EMDR community will be gathering to renew old friendships, to meet those who have recently joined the EMDR community and to learn more about EMDR and the events that describe and have circumscribed the community during the last year.

As a member of the EMDR community, HAP and I want to share with you some of what we've been doing. This year, one of the most exciting projects that we have worked on with the HAP board is our branding initiative. HAP will have a new name! We will be announcing our new name at the EMDRIA Conference. Our exhibit at the Conference will bear the new name as will our website and materials.

You might be wondering why the HAP board decided to embark on this branding campaign. After all, we all know what HAP is and what we do. Those of you who have been a part of the EMDR community for a while remember the first time you explained to someone what EMDR means. How did you explain it? How easily

was it understood? EMDR is what defines us and at HAP it is the sharing of this very important therapeutic approach that engages us all – volunteers, staff and friends.

At the same time, we want others to easily understand and appreciate the importance of the training and outreach that we do. We want those outside of the EMDR circle to better understand the effects of trauma and the importance of addressing those effects. We also want them to appreciate how trauma can be treated and that there is an opportunity for recovery – called EMDR. EMDR is at the heart of that healing. During our work to look at a new name for HAP this was our major consideration – how can our work be more easily understood and embraced by those outside of the EMDR family? How can we honor the hard work of our volunteers who have brought EMDR to those who work with the underserved and generously provided pro bono clinical services to those who are suffering?

We also considered the second part of our name - HAP or Humanitarian Assistance Programs. Can people easily understand how we assist others and in what capacity? Do we provide food, shelter, education, or financial assistance? Who do we assist? Most importantly, what is the outcome of the work that we do? What positive, long term effects does the work of HAP and its volunteers provide to their community and to the people that we serve? Our volunteers can answer those questions and we hope with our new name that we others can more easily understand what we do and its importance.

The work of HAP volunteers and the Trauma Recovery Network couldn't have been more important that it has been since the last time that we met in Washington last year. Who would have imagined a year ago we would have a list of disasters and tragedies that extend from Hurricane Sandy, the shootings at Sandy Hook, the bombing at the Boston Marathon, the disasters in Oklahoma and the horrible deaths of the fire fighters in Arizona? All of these are seared in our collective memories and at each of them, HAP Trauma Recovery Network volunteers were providing support, solace, support and education to the survivors, first responders and families caught up in those events. The number of local TRN chapters has grown from 15 to 34 in the past two years.

Of course, with growth come growing pains. Some of these lessons will be shared with the EMDR community throughout the Conference. On Saturday, Gina Colelli, Karen Alter-Reid and Nancy Simons will be presenting a workshop about this. Included in this workshop will be a history of HAP's response, both domestically and internationally, what worked, what can be improved upon and a blueprint for the future. It is because of the generosity and cooperativeness of each of the TRN co-coordinators that each of the local chapters can benefit.

Providing EMDR training is the cornerstone of HAP's activities. This year, we trained 2,009 people throughout the United States at 62 agencies in 29 states. This is more than have been trained in any previous year and the demand is growing. With the help of Elan Shapiro and Brurit Laud, HAP, led by Maria Masciandaro, was also able to continue to provide R-tep trainings, particularly in the wake of disasters. We welcome others to become R-tep presenters and we also hope that we can provide a broader spectrum of trainings to the agencies that we serve.

In addition, we also trained more than 200 participants in other countries throughout the world thanks to the grants that we received. Rosalie Thomas continues her work throughout India and other parts of Asia. Dorothy Ashman provides support and training in Ethiopia. Collaborating with Sister Janet in Sri Lanka, we trained more than 20 participants last fall with other trainings planned. Our collaboration with Kenya Trusts continues. Alice Blanchard visited with us while in CT to discuss next steps in Kenya. Of course, Mona Zaghrout continues to grow the EMDR ranks in the West Bank and Ramallah.

One of the most important responsibilities of HAP is to train the trainers, from facilitators- in-training through senior trainers. In fact, domestically, the only way to be invited to be trained by Dr. Shapiro is to go through the HAP ranks! This year, nine facilitators were included in Part 1 trainer training. They are Don DeGraffenried, Rachel Erwin, Patty Giffin, Jean Hawks, Bonnie Mikelson, Mark Nickerson, Betsy Prince, Jan Schaad and Andrew Seubert. Our volunteer faculty take their jobs very seriously and welcome the evaluations that allow us to improve teaching and training. After each event, participant evaluations are reviewed, giving input and suggestions to the training team. This is just a part of the evaluation process that helps us to improve our work with agencies and participants.

HAP is now partnering with Mentor Books to provide our participants with a wider range of educational resources to enhance their EMDR trainings. There will be a HAP display at the Mentor Books booth at the EMDRIA Conference. We ask you to remember that if you order any of your books through the HAP website, HAP receives a portion of those sales dollars to support our programs.

Certainly, this year has been one of growth. This would never happen without the generosity and hard work of our volunteers, the HAP board and staff. After two years, it still continues to surprise and delight me at the kindness and caring that this organization represents. It started with the founders and continues today! Thank you and I hope to see you at the 2013 EMDRIA Conference. ❖



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In the Spotlight: Lourdes Medina

BY MARILYN LUBER, PH.D.



Lourdes (Lulu) Medina comes from the Republic of the Philippines, an archipelago of 7,107 islands bordered by the Philippine, Sulu, South China and Celebes Seas and the Luzon Strait. In 2013, the Philippines has become the world's 12th most populous nation, with a population of over 98 million. The Filipinos are from a diverse group of Austronesian or Malayo-Polynesian speaking groups and include in their ancestry: Taiwanese aborigines, Chinese, Japanese, Malays, Indians, Arabs and later on Indians, Spaniards, Americans as well as other European groups. The Filipino people represent a vibrant amalgam of the world's peoples.

Lourdes Medina will be the host for the 2014 EMDR Asian Conference in Manila. She is hoping that members of the EMDR community from all over the world will join her in celebration of this 2nd EMDR Asian Conference.

Lulu, like her other countrymen and women, comes from a diverse cultural background. Her mother, Milagros Icasiano's, family is of Spanish blood while her father, Desiderio Coronel, is of Spanish and Chinese ancestry. The two met at the 400 year-old University of Santo Tomas (UST), the second oldest Catholic University in the world. Milagros was a professor at UST teaching Counseling and Education and was also a painter. Desiderio, was a medical doctor

and graduate of the same university and often enjoyed eating at the Icasiano family's restaurant just across from the university. He was so taken with Milagros that the story goes that he intentionally let his car stray into a ditch so she would take notice. This marked the beginning of a romance that led to marriage and a life-long love affair. Their family stayed in Manila and Lulu grew up in a protective and loving home with "the best parents one could ever have." They were a couple devoted to each other, always very caring and almost inseparable. Married for almost 60 years, their love grew even stronger which was such an inspiration for all of their children, inculcating close family ties between her and her five siblings (Lily, the accountant; Desiderio Jr. the engineer; Lota, the artist; Robert, the architect; and Leticia, a retired supervisor at the Canada Post).

When Lulu contracted the poliovirus at age 7, her father took three months off from his top post as Manila's City Health Officer, to aid her in her medical treatment. Since she could not walk, she often looked out of her window and saw all her friends laughing and playing. Lulu felt so helpless. During this time, she learned patience and resiliency as she had to learn how to walk again just like a baby. As a result of this supportive and loving environment, Lulu was used to a protected upbringing. It was only when she went to college that she had to learn to ride on public transportation for the first time. It took her a while before she was able to quell her fears and learn to do some of the basic rituals of daily life that her fellow city dwellers had learned much earlier in their lives.

Following in her parent's footsteps, Lulu enrolled in UST and studied Chemistry. She had thought she would follow in her father's footsteps and become a medical doctor, and she was awarded her degree in Chemistry in three years, rather than the usual 4-year course. She got married a year after graduation and she revised her life plan. She was about to settle down into being a homemaker, when her mother stepped in and impressed upon her the importance of a woman having a career. This is when Lulu started her teaching career at UST.

Always curious, Lulu decided to take courses in some different areas and ended up at the Center for Family Ministry (CeFam) as she thought that it would be interesting to learn about individual and family counseling. Growing up, her mother was a counselor and had always set an example for her. If she and her siblings broke a rule, her mother would talk and explain it to them in an open and approachable manner. She would clarify, validate, paraphrase and use reflective language to support her children and help them in the process of learning how to resolve their issues. Unknowingly, they learned the art and value of empathic communication skills from counseling from their mother so that it became natural to them. In thinking back, Lulu noted that even her friends in High School and college would approach her to talk about their problems. When she attended counseling seminars, it seemed like a natural progression that she fell in love with her courses and the work. She went on to get her Professional Diploma (PD) from CeFam. When she returned to UST, they gave her a grant to finish her MA in Pastoral Ministry, majoring in Individual and Family Counseling at the Jesuit University, Ateneo De Manila University.

In the beginning of the millennium, one of Lulu's family members had a major psychological crisis. As a result, the whole family underwent EMDR therapy through their family friend and mentor, Dr. Johnny Decatoria. He was the head of the Psychotrauma Clinic, which was the community service arm of the UST Graduate School. Afterwards, Dr. Decatoria introduced EMDR to Lulu and others in the clinic. Convinced of the efficacy of EMDR, she and two close friends and colleagues travelled to Hong Kong in 2004 for their EMDR training under Udi Oren and Gary Quinn. She has used EMDR ever since.

Two years after becoming EMDR trained, she became the consultant at the Psychotrauma Clinic taking over from her mentor, Johnny Decatoria who had to leave for abroad. Instead of sending the clinic staff/volunteers out of the country to receive their EMDR training, she

instead invited Trainers and Facilitators to come to Manila. Judith Boel, Zona Scheiner and Peggy Moore all came from the United States. There are now two dozen clinicians trained in EMDR Part 2 and more than two dozen trained in Part 1. As this area of the world is prone to man-made and natural disasters, Lulu and her colleagues have conducted a traumatology workshop before the EMDR trainings. Participants are primed for the EMDR training by receiving an overview of Francine Shapiro's textbook, so that when they begin the training they have received already the basic framework of EMDR and are familiar with it. Thanks to Zona Scheiner and EMDR HAP the Filipino practitioners received a gift of EMDR-related books for their library.

Over the past ten years, Lulu has been part of the UST Psychotrauma Clinic, the community service arm of the UST Graduate School. If there is a disaster, the team responds and delivers needed psychosocial services; a debriefing, stabilization techniques and EMDR. The group has responded to the many tragedies that Filipinos experienced (sea mishaps, explosions (at Glorietta and Serendra), children caught in war-torn Mindanao, bank hold-ups, kidnappings, torture victims).

Lulu has a private practice called "Porta Coeli (Door to Heaven) Center for Pastoral Counseling and Psychotrauma Management" where she and her colleagues practice EMDR. She has shared that in the conduct of EMDR, during the desensitization phase, after the emotions are let out, patients verbalize that they see colors ranging from black to gray, yellow to blue and ultimately white (blinding light) like, "a sparkling star" and they become so calm and peaceful. From experience, she had learned this as a cue that the patients are now ready for the Installation Phase, and true enough, as patients say their positive cognitions they report that the white light becomes brighter and bigger and directly goes to the part of their body most affected (as identified in the body scan) giving a sensation of pure relief, warmth and peace and farther moves till it envelopes the whole body. This phenomenon has occurred again and again in her practice and Lulu seeks to research further on this and as well wonders if others have experienced this with their clients.

In May of this year, Lulu completed her requirements at UST for the Ph.D. in Guidance and Counseling, with the encouragement of her husband who believed in the power of EMDR. Her dissertation was entitled "Posttraumatic Growth Experience of Adult Female Survivors of Childhood Incest through EMDR." She worked with 15 adult female survivors who were molested between the years of 6-11. Over the course of their EMDR work, these victims changed stance from victim to survivor resulting in an increase in their self-esteem and new choices and possibilities in their lives. Most of them reported that their faith had helped them see the wisdom of the trauma they experienced.

Lulu is one of a handful in her country who is a Board Certified Expert in Traumatic Stress from the American Academy of Experts in Traumatic Stress (AAETS). She also has Diplomate status from the same organization as well as the National Center for Crisis Management (NCCM) based in New York.

Lulu was one of the pioneers at the UST Graduate School Psychotrauma Clinic and in her stint as consultant, every year, the clinic received recognition for its excellent community service. The clinic's volunteerism spirit in delivering its psychosocial services free of charge was so overwhelming that they received yearly recognition from the university and ultimately received the prestigious "Hall of Fame" award during their annual faculty's recognition celebration, "DANGAL NG UST" Awards.

Currently, Lulu is an Associate Professor at UST in the Graduate School and also at the College of Education where she teaches Psychotrauma Management, Counseling, Psychology, Chemistry and Special Education courses. She is a member of the international Pi Lambda Theta, an international association of women educators with the main aim of empowering women through education.

She is currently the President of the EMDRPHILIPPINES Association and has been responsible for promoting and bringing EMDR HAP and EMDR Institute trainings to her country in 2006 and 2008. As a result of this work, victims of traumatic events all over the country have benefited from EMDR treatment.

Her hope and dream is to retire in two years from teaching undergraduates and focus on working with graduate students, practicing and training as many of her countrymen with EMDR and helping heal the traumatized. She wants to go on a pilgrimage with her husband to the Holy Land and as well make more visits to Australia to be with her daughter and her family as well as spend more time with her two other sons and their families. She would also like to engage in cooking, reading and listening to music that she loves.

In July 2010, during the 1st EMDR Asia Conference in Bali, Indonesia, she was elected to be a Board Member for EMDRASIA. She is the Chair of the Organizing Committee for the 2nd EMDR Asia International Conference in Manila on January 9-10, 2014. With this in mind, Lulu invites the EMDR Community:

"Come and join us heal individuals and nations as we share expertise and celebrate solidarity during the 2nd EMDRASIA International Conference. Savor the warmth and hospitality of the Filipino! Surely, it's more fun in the Philippines! Mabuhay!"

How can we resist her gracious invitation? ❖

Recent Articles on EMDR

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.

Bellecci-St. Romain, L. (2013). EMDR with recurrent flash-forwards: Reflections on Engelhard et al.'s 2011 study. *Journal of EMDR Practice and Research*, 7(2), 106-111. doi:10.1891/1933-3196.7.2.106

Lisa Bellecci-St. Romain, 221 S. Broadway, Suite 608, Wichita, KS 67202. E-mail: maptlisa@gmail.com

ABSTRACT

“Translating Research Into Practice” is a new regular journal feature in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of the study, followed by the clinician’s description of their own application of standard eye movement desensitization and reprocessing (EMDR) procedures with the population or problem treated in the study. The column is edited by the *EMDR Research Foundation* with the goal of providing a link between research and practice and making research findings relevant in therapists’ day-to-day practices. In this issue’s column, Lisa Bellecci-St. Romain references Engelhard et al.’s (2011) study examining the impact of eye movements on recurrent, intrusive visual images about potential future catastrophes—“flash-forwards.” Illustrating the findings by Engelhard et al., Bellecci-St. Romain describes the successful use of the EMDR standard protocol in two cases—a woman fearful of returning to work even after past memories are cleared and a young man in early sobriety whose reprocessing of the past is interrupted by concerns of an imminent court appearance. The case examples are followed with a discussion of the importance of recognizing and targeting flash-forwards as present triggers in the three-pronged EMDR standard protocol.

Blore, D. C., Holmshaw, E. M., Swift, A., Standart, S., & Fish, D. M. (2013). The development and uses of the blind to therapist EMDR protocol. *Journal of EMDR Practice and Research*, 7(2), 95-105. doi:10.1891/1933-3196.7.2.95

David Blore, Suite 303, Clifford House, 7-9 Clifford Street, York, YO1 9RA, United Kingdom. E-mail: david.blore@btinternet.com

ABSTRACT

The blind to therapist (B2T) protocol (Blore & Holmshaw, 2009a, 2009b) was devised to circumvent client unwillingness to describe traumatic memory content during eye movement desensitization and reprocessing (EMDR). It has been used with at least six clinical presentations:

- Reassertion of control among “executive decision makers”
- Shame and embarrassment
- Minimizing potential for vicarious traumatization
- Cultural issues: avoiding distress being witnessed by a fellow countryman
- Need for the presence of a translator versus prevention of information “leakage”
- Reducing potential stalling in processing: client with severe stammer

This article details the history, development, and current status of the protocol, and provides case vignettes to illustrate each use. Clinical issues encountered when using the protocol and “dovetailing” the B2T protocol back into the standard protocol are also addressed.

Brennstuhl, M. J., Tarquinio, C., Strub, L., Montel, S., Rydberg, J. A., & Kapoula, Z. (2013). Benefits of immediate EMDR vs. Eclectic therapy intervention for victims of physical violence and accidents at the workplace: A pilot study. *Issues in Mental Health Nursing*, 34(6), 425-34. doi:10.3109/01612840.2012.759633

Cyril Tarquinio, Université de Lorraine, Research Section APEMAC UE 4360, Psychological and Epidemiological Approaches to Chronic Diseases, Psychology of Health Team, Metz, France. E-mail: cyril.tarquinio@univ-lorraine.fr

ABSTRACT

This study focuses on 34 victims of aggression at the workplace, less than 48 hours following the incident of aggression. We compared victims who received an EMDR emergency protocol (URG-EMDR; n = 19) that we developed with those who received a method of intervention called eclectic therapy (n = 15). The results show that URG-EMDR therapy, provided within 48 hours, resulted

in a greater decrease in perceived stress and a lower PCL-S score than eclectic therapy did. The scores were lower in both groups after 24 hours, and after 3 months, the drop was significantly greater among the victims treated with the URG-EMDR protocol; none of the EMDR-treated patients exhibited symptoms of posttraumatic stress.

de Bont, P. A., van den Berg, D. P., van der Vleugel, B. M., de Roos, C., Mulder, C. L., Becker, E. S., . . . van Minnen, A. (2013). A multi-site single blind clinical study to compare the effects of prolonged exposure, eye movement desensitization and reprocessing and waiting list on patients with a current diagnosis of psychosis and co morbid post traumatic stress disorder: Study protocol for the randomized controlled trial treating trauma in psychosis. *Trials*, 14, 151. doi:10.1186/1745-6215-14-151

Paul Ajm de Bont, Mental Health Organization (MHO) GGZ Oost Brabant Land van Cuijk en Noord Limburg, Bilderbeekstraat 44, Boxmeer, 5831 CX, The Netherlands. E-mail: paj.de.bont@ggzoostbrabant.nl.

ABSTRACT

BACKGROUND: Trauma contributes to psychosis and in psychotic disorders post-traumatic stress disorder (PTSD) is often a comorbid disorder. A problem is that PTSD is underdiagnosed and undertreated in people with psychotic disorders. This study's primary goal is to examine the efficacy and safety of prolonged exposure and eye movement desensitization and reprocessing (EMDR) for PTSD in patients with both psychotic disorders and PTSD, as compared to a waiting list. Secondly, the effects of both treatments are determined on (a) symptoms of psychosis, in particular verbal hallucinations, (b) depression and social performance, and (c) economic costs. Thirdly, goals concern links between trauma exposure and psychotic symptomatology and the prevalence of exposure to traumatic events, and of PTSD. Fourthly predictors, moderators, and mediators for treatment success will be explored. These include cognitions and experiences concerning treatment harm, credibility and burden in both participants and therapists.

METHODS/DESIGN: A short PTSD-screener assesses the possible presence of PTSD in adult patients (21- to 65- years old) with psychotic disorders, while the Clinician Administered PTSD Scale interview will be used for the diagnosis of current PTSD. The M.I.N.I. Plus interview will be used for diagnosing lifetime psychotic disorders and mood disorders with psychotic features. The purpose is to include consenting participants (N = 240) in a multi-site single blind randomized clinical trial. Patients will be allocated to one of three treatment conditions (N = 80 each): prolonged exposure or EMDR (both consisting of eight weekly sessions of 90 minutes each) or a six-month waiting list. All participants are subjected to blind assessments at pre-treatment, twomonths post treatment, and six monthspost

treatment. In addition, participants in the experimental conditions will have assessments at mid treatment and at 12 months follow-up.

DISCUSSION: The results from the post treatment measurement can be considered strong empirical indicators of the safety and effectiveness of prolonged exposure and EMDR. The six-month and twelve-month follow-up data have the potential of reliably providing documentation of the long-term effects of both treatments on the various outcome variables. Data from pre-treatment and midtreatment can be used to reveal possible pathways of change.

TRIAL REGISTRATION: Trial registration: ISRCTN79584912

Jonas DE, Cusack K, Forneris CA, Wilkins TM, Sonis J, Middleton JC, Feltner C, Meredith D, Cavanaugh J, Brownley KA, Olmsted KR, Greenblatt A, Weil A, Gaynes BN. (2013) Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder (PTSD). Comparative Effectiveness Review No. 92. (Prepared by the RTI International-University of North Carolina Evidence-based



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Practice Center under Contract No. 290-2007-10056-I.) AHRQ Publication No. 13-EHC011-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2013.

Free full text available: <http://www.ncbi.nlm.nih.gov/books/n/cer92/pdf/>

ABSTRACT

Objectives. To assess efficacy, comparative effectiveness, and harms of psychological and pharmacological treatments for adults with posttraumatic stress disorder (PTSD).

Data sources. MEDLINE®, Cochrane Library, PILOTS, International Pharmaceutical Abstracts, CINAHL®, PsycINFO®, Web of Science, Embase, U.S. Food and Drug Administration Web site, and reference lists of published literature (January 1980-May 2012).

Review methods. Two investigators independently selected, extracted data from, and rated risk of bias of relevant trials. We conducted quantitative analyses using random-effects models to estimate pooled effects. To estimate medications' comparative effectiveness, we conducted a network meta-analysis using Bayesian methods. We graded strength of evidence (SOE) based on established guidance.

Results. We included 92 trials of patients, generally with severe PTSD and mean age of 30s to 40s. High SOE supports efficacy of exposure therapy for improving PTSD symptoms (Cohen's d -1.27; 95% confidence interval, -1.54 to -1.00); number needed to treat (NNT) to achieve loss of diagnosis was 2 (moderate SOE). Evidence also supports efficacy of cognitive processing therapy (CPT), cognitive therapy (CT), cognitive behavioral therapy (CBT)-mixed therapies, eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy for improving PTSD symptoms and/or achieving loss of diagnosis (moderate SOE). Effect sizes for reducing PTSD symptoms were large (e.g., 28.9- to 32.2-point reduction in Clinician-Administered PTSD Scale [CAPS]; Cohen's d ~ -1.0 or more compared with controls); NNTs were ≤ 4 to achieve loss of diagnosis for CPT, CT, CBT-mixed, and EMDR.

Evidence supports the efficacy of fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine for improving PTSD symptoms (moderate SOE); effect sizes were small or medium (e.g., 4.9- to 15.5-point reduction in CAPS compared with placebo). Evidence for paroxetine and venlafaxine also supports their efficacy for inducing remission (NNTs ~8; moderate SOE). Evidence supports paroxetine's efficacy for improving depression symptoms and functional impairment (moderate SOE) and venlafaxine's efficacy for improving depression symptoms, quality of life, and functional impairment (moderate SOE). Risperidone may help PTSD symptoms (low SOE). Network meta-analysis of 28 trials (4,817 subjects) found paroxetine and topiramate to be more effective than most medications for reducing PTSD symptoms, but analysis was based largely on indirect evidence and limited to one outcome measure (low SOE).

We found insufficient head-to-head evidence comparing efficacious treatments; insufficient evidence to verify whether any treatment approaches were more effective for victims of particular trauma types or to determine comparative risks of adverse effects.

Jarero, I., Amaya, C., Givaudan, M., & Miranda, A. (2013). EMDR individual protocol for paraprofessional use: A randomized controlled trial with first responders. *Journal of EMDR Practice and Research*, 7(2), 55-64. doi:10.1891/1933-3196.7.2.55

Ignacio Jarero, PhD, EdD, Boulevard de la Luz 771, Jardines del Pedregal, Álvaro Obregón, México City 01900. E-mail: nacho@amamecrisis.com.mx

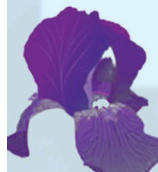
ABSTRACT

The eye movement desensitization and reprocessing (EMDR) individual protocol for paraprofessional use in acute trauma situations (EMDR-PROPARGA) is part of a project developed at the initiative of Dr. Francine Shapiro. This randomized clinical trial examined the effectiveness of the protocol administered by experienced EMDR therapists. There were 39 traumatized first

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Laurel Parnell, Ph.D.

responders on active duty randomly assigned to receive two 90-min sessions of either EMDR-PROPARGA or of supportive counseling. Participants in the EMDR-PROPARGA group showed benefits immediately after treatment, with their scores on the Short PTSD Rating Interview (SPRINT) showing further decreases at 3-month follow-up. In comparison, supportive counseling participants experienced a nonsignificant decrease after treatment and an increase in the SPRINT scores at the second follow-up. The significant difference between the two treatments provides preliminary support for EMDR-PROPARGA's effectiveness in reducing severity of posttraumatic symptoms and subjective global improvement. More controlled research is recommended to evaluate further the efficacy of this intervention.

Lobenstine, F., & Courtney, D. (2013). A case study: The integration of intensive EMDR and ego state therapy to treat comorbid posttraumatic stress disorder, depression, and anxiety. *Journal of EMDR Practice and Research*, 7(2), 65-80. doi:201310.1891/1933-3196.7.2.65

Farnsworth E. Lobenstine, LICSW, 1164 South East St. Amherst, MA 01002. E-mail: farnsloben@gmail.com

ABSTRACT


This study used a quantitative, single-case study design to examine the effectiveness of the integration of intensive eye movement desensitization and reprocessing (EMDR) and ego state therapy for the treatment of an individual diagnosed with comorbid posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD). The participant received 25.5 hr of treatment in a 3-week period, followed with 12 hr of primarily supportive therapy over the next 6-week period. Clinical symptoms decreased as evidenced by reduction in scores from baseline to 6-week follow-up on the following scales: Beck Depression Inventory (BDI) from 46 (severe depression) to 15 (mild mood disorder), Beck Anxiety Inventory (BAI) from 37 (severe anxiety) to 25 (moderate anxiety), and Impact of Events Scale from 50 (severe PTSD symptoms) to 12 (below PTSD cutoff). Scores showed further reductions at 6-month follow-up. Results show the apparent effectiveness of the integration of intensive EMDR and ego state work.

van der Hart, O., Groenendijk, M., Gonzalez, A., Mosquera, D., & Solomon, R. (2013). Dissociation of the personality and EMDR therapy in complex trauma-related disorders: Applications in the stabilization phase. *Journal of EMDR Practice and Research*, 7(2), 81-94. doi:10.1891/1933-3196.7.2.81

Onno van der Hart, PhD, Department of Clinical and Health Psychology, Utrecht University, Heidelberglaan 1, 3584 CS Utrecht, The Netherlands. E-mail: o.vanderhart@uu.nl

ABSTRACT

As proposed in a previous article in this journal, eye movement desensitization and reprocessing (EMDR) clinicians treating clients with complex trauma-related disorders may benefit from knowing and applying the theory of structural dissociation of the personality (TSDP) and its accompanying psychology of action. TSDP postulates that dissociation of the personality is the main feature of traumatization and a wide range of trauma-related disorders from simple posttraumatic stress disorder (PTSD) to dissociative identity disorder (DID). The theory may help EMDR therapists to develop a comprehensive map for understanding the problems of clients with complex trauma-related disorders and to formulate and carry out a treatment plan. The expert consensus



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model in complex trauma is phase-oriented treatment in which a stabilization and preparation phase precedes the treatment of traumatic memories. This article focuses on the initial stabilization and preparatory phase, which is very important to safely and effectively use EMDR in treating complex trauma. Central themes are (a) working with maladaptive beliefs, (b) overcoming dissociative phobias, and (c) an extended application of resourcing.

Vermetten, E., Meijer, L., van der Wurff, P., & Mert, A. (2013). The effect of military motion-assisted memory desensitization and reprocessing treatment on the symptoms of combat-related post traumatic stress disorder: First preliminary results. *Studies in Health Technology and Informatics*, 191, 125-7.

Eric Vermetten, Military Mental Health - Research, Department of Defense, The Netherlands. E-mail: e.vermetten@umcutrecht.nl

ABSTRACT

Although the symptoms of Post-Traumatic Stress Disorder (PTSD) in the general and military population seem very similar, combat-related PTSD (cr-PTSD) is typically thought to be more severe due to the repeated and prolonged exposure of traumatic events. Therapeutic adherence is reported a problem in military populations compromising treatment efficacy. Therefore, a new potential supplementary treatment is specially designed for patients with cr-PTSD. This intervention is called Military Motion Memory Desensitization and Reprocessing (3MDR). The treatment incorporates key elements of successful treatments as Virtual Reality Exposure (VRE) and Eye Movement Desensitization Reprocessing (EMDR) and adds motion to the condition. We aimed at designing a treatment procedure that preserved dual task processing principle, yet introduced new engagement by performing the desensitization during motion by to walking on a treadmill. Moreover, we aimed at exposure to real high-affect pictures of deployment setting. Subjects walk a repetitive cycle while walking and viewing high affect pictures of deployment scenes. Dual task processing was maintained by an oscillating ball. Aspects of presence are adhered to, to maximize possible positive outcome.

METHOD: Two veterans with chronic PTSD, received four weekly sessions of 3MDR therapy. The indicator of effectiveness was difference in CAPS (Clinical Adminstrated PTSD Scale)-score. The treatment was designed on the Computer Assisted Rehabilitation Environment (CAREN) facility.

RESULTS: The 3MDR treatment did further decrease PTSD symptoms. Patients were highly satisfied about the treatment and had no intention to drop out.

CONCLUSION: The results of the two cases suggest that the 3MDR treatment is a successful, more additional treatment that goes further into the patients affect where other treatment may

stagnate. The presence was highly appreciated. Further research with more patients needs to be performed to obtain more reliable results.

Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *The Journal of Clinical Psychiatry*, 74(6), e541-50. doi:10.4088/JCP.12r08225

Bradley V Watts, VAMC (11Q), 215 N Main St, White River Junction, VT 05009 E-mail: bradley.watts@va.gov

ABSTRACT

OBJECTIVE: Posttraumatic stress disorder (PTSD) is an important mental health issue in terms of the number of people affected and the morbidity and functional impairment associated with the disorder. The purpose of this study was to examine the efficacy of all treatments for PTSD.

DATA SOURCES: PubMed, MEDLINE, PILOTS, and PsycINFO databases were searched for randomized controlled clinical trials of any treatment for PTSD in adults published between January 1, 1980, and April 1, 2012, and written in the English language. The following search terms were used: post-traumatic stress disorders, posttraumatic stress disorder, PTSD, combat disorders, and stress disorders, post-traumatic.

STUDY SELECTION: Articles selected were those in which all subjects were adults with a diagnosis of PTSD based on DSM criteria and a valid PTSD symptom measure was reported. Other study characteristics were systematically collected. The sample consisted of 137 treatment comparisons drawn from 112 studies.

RESULTS: Effective psychotherapies included cognitive therapy, exposure therapy, and eye movement desensitization and reprocessing ($g = 1.63, 1.08, \text{ and } 1.01$, respectively). Effective pharmacotherapies included paroxetine, sertraline, fluoxetine, risperidone, topiramate, and venlafaxine ($g = 0.74, 0.41, 0.43, 0.41, 1.20, \text{ and } 0.48$, respectively). For both psychotherapy and medication, studies with more women had larger effects and studies with more veterans had smaller effects. Psychotherapy studies with wait-list controls had larger effects than studies with active control comparisons.

CONCLUSIONS: Our findings suggest that patients and providers have a variety of options for choosing an effective treatment for PTSD. Substantial differences in study design and study participant characteristics make identification of a single best treatment difficult. Not all medications or psychotherapies are effective. ❖



EMDR ASIA

Sushma Mehrotra reports: "I would like to congratulate Atara Sivan and Ng Yat-Nam Petrus from Hong Kong who have completed their Trainer's Training for EMDR Part 1 under the guidance of Gary Quinn, who is an EMDR Institute Trainer. Dushyant Bhadlikar (India) has also completed his EMDR Trainers Training and received the completion certificate from EMDR Europe. We now have sufficient trainers from Asia. We welcome all of you and hope under the Chairmanship of our Senior Trainer, Masaya Ichii (Japan), we can plan trainings for Asia on our own. We would like to thank our teachers for their support. I would also like to mention that our youngest Board Member Bunna Phoeun (Cambodia) had to undergo emergency surgery in Thailand. He had support from Ann and Sombat Tapanya and we pray for a speedy recovery."

EMDR IBEROAMÉRICA

Eslly Carvalho reports: "EMDR Iberoamérica continues to work on their 3rd EMDR Conference to be held October 31 - November 2, 2013 in Costa Rica. The official languages are Portuguese and Spanish. We are delighted that Francine Shapiro, Robert Stickgold and Deborah Korn will be our speakers. Other interesting workshops will be presented by myself, Santiago Jácome, Ana Gomez and John Hartung."

ALGERIA

Martine Iracane reports: "In June, I gave an EMDR Part 2 to a group of 18 psychiatrists at the University Hospital Center of Cheraga in Alger. It is always a great pleasure to share this time with them."

BOLIVIA

Eslly Carvalho reports: "I will be going to Bolivia to train the first round of EMDR therapists in this country."

BRAZIL

Eslly Carvalho reports: "I recently launched the English version of my book, *Healing the Folks Who Live Inside: How EMDR can Heal our Inner Gallery of Roles* (available in paperback and kindle). I presented on this topic at the EMDR Canada Conference."

COLOMBIA

Eslly Carvalho reports: "Ana Gomez has recently been named EMDR IBA Trainer for Colombia. We are all very happy to have her on board and wish her well as she continues to develop EMDR in that country."

CUBA

Priscilla Marquis reports: "I will be teaching an EMDR Part 1 at La Universidad de La Habana in November."

HONG KONG

Atara Sivan reports: "The EMDR Association of Hong Kong successfully held EMDR Basic Training in July 2013. Gary Quinn, a Senior Trainer for the EMDR Institute, conducted the training for 34 individuals. The participants came from different mental health contexts in Hong Kong, Mainland China and Singapore. Petrus Ng Yat Nam (Professor and Head of the Department of Social Work at Hong Kong Baptist University) and I (Associate Dean of the Faculty of Social Sciences and Professor from the Department of Education Studies from the same university) just completed our Trainer's Training."

ITALY

Julie Stowasser reports: "I will be presenting in Milan, Italy on November 8th on "An Introduction to the Treatment of the Perpetrators of Domestic Violence" for the EMDR Association Italy. The objective of this presentation is to help therapists recognize the vast influence that domestic violence has on our patients, even though there is no diagnosis of "Domestic Violence." Other goals are to be more aware of how domestic violence is often present in couples seeking treatment and how to protect the clinician's practice when working with this potentially lethal population."

LEBANON

Peggy Moore reports: "In Spring of 2013, Mona Zaghrout was able to travel to Lebanon and do a training in Arabic and began the training of 3 Lebanese facilitators."

MEXICO

Ignacio Jarero reports: "Since 2012, Lucina (Lucy) Artigas and I have been working on an initiative developed by Francine Shapiro: a special EMDR training program to teach appropriately selected, trained and supervised paraprofessionals on how to provide group and individual EMDR in acute trauma situations in low-income countries with poor or no psychological trauma professional care. The training began with a message emphasizing client safety by Francine transmitted by the workshop trainers (EMDR Institute Senior Trainers of Trainers). She encouraged the paraprofessionals to pay careful attention to treatment fidelity and research rigor so that data could be gathered in a systematic way and be scientifically evaluated to yield meaningful information. Up until July 2013, Lucy and I have conducted field trials concerning this special EMDR training program in four continents (America, Europe, Africa and Asia) with participants from 61 countries from Mexico to Mongolia! Even though results are encouraging, a project of this magnitude and worldwide impact needs more field trials and randomized controlled trails before dissemination. We will keep devoting our efforts as long as it takes to make Francine's initiative a reality."

UNITED STATES

Arizona

Julia Russomanno reports: "All of the hard work Arizona EMDR Trauma Response and Recovery Network (AETR2N) volunteers put into the creation of the network has paid off. Our state of Arizona was devastated by the wildfires in the Yarnell and Prescott area that took the lives of 19 of the Granite Mountain Hotshot crew; about 129 families lost their homes. Always a concern, with an event of this magnitude, is how to help. Bev Chasse and Julie Miller were able to put together training about Early EMDR Interventions (EEI) within two weeks of the tragedy. Thirty therapists, many of them from the affected areas, spent a day in training, learning and reviewing several Early EMDR Intervention (EEI's) including the Emergency Response Procedure (ERP), Emergency Room and Wards Protocol (EMDR-ER), Recent Traumatic Event Protocol (REP), Recent Traumatic Episode Protocol (R-TEP), Protocol for Recent Critical Incidents (EMDR-PRECI) and Integrative Group Treatment Protocol (IGTP – Group). These protocols are being utilized successfully all over the globe assisting people in recovery after fires, floods, earthquakes, terrorist attacks and other natural and manmade disasters. Sierra Tucson treatment programs provided CE's for the participants for this training and The Elements Behavioral Health Treatment Program provided a lunch for all the volunteers. Carol Kibbee, a local therapist in

Prescott, rallied other EMDR therapists in the area and found the magnificent venue for us to do our training. Emery-Riddle Aeronautical University's Chapel was so calming, relaxing and picturesque. Part way through the training, there was a very poignant moment when one of the participants put up her hand and asked the trainers if they knew that there was a funeral procession going on behind them for one of the fire fighters. The training stopped immediately and we sat in silence to honor the firefighter until the funeral procession had passed. There had been funerals almost every day since the fire happened. After the training we went with local therapists to see the memorial for the firefighters and to pay our respects. It is such a staggering monument of the love the community had for these young men.

Within two days of the tragedy a call went out to the AETR2N volunteers and over 40 licensed EMDR professionals, trained in recent incident trauma treatment, responded. They are committed to provide 12 hours each of pro bono direct service for individuals significantly affected by this disaster, including providing support and consultation to therapists in the Prescott, Yarnell and Wickenburg areas, who have been traumatized themselves. The next step is getting the word out to those people who could benefit substantially from EMDR. We are currently working with the local media and statewide media to help people affected by this tragedy get the trained help they need.

A big thank you also goes out to Bob Anderson who has worked tirelessly to make our website user friendly and stocked full of valuable information for the community as well as for therapists on disaster response and recovery. A week before the tragedy in Yarnell, we had added a very moving video about wildfires and the loss of life in the 1994 South Canyon Fire in which 14 Wildland firefighters lost their lives on Storm King Mountain. One of the surviving firefighters wrote about her experiences with EMDR and how helpful it was for her to be able to move on. All of this is on our website at www.AETR2N.net. We are indebted to all the hard working members of AETR2N. We will continue to support the community and our therapists in this tragedy. We are grateful we were able to step up and help so quickly."

California

Susan Goodell reports: "We have monthly EMDRIA Regional Meetings (minus Jan., July and Sept.) facilitated by Approved Consultants in the San Diego area. We are in the process of developing a Trauma Recovery Network for the county and have formed a Steering Committee to work on the task. There are some very committed, creative and responsible clinicians on the committee. Some of the monthly meetings are extended beyond the usual 90 minutes and EMDRIA credits are granted for viewing DVD's that EMDRIA has on loan for Regional Coordinators. We have a large and diverse group of EMDR trained therapists in the area and are going to devote several monthly meetings in 2014 for reviewing the basics. Some Approved Consultants will be participating in those meetings, which will involve lecture and practicum.

Each month an announcement goes out to people who have completed the EMDR Basic Training from an EMDRIA Approved Program and newly trained therapists are joining the list regularly.”

Philip Manfield reports: “The big news for me is that John F. Kennedy University has decided to create a website of clinical EMDR videos that can be accessed by therapists online. The University is charging a fee of \$50 for unlimited access for a three month period. It will start with 25 of my videos and will eventually include others videos as well. This is a resource that is not yet available to EMDR clinicians. Ironically, as I was working out the final details of the project with JFK University, a discussion thread started on the EMDRIA consultants’ listserv voicing the need for online sessions that people can observe and learn from. The consensus was that it is needed, but doesn’t currently exist. In my presentation at the 2013 EMDRIA Conference, I will be playing portions of some of these videos and discussing some of the cogent clinical points illustrated.”

Colorado

Sandra Wilson reports: “In August, we are hosting a Phantom Limb Pain training for several doctors around the country who are EMDR trained and want to work with amputees. We are working with a small clinic, with patients who have phantom limb pain. I hope to have an educational video by the end of this year on Phantom Pain, and Pain Memories. Lee Becker’s last request was to get this treatment for phantom pain out there. In July, we finished a 7 DVD EMDR and Children’s Workshop

set (EMDRIA 12 CEU’s, pending) and will be available at the EMDRIA Conference through Mentor Books. It will include a bonus disc, with the Mary tape DVD and alternatives uncovered. Bob Tinker is still working on his book, Incredible EMDR Cases on the Edge. We will be going to London and Paris to give trainings and keynotes this October. EMDR is still our life work.”

Washington

Sandra Paulsen reports: “I completed a spring workshop tour in 2013 that included Minneapolis, Glasgow, Scotland and Hong Kong, with a side trip to Amsterdam to meet with researchers of the Early Trauma Protocol of EMDR. I’m teaching in Minneapolis, Anchorage, Atlanta and Virginia yet in 2013. The spring 2014 workshop tour will take me to Russia (Moscow and St. Petersburg), Amsterdam and Scotland. Most of these workshops are on the Early Trauma Protocol “When There Are No Words,” and “Looking Through the Eyes,” on EMDR and ego state therapy. I am videotaping all three of my workshops for eventual online access for CE credits. The Springer book Neurobiology and Treatment of Traumatic Dissociation: Towards an Embodied Self by Lanius, Paulsen and Corrigan, is expected to be released in Spring, 2014. It will be followed by a book by Katie O’Shea and I on the Early Trauma Protocol of EMDR, When There Are No Words. I have restructured my practice so that I conduct all day intensive treatment sessions in my forest healing center on Bainbridge Island, where mental health practitioners and others come for typically three to six days of intensive work repairing very early attachment injuries and neglect.” ❖

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4000 GM	Yes	Adjustable	Green	Yes	Yes
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4000 BM	Yes	Adjustable	Blue	Yes	Yes
Deluxe	Yes	Adjustable	Red, Blue & Green	Yes	Yes



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Advanced	Yes	4	Yes	No	No	Yes
Deluxe	Yes	4	Yes	Yes	Yes	Yes



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FACES OF EMDRIA

Have you ever wondered about your fellow EMDRIA Members? The new “Faces of EMDRIA” Program will highlight member news in the monthly E-News and quarterly in the EMDRIA Newsletter. It’s an excellent way for you to get to know your colleagues and network with others. If you would like to be featured, please contact Nicole Evans at nevans@emdria.org for more information.



Name: Josh M. Eudowe

Location: Weston, Connecticut

Member Type: Student Member

Where are you currently enrolled and what is your area of focus? When will you graduate? I am currently a PsyD student at the Illinois School of Professional Psychology (ISPP) with a concentration in clinical and forensic psychology. I plan on graduating in 2015.

Why did you join EMDRIA? I’ve been involved in emergency services for more than 20 years and always like to align myself with leading organizations in the fields of study that I am interested in.

What would you say to someone who is thinking about getting trained in EMDR? It’s an outstanding tool to have. While this type of treatment certainly does not apply to every patient we see, there are many that can benefit from a wide variety of elements of EMDR.

EMDR is... an excellent tool to help patients reprocess traumatic events and internal struggles.

Please explain your answer: EMDR has a wide range of uses, some of which, I believe, are still being discovered. While much of its use has been for the treatment of traumatic experience, I think resource installation will prove to be one of its most valuable uses.

Why did you choose to get trained in EMDR? I have been working within emergency services and in crisis response for more than 20 years. EMDR has a proven record of success dealing with patients struggling from various traumatic experiences. In working with these clients, I want to be able to provide a wide array of treatment options in order to increase the chances for positive results.

Please list a few of your most recent accomplishments: I am the Founder of Early Advantage Children’s Foundation - an up and coming organization focused on helping children who suffer from social anxiety disorders and some of the commonly associated problems such as bullying. I am currently researching the effectiveness of EMDR as a tool to reduce rejection sensitivity in pre-adolescents. I was an active crisis counselor and responder to the Newtown/Sandy Hook school shooting.

What is something you’re passionate about outside your career? I am an avid photographer and love everything outdoors (hiking, camping, kayaking).



Name: Hannah F. Braunstein, LICSW, LCSW-C

Location: Washington, D.C.

Member Type: Full Member since 2010

Contact Information: hannahbraunstein@gmail.com

Why did you join EMDRIA? I joined EMDRIA to be a part of a greater community of trauma-informed clinicians for support and collegiality, educational opportunities and to benefit from the most cutting-edge EMDR research.

How has membership in EMDRIA been of value to you and your practice? Membership has been extraordinarily valuable on a personal level by pursuing certification and connecting with other clinicians at the annual Conference and master level trainings. The training path focused on healing complex trauma with Deany Laloties has been tremendously valuable for helping more clients heal from early traumatic experiences.

EMDR is... a powerful, comprehensive tool, which address symptoms on the emotional, affective, cognitive and somatic levels.

Please explain your answer: The attuned relationship between therapist and client facilitates a safe and supportive setting for the client to access and reprocess the disturbing life experience(s), which have led to present-day symptoms. By identifying this triggering memory or set of triggering experiences (which the client may or not yet be conscious of), the therapist can use EMDR to guide the client in a reprocessing of this memory or set of experiences with adult, adaptive understandings and meanings in a calm and secure way, eliminating disruptive and overwhelming symptoms. The client can gain a newly found freedom, grounded in self, mind and body.

Why did you choose to get trained in EMDR? EMDR provides the most comprehensive tool for resolving trauma in a holistic approach, providing clients with faster results to move forward in their lives without lingering constraints of traumatic experiences.

Please list a few of your most recent accomplishments: I completed my EMDRIA Certification over a year ago and became one of the very-limited number of EMDRIA Certified Therapists in the Washington, D.C., Northern Virginia and Maryland Metro area.

What is something you're passionate about outside your career? I enjoy the surrounding beauty right outside my doorstep here in Washington, D.C. and take regular trips to the Shendadoahs to hike, swim and recharge.

Hannah F. Braunstein is an individual and couples psychotherapist, specializing in EMDR and mindfulness. She works with adults and adolescents. For several years, she has focused her clinical expertise on trauma, relationship difficulties, self-esteem issues and prolonged shame, simple and complex PTSD, anxiety and depression and dissociation. She holds two master's degrees from Washington University in St. Louis with a clinical focus on mental health and completed her undergraduate work in cultural anthropology at Cornell University.



Name: Kate Cohen-Posey, MS, LMHC, LMFT

Location: Lakeland, Florida

Member Type: Full Member - Charter Member

Contact Information: laposeys@tampabay.rr.com or 863.680.1950

Why did you join EMDRIA? I'm committed to EMDR and want to keep up with developments, conferences, etc.

How has membership in EMDRIA been of value to you and your practice? Providing relevant articles when I'm researching a particular problem, ordering distance learning courses, getting referrals and more.

EMDR is... a tool that no therapist should be without.

Please explain your answer: When the presenting issue is trauma, grief, or highly abreactive work, I use EMDR 95% of the time. I often wonder what therapists who have NOT been trained in EMDR do when someone presents who is a victim in a robbery, cannot get over

a car wreck, and so on.

Why did you choose to get trained in EMDR? I heard Francine speak at an *Evolutions of Psychotherapy Conference* put on by the Erickson Foundation and thought she was the most intelligent person I'd ever hear speak. Naturally, I wanted training in the approach she had so eloquently explained.

Please list a few of your most recent accomplishments: John Wiley has published the following books that I've written: *Brief Therapy Client Handouts* (2000) and *More Brief Therapy Client Handouts* (2010), *Making Hostile Words Harmless* (2008), and *Empowering Dialogues Within* (2008). I presented *The Power of EMDR: Evoking the Self* at the 2009 EMDRIA Conference.

What is something you're passionate about outside your career? Politics (although I'm not involved in any organization); Yoga; Learning anything new.

Kate Cohen-Posey has been practicing psychotherapy in Central Florida since 1973. She took her Level I training in 1995 and has been certified since 1999. Kate is looking forward to her 30 wedding anniversary and her daughter's graduation from medical school in 2014.

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PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
13019-01 13 Credits <i>DeTUR (Desensitizing Triggers and Urge Reprocessing)</i>	A.J. Popky, Ph.D. Arnold J. Popky, Ph.D.	A.J. Popky	818.908.8940	September 6-7, 2013 Studio City, CA
00015-55 14 Credits <i>EMDR: From a Belief Focused Perspective</i>	Roy Kiessling, LISW Roy Kiessling, LISW	Roy Kiessling	513.324.3637	September 6-7, 2013 Redding, CA
08013-03 14 Credits <i>When There Are No Words: Reprocessing Early Trauma & Neglect Held in Implicit Memory</i>	Linda Webber, Ph.D. Sandra Paulsen, Ph.D.	Carlyn Larsen	907.771.0536	September 6-7, 2013 Anchorage, AK
RC12102-13 3 Credits <i>Integrating Neurobiology & EMDR: Part 2 (DVD Presentation)</i>	North Carolina EMDRIA Regional Network Dean Dickerson - DVD	Jan Brittain	704.376.0068	September 11, 2013 Charlotte, NC
07005-25 12 Credits <i>Step by Step: Making EMDR Treatment Effective & Developmentally Appropriate for Children</i>	Ana Gomez, MC, LPC Ana Gomez, MC, LPC	Jim Mason	602.803.1797	Sept. 13-21, 2013 Live Web-Stream
12002-19 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	626.429.4935	Sept. 14-15, 2013 Lisle, IL
RC12106-11 1.5 Credits <i>EMDR and Panic Disorders (DVD Presentation)</i>	Buffalo NY EMDRIA Regional Network Carl Nikeson -DVD	Kriss Jarecki	626.429.4945	Sept. 14-15, 2013 East Aurora, NY
07003-09 12 Credits <i>Advanced Seminar on the Integration of Ego State Therapy with EMDR (10 part series)</i>	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	September 20, 2013 - June 20, 2014 Amherst, MA
02004-18 6 Credits <i>The Recent Traumatic Episode Protocol (R-TEP)</i>	EMDR HAP Maria Masciandaro, Psy.D. and Betsy Prices, MSW, LCSW	EMDR HAP	203.288.4450	September 21, 2013 Northampton, MA
00000 Various Credits <i>EMDR: Where Science & Research Meet Practice</i>	2013 EMDRIA Confernece Various Presenters	EMDRIA	512.451.5200	Sept. 26-29, 2013 Austin, TX
RC12101-14 1.5 Credits <i>Integrating Neurobiology & EMDR: Part 1 (DVD Presentation)</i>	Central PA EMDRIA Regional Network Dean Dickerson - DVD	Lois Ehrmann	814.237.0567	September 29, 2013 State College, PA
RC12106-12 3 Credits <i>Using EMDR with Severely Dissociative Clients (DVD Presentation)</i>	Central PA EMDRIA Regional Network Gerald Puk - DVD	Lois Ehrmann	814.237.0567	September 29, 2013 State College, PA
00017-29 12 Credits <i>Using EMDR as a Contemporary Psychotherapy</i>	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavaliij	202.364.3637	October 5-6, 2013 Bloomington, MN
07003-08 14 Credits <i>Treatment of Attachment Trauma & the Dissociative Sequelae through the Life Span: EMDR & Case Conceptualization</i>	Farnsworth Lobenstine, LICSW Robbie Adler-Tapia, Ph.D.	Farnsworth Lobenstine	413.256.3637	October 5-6, 2013 Northampton, MA

EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
09008-04 14 Credits <i>EMDR Toolbox: Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD</i>	Jim Knipe, Ph.D. Jim Knipe, Ph.D.	Sue Anne Wrenn	704.527.3077	October 5-6, 2013 Charlotte, NC
12002-18 12 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	October 5-6 2013 Oakland, CA
RC12103-09 3 Credits <i>Integrating Neurobiology & EMDR: Part 3 (DVD Presentation)</i>	North Carolina EMDRIA Regional Network Dean Dickerson - DVD	Jan Brittain	704.376.0068	October 9, 2013 Charlotte, NC
13016-01 7 Credits <i>Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness</i>	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 11, 2013 Lexington, MA
00015-56 2 Credits <i>Integrating Neurobiology & EMDR: Part 3 (DVD Presentation)</i>	Roy Kiessling, LISW Roy Kiessling, LISW	Roy Kiessling, LISW	513.324.3637	Oct. 11-12, 2013 Seattle, WA
99003-90 12 Credits <i>EMDR and the Art of Psychotherapy with Children</i>	EMDR Institute Carolyn Settle, LCSW	EMDR Institute	831.761.1040	Oct. 12-13, 2013 Reno, NV
12006-06 13 Credits <i>Step by Step: Making EMDR Treatment Effectively & Developmentally Appropriate for Children & Adolescents</i>	Sue Evans, MA, LP Ana Gomez, MC, LPC	Sue Evans	612.870.7673	Oct. 16-17, 2013 St. Louis Park, MN
12012-04 7 Credits <i>Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness</i>	Karen Alter-Reid, Ph.D. Lana Epstein, LICSW	Karen Alter-Reid	203.329.2701	October 18, 2013 Stamford, CT
01007-20 9.5 Credits <i>Adapting EMDR for Children with Attachment Trauma</i>	Debra Wesselmann, MS, LIMHP Stephanie Armstrong, LIMHP and Cathy Schweitzer, LMHP	Cathy Schweitzer	402.981.2120	Oct. 18-19, 2013 Highlands Ranch, CO
06003-43 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	Oct. 18-21, 2013 Albuquerque, NM
12006-07 13 Credits <i>I See You, I Feel You, I Know You: An EMDR Attachment Focused Model to Heal the Parent-Child Bond</i>	Sue Evans, MA, LP Ana Gomez, MC, LPC	Sue Evans	612.870.7673	Oct. 19-20, 2013 St. Louis Park, MN
00018-11 14 Credits <i>Looking Through the Eyes: EMDR & Ego State Therapy Across the Dissociative Continuum</i>	Sandra Paulsen, Ph.D. Sandra Paulsen, Ph.D.	Sandra Paulsen	206.855.1133	Oct. 19-20, 2013 Atlanta, GA
13020-01 14 Credits <i>Healing the Heart of Trauma with EMDR & Ego State Therapy</i>	Asovski Seminars Carol Forgash, LCSW	Gelly Asovski	848.538.7563	Oct. 20-21, 2013 Monsey, NY
08009-03 14 Credits <i>When There Are No Words: EMDR for Early Trauma & Neglect in Implicit Memory</i>	Tracy Ryan-Kidd & Nancy Newport Sandra Paulsen, Ph.D.	Tracy Ryan-Kidd	703.281.9313 x2	Oct. 25-26, 2013 Herndon, VA

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
RC12103-05 2 Credits <i>Integrating Neurobiology & EMDR: Part 3 (DVD Presentation)</i>	Chico California EMDRIA Regional Network Dean Dickerson - DVD	Pennisue Hignell	530.891.6767	October 26, 2013 Chico, CA
99003-84 13 Credits <i>The Neurobiology of EMDR: A Glimpse Inside the Brain</i>	EMDR Institute Uri Bergmann, Ph.D.	EMDR Institute	831.761.1040	Oct. 26-27, 2013 Rosemont, IL
12002-11 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	Oct 26-27, 2013 Austin, TX
RC12104-04 2 Credits <i>Integrating Neurobiology & EMDR: Part 4 (DVD Presentation)</i>	Central Texas EMDRIA Regional Network Dean Dickerson - DVD	Carol York	512.451.0381	November 1, 2013 Austin, TX
12007-04 12 Credits <i>EMDR within a Stage-Oriented Model Treatment of Complex PTSD/Dissociation (in French)</i>	Dr. Philippe Gauvreau, Psychologist Philippe Gauvreau, Psy.D.	Philippe Gauvreau	819.962.4605	Nov. 1-2, 2013 Montreal, Quebec CANADA
99003-85 14 Credits <i>Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD</i>	EMDR Institute Jim Knipe, Ph.D.	EMDR Institute	831.761.1040	Nov 1-2, 2013 Orlando, FL
01016-13 14 Credits <i>When There Are No Words: EMDR for Trauma & Neglect Held in Implicit Memory</i>	EMDR Resource Center of Michigan Katie O'Shea, LMSW	Zona Scheiner	734.572.0882 x3	Nov 1-2, 2013 Ypsilanti, MI
12002-17 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	Nov. 2-3, 2013 Columbus, OH
10006-10 14 Credits <i>EMDR and the Treatment of Complex Trauma with Addictive & Compulsive Behaviors</i>	Laurie A. Tetreault, MA, LMFT Susan Brown, LCSW	Laurie Tetreault	928.771.9422 x3	Nov. 2-3, 2013 Phoenix, AZ
07005-26 12 Credits <i>Complex PTSD, Attachment & Dissociative Symptoms: Treating Children with Pervasive Emotion Dysregulation Using EMDR Therapy</i>	Ana Gomez, MC, LPC Ana Gomez, MC, LPC	Jim Mason	602.803.1797	Nov. 8-16, 2013 Live Web-Stream
RC12104-07 3 Credits <i>Integrating Neurobiology & EMDR: Part 4 (DVD Presentation)</i>	North Carolina EMDRIA Regional Network Dean Dickerson - DVD	Jan Brittain	704.376.0068	November 13, 2013 Charlotte, NC
10008-11 12 Credits <i>Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children</i>	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	Nov. 14-15, 2013 Charlotte, NC
RC12108-02 3 Credits <i>Treating Children with Complex Trauma & Attachment Disruptions (DVD Presentation)</i>	St. Louis EMDRIA Regional Network Sally Popper - DVD	Sheri Rezak-Irons	314.304.3292	November 16, 2013 St. Louis, MO
03002-24 12 Credits <i>Self-Care for Therapists</i>	Maiberger Institute Barb Maiberger, MA, LPC and Katie Asmus, MA, LPC	Barb Maiberger	303.875.4033	Nov. 16-17, 2013 Boulder, CO
12002-16 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	Nov. 16-17, 2013 Omaha, NE

EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2013 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
ARIZONA Southern Arizona	September 19, October 17, November 21, December 19, January 16, 2014	Linda Bowers 520.326.5980
CALIFORNIA Chico	October 26	Pennisue Hignell 530.891.6767
Greater Sacramento	September 14, October 11, November 9, Dec 13	Merrill Powers 530.852.5066
San Diego County	October 5, November 2, December 7,	Sue Goodell 619.997.5333
CONNECTICUT New Haven	September 21	Lynn Persson 203.874.1781
FLORIDA Tampa Bay	September 13	Jane Bajor 727.698.2941
MISSOURI St. Louis	November 16	Sheri Rezak-Irons 314.304.3292
NEW YORK Buffalo	September 18	Kriss Jarecki 719.913.2832
Long Island	October 18	Phoebe Kessler 516.946.1222
Westchester County	September 28	Robin Gibbs 914.686.1222
NORTH CAROLINA	September 11, October 9, November 13	Jan Brittain 704.376.0068
OREGON Central Oregon	September 10, October 8, November 12, December 10, January 14, 2014	Karen Forte 541.388.0095
PENNSYLVANIA Central Pennsylvania	September 29	Lois Ehrmann 814.237.0567
TEXAS Central Texas	November 1	
Carol York 512.451.0381		
WASHINGTON SW Washington	November 2	Katy Murray 360.438.0306

Welcome New EMDRIA Members

Modupe A Akin-Deko, PhD
 Jill L Allen, PsyD
 Gwendolyn Allen-Smith, M.S.,LPC
 Pauline Allingham, Psychologist & Social Worker
 Kristi K.T. Almeida, LCSW, DCSW, BCD, CSAC
 Yadiro Amial, LMFT
 Susan E Arnowitz, Ph.D.
 Tracy F Artson, Ph.D.
 Cynthia Barkley, Ph.D., LPC
 Timothy L. Barnard, MS, LPC
 Ann M Beckley-Forest, MSW, LCSW-R
 Lorrie Gene Beavers, PhD
 Rodger Wayne Bendinelli, MS
 Carolyn M Bing Nieset, LISW-S
 Paige Bledsoe, LCSW

Randy Bradbury, LICSW
 Mary A Bradley, LSCSW, LCSW
 Lorin E. Brand, LMHC
 Jill Z. Brenner, LCSW
 Sylvia G Brown, MSS/LCSW
 Elizabeth S Buchanan, MA/LPC
 Sidne Buelow, PhD/Psychologist
 Jennifer A Burns
 Barbara A Carbone, MA, LCSWR
 Franklin Cardona, M.A.M.Div. PhD
 Tracy L Carlis, Ph.D.
 Amy E Casey, Ph.D
 Marcy A. Cates, LCSW
 Diana L Ceron, MA, LPC
 Sharon E Chambers, MA, LAC

Tiffany A Chambers, MA, LPC, LMFT
 Amy Winters Champoux
 Yi-Hui Chang, MA, ATR-BC, LCAT
 Raymond J Chin, PhD
 Louise C Chivers, MA
 Christy A Claiborne, LCSW
 Deb A Cohen, LPC/MHSP
 Ross Cohen, MA, LPC
 Candida Condor, Psy.D. LMFT
 Debra J Contillo-Davis, MSW, LCSW
 Marc Coulter, LPC, CAC III, NCC, EMDR
 Helen (Kay) Kathryn Crampton, MS, ARNP
 Sally A. Crowe, LCSW

Continued on page 30...

New EMDRIA Members

- J. Carol Cummings, MA, LPC, NCC
 Audrey E. Dawson, LP
 Merrie Kathryn Day, M.A., Ph.D., LMFT
 Christine Marie Christine Veronique de Wit, Drs.
 Anne C Dibala, MD
 David W Donaldson, Ph.D., Licensed Psychologist
 Edie R Dornbush, MFT
 Mary Catherine Drennan, LCSW-C
 John P Duggan, LPC, LCPC
 Debra Jean Dunbar, M.S., LPC
 Christopher M Elliott, LCSW-C
 Josh M Eudowe
 Belinda C Fanning, LMFT
 Chaya Feuerman, LCSW-R
 C. Susan Feuerwerger, LCSW
 Cathy Fisher, LCSW
 Gary S. Fisher, Psy.D.
 Jonathan D Flier, MA, MFT
 Rudy Flora, LCSW, ACSW
 kendra j ford, ms,lmft
 Kara Fowler, MA, LPC
 Ziji Peter-John Fox, B.Sc.M.Sc.
 Marilyn R Friesen, PhD
 Jens Carl Frydenlund Nielsen, psychiatrist
 Pamela P. Gerdes, LISW-S
 Michelle V Gibson, B.S.W., M.S.W., RSW
 Pat A Goldstein, LCSW
 Karen S Gongola, PhD, LPC
 Kenneth Kriss Goodrow, M.S., LPCC, NCC, CCMHC
 Donna Beck Granato, M.S.
 Carol A. Greenberg, MA, LPC
 Karlene S. Haines, MSW, LCSW-C
 Kevin M Hamm, LPCC
 Brooke R Hammond, LCSW, ATR
 Laura McCrary Hansen, Psy.D.
 John M Haroian, Ph.D.
 Sara Harrison-Mills, MSW, LISW-S
 T. Kim Hekmatyar, LCSW
 Saro Helpinstill, LPC-Intern, LMFT-Associate
 Andrea Henderson, LPC - Intern
 Melinda Howell, MA, LPC
 Christina Bokenkamp Hruby, LPC
 Janan Hurst, LCSW
 Rhoda Elena Hurst, Ph.D., LCSW
 Debra Hutchins, LCSW
 Elka Jacobs-Pinson, Psy.D.
 Isela G Jaloma-Scheubel, MA, LPC, RPT
 Eva Malte Johansen, Clinical Psychologist
 Beverley A Johnson, Master of Clinical Psychology
 nancy johnson, MSW, LCSW
 Scott J Kampschaefer, LCSW
 Meredith Keller, LSCSW
 Sylvia Keller, PhD, LMHC, CAP
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 Gina Meras, IMFT-Intern
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- Lynne V Rosen, LCSW, PhD candidate
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 cheryl j schroeder, L.S.C.S.W.
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 Hanne Laier Thomsen, Psychologist
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JOURNAL OF EMDR PRACTICE AND RESEARCH

CALL FOR PAPERS

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

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

Manuscript Preparation and Submission

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

Thank you in advance for your participation.

Louise Maxfield, Ph.D., CPsych

Editor, *Journal of EMDR Practice and Research*

Need Submission Ideas?

Case studies

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

Research studies

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

Clinical contributions

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

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses



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