EMDRIA

March 2013 The Information Resource for EMDR Therapists Vol 18 Issue 1

EMDRIA continues to advance EMDR towards greater worldwide acceptance, credibility and visibility

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A word from the President...

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

Although this is a March Newsletter, it is the first issue for 2013 so Happy New Year to EMDRIA members! I am honored to be the President of EMDRIA in 2013 and since this is my first column, I wanted to focus on looking forward to the coming year through several new initiatives launched by EMDRIA in 2012; recent changes in mental health care on the national scene; and how this translates in our EMDR world. Following are some ideas about how we can continue to advance EMDR towards greater acceptance, credibility and visibility.

What a year 2012 was! We survived the fiscal cliff, the end of the world on December 21st, and yet again another revision of the definition of EMDR…so that is the good news. However, there are so many cataclysmic changes in 2013 on the mental health scene nationally: a new DSM, mandated electronic health records, new CPT codes (with the 90 minute psychotherapy session often used for EMDR no longer available), a new Medicare fee schedule, new Medicare penalties for not including quality measures, and now that the presidential election is over, the reality of the implementation of the Healthcare Affordability Act. Many of us EMDR clinicians are experiencing collective anxiety wondering how all this will impact our practice financially and professionally. In light of all the policy and reimbursement changes as well as the increased public recognition of the need for adequate mental health care to prevent violence; the mandate for EMDR advocacy and EMDR research has never been greater.

The Institute of Medicine's (IOM) *Crossing the Quality Chasm Report* emphasizes that health care should be …safe, accessible, timely, equitable, efficient, cost effective, patient-centered, and *evidence-based*, based on *latest scientific evidence* coupled with the provider's clinical judgment, and informed by the patient's preferences… (2001). The $787 billion economic stimulus bill provided substantial amounts of money for the federal government to compare the effectiveness of different treatments for the same illness…researchers are receiving $1.1 billion to compare interventions for treating specific conditions (New York Times Feb 16, 2009).

The move toward evidence-based care began in earnest in 2010 with the initiation of health reform policy in order to lower costs and improve outcomes (National Research Council, 2011). Inpatient medical settings have already adopted quality indicators that include such markers as 30-day readmission, discharge planning, and follow-up in the community for specific diagnoses. For example, if a patient has been discharged from an inpatient setting with a diagnosis of congestive heart failure and is readmitted within the next 30 days, the hospital will not get paid for the readmission inpatient hospitalization costs because research shows that if proper discharge instructions are given regarding diet, medication, and follow-up, the person would not have suffered CHF again so soon after discharge. Linking outcomes of treatment and quality indicators to reimbursement for outpatient behavioral health care seems inevitable.

Behavioral health quality indicators have been slower to develop but there are already 300 process measures for assessment and improvement of mental health and substance abuse. See http://www.cqaimh.org/quality.html for examples of screening and assessment quality measures for behavioral health. As of 2013, quality measures are mandated by Medicare and financial penalties are slated for 2015 for therapists who are non compliant in the Physicians Quality Reporting System (PQRS). PHQRS is a reporting program that mandates that clinicians report at least three screening measures and these are tied to the new CPT codes. So far the only psychiatric diagnosis that is slated for quality reporting is major depressive disorder in addition to screening measures for clinical depression and unhealthy alcohol use. This is a beginning step toward linking reimbursement to the "best" mental health treatments.

The best treatments are those that are evidence-based and in the future, those that are not considered evidence-based may not be reimbursed. If this occurs, EMDR would be a preferred treatment for PTSD and reimbursable. However, getting paid for all the other problems and diagnoses that we know EMDR works for may be problematic. In other words, it is possible that if you do EMDR for anything other than PTSD, you may not get paid. This speaks to the importance of ongoing research through: 1) securing federal funding for EMDR research, 2) assisting EMDR clinicians to achieve research competency, 3) supporting the EMDR Research Foundation, and 4) enhancing political advocacy to promote EMDR research.

EMDR research has received very little federal funding from the National Institute of Mental Health (NIMH) except for van der Kolk and colleagues' study published in 2007 and Rothbaum and colleagues' 2005 study. Perhaps with SAMSHA's 2010 endorsement of EMDR for depression, anxiety, and PTSD and SAMSHA's initiatives promoting trauma-informed care, this will change. At least one EMDR study has been recently funded by SAMSHA. SAMSHA's endorsement for EMDR was received because of EMDRIA's scholarly application, patience, and persistence. (http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199).

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The reasons for the lack of federal funding in the past and the uphill battle for EMDR research are political and financial at the highest levels of influence. See EMDRIA's Response to the IOM 2012 Report at http://www.emdria.org/associations/12049/files/EMDRIA%20IOM%20Response.pdf The unavailability of federal funding for EMDR research has prevented academics and researchers in the United States from conducting large scale randomized clinical trials. Federal funding for EMDR research must be available so that academics, especially those who work at R01 institutions where promotion and tenure decisions are contingent upon funding, research, and publications, can build their line of research inquiry around EMDR research. A cursory review of the *Journal of EMDR Practice and Research* reveals that most of the research is conducted outside the U.S. in Europe, Australia, in Central and South America. One long-range solution is to continue to pursue the integration of EMDR into curriculums in University academic programs for licensed mental health providers. This would not only help clinicians to begin their professional practice armed with EMDR early in their careers but also has the potential to generate more interest for graduate students and faculty in conducting EMDR research. This would promote more quality randomized clinical trials which require the support that is available in a University setting such as statistical help, IRB panels, grant departments, research review colleagues, students to help with data entry and analysis, and doctoral students looking for dissertation and thesis topics.

Given the paucity of research in U.S. academic settings, and since clinicians have access to participants for studies, it is extremely important that EMDRIA continue to support members who are interested in research and to encourage all members to measure outcomes and report findings. Case studies and case series which are doable in a clinical setting by clinicians all add to the evidence-base and are important in providing a foundation for larger more sophisticated randomized clinical trials which often requires a team to implement.

Numerous research resources are available to EMDRIA members at no cost on the website including the Research Listserv moderated by Dr. Ricky Greenwald; information on how to develop and research a new EMDR protocol; where and how to obtain an EMDR Fidelity Scale thanks to Dr. Deborah Korn; a table of selected measurement instruments; a sample copy of an Informed Consent; how to obtain help with a research project; Research Frequently Asked Questions; a list of recent research articles thanks to Dr. Andrew Leeds published in each Newsletter; a researchers database; a listing of treatment guidelines and research studies; and the Francine Shapiro Library developed by Dr. Barbara Hensley. These standing resources are in addition to the EMDRIA Research Special Interest Group which meets every year at the conference as an opportunity for networking about shared research interests and resources, and the EMDRIA Research Committee. The Conference Committee has also been instrumental in promoting more visibility for EMDR research with an annual award for the best poster and a research track with presentations on EMDR research as well as an annual *How to Conduct Research in Your Practice* presentation at the Annual Conference. Highlighting the importance of research, the Conference Committee developed the theme for this year's conference *EMDR: Where Science and Research Meets Practice*.

The EMDR Research Foundation is another important resource for seasoned as well as budding researchers. A Joint Task Force between the EMDRIA Board and the EMDR Research Foundation Board in 2012 grappled with how to support EMDRIA members this past year with research resources. Pulse surveys were conducted of EMDRIA members in order to gather data about member's research needs and the results yielded important information for consideration. Subsequently, the EMDR Research Foundation launched a new Research Consultation Award which will support clinicians who wish to obtain seed money to develop, conduct and publish their own studies. In addition, the Foundation in collaboration with the *Journal of EMDR Practice and Research* began a new column on Translating Research into Practice with Katy Murray's excellent inaugural article on using EMDR to process complicated mourning. The tireless efforts and careful planning by the Foundation Board and the generosity of EMDRIA members have resulted in substantial funding for a number of fine ongoing research projects.

In tandem with the push for EMDR evidence-based research, outreach and advocacy are imperative to promote the science and practice of EMDR. Toward this end EMDRIA established an Advocacy Committee in 2012. This is a hybrid committee which is a relatively new endeavor for EMDRIA because previously Board members did not serve on Administrative Committees. The Advocacy Committee includes Board members, EMDRIA members, as well as non-EMDRIA members who have special expertise in research, policy and advocacy, who serve on this committee together. Members of the Committee are Dr. Jim Cole, Chair, Diane DesPlantes, and Dr. Dalene Forester who are EMDRIA Board members in addition to consultants to the Committee, Dr. Sue Butkus, Dr. E. C. Hurley, Dr. Mark Russell, and Dr. Rosalie Thomas. Representatives from this committee met with Senator Patti Murray's office (Chair of the U.S. Senate Committee on Veterans' Affairs) in October in Washington D.C. in October to raise awareness about EMDR practice and research issues in the VA system. The EMDRIA Response to the IOM mentioned previously was borne out of an awareness and concern from this committee about the misrepresentation and errors in the July 2012 IOM Report.

Through the generosity, commitment, talent, and enthusiasm of many EMDRIA members, we are poised to meet the many reimbursement and research challenges in the future. The next phase in EMDRIA's development is an exciting time as together with our new Executive Director, five new Board members, and armed with a strategic plan, we move toward enhancing the visibility and credibility of EMDR. In 2013, let us channel our anxiety about change towards working together in the pursuit of a solid evidence-base for all of the many clinical problems that we use EMDR for in our practice. I look forward to the opportunity to work with you this coming year, meeting new members, and seeing old friends at our annual conference in Austin in September.

If you have not already done so, please consider becoming more active in the EMDRIA community by joining a committee or Special Interest Group, chairing a committee, or running for the Board. You will be richly rewarded through getting to know wonderful colleagues and making a difference not only for you personally, for your practice and your patients, but collectively, for the advancement of EMDR and the alleviation of suffering.

"Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has" (Margaret Mead).

Institute of Medicine (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*, The National Academies of Sciences.

National Research Council (2011). Report to Congress: National Strategy for Quality Improvement in Health Care, access @ http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf

Rothbaum, B.O., Astin, M.C., & Marsteller, F. (2005). Prolonged exposure versus eye movement desensitization (EMDR) for PTSD rape victims. *Journal of Traumatic Stress*, 18, 607-616.

Van der Kolk, B., Spinazzola, J. Blaustein, M., Hopper, J. Hopper, E., Korn, D., & Simpson, W. (2007). A randomized clinical trial of EMDR, fluoxetine and pill placebo in the treatment of PTSD: Treatment effects and long-term maintenance. *Journal of Clinical Psychiatry*, 68, 37-46.

Announcements

2013 Call for Posters

We are soliciting Abstracts for Poster Sessions for the 2013 EMDRIA Conference. The deadline for submissions is **May 1, 2013**. An award for the best poster will be given. To view more information on Poster Sessions and submission information, please visit www.emdriaconference.com or contact Gayla Turner at gturner@emdria.org or Toll-Free at 866.451.5200.

Online Voting for Upcoming Board of Directors Election

The online voting system used in past Elections will be used again this year. When voting opens in a couple of months, please remember that "Your Vote Counts" and cast your vote online. We'll send out an email to let you know when it's time to vote, along with all the pertinent information you'll need. So, please make sure that we have your most current email address. For those of you without an email address, a paper ballet will be sent to you.

World Health Organization Approves Recommendation on EMDR

The recommendation from the World Health Organization (WHO) reflects the worldwide impact of EMDR. The World Health Organization Guidelines Review Committee in Geneva, Switzerland, has formally approved the recommendation on EMDR in adults and children for PTSD. The recommendation reads: "Individual or group cognitive behavioral therapy (CBT) with a trauma focus, eye movement desensitization and reprocessing (EMDR), or stress management should be considered for adults with posttraumatic stress disorder (PTSD)." {WHO. Guidelines on problems and disorders specifically related to stress. In press.}

Memorial Scholarship Fund

EMDRIA is seeking contributions for this year's Memorial Scholarship Fund. The Memorial Scholarship Fund was established in 2004, in memory of long time EMDRIA member Elizabeth Snyker, for the purpose of expanding professional development opportunities for members who would otherwise not be able to attend the annual EMDRIA Conference. Since 2004, this Fund has provided assistance to more than 50 EMDR clinicians. To donate, please click on the link on the homepage at www.emdria.org.

New EMDR Research Paper Posted on EMDRIA Website

EMDRIA made arrangements to post Christopher Lee's and Pim Cuijpers' new research article "A meta-analysis of the contribution of eye movements in processing emotional memories" published in the *Journal of Behavior Therapy and Experimental Psychiatry*. The paper can be found by clicking on the link on the EMDRIA homepage at www.emdria.org.

Nominate a Colleague for an EMDRIA Award

Did you know...that as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. Do you know of someone who would fit the descriptions of the awards below? If so, email your nominations to Gayla Turner at gturner@emdria.org before May 1, 2013.

Do you know an outstanding Regional Coordinator?

The Regional Coordinating Committee is accepting nominations until May 1, 2013 for Outstanding Regional Coordinator for 2013. If you know a special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributions to the Regional Coordinator effort over the past year, and you would like to nominate them, please send a paragraph describing why they should be selected to Sarah Tolino at stolino@emdria.org before May 1, 2013.

2013 EMDR Canada Conference

The 2013 EMDR Canada Conference takes place May 17-19, 2013 in Banff, Alberta. All EMDRIA members can receive the member rate for this Conference by using discount code **EMDR2013CONFDC**. To find out more information on the 2013 EMDR Canada Conference and to register, please visit www.emdrcanada.org.

Searching for a workshop that's been approved for EMDRIA Credits?

If you need to earn EMDRIA Credits and are looking for an on-site workshop in your region, check out our online Calendar of Events. When searching our online Calendar of Events, select "EMDRIA Credit Programs" from the pull down menu and then hit the filter button.

Executive Director's Message

The other day our local paper, the Austin American-Statesman, had a headline, "Suicides spike again at Fort Hood," which is just up the road in Killeen, TX. The article noted that suicide patterns have changed to include more, older, experienced, noncommissioned officers among the casualties. Investigating further, the paper noted that quite a few additional deaths were due to risky behavior such as motorcycle accidents and unintentional drug overdoses, but were not counted as suicides. The Department of Veterans' Affairs just released a study that stated an average of 22 veterans kill themselves a day. All this points to a huge problem that many EMDRIA members are working on and I applaud you for that.

We know that EMDR therapy works on post-traumatic stress disorder and that it's a cost-effective psychotherapeutic treatment shown to have a high completion rate with fewer sessions. So, why don't we see research conducted to determine which evidence-based psychotherapies are most effective for specific types of trauma, symptom pattern, presentation, and personality in our active military and veteran populations? That's the question we are asking and trying to answer.

One thing that we can do as an organization is to encourage our members to give time to groups like Give An Hour (www.giveanhour.org), Operation Honor Corps (http://honorcorps.org), and EMDR HAP (www.emdrhap.org) to help those in military service and veterans. Members can also volunteer with EMDRIA to help us get the word out about EMDR therapy. For our members that work for the Departments of Veterans' Affairs and Defense, let us know what you need from us. We want to expand a grassroots effort to have our message heard. Our Advocacy Task Group, chaired by Jim Cole, is working hard to make inroads and could use help.

Mark G. Doherty, CAE
EMDRIA Executive Director

We are also revitalizing and restaffing our Marketing & Communications Committee, no chaired by Deborah Cole, Psy.D. The committee is looking for new members to carry out its mission of increasing the public and professional acknowledgement that EMDR is an effective method of psychotherapy among practitioners and clients. Among the activities being considered and planned, are the enhancement of the EMDRIA brand, the expansion of public relations, advocation for the recognition of the efficacy of EMDR, and improve ment of EMDRIA's website. The committee has a lot to do and could use help as well.

Committees and task groups are the life blood of an organization like EMDRIA and are integral to many of our operations. For example, we had a day-long session on EMDR in the military at our Conference last October which was planned by the Conference Committee. Members who volunteer are the source of content and content is critical for an association to grow and prosper. As staff, we facilitate the activities of the volunteers so that the volunteers' knowledge and expertise is tapped to serve the needs of EMDRIA and our membership. EMDRIA has many activities underway. I'm just focusing on the need to get the word out on how EMDR therapy can be used to alleviate the human suffering we are seeing on a large scale within the military and among veterans.

I had the opportunity to volunteer on the steering committee of the Texas Public Engagement of the Military Child Educational Coalition. It taught me a lot about what the families, especially the children, of our active duty, reservists, and national guardsmen have to live and deal with that most of us will never know about. This effort has given me a better appreciation of the role that EMDR therapy can play. This volunteer work emboldens me to see that EMDR has a real place in helping those associated with our military who are experiencing mental health challenges. We need to have our voice heard. Who better to do it than EMDRIA's members?

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

The Association for Comprehensive Energy Psychology presents the

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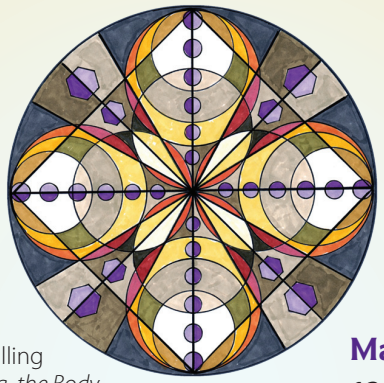

Register Now! Prices go up after April 1.

Keynotes

Joan Borysenko, PhD
Cancer biologist, expert in mind/body connection, best-selling author of ten books including *Minding the Body, Mending the Mind*

David Feinstein, PhD
Clinical psychologist, leader in the field of EP, award-winning author of *Energy Psychology Interactive* and *The Promise of Energy Psychology*

Roger Jahnke, OMD
Acupuncture and traditional Chinese physician, co-founder of National Qigong Assoc., author of *The Healer Within* and *The Healing Promise of Qi*

William Tiller, PhD
Physicist, Standford professor emeritus, author of four books including *Science and Human Transformation: Subtle Energies, Intentionality and Consciousness*

Eben Alexander, MD
Academic neurosurgeon, best-selling author of *Proof of Heaven: A Neurosurgeon's Journey into the Afterlife*

May 29–30

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May 30 • Pre-conference

13 All-day Intensive Seminars

May 30–June 2

Main Conference Invited Presentations
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Faculty Includes
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Conference Corner

The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. In the evaluations from the 2012 EMDRIA Conference, we were pleased to hear that many of you appreciated having plenary speakers from other disciplines and from cutting-edge thinkers in related fields. The Conference Committee has made it a priority to continue to bring you these quality educational experiences. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment association and to additional applications for EMDR.

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

The theme selected for the 2013 EMDRIA Conference in Austin is *EMDR: Where Science and Research Meet Practice*. We are very excited about the plenary speakers! **Joan Borysenko, Ph.D.**, is a distinguished pioneer in integrative medicine and a world-renowned expert in the mind/body connection. She will be speaking on psychoneuroimmunology, neuroscience, and EMDR. In addition, she'll present a workshop on illness, change, and grief. **Vincent Felitti, MD**, is co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study with ongoing collaborative research between the Kaiser Permanente Medical Care Program and the Centers for Disease Control. The ACE study assesses the health risks and disease burden of over one million individual adults, one-by-one. Dr. Felitti is enthusiastic about the potential of EMDR to help mediate the impact of adverse experiences on health. **Robert Stickgold, Ph.D.**, has long-held interest in the underlying mechanisms of EMDR. His research at Harvard Medical School seeks to describe the nature of cognition during sleep, and to explain the role of sleep in memory and emotional processing. He will be presenting recent updates regarding the mechanisms involved with EMDR reprocessing and the function of memory.

Registration Information

We are in the process of finalizing the program and anticipate registration to be open online on the Conference website at the end of April. An email will be sent out to the membership when registration has been opened.

Hotel Information

This year's Conference will be held at the Renaissance Austin Hotel. EMDRIA has a secured a special group rate at the Renaissance of **$168/single/double** for EMDRIA Conference attendees. It is not too early to book your reservation! To book your reservation online, please visit our Conference website at www.emdriaconference.com or give them a call at 800.468.3571 and ask for the EMDRIA rate! The Group Code is **emdemda**.

We hope you'll join us for this dynamic blend of science, research and practice! Stay tuned to the Conference Corner for future announcements of our pre-conference presentations and Cutting Edge Seminar.

EMDRIA Memorial Scholarship Fund

Donate Now to provide development opportunities to EMDRIA members and help them attend the 2013 EMDRIA Conference.

Donations can be sent to:
EMDR International Association
Attn: Memorial Scholarship Fund
5806 Mesa Drive, Suite 360
Austin, TX 78731

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.

New Beginnings...Thanks to YOU, Our "Foundation"!

On behalf of The EMDR Research Foundation Board, I want to take this opportunity to thank each and every one of you who contributed to our success thus far. Your donations, whether from the Visionary Alliance, annual donations, participation in our Conference raffles, and/or donate with your EMDRIA membership, make a BIG difference. The increase in funds we raised in 2012 will allow us to increase our grant awards in 2013 to further our support of high quality EMDR research. In 2012, we awarded grants to research projects investigating the 1) effectiveness of EMDR in treating sexual offenders who are abuse victims themselves, 2) the role of bilateral eye movements in EMDR treatment, and 3) the efficacy of EMDR for veterans diagnosed with PTSD. In 2012, we launched the Consultation Award, a new funding opportunity for the ERF. The purpose of this award is to assist clinicians, students and/or faculty in conducting research on EMDR and/or disseminating their findings. Our "Translating Research Into Practice" (TRIP) column debuted in the Journal of EMDR Practice and Research in 2012. This column is edited by the ERF and provides a link between research findings and their implications on clinical work. It also provides clinicians the opportunity to share how a particular research finding has impacted their work with clients. For more information on any of these interesting and informative topics, please visit www.emdrresearchfoundation.org. None of this would have been possible without your continued support. Thank you!

As we start 2013, we begin with some very exciting news. As the ERF has continued to grow and develop, we found that we outgrew our ability to handle the day-to-day activities and the increased marketing and fundraising needs to continue our success. We have hired a consulting firm that specializes in fundraising and marketing for non-profit organizations. Although the EMDRIA staff has done a great service to the ERF over the last few years and we are entirely grateful for their support, our needs became more than they could handle. We are assured that this move will not only help the ERF move to the next level, it will also mean that our follow up, such as donor acknowledgement letters, will be prompt and timely.

This move also facilitated a new website, which will have more consumer information about EMDR and EMDR research along with a more user-friendly donor page. Our donor list will also be updated regularly! We are grateful for the patience of everyone who contributed to the ERF in the past, but could not find their name listed on our website. Those were signs of growing pains that we believe have been cured with our new support team.

We promised over the last few years that your continued support would provide a **foundation** that was needed to eventually expand our horizons - such as different fundraising markets and grant opportunities that will supplement our work and further the ERF's Vision and Mission. Although we, the Board, feel we have reached the point to expand beyond the EMDR community, we still need your steady and consistent support. The ERF, like any dwelling, creation, building or business, needs a **foundation** that remains strong and sturdy in order to grow and expand. With your foundational support we now look to the unlimited possibilities that lie ahead. Thank you, our **foundation.**

One of the first endeavors in 2013 is exhibiting at the Psychotherapy Networker Symposium held in Washington DC in March, which attracts 3500+ attendees. The Board believes the outreach to other venues will 1) promote awareness of the ERF's mission and EMDR, 2) increase opportunities for high quality research proposals as well as 3) find new donors interested in supporting EMDR research. We believe it to be a way to reach EMDR therapists, who are non-EMDRIA members, yet committed to the future of EMDR by supporting high quality research. If are going to the Symposium, please be sure to stop by the ERF's booth #100 and say hello.

Another area of attention and focus for 2013 is the educational aspect of the ERF's Mission. Although the TRIP column is a fantastic start to educating clinicians about research findings and how to use them in clinical work, we have more to do. The ERF is committed to improving the integration of EMDR research in basic and specialty EMDR trainings; disseminating research to clinicians through the use of public media; coordinating with other organizations with similar interests; as well as conducting outreach to specific clinician groups that would benefit from the information, such as those clinicians who work for DOD/VA. Lastly, we want to engage EMDR therapists in a dialogue about the areas of research they find helpful as well as the informational gaps that need further investigation.

A second focus for 2013 will be to enhance the non-monetary support for EMDR researcher and potential researchers. The Consultation Award, although monetary, was born out of our desire to provide support and aid to clinicians, students and/or faculty who need help in developing and implementing research projects as well as statistical expertise, publishing guidance or

recommendations. To further the spirit of this support, the development of our clearinghouse for researchers and volunteers is an ongoing project and will be housed on our new website. The ERF's Research Committee is also looking into other tools and resources for researchers that would be searchable on our website. Serious consideration is being given to purchasing a Database Service that would enable our users to search for, locate, review, and print peer-reviewed articles and many other types of research materials on EMDR. We have heard from clinicians, who are not affiliated with a higher education institution, that these types of resources would be very helpful and in some cases, necessary to conduct EMDR research. Watch for more information on these topics in our new monthly e-newsletter that launched in January.

Last but not least we need to expand our committee volunteers and Board development. It took hard work and much effort to launch the ERF; however, because of what is now in place the time commitment is much more manageable. We are looking for volunteers for committee work or Board membership, with a time commitment of only a few hours a month. If you are a seasoned EMDR therapist looking for a way to give back, or you are new to the EMDR community and feel the desire to "get involved," here's your chance. Or if you are aware of someone who knows the benefits of EMDR or has experience with non-profits or just has a willingness to give of their time and talent to a very worthy organization, here's their chance. The level of involvement is up to you and it is a chance to share your skills and talents in an area of interest for a notable cause. Please give this opportunity to get involved serious consideration. Contact Rosalie Thomas at rthom@centurytel.net for more information.

"Action is the foundational key to all success."
~Pablo Picasso

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.

"Imagine a disaster in your community, with widespread psychological trauma as a partial consequence. Research shows that early and brief treatment for some people can short-circuit harmful consequences and help individuals, families and communities get back to mental well-being. So why not create a "reserve force" of mental health clinicians trained in EMDR?" For those who received HAP's newsletter in the spring of 2006, you might remember that this was the introduction of HAP's Trauma Recovery Network.

The Trauma Recovery Network was forged from the experiences of 9/11 and Katrina. The core question then is now the same: how do we most effectively bring help and healing through EMDR to communities that are suffering? What resources are neccessary to prepare to do so? How do we integrate the work of the local TRN with other disaster response programs? These are the questions that continue to deal with as the Trauma Recovery Network continues to grow. Today, however, I want to recognize and applaud the work of the many TRN chapters that have been working tirelessly in their communities.

In the past few months, our Trauma Recovery Network has been put to the test. In New York, New Jersey and Connecticut, Hurricane Sandy was the first test. The New York City chapter, led by Gina Colelli, responded with the commitment and caring that has been a hallmark of their work. Gina was one of the volunteers as part of a driving force behind providing pro bono clinical services to first responders after 9/11. In fact, the New York City TRN chapter was the first to be established.

Hurricane Sandy posed several challenges. It was difficult for the volunteers to access certain areas where the devastation had occurred and there were not enough local EMDR trained volunteer clinicians. For example, in Staten Island, a population of nearly 500,000 people, covering more than 50 square miles, there are less than 10 EMDR trained clinicians. One EMDR clinician, Joyce Goldstein from Staten Island, was able to access a grant from a local foundation to bring clinicians from outside of Staten Island to provide pro bono EMDR therapy.

Our New Jersey TRN, led by Maria Masciandaro and Betsy Prince, jumped into action. Since Hurricane Sandy, Maria and Betsy are presenting R-Tep trainings in Long Island, Lakewood, New Jersey and New York City, providing training that can help local clinicians to assist those within their communities who are suffering from trauma. They also presented an R-Tep training in Stamford, CT for the then Stamford TRN, now, Fairfield County TRN. At the time, the Fairfield Country TRN chapter was gradually developing clinical skills and outreach initiatives to most effectively work within their community.

Led by Karen Alder Reid and Michael Crouch, the Fairfield County TRN had formed in December, 2011. Who could imagine that in the following months that this group of dedicated and skilled volunteers would deal with two disasters: Hurricane Sandy and the tragedy in Newtown? Karen Alter Reid recently told me, "The most important part of an effective TRN response is preparation," as we discussed what we had learned in the past few months. I agree that preparation is critical. I also think that this preparation is circumscribed by the concern and caring of each HAP TRN volunteer that I have encountered.

The tragedy in Newtown brought attention to the worst and the best in people. The Fairfield County TRN members exemplify the best. Since the Newtown tragedy TRN clinicians have provided pro bono services to first responders, Newtown families and community members. They have met with the CT State Police to educate and inform them about the ways that EMDR therapy can help their contingent. In Connecticut, we have also experienced the generosity and caring of HAP volunteers from other communities. Carolyn Settle presented *"EMDR and the Art of Psychotherapy with Children, Part One"* as HAP sponsored training to assist our work in Newtown.

In other parts of Connecticut, HAP volunteers responded to the challenge of Newtown. TRN chapters are emerging in New Haven and in Hartford. Don deGraffenried, a New Haven clinician and HAP volunteer, developed and presented training for HAP, "*Using EMDR Recent Event Protocol with Homicide Survivors."* HAP, thanks to Don, will be offering this training to other locations over the next months.

The work of the TRN chapters has not been exclusively in the East Coast. The Arizona TRN, led by Bev Chassee, has formed over the last few years. Over 75 members strong, the Arizona TRN has provided materials and processes for an effective TRN response. Last April, Elan Shapiro and Brurit Laub presented their R-Tep training to more than 80 people.

In early February, their hard work was tested. After a mediation hearing went bad, an attorney and his client were shot and skilled and an innocent bystander was injured in an office building in Phoenix, AZ. The shooter, who was on the loose for nearly 24 hours was eventually found and had taken his life.

"Our hard work to be ready and prepared is paying off," reported Bev Chassee. Within one and a half weeks of the shooting, volunteers were in contact with individuals that were having difficulty coping with what happened and were able to offer and schedule pro bono assistance to them. "The key is to continue to get the word out that we are available to provide early EMDR intervention after a disaster or emergency situation in our community."

In the next article, I will talk about how the Trauma Recovery Network is moving forward; things that volunteers and HAP staff have learned; ideas about best practices for TRN chapters and ways that the TRN chapters can support each other and be assisted by HAP staff. I also welcome updates of the work of your chapter. HAP also now has a new website. Make sure to take a look!

The past few months have been always rewarding, sometimes challenging and often tiring. Bravo, to the hard work of our volunteers! To the health and healing of those dealing with trauma!

General Membership Meeting Report

The EMDRIA Board made a presentation at the general membership meeting at the annual conference in October, 2012. The focus was on current EMDRIA projects such as increasing diversity, advocating for veterans, the recent hiring of a new Executive Director, supporting the EMDR Research Foundation, communicating with membership, and preparing to develop a strategic plan in 2013.

The presentation was followed by a question and answer session. Evaluations were given to attendees at the end of the session. We received 46 completed evaluations. The results showed that the meeting met the expectations of 43 of the 46 respondents. (Three had never been to a meeting before and stated they had no expectations.)

The respondents liked hearing about membership benefits and appreciated the opportunity to speak and listen to board members. Some suggestions were: 1) Move the general membership meeting to lunchtime, 2) Provide more networking opportunities by location and/or state, 3) Have EMDRIA members volunteer as mentors to the newly trained, 4) Build bridges to HAP, 5) Offer a diversity track at the conference, and 6) Improve the "find a therapist" search on the EMDRIA website.

The board has surveyed members in late 2012 to get input for the Strategic Planning session which will be developed starting in February, 2013. More on the Strategic Plan to come.

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.

Altink, A. J. A., van Terwisga, P., Helms, F. D. G., & Oostenbroek, S. H. (2012). Word tracking task as an alternative to horizontal eye movements in the reduction of vividness and emotionality of aversive memories in EMDR. *Social Cosmos*, 3(2), 185-199.

Full text: http://socialcosmos.library.uu.nl/index.php/sc/article/viewFile/61/56

ABSTRACT

When treating a patient with PTSD, therapists often use eye movement desensitization and reprocessing (EMDR). In EMDR patients make horizontal eye movements (HEM) while the image of a traumatic memory is recalled. Various studies showed that making HEM during recall of an aversive memory results in a decline in vividness and emotionality of this memory. This study aimed to create an alternative task that would be less physically demanding for the therapist than applying HEM. This task should, according to the working memory (WM) hypothesis, tax the WM as much as HEM. To accomplish this goal, a word-tracking task (WTT) was created in which an oval that moved over a matrix with color-words had to be followed with the eyes. Experiment I showed that the WTT taxes WM, though not as much as HEM. In experiment II, both the WTT and HEM resulted in a decrease in vividness and emotionality of an aversive memory. The results obtained raise questions about a supposed linear relationship between the WM-taxing and EMDR-efficacy of tasks. Further investigation of this relationship is recommended. Also recommended is further study in a clinical population. The WTT seems to be a good alternative for horizontal eye movements in EMDR.

Baslet, G. (2012). Psychogenic nonepileptic seizures: A treatment review. What have we learned since the beginning of the millennium? *Neuropsychiatric Disease and Treatment*, 8, 585-98. doi:10.2147/NDT.S32301

Full text available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523560/

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ABSTRACT

Psychogenic nonepileptic seizures (PNES) can significantly affect an individual's quality of life, the health care system, and even society. The first decade of the new millennium has seen renewed interest in this condition, but etiological understanding and evidence-based treatment availability remain limited. After the diagnosis of PNES is established, the first therapeutic step includes a presentation of the diagnosis that facilitates engagement in treatment. The purpose of this review is to present the current evidence of treatments for PNES published since the year 2000 and to discuss further needs for clinical treatment implementation and research. This article reviews clinical trials that have evaluated the efficacy of structured, standardized psychotherapeutic and psychopharmacological interventions. The primary outcome measure in clinical trials for PNES is event frequency, although it is questionable whether this is the most accurate indicator of functional recovery. Cognitive behavioral therapy has evidence of efficacy, including one pilot randomized, controlled trial where cognitive behavioral therapy was compared with standard medical care. The antidepressant sertraline did not show a significant difference in event frequency change when compared to placebo in a pilot randomized, double-blind, controlled trial, but it did show a significant pre- versus posttreatment decrease in the active arm. Other interventions that have shown efficacy in uncontrolled trials include augmented psychodynamic interpersonal psychotherapy, group psychodynamic psychotherapy, group psychoeducation, and the antidepressant venlafaxine. Larger clinical trials of these promising treatments are necessary, while other psychotherapeutic interventions such as hypnotherapy, mindfulness-based therapies, and eye movement desensitization and reprocessing may deserve exploration. Flexible delivery of treatment that considers the heterogeneous backgrounds of patients is emphasized as necessary for successful outcomes in clinical practice.

Black, P. J., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology/Psychologie Canadienne*, 53(3), 192. doi:10.1037/a0028441

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ABSTRACT

Experiencing trauma as a child or youth often has a variety of serious repercussions that have the potential to follow an individual into adulthood. These may include experiencing difficulties in key areas of functioning such as academic achievement and social interactions, the development of posttraumatic stress disorder (PTSD), or coming into contact with the criminal justice system. Unfortunately, it is estimated that approximately 1 in 4 youth will experience some type of substantive trauma during his or her developmental years (Duke, Pettingell, McMorris, & Borowsky, 2010). The current article provides a summary of the main trauma-informed therapies that are currently available for treating adolescents with PTSD or trauma-related symptoms, as well as the therapeutic techniques that are common to all of these main treatments. Further, recommendations are provided concerning trauma-informed therapies that might be most beneficial to employ with adolescents. Implementing therapies that specifically consider a youth's potential exposure to trauma will facilitate a reduction of negative trauma-related symptoms as well as an improvement in life functioning.

Call, J. A., Pfefferbaum, B., Jenuwine, M. J., & Flynn, B. W. (2012). Practical legal and ethical considerations for the provision of acute disaster mental health services. *Psychiatry*, 75(4), 305-22. doi:10.1521/psyc.2012.75.4.305

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ABSTRACT

Mental health professionals who provide emergency psychosocial assistance in the immediate aftermath of disasters do so in the midst of crisis and chaos. Common roles undertaken by disaster mental health professionals include treating existing conditions of disaster survivors and providing psychosocial support to front line responders and those acutely affected. Other roles include participating in multidisciplinary health care teams as well as monitoring and supporting team members' mental health. When, in the immediate aftermath of a disaster, mental health professionals provide such assistance, they may take on legal and ethical responsibilities that they are not fully aware of or do not fully comprehend. Unfortunately, not much has been written about these obligations, and professional organizations have provided little guidance. Thus, the purpose of the present article is to outline and discuss an analysis framework and suggest recommendations that mental health professionals can use to help guide their actions during the chaos immediate post disaster.

Christensen, C., Barabasz, A., & Barabasz, M. (2012). Efficacy of abreactive ego state therapy for PTSD: Trauma resolution, depression, and anxiety . *Intl. Journal of Clinical and Experimental Hypnosis*, 61(1), 20–37. doi:10.1080/00207144.2013.729386

Full text available at: http://www.tandfonline.com/doi/full/10.1080/00207144.2013.729386

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ABSTRACT

Using manualized abreactive Ego State Therapy (EST), 30 subjects meeting DSM–IV–TR and Clinician-Administered PTSD Scale (CAPS) criteria were exposed to either 5–6 hours of treatment or the Ochberg Counting Method (placebo) in a single session. EST emphasized repeated hypnotically activated abreactive "reliving" of the trauma and ego strengthening by the cotherapists. Posttreatment 1-month and 3-month follow-ups showed EST to be an effective treatment for PTSD. Using the Davidson Trauma Scale, Beck Depression II, and Beck Anxiety Scales, EST subjects showed significant positive effects from pretreatment levels at all posttreatment measurement periods in contrast to the placebo treatment. Most of the EST subjects responded and showed further improvement over time.

Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2012). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. *Cochrane Database of Systematic Reviews (Online)*, 12, CD006726. doi:10.1002/14651858.CD006726.pub2

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ABSTRACT

Background: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents.

Objectives: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD.

Search Methods: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions.

Selection Criteria: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. Data Collection and Analysis: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team.We

calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model.

Main Results: Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias.

Authors' Conclusions: There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

Greyber, L. R., Dulmus, C. N., & Cristalli, M. E. (2012). Eye movement desensitization reprocessing, posttraumatic stress disorder, and trauma: A review of randomized controlled trials with children and adolescents. *Child and Adolescent Social Work Journal*, 29(5), 1-17. doi:10.1007/s10560-012-0266-0

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ABSTRACT

This article examines the methodological rigor of randomized controlled trials (RCTs) of eye movement desensitization reprocessing (EMDR) conducted specifically with children and adolescents who had a diagnosis of posttraumatic stress disorder and history of trauma. A thorough search for RCTs of EMDR with children and adolescents that were published between 1998 and 2010 was conducted utilizing several databases. A total of five studies were identified. Following an extensive review of the literature, it became apparent that the number of RCTs conducted with EMDR with children and adolescents was negligible, though initial results suggest that it is a promising practice. Although current EMDR studies have been conducted with children and adolescents, and

have indicated that EMDR is a promising practice, the state of knowledge at this point is insufficient. EMDR tends to produce less positive results when compared to other trauma-focused interventions, although some research indicates the opposite.

Hornsveld, H. K., de Jongh, A., & ten Broeke, E. (2012). Stop the use of eye movements in resource development and installation, until their additional value has been proven: A rejoinder to Leeds and Korn (2012). *Journal of EMDR Practice and Research*, 6(4), 174-178. doi:10.1891/1933-3196.6.4.174

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ABSTRACT

This brief article responds to Leeds and Korn's (2012) commentary on our article (Hornsveld et al., 2011) in which we found that eye movements (EMs) during recall of positive and resourceful autobiographic memories (such as those used in resource development and installation [RDI]) led to *decreases* of (a) vividness, (b) pleasantness, and (c) experienced strength of the intended quality or resource. Hence, we found an opposite effect than what was intended and critically discussed this in our article. In their comments, Leeds and Korn stress their positive clinical experience with RDI and emphasize the limitations of our study. Here we argue that our results, despite their limitations, are fully in line with mounting evidence supporting a working memory account for EMs. Moreover, opposite effects for EMs in the RDI and the safe place procedure accord with several other clinical observations. Given the absence of any confirmatory results, we again advocate, and now even more strongly, to stop the use of EMs in the RDI and safe place procedures until their additional value has been proven.

Hasanović, M., Morgan, S., Kravić, N., & Pajević, I. (2012). P-1142-Training bosnia-herzegovina mental health workers in EMDR in the aftermath of the 1992--1995 war. *European Psychiatry*, 27. doi:10.1016/S0924-9338(12)75309-9

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ABSTRACT

Aim: The primary objective will focus the first of all on Eye Movement Reprocessing and Desensitization (EMDR) as an evidence based intervention in the treatment of psycho-traumatized individuals. Its effectiveness has been validated by extensive research. It outlines in particular an EMDR Humanitarian Assistance Training Programme that took place in Tuzla University Clinical Centre, Department of Psychiatry, in Bosnia-Herzegovina (BH) in response to 1992–1995 war, in helping to train mental health workers in EMDR to enable them to treat psychological trauma symptoms of war survivors.

Method: Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK &Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results: Highly dedicated internationally approved trainers from HAP UK & Ireland provided completed EMDR training for 19 trainees: neuro- psychiatrists, residents of neuro-psychiatry and psychologists from eight different health institutions from six different cities in BH. Training started with 24 trainees, but five of them were prevented to complete training. To be accredited EMDR therapists all trainees are obliged to practice EMDR therapy with clients under the supervision process of HAP UK & Ireland supervisors. Because of physical distance between supervisors and trainees, supervision is organized via Skype Internet technology.

Conclusion: Training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK&Ireland will increase psychotherapy capacities in postwar BH.

Howe, E. G. (2012). What legal risks should mental health care providers take during disasters? *Psychiatry*, 75(4), 323-30. doi:10.1521/psyc.2012.75.4.323

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ABSTRACT

Commentary on Call, J. A., Pfefferbaum, B., Jenuwine, M. J., & Flynn, B. W. (2012). Practical legal and ethical considerations for the provision of acute disaster mental health services. Psychiatry, 75(4), 305-22. doi:10.1521/psyc.2012.75.4.305.

Hughes, J., Jouldjian, S., Washington, D. L., Alessi, C. A., & Martin, J. L. (2012). Insomnia and symptoms of post-traumatic stress disorder among women veterans. *Behavioral Sleep Medicine*, preprint, 1–17. doi:10.1080/15402002.2012.683903

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ABSTRACT

Women will account for 10% of the Veteran population by 2020, yet there has been little focus on sleep issues among women Veterans. In a descriptive study of 107 women Veterans with insomnia (mean age = 49 years, 44% non-Hispanic white), 55% had probable post traumatic stress disorder (PTSD) (total score ≥33). Probable PTSD was related to more severe self-reported sleep disruption and greater psychological distress. In a regression model, higher PTSD Checklist-Civilian (PCL-C) total score was a significant independent predictor of worse insomnia severity index score while other factors were not. Women Veterans preferred behavioral treatments over pharmacotherapy in general, and efforts to increase the availability of such treatments should be undertaken. Further research is needed to better understand the complex relationship between insomnia and PTSD among women Veterans.

Jeffries, F. W., & Davis, P. (2012). What is the role of eye movements in eye movement desensitization and reprocessing (EMDR) for post-traumatic stress disorder (PTSD)? A review. Behavioural and Cognitive Psychotherapy, 1-11. doi:10.1017/S1352465812000793

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ABSTRACT

Background: Controversy continues to exist regarding how EMDR works and whether its mechanisms differ from those at work in standard exposure techniques. Aims: To investigate first whether eye movement bilateral stimulation is an essential component of EMDR and, second, the current status of its theoretical basis. Method: A systematic search for relevant articles was conducted in databases using standard methodology. Results: Clinical research evidence is contradictory as to how essential EMs are in PTSD treatment. More positive support is provided by analogue studies. With regards to potential theoretical support, some evidence was found suggesting bilateral stimulation first increases access to episodic memories; and second that it could act on components of working memory which makes focusing on the traumatic memories less unpleasant and thereby improves access to these memories. Conclusions: The results suggest support for the contention that EMs are essential to this therapy and that a theoretical rationale exists for their use. Choice of EMDR over trauma-focused CBT should therefore remain a matter of patient choice and clinician expertise; it is suggested, however, that EMs may be more effective at reducing distress, and thereby allow other components of treatment to take place.

Laugharne, R. (2012). P-1265 - A role for EMDR (eye movement desensitisation and reprocessing) in the treatment of trauma in patients suffering from a psychosis. *European Psychiatry*, 27, *Supplement* 1(0). doi:10.1016/S0924-9338(12)75432-9

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ABSTRACT

Patients with a functional psychosis are more likely to have a history of trauma, symptoms of PTSD and may have been traumatised by their psychotic symptoms. We present an anonymised case series of patients (who have given consent) suffering from a functional psychotic illness who had a significant history of trauma with symptoms of post traumatic stress disorder (PTSD). After receiving eye movement desensitisation and reprocessing (EMDR), each patient showed an improvement in their PTSD symptoms and reported an improvement in the quality of their lives. As a history of trauma and PTSD symptoms are more frequent in patients with a psychosis, and trauma may be an aetiological component of psychosis, EMDR treatment needs to be researched and explored as a treatment opportunity in this patient group.

Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 44(2), 231-239. doi:10.1016/j.jbtep.2012.11.001

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ABSTRACT

Background and objectives: Eye Movement Desensitisation and Reprocessing (EMDR) is now considered evidence based practice in the treatment of trauma symptoms. Yet in a previous meta-analysis, no significant effect was found for the eye movement component. However methodological issues with this study may have

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resulted in a type II error. The aim of this meta-analysis was to examine current published studies to test whether eye movements significantly affect the processing of distressing memories.

Method: A systematic review of the literature revealed two groups of studies. The first group comprised 15 clinical trials and compared the effects of EMDR therapy with eye movements to those of EMDR without the eye movements. The second group comprised 11 laboratory trials that investigated the effects of eye movements while thinking of a distressing memory versus the same procedure without the eye movements in a non-therapy context. The total number of participants was 849.

Results: The effect size for the additive effect of eye movements in EMDR treatment studies was moderate and significant (Cohens d = .41). For the second group of laboratory studies the effect size was large and significant (d = .74). The strongest effect size difference was for vividness measures in the non-therapy studies (d = .91). The data indicated that treatment fidelity acted as a moderator variable on the effect of eye movements in the therapy studies.

Conclusions: Results were discussed in terms of current theories that suggest the processes involved in EMDR are different from other exposure based therapies.

Leeds, A. M., & Korn, D. L. (2012). A commentary on Hornsveld et al. (2011): A valid test of resource development and installation? Absolutely not. *Journal of EMDR Practice and Research*, 6(4), 170-173. doi:10.1891/1933-3196.6.4.170

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ABSTRACT

Researchers have published evidence supporting both the "working memory" and the "REM/Orienting Response" hypotheses as mechanisms underlying the documented treatment effects of EMDR on patients with posttraumatic stress disorder. Hornsveld et al. (2011) provide additional evidence of the impact of eye movements (EMs) on aspects of positive memory recall, but overstate their findings relevance to resource development and installation (RDI: Korn & Leeds, 2002) and to the interhemispheric interaction hypothesis (Propper & Christman, 2008). Most likely multiple mechanisms underlie the observed effects of EMDR and RDI. The needed RDI test is to randomly assign patients with Disorders of Extreme Stress not Otherwise Specified with measured coping difficulties to alternate conditions: one an RDI procedure without bilateral (or other distracting) sensory stimulation and one with bilateral EMs.

Lu, D. P., Wu, P. S., & Lu, W. I. (2012). Sedating pediatric dental patients by oral ketamine with alternating bi-lateral stimulation of eye movement desensitization and minimizing adverse reaction of ketamine by acupuncture and bi-digital o-ring test. *Acupuncture & Electro-therapeutics Research*, 37(2-3), 103-23.

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ABSTRACT

Ketamine, besides being an anesthetic agent, is also a strong analgesic that can be especially useful for painful procedures. Vivid dreams and nightmare, considered as undesirable side effects of ketamine, are rarely encountered when administrated orally, making it one of the most desirable oral sedative for children because it partially protects the pharyngeal-laryngeal reflex. Besides, if used in recommended dosage, it does not suppress the cardiopulmonary function as most other sedatives do. Ketamine's bronchodilator effect makes it a good sedative for children with asthma, allergies, and hay fever. Alternating bi-lateral stimulation (ABLS) of eye movement desensitization, applying pre-operatively before ketamine was found to reduce the post-operative violent emergence and behavioral problems. Acupressure at P 6 (Neikuan) acupoint helps to decrease nausea and vomiting episodes by ketamine. 36 patients with history of unmanageable behavior were sedated with ketamine 3mg/kg and ABLS. To prevent possible adverse reaction, Bi-Digital O-Ring Test (BDORT) were used to test all patients. ABLS significantly decreased tearful separation from parent. It took 15 to 20 minutes for ketamine to take effect, peak effect took 20 to 25 minutes. Working time ranged from 20 to 40 minutes. Post-operative recovery was more pleasant when ABLS was combined with ketamine, acupuncture/acupressure not only prevented vomiting and BDORT safeguard the patients from unpredictable untoward side effects but also promoting calmness.

Martin, K. M. (2012). How to use Fraser's dissociative table technique to access and work with emotional parts of the personality. *Journal of EMDR Practice and Research*, 6(4), 179-186. doi:10.1891/1933-3196.6.4.179

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ABSTRACT

This Clinical Q&A article responds to a question about what process to use to access and identify ego states when working with complex trauma. The procedure for implementing Fraser's Dissociative Table Technique is explained and detailed in 8 clearly defined steps. The author builds on Fraser's original instructions and adds several innovations for use by EMDR therapists. Tips on implementing this technique are given. The article then concludes with a session transcript to illustrate the use of this powerful tool.

Meysami-Bonab, S., Abolghasemi, A., Sheikhian, M., Barahmand, U., & Rasooliazad, M. (2012). The effectiveness of eye movement desensitization and reprocessing therapy on the emotion regulation and emotion recognition of addicted individuals. *Zahedan Journal of Research in Medical Sciences* , 14(10), 33-37.

Soheyla Meysami-Bonab, Department of Clinical Psychology, Mohaghegh Ardabili University, Ardabil, Iran.

Full text available: http://www.zjrms.ir/browse.php?a_id=2161&slc_lang=en&sid=1&ftxt=1

ABSTRACT

Background: The purpose of this study is to assess the effectiveness of eye movement desensitization and reprocessing therapy on the emotion regulation and emotion recognition of addicts with traumatic experience.

Materials and Methods: This research is an experimental study with pre and post-test design and a control group. The subjects of this study were selected using random sampling method on drug addicts of Ardebil Addiction Treatment Camp who have successfully completed the detoxification period and they were evaluated in two different experimental (15 individuals) and control (15 individuals) groups. The experimental group was treated with EMDR therapy for 8 sessions (each one for 60 minutes) and the control group received no special treatment. All participants filled a questionnaire of Emotion Regulation and Emotion Recognition at the onset of the research and 2 months after termination of treatment. For the data analysis, SPSS-17 software and covariance analysis were used.

Results: The results of covariance analysis test indicated that the eye movement desensitization and reprocessing therapy intervention increased the average of positive emotion regulation and emotion recognition scores in the post-test phase and significantly reduced the average of negative emotion regulation scores. Conclusion: These results suggest that the treatment of eye movement desensitization and reprocessing is effective in improving regulation and recognition of emotions in addicts with traumatic experience.

Miller, R. (2012). Treatment of behavioral addictions utilizing the feeling-state addiction protocol: A multiple baseline study. *Journal of EMDR Practice and Research*, 6(4), 159-169. doi:10.1891/1933-3196.6.4.159

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ABSTRACT

This article proposes a new treatment for behavioral addictions, which are commonly treated with some form of cognitive behavioral therapy. The Feeling-State Addiction Protocol (FSAP), based on the feeling-state theory of behavioral and substance addiction, proposes that just as single-event traumas can become fixated with negative feelings, intensely positive events can become fixated with positive feelings. This fixated linkage between an event and a feeling is called a feeling-state (FS). A multiple baseline study of the FSAP was performed using only the steps of the protocol that involved the processing of the FSs. The results of the study of 4 participants (each with at least two compulsions) indicated for 3 of the 4 participants a clear link between the processing of the FSs and reduced reactivity to the visualized behavior. The reactivity was measured by skin conductance level and a positive feeling scale. All four participants reported that their compulsive behavior was eliminated after the intervention targeted the FSs.

Mills, S., & Hulbert-Williams, L. (2012). Distinguishing between treatment efficacy and effectiveness in post-traumatic stress disorder (PTSD): Implications for contentious therapies. *Counselling Psychology Quarterly*. doi:10.1080/09515070.2012.682563

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ABSTRACT

Research psychologists often complain that practitioners disregard research evidence whilst practitioners sometimes accuse researchers of failing to produce evidence with sufficient ecological validity. We discuss the tension that thus arises using the specific illustrative examples of two treatment methods for post-traumatic stress disorder: eye movement desensitisation and reprocessing and exposure-based interventions. We discuss the contextual reasons for the success or failure of particular treatment models that are often only tangentially related to the theoretical underpinnings of the models. We discuss what might be learnt from these debates and develop recommendations for future research.

Murray, K. (2012). EMDR with grief: Reflections on Ginny Sprang's 2001 study. *Journal of EMDR Practice and Research*, 6(4), 187-191. doi:10.1891/1933-3196.6.4.187

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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 that 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, Katy Murray references Sprang's (2001) study, which investigated EMDR treatment of complicated mourning and describes how she used EMDR with three challenging cases-a mother mourning for her young adult son who died by suicide, a woman struggling with the loss of her mother to Alzheimer's disease, and a young mother whose baby was stillborn. Case examples are followed with a comprehensive discussion.

Nieuwenhuis, S., Elzinga, B. M., Ras, P. H., Berends, F., Duijs, P., Samara, Z., & Slagter, H. A. (2012). Bilateral saccadic eye movements and tactile stimulation, but not auditory stimulation, enhance memory retrieval. *Brain and Cognition*, 81(1), 52-56. doi:10.1016/j.bandc.2012.10.003

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ABSTRACT

Recent research has shown superior memory retrieval when participants make a series of horizontal saccadic eye movements between the memory encoding phase and the retrieval phase compared to participants who do not move their eyes or move their eyes vertically. It has been hypothesized that the rapidly alternating activation of the two hemispheres that is associated with the series of left-right eye movements is critical in causing the enhanced retrieval. This hypothesis predicts a beneficial effect on retrieval of alternating left-right stimulation not only of the visuomotor system, but also of the somatosensory system, both of which have a strict contralateral organization. In contrast, this hypothesis does not predict an effect, or a weaker effect, on retrieval of alternating left-right stimulation of the auditory system, which has a much less lateralized organization. Consistent with these predictions, we replicated the horizontal saccade-induced retrieval enhancement (Experiment 1) and showed that a similar retrieval enhancement occurs after alternating left-right tactile stimulation (Experiment 2). Furthermore, retrieval was not enhanced after alternating left-right auditory stimulation compared to simultaneous bilateral auditory stimulation (Experiment 3). We discuss the possibility that alternating bilateral activation of the left and right hemispheres exerts its effects on memory by increasing the functional connectivity between the two hemispheres. We also discuss the findings in the context of clinical practice, in which bilateral eye movements (EMDR) and auditory stimulation are used in the treatment of post-traumatic stress disorder.

Nijdam, M. J., van der Pol, M. M., Dekens, R. E., Olff, M., & Denys, D. (2013). Treatment of sexual trauma dissolves contamination fear: Case report. *European Journal of Psychotraumatology*, 4. doi:10.3402/ejpt.v4i0.19157

Full text available: http://www.eurojnlofpsychotraumatol.net/index.php/ejpt/article/view/19157

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ABSTRACT

Background: In patients with co-morbid obsessive−compulsive disorder (OCD) and posttraumatic stress disorder (PTSD), repetitive behavior patterns, rituals, and compulsions may ward off anxiety and often function as a coping strategy to control reminders of traumatic events. Therefore, addressing the traumatic event may be crucial for successful treatment of these symptoms.

Objective: In this case report, we describe a patient with comorbid OCD and PTSD who underwent pharmacotherapy and psychotherapy.

Methods: Case Report. A 49-year-old Dutch man was treated for severe PTSD and moderately severe OCD resulting from anal rape in his youth by an unknown adult man.

Results: The patient was treated with paroxetine (60 mg), followed by nine psychotherapy sessions in which eye movement desensitization and reprocessing (EMDR) and exposure and response prevention (ERP) techniques were applied. During psychotherapy, remission of the PTSD symptoms preceded remission of the OCD symptoms.

Conclusions: This study supports the idea of a functional connection between PTSD and OCD. Successfully processing the trauma results in diminished anxiety associated with trauma reminders and subsequently decreases the need for obsessive−compulsive symptoms.

Mankuta, D., Aziz-Suleyman, A., Yochai, L., & Allon, M. (2012). Field evaluation and treatment of short-term psycho-medical trauma after sexual assault in the democratic republic of congo. *The Israel Medical Association Journal: IMAJ*, 14(11), 653-7.

David Mankuta, Labor and Delivery Center, Department of Obstetrics and Gynecology, Hadassah Medical Center and Hebrew University-Hadassah Medical School, Jerusalem, Israel. E-mail: mankutad@gmail.com

ABSTRACT

Background: During the horrific war in the Democratic Republic of Congo during the years 1996-2007 the number of casualties is estimated to be 5.4 million. In addition, 1.8 million women, children and men were raped, many as a social weapon of war. Many of these women still suffer from post-traumatic stress disorder (PTSD) and mutilated genitals.

Objectives: To assess a short-term interventional team for the evaluation and treatment of sexual trauma victims.

Methods: The intervention program comprised four components: training the local staff, medical evaluation and treatment of patients, psychological evaluation and treatmentof trauma victims, and evacuation and transport of patients with mutilated genitals. A diagnostic tool for posttraumatic stress disorder (PTSD)--the Impact Event Scale (IES)--was used. The psychological treatment was based on EMDR (eye movement desensitization and reprocessing) principles. Using questionnaires, the information was obtained from patients, medical staff and medical records.

Results: Three primary care clinics were chosen for intervention. Of the 441 women who attended the clinics over a period of 20 days, 52 women were diagnosed with severe PTSD. Psychological intervention was offered to only 23 women because of transport limitations. The most common medical problems were pelvic inflammatory disease and secondary infertility. Nine patients suffered genital mutilation and were transferred for surgical correction. The 32 local nurses and 2 physicians who participated in the theoretical and practical training course showed improved knowledge as evaluated by a written test.

Conclusions: With the short-term interventional team model for sexual assault victims the combined cost of medical and psychological services is low. The emphasis is on training local staff to enhance awareness and providing them with tools to diagnose and treat sexual assault and mutilation.

AFRICA

~ Ethiopia ~

Dorothy Ashman reports: "I am currently in Addis. Reyhana Seedat from South Africa is our Trainer and Joset Munro and I are Facilitators at our current training. We have 29 Part 1 students, 14 Part 2 students and 10 students who are taking Part 2 for a second time to review the material. We are also offering two specialty trainings. Joset is teaching *Using EMDR with Children*, and I am teaching *Using EMDR with Adults*. We have more than 50 students signed up for each training. We are beginning to encourage the Ethiopian therapists to help with the teaching. In the morning, we are having four or five of the advanced students present interesting cases to the group. I have been very impressed by the level of competency I am seeing in some of the advanced students. Both Joset and I used most of our luggage allowance to bring over books, study materials, sandbox therapy toys, eye glasses and other much needed supplies. The poverty in Ethiopia has grown dramatically, due to a 3000% inflation rate in the past few years. Even two income families are struggling to cover their housing and food expenses. The students have very little access to clinical skills trainings, both in their undergraduate and Master's programs, and after graduation. EMDR-HAP provides one of the very few opportunities for Ethiopian therapists to improve their clinical effectiveness and understanding of psychological processes."

ASIA

~ Japan ~

Shigeyuki Ota reports: "Japan EMDR Association (JEMDRA) will have its 8th annual Conference in May in Tokyo. There will be a special workshop on 'EMDR and Mourning' by Joany Spierings, the Vice President of EMDR Europe. In March, we had a Part 1 training in Kobe with 63 participants. By visiting the site below, you can take a look at our logo for the JEMDRA Humanitarian Assistance Program! http://hap.emdr.jp"

~ Pakistan ~

Derek Farrell reports: "EMDR Europe HAP had to cancel the EMDR Part 2 of the Basic EMDR Training in Rawalpindi, Pakistan in December for several reasons. Currently, the UK Foreign Office is advising all UK nationals to not travel to Pakistan. Obtaining a visa for entry is becoming more difficult. I am scheduled to be there in August."

AUSTRALIA

Pam Brown reports: "Australia has implemented an accreditation program for our members based on standards of our international colleagues. We initially started by selecting 20 people from our membership to become consultants and organized a three-day training with Sandi Richman from the UK. We are excited about the opportunity for our members to have their skills recognized and become part of a referral base of EMDR clinicians."

~ New Zealand ~

Astrid Katzur reports: "We are a small group of enthusiastic EMDR practitioners in New Zealand who last June, with Sigmund Burzynski's support and encouragement, formed the EMDR NZ Association. We now have a national network of professionals promoting and supporting the use of EMDR. Similar to other EMDR associations, we would like to become the go-to place to find out about EMDR, to locate well qualified EMDR practitioners and to support each other in ongoing training and supervision. We are still in the process of establishing a legal platform in New Zealand for our organization. Upon completion we like to form connections with EMDR Asia and the wider EMDR community."

EUROPE

~ Belgium ~

Ludwig Cornil reports: "We finished the translation of Francine's 'Getting Past Your Past' into Dutch and it will be published in a few months in Belgium and the Netherlands. My son, Jonathan, who is finishing university and studying Latin and English, spent

the summer translating. EMDR is becoming a family business with my daughter studying psychology at university in her third year!"

~ Israel ~

Brurit Laub and Elan Shapiro report: "We have been completing a delayed treatment design pilot study for the Recent Trauma Episode Protocol (R-TEP) with 20 people (exposed neighbors and friends) in the development town in the South following the missile attacks, in which three people were killed. This was a Chabad Lubavitch population and mostly women. The control group got treatment a week later. We do not have the results yet, but the inspiring thing was the volunteer work of 15 EMDR therapists who were willing to take part, the EMDR therapist and school psychologist who organized this whole project and the very impressive people in the community who helped each other. Italy's Isabel Fernandez used R-TEP with over 2000 survivors of the Northern Italian earthquakes last summer. She will present the project and study at the next EMDR Europe conference in Geneva, Switzerland in June 2013. There are also other plans for multi-site studies in the pipeline utilizing the R-TEP. In November 2012, we received the David Servan-Schreiber Award at the EMDR Europe Conference, for Outstanding Contribution to EMDR."

~ Poland ~

Derek Farrell reports: "The EMDR Europe HAP training in Poland (Warsaw) went very well and had 24 participants. EMDR is slowly growing in Poland. They now have a national association that has joined EMDR Europe. Great news."

~ Spain ~

Maria Cervera reports: "I had the opportunity to be part of the organization of the EMDR Europe's 13th Annual Conference in Madrid, which took us some years for which to prepare. I can say with modesty that in Madrid the Conference was a success. More than 900 clinicians from 50 different countries throughout the world attended. There were many high quality clinical workshops as well as exciting research reports showcasing emerging research on additional applications of EMDR. I would like to mention some of the different presenters on Children and EMDR from whom I was able to learn. From the USA: Phyllis Klaus with "The Use of EMDR in Preverbal Trauma," Laurel Parnell on "Integrating an Attachment-Focused EMDR: Healing Relational Trauma," and Debra Wesselmann's with "Working with EMDR With Adopted Children and Their Parents." Presenters from Argentina were: Sandra Baita who presented on "EMDR in Children With Dissociative Disorders," and María Elena Aduriz speaking on "EMDR in Children With Attachment Disruptions." From Canada: Sandra Wieland spoke about "Developmental Trauma Disorder and EMDR." I heard that many delegates were surprised at the openness of this Conference where many researchers and clinicians showed us new ways to work with EMDR spreading Francine Shapiro's message. In Spain, we have translated many EMDR books into Spanish, including the latest book by Francine Shapiro, *Getting Past Your Past*, Onno Van der Hart's work, 'The Haunted Self', Andrew Leeds book on 'A Guide to the Standard EMDR Protocols for Clinicians, Supervisors and Consultants' and we hope that in the near future we will have translated the immense work by Marilyn Luber who has edited books on EMDR Scripted Protocols."

NORTH AMERICA

~ Panama ~

Rosita Cortizo reports: "I created a bilingual website in San Diego with the main purpose of facilitating consultation to the newly EMDR trained therapists in Panamá City, Panamá. I go to Panama City twice a year usually during the months of June and December. When I travel to Panama I offer free consultation services to those interested EMDR trained clinicians who have contacted me (by phone, Skype or email recortizo@gmail.com). I already have had few Panamanian Consultees who benefited from this service. It is always a joy to contribute to an underserved distant community."

~ Puerto Rico ~

Ignacio Jarero and Lucina Artigas report: "Beginning in 2013, Puerto Rico now has its first generation of EMDR clinicians facilitated Gaby Ruiz. She conducted the full EMDR Basic Training in February and will do another in in June. See http://emdribapuertorico.org/ for more information."

~ United States ~

California

Susan Goodell reports: "I continue to organize and hold monthly San Diego County EMDRIA Regional Meetings at the VA Medical Center in La Jolla, CA. I facilitate many meetings, while some months other Approved Consultants facilitate the meetings. Highlights of recent trainings are presented or we provide DVD's from EMDRIA for attendees to view and earn EMDRIA CEU's. Attendees continue to ask for, and appreciate more review of the basics, stating how important it is to be reminded of the concepts and procedures. I am emphasizing the importance of therapists taking a refresher course in EMDR and/or r epeating Part 1, Part 2, or both, if the therapist was trained prior to 2007 (which was prior to the restructuring of the training format). I have established a goal for San Diego County to form a committee to begin to develop a Trauma Response Network (TRN). We hope the project will have a lot of interest and encourage the participation of all therapists. It is of interest to note that there may be a presentation at the upcoming EMDRIA Conference providing information on how therapists can form a TRN in their area."

Sheila Krystal reports: "I explore the intersection of EMDR and Nondual Wisdom in the book, The Sacred Mirror, edited

by Prendergast, Fenner and Krystal and published by Paragon House. The Transpersonal Protocol that I introduced in 2002 is refined to help clients explore the outer reaches of their consciousness and beyond, transcending both negative belief systems and positive beliefs to rest in a quiet mind or place of constant contentment. Instead of borrowing from the Vipassana tradition and the traditional safe place, I use visualization of archetypal images that transcends all meditation traditions and speak directly to the unconscious mind, staying consistent with the work, Cutting the Ties That Bind, introduced by Phyllis Krystal. A case study of phobia with depression is described in some detail. Clients experiencing EMDR in this way, after processing trauma, report that their meditation states deepen, their stress is relieved and anxiety, especially agitated depression, are reduced."

Connecticut

Karen Alter-Reid and Michael Crouch report: "Our Fairfield County Trauma Recovery Network (TRN), in affiliation with EMDR Humanitarian Assistance Program, have been busy in the Newtown area. Upon request, our TRN EMDR clinicians have been providing treatment (recent events protocols, restricted processing protocols and R-TEP) to Newtown first responders including mental health clinicians (treating 'our own'), children and family members directly impacted by the shooting. There are many different organizations and associations involved in the Newtown community response. Ours has been largely grassroots, spreading via word-of-mouth. Thus far, all have reported benefits from their treatment. HAP is providing Part 1 of the EMDR Basic training for the local Newtown clinicians at the Newtown Youth and Family Services, followed up quickly by a Part 2. Our TRN project included offering pro-bono sessions to the clinicians taking the training. This has gone very well, and we hope that their exposure to EMDR treatment will both provide resilience and optimize their learning of EMDR. We are building mental health capacity so that the Newtown clinicians can treat their own community members with EMDR. We plan to remain connected to the community with continued clinical and emotional support to the therapists as well as to first responders seeking treatment through our TRN. Other trainings thus far have been Don deGraffenreid's EMDR, Homicide Survivors, and the Recent Events Protocol, tri-state area R-TEP trainings by Maria Masciandaro and Betsy Prince, and Karen Alter-Reid's offering an EMDR Refresher Course, which was a HAP fundraiser. The outreach from the EMDR national and international community has been heartwarming. Robbie Adler-Tapia (AZ) provided materials and needed information immediately, Carolyn Settle (AZ) flew in on short notice to do a child training and teach us the group protocol and has provided consultation, Bev Chasse (AZ) shared her TRN materials, Deany Laliotis (MD), Barb Korzun (DE), Maria Masciandaro (NJ), Karen Lansing (CA), Susan Schaefer (MN), Sue Evans (MN), and Janet Wright (CO), Ignacio Jarero (Mexico) have all generously contributed their consultation time, materials and wisdom to our TRN. Many others have volunteered to offer some pro-bono consultation to our TRN clinicians and to the about-to-be newly trained Newtown clinicians and we look forward to this type of ongoing collaboration. We are grateful as we all form circles of support around each other and help in the healing of the Newtown community with the gift of EMDR."

Ohio

Barbara Hensley reports: "The Francine Shapiro Library is being refined as a compendium of citations rather than a repository. Users are under the impression that the FSL will provide copies of everything when in reality we are only providing only those already in the public domain. To do so otherwise would violate so many copyright laws both national and international that I would be afraid to count. We are also in the process of providing a Military Page at Northern Kentucky University's request to provide resources to EMDR clinicians and veterans in general. Mostly everything else is there. What most do not know is that the FSL is at no cost to the user. All website design has been completed by the College of Nursing and now the College of Informatics. Citation editing is out of the Steely Library and I do all the inputting data. All time is donated. I spend anywhere from 5 to 20 hours a week on it. We're hoping that the FSL will become more user friendly and that users will be inclined to use more than just searching for citations."

EMDRIA Credit Programs

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PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
01008-60 12 Credits *Treating Problem Behaviors*	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	March 13-15, 2013 Northampton, MA
RC11003-04 3 Credits *Utilizing Mind/Body Resources with EMDR in Treatment of Complex Trauma & Dissociation*	Greater Boston EMDRIA Regional Network Patricia Thatcher, LICSW	Barbara Gold Marks Sheryl Knopf	617.277.2449 978.255.3135	March 15, 2013 Bedford, MA
06003-39 20 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	March 15-18, 2013 Niagara-on-the-Lake, ONTARIO
01008-61 12 Credits *Child & Adolescent Trauma Treatment Intensive*	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	March 18-22, 2013 Northampton, MA
RC12105-06 3 Credits *Dyadic Resourcing (DVD Presentation)*	Nebraska EMDRIA Regional Network Phil Manfield - DVD	Janet Fidler	402.330.4700	March 23, 2013 Omaha, NE
RC12103-02 3 Credits *Integrating Neurobiology & EMDR: Part 3*	S. Louisiana EMDRIA Regional Network Dean Dickerson - DVD	Charlene Spears	337.233.2249	March 23, 2013 Location TBD
RC02002-09 6 Credits *Using EMDR AIP Methods to Treat Adult Clients with Complex PTSD - Some Basics*	N. California EMDRIA Regional Network Jim Knipe, Ph.D.	Natasha Shapiro	510.612.3800	March 23, 2013 Oakland, CA
12002-07 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	March 23-24, 2013 Baltimore, MD
09008-03 6 Credits *EMDR Toolbox: Using EMDR AIP Methods to Treat Clients with Complex PTSD*	Jim Knipe, Ph.D. Jim Knipe, Ph.D.	Natasha Shapiro	510.612.3800	March 24, 2013 Oakland, CA
01008-60 12 Credits *Treating Problem Behaviors*	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	April 5, 2013 Warwick, RI
01007-18 13 Credits *EMDR & Dissociative Disorders: The Progressive Approach*	Debra Wesselmann, MS, LIMHP Anabel Gonzalez, Ph.D. and Dolores Mosquera, Psy.D.	Ellie Fields	402.403.0190	April 11-12, 2013 Omaha, NE
12010-01 12 Credits *EMDR in Treating the Influence of Sex Addiction in Relationships*	Robin M. Smith, LCSW Melissa Perrin, Psy.D.	Robin Smith	312.540.0319	April 12-13 Skokie, IL
99003-78 14 Credits *Step by Step: Making EMDR Effective and Developmentally Appropriate for Children & Adolescents*	EMDR Institute Ana Gomez, MC, LPC	EMDR Institute	831.761.1040	April 13-14, 2013 Arlington, VA
03002-23 12 Credits *Addictions and EMDR*	Maiberger Institute Barb Maiberger, MA, LPC and John Gray, LPC	Barb Maiberger	303.875.4033	April 13-14, 2013 Boulder, CO

EMDRIA Credit Programs

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
99003-80 14 Credits *EMDR and Treatment for Problematic Anger, Hostility & Related Behaviors*	EMDR Institute Mark Nickerson, LICSW	EMDR Insitute	831.761.1040	April 13-14, 2013 Denver, CO
01007-14 9.5 Credits *Integrative Team Treatment for Attachment Trauma in Children: EMDR and Family Treatment*	Debra Wesselmann, MS, LIMHP Debra Wesselmann, LIMHP and 3 other presenters	Debra Wesselmann	402.981.6130	April 18-19, 2013 New York, NY
10008-09 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	April 18-19, 2013 Westminster, CO
09001-06 13 Credits *EMDR and the Art of Psychotherapy with Children*	Jocelyn Shiromoto & Janeen Cunningham Carolyn Settle, LCSW	Jocelyn Shiromoto	714.502.8566	April 19-20, 2013 Costa Mesa, CA
08003-16 14 Credits *The Marriage of EMDR and Ego State Theory in Couples Therapy*	Barry Litt, MFT Barry Litt, MFT	Barry Litt	603.224.2841	April 19-20, 2013 Bedford, MA
00017-26 12 Credits *Using EMDR as a Contemporary Psychotherapy*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	202.364.3637	April 20-21, 2013 New Orleans, LA
05005-14 7 Credits *Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Janina Fisher, Ph.D. Lana Epstein, LICSW	Lana Epstein	781.862.4373	April 26, 2013 Lexington, MA
10001-05 14 Credits *EMDR in the Treatment of Complex Trauma with Symptoms of Addictive & Compulsive Behaviors*	Susan Brown, LCSW, BCD Susan Brown, LCSW, BCD	Peggy Moore	505.247.8915	April 26-27, 2013 Albuquerque, NM
01005-19 13 Credits *EMDR Treatment of Health Related Problems*	AEP/Carol Forgash Carol Forgash, LCSW	MAHEC	828.257.4475	April 26-27, 2013 Asheville, NC
RC12101-09 2 Credits *Integrating Neurobiology & EMDR: Part 1 (DVD Presentation)*	Chico California EMDRIA Regional Network Dean Dickerson (DVD)	Pennisue Hignell	530.891.6767	April 27, 2013 Chico, CA
12002-09 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	April 27-28, 2013 Notre Dame, IN
99003-86 14 Credits *EMDR & Traumatic Grief*	EMDR Institute Roger Solomon, Ph.D.	EMDR Institute	831.761.1040	April 27-28, 2013 Memphis, TN
RC12102-08 2 Credits *Integrating Neurobiology & EMDR: Part 2 (DVD Presentation)*	Central Texas EMDRIA Regional Network Dean Dickerson - DVD	Carol York	512.451.0381	May 3, 2013 Austin, TX
01018-52 7 Credits *Module 5 - Resolving Traumatic Memories in Complex Developmental Trauma Disorders*	Central Texas EMDRIA Regional Network Dean Dickerson - DVD	Carol York	512.451.0381	May 3, 2013 Austin, TX

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
01018-52 7 Credits *Module 5 - Resolving Traumatic Memories in Complex Developmental Trauma Disorders*	Carol J. Crow, LMHC Katherine Steele, MN, CS and Carol Crow, LHMC	Insight Counselors	813.915.1038 x1	May 3-4, 2013 Tampa, FL
10008-10 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	May 3-4, 2013 Garden Grove, CA
RC12104-01 3 Credits *Integrating Neurobiology & EMDR: Part 4 (DVD Presentation)*	S. Louisiana EMDRIA Regional Network Dean Dickerson - DVD	Charlene Spears	337.233.2249	May 4, 2013 Location TBD
RC00005-00 Various Credits *9th Annual Spring Event: State of the Art EMDR*	Western MA EMDRIA Regional Network Various Presenters	Jane Laskey	413.534.2781	May 4, 2013 Amherst, MA
06005-12 14 Credits *When There Are No Words: EMDR for Trauma & Neglect Held in Implicit Memory*	Jill Strunk, Ed.D., L.P. Sandra Paulsen, Ph.D.	Jill Strunk	952.936.7547	May 4-5, 2013 Bloomington, MN
99003-81 13 Credits *The Neurobiology of EMDR: A Glimpse Inside the Brain*	EMDR Institute Uri Bergmann, Ph.D.	EMDR Institute	831.761.1040	May 4-5, 2013 San Diego, CA

EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2013 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
CALIFORNIA		
Chico	April 27, August 24, October 26	Pennisue Hignell | 530.891.6767
Northern California	March 23	Natasha Shapiro | 510.612.3800
CONNECTICUT		
New Haven	April 13, June 1	Lynn Persson | 203.874.1781
LOUISANA		
South Louisiana	March 23, May 4	Charlene Spears | 337.886.6154
MASSACHUSETTS		
Greater Boston	March 15	Barbara Gold Marks | 617.277.2449
Western Massachusetts	May 4	Jane Laskey | 413.534.2781
NEBRASKA		
Nebraska	March 23	Janet Fidler | 402.330.4700
NEW YORK		
Long Island	March 22	Phoebe Kessler | 516.946.1222
NORTH CAROLINA		
North Carolina	May 8	Jan Brittain | 704.376.0068
RHODE ISLAND		
Rhode Island	April 5	Elizabeth Tegan | 401.732.3637
TEXAS		
Central Texas	May 3, August 2, November 1	Carol York | 512.451.0381

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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

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