The
# EMDRIA Newsletter

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## From the President: Byron Perkins, Psy.D.
## The Gift

In the 1940's Jean Paul Sartre wrote a one-act play called "No Exit." In the play, hell was a hotel room in which each person was condemned to repeat their traumatic relationships for eternity. There was no key to leave the room (thus the term "No Exit"). While the play was written in the moralistic terms of the 1940's, it portrayed a fundamental dilemma: The seeming impossibility of altering or changing traumatic relational interactions, the hells many of us visit after we have experienced emotionally traumatic relationships.

We who know EMDR have been given the metaphorical keys to hell for many suffering individuals. In the early years of EMDR this was incredibly exciting. There was a mission, a calling, an excitement that we had been given the keys to hell that others had previously been denied. We felt a privilege and an obligation because of the gift we had been given to address the suffering of fellow human beings.

In more recent years, we have experienced challenges in the research literature and have begun to address them. Some of these challenges had a degree of legitimacy in that we did not have the empirical evidence to support certain interventions (a condition not uncommon in the field of psychotherapy). Other challenges served only to cloud the issues and were based upon misunderstood, or misreported research. However, our greatest current test is in addressing the challenges of bureaucracy and alienation among the individuals who have been given the gift.

If we lose the idea of the gift, we lose the reason for our existence as a professional specialty. Bureaucracy is to the healing professions, as the shell is to a crustacean. The shell is meant to safeguard the life within. When the shell becomes too cumbersome, it can actually stifle the life it was intended to protect. In the same way, we can proceed out of the best of intentions to create a bureaucracy to protect the gift we have been given, but then lose sight of the primary issues, and inadvertently suffocate the life of the gift. On the other hand, we can neglect the shell and leave the life prey to the vicissitudes of whatever happens to transpire. In both instances, the loss is great.

For example, when we are dealing with the Standards and Training Committee issues, this is very much like our struggle. How can we preserve and promote the life that has been given without extinguishing it in the very effort to preserve it? My best answer is to live in the tension between the shell and the life within. If the shell does not accommodate the life, existence ends. If the shell does not exist, the life is prey to whatever comes along and again life is extinguished. Some say, "Give me freedom." Others say, "Give me security." Both need to recognize that they are two sides of the same coin. One simply cannot exist without the other. May we be wise in living within this tension.

And may we not lose sight of the original vision. When we become so encumbered with the shell that we lose sight of the life, we are lost.

A second issue is the empirical validation of clinical procedures. A number of years ago I spoke to a person of faith. The person, an astrobiologist (and some other things I do not recall at the moment), said that when he learned he did not have to "put [his] brains in a bucket" to be a person of faith, he became a believer. In the same way, we as EMDR practitioners and researchers do not have to put our brains in a bucket in order to pursue that which we think but cannot prove definitively at this moment. We pursue that which we believe, test that which we think, and live with the tension that all of our beliefs may not hold true in the light of scientific investigation. So is the path of researchers and scientific practitioners. It is not for the faint of heart, but for the courageous of spirit.

Do not lose sight of the gift and do not fail to test your most cherished beliefs. The gift comes with a price. May we be worthy of the prize, my friends.

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# ENERGY PSYCHOLOGY IN THE SERVICE OF EMDR

*John Hartung, Psy.D., EMDRIA Approved Instructor*
*Colorado Springs, Colorado*

*Editors Note:*
*While EMDRIA does not endorse therapy other than EMDR, we are interested in opening discussion of topics of interest to wide segments of the EMDRIA membership.Comments about this article or other topics of interest to members can be sent by email to the "Newsletter" editors at info@emdria.org. Please put the words "Letter to the editor" in the "subject" line of the email and please limit responses to under 500 words, so as to give room to any who want to be included.*

For some years EMDR has been linked with other more traditional therapies such as "psychodynamic, behavioral, Gestalt, and Adlerian Life style Analysis" (EMDR Institute, 2002). More recently, the use of EMDR along with energy psychology (EP) techniques has also been explored. Listed on the agenda of the 2002 EMDRIA annual Conference, for example, were two presentations explicitly referring to combined uses of EMDR with energy psychology (Phillips, 2002; Yoder, 2002). EP can refer to as many as eight different energy systems (Eden & Feinstein, 1998). Along with most energy practitioners in the US, I use the term primarily as a synonym for the meridian-based psychotherapies (Gallo, 1999, 2000; Lambrou & Pratt, 2000), and secondarily as including the chakra system (Fleming, 2001).

In this article I offer a brief overview of how EP techniques are being employed in the service of EMDR. My comments are based on my experiences in 13 countries in Asia, Europe, and the Americas, where I have taught EMDR and/or EP since 1997. My sources of data, while representing many cultures and professions, are limited by the fact that they are based only on case examples, or on studies where random assignment and control groups were not used. Hence I present my conclusions tentatively.

First, a caveat. I believe it is premature to promote any kind of official integration of EMDR and EP in training courses, at least on the introductory level, and in this regard I disagree with those of my colleagues who, based on their clinical experiences alone, would push for a more formal marriage between these two approaches. There are theoretical, scientific, political, and clinical obstacles to such a marriage. First, as of yet no one has offered a unifying theory, which explains both approaches. There may be parallels between them, but the concepts employed are distinctive.

Secondly, there exists no scientific motive to predict that combining EP and EMDR in training and practice will produce client benefit superior to what might be expected from using either therapy alone. Additionally, the scientific study of EP lags far behind that of EMDR, and this alone could jeopardize the hard-won reputation that EMDR now enjoys within the academic community. I know of only one study that even included both methods (Figley, Carbonell, Boscarino, & Chang, 1999) but this was a search for active ingredients in psychotherapy, not a comparison of the two approaches, much less an investigation into their possible combined use.

For these reasons, it would be politically inopportune for EMDRIA (or any other EMDR group) to endorse EP in any formal way. The critics of EMDR, lately having sharpened their semantic sabers on EP proponents, would gleefully welcome the chance to skewer EMDR and EP simultaneously, while using any association with EP to disparage the scientific gains of EMDR. (See, for example, the entire journal issue dedicated to reports on the use of the meridian-based therapy called Thought-field Therapy or TFT (Beutler, 2001).

From a clinical standpoint I would recommend against teaching professional therapists how to use the two methods together at a basic level. Many EMDR-trained practitioners are still early in their process of leaning about the profound healing potential of EMDR, and to introduce EP concepts at this stage can imply that there are limits to EMDR that do not in fact exist. Some clinicians, using EMDR far less than optimally, incorrectly attribute their frustrations and failures to an inherent weakness in the therapy rather than to inexperience on the part of the therapist. They then may introduce EP concepts too early and modify the EMDR protocol unnecessarily, thereby limiting the potential of EMDR both for themselves and for their clients. There is great value in learning to use EMDR well first, and only then exploring how EP (and other therapeutic adjustments) can enhance the power of EMDR.

My cautions against a formal integration of EP and EMDR leave much room, on the other hand, for informal experimentation with the two methods in combination, particularly within an applied, clinical context. I am obviously in favor of this because of my personal experiences. I also am mindful of the fact that it is clinicians who are most responsible for inventing innovations in psychotherapy practice through our fairly constant search for improvements that will increase therapeutic efficiency and efficacy.

## EXAMPLES OF EP USE DURING AN EMDR SESSION

Examples of the combined use of EMDR and EP have been proposed (Hartung & Galvin, in press; Phillips, 2002; Yoder, 2002). I limit my comments to three general applications: before, during, and after EMDR treatment, during phases 2, 4, and 7, respectively. In Phase Two, Preparation, the concept of EP needs to be introduced if the clinician plans to employ these techniques later. I find that some clinicians limit accessibility to EP at this point by presenting it solely in ch'i terms. While true, this reference to a 5,000-year-old concept from Chinese folk

Cont. from pg. 3

healing can discourage certain clients from ever considering EP as viable for them, perhaps because they conclude that the technique will bring with it esoteric religious connotations. I suggest the clinician expand information available to the client by mentioning energy healing in general, and by becoming familiar with the science underlying energy concepts. Oschman (2000) is one excellent source for the scientific basis of energy medicine, such as the electromagnetic stimulation of nonunion bone fractures to promote healing. The work of Pert (1997, 2000), a Georgetown University scientist, can also lend credibility to what otherwise can be viewed as unfamiliar and frightening. Many clients will find a comparison of EP with acupuncture to be sufficient. Some clinicians teach an EP technique during phase two as an efficient alternative to the Safe Place. Here is one simple technique that can be taught easily, and which the client can use at home. Place the thumb of one hand lightly at the tear duct of one eye, the ring finger at the other tear duct. These two fingers are now on the nose, not touching the eyes themselves. The middle finger of that hand touches the "third eye" point, just above a line connecting the eyebrows; the remaining two fingers, pinkie and index, float in the air, touching nothing. The other hand is held on the back of the head, with the thumb at the base of the skull. The client holds this position for 2 minutes or so while experiencing what is almost always a growing sense of calm. This technique, Tapas Acupressure Technique or TAT (Fleming, 2002) is but one of many that can be very useful in subsequent stages of EMDR.

It is during Phase Four, Desensitization, that EP techniques can be particularly and impressively useful in the service of EMDR. The main event that can signal EP intervention is the abreactive experience. I personally encourage the clinician first to employ advanced EMDR strategies (Hartung & Galvin, in press). If, in spite of the clinician's and client's best efforts, the client continues to experience high levels of emotional upset, a brief EP exercise can lower the SUD level so that EMDR processing can continue. Many EMDR-trained clinicians have told me of using EP strategies during abreactions to prevent dissociation, to speed healing, to help a client recover from "looping", and generally to reduce unwanted anguish.

When a client is ending a session with continuing high levels of distress, EP can be used in Phase Seven, Closure, both to contain the unfinished therapeutic work and also to further the healing process. Many clinicians find it reasonable to introduce an EP technique in Phase Seven since other non-EMDR techniques are already being taught (behavioral relaxation strategies, cognitive framing methods, visualization exercises, etc). EP examples include TAT, specific algorithms from TFT (Callahan & Trubo, 2001; Gallo, 2000; Lambrou & Pratt, 2000) and the generic meridian-based approach called Emotional Freedom Techniques or EFT (Craig, 1999). All of these EP techniques are relatively easy to learn as clients need only to identify specific treatment points on their bodies and to touch or tap them. Body maps containing the points can be given to the client, who then follows the basic grid to practice self-treatment between sessions, and as a resource during phone consults in times of crisis.

There remain many differences between how EP and EMDR are experienced by clients, and in this brief article I cannot do justice to those differences. See Hartung and Galvin (in press) for further discussion. The central thesis here is this: if EMDR, for whatever reason, is not serving its intended purpose, and you have exhausted your EMDR strategies, EP techniques may help to restart the processing desired. Of course, if an EMDR practitioner is already enjoying 100% success with all patients, with complete safety and negligible risk to the patient, there is no need to consider any of these recommendations.

## USING EP TOGETHER WITH EMDR WITH SPECIFIC POPULATIONS

I review four specialty applications of using EP and EMDR in combination. These give but a suggestion of the possibilities.

For three years I was clinical consultant to a community corrections pilot project in which we used EMDR and EP in combination. We have also employed this model with incarcerated felons. Though long-term follow-up data are not yet available, I would mention one finding that was immediately apparent. Whereas only about 50% of potential clients would even agree to undergo EMDR treatment when this was offered alone, we found that around 90% of the men and women who were offered both EP and EMDR would accept preliminary treatment. In these cases, EP was used to initiate therapy with a minimal likelihood that a client would experience an abreaction. We also found that a group demonstration using EP techniques was often the determining factor in enabling our clients to believe that they might be able to change — and fairly efficiently. Once an individual lowered initial anxiety and resistance with EP, s/he would often then agree to try EMDR.

A second specialty application is with peak performers. I have been an executive coach for about ten years and have found both EMDR and EP to be useful with this group of practical, no-nonsense high achieving individuals. Foster and Lendl (2002) are among those who have pioneered the use of EMDR with this population. When time is limited (which is often the case), EP can speed EMDR processing. I have found the two treatments to be quite compatible, and by having both I can offer more options depending on the particular wish of the client. As with other clients, there are many differences in how performance enhancement occurs with EMDR versus EP.

For a third example I refer to the use of EP along with EMDR under emergency conditions. I just returned from Mexico where my friends Ignacio Jarero and Luci Artigas are pioneering the use of EMDR along with the TAT technique with persons who have been affected by natural and human-initiated disasters. They work with both children and adults, in both individual and group treatment settings. Many will recognize Luci as the inventor of the Butterfly Hug, which has been employed in different disaster sites around the world. This husband and wife team is now finding ways to combine EP and EMDR for the purpose of producing a high degree of treatment benefit while further lowering the risk that can appear when EMDR is used alone. The special risks that appear in disaster work include these: often only one session with a client is feasible; one can not always do follow-up evaluation to see if treatment effects are holding or if retraumatization has occurred; and, because of the numbers of those affected and the limits on staffing, often a clinician must work with clients in group settings in order to be reasonably efficient. Adding an EP technique to the treatment model and combining EMDR appropriately can reduce risk in all three of these circumstances. Those interested in further information on this most fascinating work by the Mexican association for crisis intervention, which Ignacio and Luci head, can refer to their web site at <www.AMAMECRISIS.com.mx>.

As my final example, I refer to those thousands of nonprofessional healers for whom training in EMDR might be too risky because the EMDR-user, untrained in psychotherapeutic concepts and practice, could become overwhelmed when a patient abreacts. I have been involved in several pilot projects where EMDR training has been

successful (so far) when simple EP techniques were added at strategic points during an EMDR training. This may appear to contradict what I wrote initially in this article, but the purpose is different. Combining EP and EMDR in paraprofessional training is not a matter of introducing EP concepts prematurely, before EMDR has come to be used optimally. The integrated training model is designed, rather, to make EMDR usable by persons who should not be expected to use EMDR as it was originally intended, that is, by persons formally trained in psychotherapy practice, experienced as clinicians, and licensed as professionals. Training paraprofessionals in EMDR alone has been described by Kaplan and Van Ommeren (2001) and is one example we need to test in the field. The model I suggest can advance the desirable goal of making EMDR available to healers who do not have access to formal training, by adding EP techniques to reduce risk factors further. As in the other examples above, EP techniques can be used to lower the risk for abreactions and dissociation, speed healing, contain emotion, and help a patient recover when processing has moved too quickly. EMDR can then be employed to offer the client another experience in healing, such as working through a memory with reduced emotion, putting words to a resolved trauma, and adding cognitive and visual resources to a future goal.

## RECOMMENDATIONS

(1) There are many examples around the world where EMDR trained clinicians have reported effective use of EP along with EMDR. The first recommendation, then, is that clinicians continue to experiment with the possibility of combining these two powerful treatment resources.

(2) It is desirable for all clinicians, regardless of the school of therapy we primarily endorse, to exercise a spirit of curiosity and openness, both to allow ourselves to experiment and innovate, and to exchange information about our experiences.

(3) I have found it interesting to redefine "research" in a personal way. I now give to my clients a summary of the previous year's experiences as reported by my clients. I indicate that I use EMDR and EP in my practice; I then note what clients have said about their experiences according to the problem presented (trauma, physical pain, addiction, etc.). This gives my clients information about what they might reasonably expect if they work with me (rather than with an anonymous clinician who served in a research study). Reporting data correctly keeps me honest, as I do not want to promise more than I can deliver. I have often wondered what might happen if more of us publicized the results we have with our clients. Would this allow us to learn more from colleagues who report better results than we do with certain client populations?

(4) "Personalized research" alone cannot replace science, so I also recommend that we all do what we can to promote careful, methodologically sound, empirical study.

(5) Finally, given that we are all hearing about rather extraordinary claims by those wanting to promote a favorite therapy, I believe a spirit of modesty and tentativeness should characterize what we have found in our clinical offices. It is desirable to report our findings. It is equally desirable to limit our reach, and not to imply that an example of unexpected success will necessarily be replicated by others -- or even by ourselves with our next client. While a series of case studies can lend strength to a hypothesis, case studies remain what they originally were.

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# THE BUTTERFLY HUG: An Update

*By Ignacio Jarero, Ed.D., Ph.D., C.T.*
*www.AMAMECRISIS.com.mx*

The Butterfly Hug was originated and developed by **Lucina Artigas**, M.A. (Co-founder of our association), during our work performed with the survivors of Hurricane Paulina in Acapulco Mexico (1997).

For the origination and development of this technique Lucina Artigas was honored in 2000, by the EMDR International Association, with the Creative Innovation Award.

The butterfly hug is a Dual Attention Stimulation (DAS) that consists on crossing your arms over your chest, so that with the tip of your fingers from each hand, you can touch the area that is located under the connection between the clavicle and the shoulder.

The eyes can be closed or partially closed looking toward the tip of the nose.

Next you alternate the movement of your hands, simulating the flapping wings of a butterfly.

You breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body (cognitions, images, sounds, odors, affect and physical sensations) without changing, repressing or judging. You can pretend as though what you are observing is like clouds passing by.

This exercise should be done for as long as the person wishes to continue.

This method could be used in various contexts, for example:

- As an anchor to install the "safe place" technique.
- To anchor positive affect, cognitions and physical sensations associated with images produced by the technique of "guided imagination".
- During the EMDR standard protocol some clinicians have also used it with adults and children to facilitate primary processing of a fundamental traumatic memory or memories. It is thought that the control obtained by the patient/client over his/her contra lateral stimulation, may be an empowering factor that aids their retention of sense of safety while processing traumatic memories.
- During *in vivo* exposure to process the experience. In the Quiche´s region of Guatemala the persons that are witnessing the burial of their relatives, use the Butterfly Hug to be self-comforted and to cope with the experience.
- In the EMDR Integrative Group Treatment Protocol (EMDRIGTP) used to work with children and adults who have survived traumatic events (you can find this protocol in our web page www.amamecrisis.com.mx click on Protocols in English icon), to process primary traumatic memory or memories, including the death of family members.

During the protocol the patients/clients are observing the drawing while doing the Butterfly Hug (DAS). ***D***uring this process the children and adults are under the close supervision of mental health professionals, who form the "Emotional Protection Team." "The Butterfly Hug has been successfully used to treat groups of traumatized children in Mexico, Nicaragua and Kosovar refugee camps" (Shapiro, 2001). Use of the Butterfly Hug in session with the therapist has been seen to be clearly a self- soothing experience for many trauma-therapy clients.

- Once the patients/clients (children or adults) have learned the Butterfly Hug in session, they can be instructed to take this method with them to use between sessions, whether to modulate any disturbing affect that arises, to reground with their Safe Place or simply to help them get to sleep more easily.
- Some professionals use this method simultaneously with their patients/clients, as an aid to prevent secondary traumatization.
- Other professionals have used this method as substitute for touching patients/clients, saying: "Please give yourself a butterfly hug for me."
- In a Centro America's orphanage they tell to the children: "You can feel the love of God when you make the Butterfly Hug"

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| 9/14/02<br>Fullerton, CA<br>7 Credits | The Traumatic Stress Network<br>**Enhancing Our Impact With Challenging Clients: The Integration of Somatic Experiencing Into the EMDR Process** | Raja Selvam, Ph.D. | Linda Vanderlaan<br>Donald Dorsey, Ed.D.<br>Ronald Doctor, Ph.D. | 909-279-7099 | 99013<br>99013-07 |
| 9/20/02<br>Tampa, FL<br>7 Credits | Insight Counselors<br>**EMDR for Children and Adolescents** | Ricky Greenwald, Psy.D. | Carol J. Crow | 813-915-1038 | 01018<br>01018-02 |
| 9/21-22/02<br>Tampa, FL<br>14 Credits | Insight Counselors<br>**MASTR Protocol for Acting-Out Adolescents** | Ricky Greenwald, Psy.D. | Carol J. Crow | 813-915-1038 | 01018<br>01018-03 |
| 9/27-29/02<br>Toronto, ON<br>CANADA<br>16 Credits | Maureen Kitchur, MSW, RSW<br>**The Strategic Development Model for EMDR** | Maureen Kitchur, MSW, RSW | Maureen Kitchur | 403-270-0652 | 99015<br>99015-08 |
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| 9/28-29/02<br>Albuquerque, NM<br>14 Credits | Roy Kiessling, LISW<br>**Integrating Resource Installation Strategies Into Your EMDR Practice** | Roy Kiessling, LISW | Roy Kiessling | 513-324-3637 | 00015<br>00015-20 |
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| 10/19-20/02<br>New York, NY | Advanced Therapeutic Skills Seminars<br>**Deepening EMDR Treatment Effects** | Carol Forgash, CSW | Ira Dressner | 917-841-9393 | 01005<br>01005-05 |
| 10/25-26/02<br>Bethlehem, PA<br>12 Credits | Shirley Jean Schmidt, MA, LPC<br>**Developmental Needs Meeting Strategy for EMDR Therapists** | Shirley Jean Schmidt, MA, LPC | Shirley Jean Schmidt | 210-561-9200 | 00013<br>00013-08 |
| 11/12-13/02<br>Nashville, TN<br>14 Credits | Roy Kiessling, LISW<br>**Integrating Resource Installation Stategies Into Your EMDR Practice** | Roy Kiessling, LISW | Roy Kiessling | 513-324-3637 | 00015<br>00015-21 |
| 11/16-17/02<br>Los Angeles, CA<br>13 Credits | Andrew Leeds, Ph.D.<br>**Strengthening the Self: Clinical Application and Practicum** | Andrew Leeds, Ph.D. | Andrew Leeds | 707-579-9457 | 99019<br>99019-25 |
| 11/23/02<br>Cincinnati, OH<br>6.5 Credits | Cincinnati Trauma Connection<br>**Using Eating Disorders with EMDR** | Eileen Freedland, MSW | Barbara Hensley | 513-961-2400 | 99024<br>99024-06 |
| 12/6-7/02<br>Bellevue, WA<br>13 Credits | First Friday Forum<br>**Restructuring the Self - Part II** | Carol York, MSSW, LMSW-ACP | Jari Preston | 206-527-8696 | 01001<br>01001-03 |
| 12/6-7/02<br>San Diego, CA<br>12 Credits | Shirley Jean Schmidt, MA, LPC<br>**Developmental Needs Meeting Strategy for EMDR Therapists** | Shirley Jean Schmidt, MA, LPC | Shirley Jean Schmidt | 210-561-9200 | 00013<br>00013-09 |
| 1/18-19/03<br>Cincinnati, OH<br>13.5 Credits | Cincinnati Trauma Connection<br>**Critical Incident Stress Intervention for EMDR Therapists-Part II** | Roger Solomon, Ph.D. | Barbara Hensley | 513-961-2400 | 99024<br>99024-07 |

# DEALING WITH MANAGED CARE AND INSURANCE COMPANIES

*Jim Gach, MSW*
*Chair, Healthcare Committee*

In the March Newsletter it was noted that there is an increase in denials and that we would look at how some clinicians are handling the problem.

The most common reason for denial is that many insurance companies or Managed Care Organizations (MCOs) are still considering EMDR as experimental. A study of empirically validated therapies by Division 12 of the American Psychological Association by Chambless et.al, found EMDR to be "probably efficacious for civilian populations" and removed it from the experimental list (1998). Unfortunately, MCOs can and do cite research that is not supportive of EMDR. I recently heard a research result that showed that mammograms are not effective in saving lives. And so 30 years after the introduction of mammograms there is still debate in the literature. Should we expect anything different for EMDR?

Convincing an MCO or insurance company to accept EMDR is an uphill battle. However, it is one that can be won with persistence and willingness to keep an open dialogue going with a company that opposes approval of EMDR. Large MCOs such as Magellan often allow approval of procedures at a regional level even if the procedure is not approved at the national level. There is inconsistency in approval in different areas of the country. This can be beneficial since it is not always necessary to sway the whole company.

One of the major resistances to EMDR may be the use of a 90808 (individual psychotherapy 75-80 minutes) CPT code to accommodate longer sessions for EMDR treatment. The accountants may fear that treatment will cost more if they are allowing longer sessions. Educating them on the potential cost savings could alter the position but we seldom have access to the accountants. Many therapists find that they can do EMDR within a 50-minute session, thereby avoiding the problem. A study conducted by Kaiser Permanente in Santa Clara County, showed that EMDR could be effectively conducted in a 50-minute session. The outcome of that research concluded that not only was EMDR effective, but that it could save the HMO over 2.8 million dollars a year.

A more recent disturbing trend is to deny payment for any use of EMDR. This appears to be a major impingement on the therapy process with no valid reason. The process of EMDR employs aspects of doing good therapy. I can see no reason why a company could deny payment simply because you are doing therapy following a good model and adding bi-lateral stimulation. I believe that this can be appealed and won since the denial has no rational basis: the denial is based on the procedure name with no accounting for the reality of the implementation of the process.

## DON'T ASK DON'T TELL

This is the stance of many therapists and has often been subtly supported by care managers. The logic is that since we don't have to define most things that we do in therapy why do we even need to mention that we are doing EMDR? Treatment plans are written using terms such as desensitization and implosion but never mention EMDR. This seems to be the path of least resistance, but is it really?

The first problem with this approach (and I plead guilty to having used it myself) is that it could constitute insurance fraud if the policy of the insurance company explicitly states it will not pay for EMDR. The second problem is that it actually impedes finding a long-term solution for EMDR.

Dr. Gary Peterson, an EMDR therapist in Chapel Hill, N.C., points out that by following this approach, we become our own worst enemy. The insurance companies have a contract with their members who *pay* the premiums. The word pay is very important here – that is their source of income. The providers are an expense to the insurance companies and they refer to the dollars paid out for services as a "loss ratio." Does this tell you something? So according to Dr. Peterson, the only way to get EMDR approved is to insist on stating that you are doing EMDR and if the companies disallow it, let the patient/client complain to the insurance company. I tend to agree and believe that this may be the only way to get widespread approval of EMDR in the long-term.

## REFUSE TO PARTICIPATE

This is a strategy that works for some therapists. Some of us who have been most involved with managed care over the long haul have decided to opt out of these plans since they make us indentured servants working ever harder and longer for lower fees. This does make the practitioner's life easier and avoids the ethical conflicts cited above. The problem here is that it does not address the long-term acceptance of EMDR. It also may not be possible to do this if you work in a clinic where the clinic has a contract with an MCO.

## WHAT DO YOU DO IF EMDR TREATMENT HAS BEEN DENIED?

The EMDRIA policy and procedure for denial of insurance claims for EMDR treatment is as follows. The clinician who receives the denial should contact the EMDRIA office by phone or e-mail. EMDRIA staff will refer this complaint to a member of the Healthcare Committee who will then contact the clinician to discuss the situation and define the options available. Usually, a packet of information citing the relevant research and substantiating the validity of EMDR treatment will be sent to the therapist. It is the responsibility of the therapist to forward this information to the appropriate decision maker in the MCO or insurance company or to use in their appeal.

If you believe it is a worthwhile cause to work towards widespread approval of EMDR, you might consider joining the Healthcare Committee. If you are interested in joining the Healthcare Committee you may email me at jgach01@cs.com.

## References

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Marcus, S.V., Marquis, P. & Sakai, C. (1997). Controlled study of treatment of PTSD using EMDR in an HMO setting. *Psychotherapy, 34,* 307-315.

EMDR International Association

# Financial Report
# 2001 Budget

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|---|---|---|
| REVENUES AND OTHER SUPPORT | | |
| · Program Services | | |
| Membership | $ 334,930.00 | |
| Conference and Awards | 205,345.00 | |
| PR/Publications | 13,512.20 | |
| Standards and Training | 64,775.00 | |
| · Advertising | 25,125.50 | |
| · Interest | 4,903.60 | |
| · Direct Public Support | 620.00 | |
| Total Revenues and other support | $ | 649,211.30 |
| EXPENSES | | |
| · Program Services | | |
| Membership | $ 85,323.10 | |
| Electronic Communications | | |
| Healthcare | | |
| Membership | | |
| Regional Coordinating | | |
| Research | | |
| Special Interest Groups | | |
| Structure, Function, and Bylaws | | |
| World Council | | |
| Conference and Awards | 165,224.18 | |
| PR/Publications | 48,192.52 | |
| Standards and Training | 9,565.90 | |
| · Management and General | 319,465.33 | |
| Administrative | | |
| Annual Meeting | | |
| Finance | | |
| Nominations and Elections | | |
| Personnel | | |
| Total Expenses | $ | -627,771.03 |
| Net Credit, end of year | $ | 21,440.27 |

# EMDRIA Committee Reports

## Regional Coordinating

*Jari Preston, M. Ed.*
*Chair*

At the Networking Luncheon on Saturday, June 22, at the EMDRIA Conference in San Diego, the Regional Coordinating Committee acknowledged several Regional Coordinators for their work. General acknowledgement was given first to all those present who were directly affected by terrorism, particularly by the aftermath of 9/11. Recognition was also given to all those from around the world who have been involved in the training of caregivers in dealing with the effects of terrorism and its continuing aftermath. A great many in the EMDR community have participated in such activities. Perhaps the highlight was the presentation of a Lifetime Achievement Award for Regional Coordination to Liz Snyker,—who was described as a "workhorse" in helping set up Regionals from the very beginning. Liz, who is currently battling cancer, gave a very moving account of her experiences, sharing that without exception, discussing her illness with her clients has had a beneficial and enhancing effect on the therapeutic relationship. She told the audience, as she tells her daughter, that "If I don't come back, I want you to know that this is the very best relationship I've ever had with you." Liz received a standing ovation for her remarks and left with the respect and best wishes of the entire audience.

Additionally, honored as Outstanding Regional Coordinators were Maudie Ritchie and Sandra Kaplan for the Syracuse Region and Irene Giessl and Barbara Hensley for the Cincinnati Region. These Regional Coordinators have consistently conducted meetings every two to three months over the last several years, which represents a great many volunteer hours.

We would like to summarize for you the evolving focus of the Regional Coordinating Committee. We see our mandate as supporting the work of Regional Coordinators both individually and collectively. To this end during the past year we have initiated an awards presentation to honor those who have given outstanding service as Regional Coordinators. Next year we will be asking for nominations from the general membership for this award. Watch the Newsletter for information on the award criteria and how to nominate your favorite, hard-working Regional Coordinator.

The Committee is also committed to enhancing our communication process with RC's, and thus began a monthly e-newsletter for Regional Coordinators. During the past year we have used this forum to showcase various Regional Meetings, and to try to provide clarification regarding paperwork, and to answer general questions and concerns of RCs.

We are also revising the RC application process, to make it simpler and more "user friendly." This continues our on-going effort to recruit more Regional Coordinators. If you are EMDRIA certified, you qualify to become a Regional Coordinator. If you are interested, please contact the EMDRIA office. They will be happy to help you set up a new region where there is no coordinator, or join a coordinator(s) already working.

## Standards and Training

*Byron R. Perkins, Psy. D.*
*Co-Chair, EMDRIA Standards and Training Committee*

At the 2002 EMDRIA Annual Conference, information was given to membership and feedback was solicited. Session 28 defined some areas of concern regarding the current criteria for Certification and Approved Consulting. Session 52 was concerned with the criteria for Approved Instructors. Over the next month agenda items will be placed before the Board of Directors to determine if they would like some of these issues clarified for those who are seeking these statuses.

Thank you for providing your feedback. We will keep you informed of the process as it goes forward. Please continue to respond to the information you receive and maintain your involvement as members. As I have said before, member participation is the voice of EMDRIA. This aids the Association in defining its objectives and finding means to accomplish them.

## SIG
## Special Interest Groups

*Zona Scheiner, Ph.D.*

Since the last report on the SIGS, we have had one SIGS-in-Formation become an official SIG - EMDR and Psychoanalysis. There are now six SIGS and one SIG-in-Formation.

Most of the groups met in San Diego and started to plan their upcoming year. These are reports from a few of them:

Nancy Cetlin, co-chair of the The PEAK PERFORMANCE SIG reported that the group met, and expect to have an active group this year. They discussed networking with each other via some kind of listserve, and have a volunteer to set that up. They also talked about educational opportunities in Peak Performance, and posting them as information to the whole group. "Jennifer Lendl attended and emphasized the importance of obtaining specialized coursework in Sports Psychology. She cited the Association for the Advancement of Applied Sport Psychology (AAASP) and their conferences as a good source for that training. One of the members with relevant background and experience offered to find out more on this issue.

Susan Borkin, Chair of the EMDR AND WRITING Sig-in-Formation, reports: that they met for a second year at the Annual Conference in San Diego. Ideas were shared, and members supported in exploring the use of writing and EMDR. "Current EMDRIA members are welcome to join kindred spirits with an interest in any aspect of the integration of EMDR and writing."

Irene Siegel, Chair of the ENERGY MEDICINE AND EMDR SIG reported that the group now has a total of 97 members. They reported that there has been a listserv in place that members can access by contacting her. They plan to post information on the research that has been done in the field of energy medicine and spirituality, and talked about getting involved in a research project in the future. In their group, they shared ideas and work that they have been doing, including the different kinds of training that they have experienced. They hope to find ways to integrate that work with EMDR, without impinging on the integrity of the EMDR protocol. Overall, they report lively interest and discussion.

The CHILD AND ADOLESCENT SIG gave a panel presentation at the conference, which by all reports, was quite successful.

The SIG program was launched in Toronto in September, 2000. Each conference since then has seemed to promote further interest in the SIGS, and greater contact, communication and camaraderie within them.

All EMDRIA members are invited to contact the chairs of any of the SIGS for further information and potential membership. They are as follows:

EMDR and EATING DISORDERS
Eileen Freedland, Chair
Efreedland@earthlink.net

EMDR and ENERGY MEDICINE
Irene Siegel, Chair
irene@allocca.com

EMDR and MEDICAL ILLNESS
Margarete Isermann
IDInstitut@aol.com

EMDR and PSYCHOANALYSIS
Ruth Heber, Chair
rthbr@bellatlantic.net

EMDR WITH CHILDREN & ADOLESCENTS
Terry Becker-Fritz
tbf@ee.net

EMDR and PEAK PERFORMANCE
Nancy Cetlin and Cocoy Garcia, co-chairs
NCetlin@earthlink.net
CGarcia@pacbell.net

SIG-in-Formation

EMDR and WRITING
Susan Borkin
Sborkin@lanlogic.net
If there is interest in development of a new SIG, please contact the office for an application and Zona Scheiner for information at Zonags@comcast.net

## Electronic Communications

*Rosalie Thomas,RN, Ph.D.*
*Chair*

The Electronic Communications Committee has had a busy year getting the new EMDRIA website up and running. We're very excited about the results, and pleased with the responses from members and from consumers.
Features include:

- Administrative information about EMDRIA
- Committee Chairs and the structure and function of each committee
- A description of Member Services and current committee activities
- A post Conference report with photos
- Upcoming EMDRIA Conference information
- Online membership renewal and conference registration
- Contact information for EMDR organizations around the world
- EMDRIA Credit Offerings
- Schedule of EMDRIA Regional Meetings
- Ability for consumers and non-members to search for EMDRIA Certified Therapists, Approved Consultants, or Approved Instructors, and additional ability to receive a listing of all members in their geographical area.

In the Members Only Section:

- Current EMDRIA newsletters in HTML format with search capacity
- Archived EMDRIA newsletters posted in PDF format for online reading or download and printing. This includes a searchable data base
- A secure, searchable membership directory
- Ability to update your address online, or to make your contact information "invisible" if you prefer.

To support research on EMDR we are in the process of adding information about published research articles, ongoing research and researchers, as well as a list of institutions that are supportive of EMDR research.

If you haven't taken a look, you can find us at: EMDRIA.org To access the Members Only pages, you'll need your new pass codes. Your User Name is your last name and your PIN is your EMDRIA member number. You can change your PIN when you log on. If there are several members with the same last name, then first initials may also be included in your assigned User Name. Any member can contact the office to receive your pass codes. Please contact the office or our web master, Michael Patti at mpatti@sherwood-group.com if you have trouble accessing the site.

EMDRIA will occasionally be using broadcast e-mail to send information to members. Some members do not have a current email address on file at the EMDRIA Office. Please use the feature in the Members Only section to file or to update your e-mail address.

We hope you find the site useful and supportive to you as an EMDRIA member and EMDR Professional. Please let us know if you have ideas or suggestions. Thank you to everyone who has helped to make this happen!

www.EMDRIA.org

# EMDRIA Research Committee Update

*Nancy J. Smyth, Ph.D., CSW, Chair*

EMDR research was well represented at the 2002 conference. All three plenary speakers emphasized research. Francine Shapiro spoke of the advances of EMDR over the last 12 years and the critical role of research in establishing EMDR's efficacy in PTSD treatment. She provided an overview of future research directions and encouraged therapists to participate, if possible, in the new Clinician Research Project. (Interested persons can contact the Institute for information). Bruce Perry described the known effects of trauma on children's neurodevelopment and proposed that EMDR's efficacy may result from its use of repetitive rhythmic sensory stimulation and cognitive recall. Malcolm MacCulloch discussed his theory that EMDR's eye movements activate an investigatory reflex and result in a de-arousal effect. He reviewed physiological data showing that eye movements produced de-arousal accompanied by reported changes in attitude and mood during and between sessions.

A number of sessions focused on research-related issues. Nancy Smyth and Ricky Greenwald provided guidelines for persons interested in beginning a research project. Louise Maxfield presented an overview of current research and examined the clinical implications of the findings. Byron Perkins and Curt Rouanzoin reviewed the literature to clarify points of confusion resulting from published misinformation. In addition some sessions on clinical interventions provided data that showed preliminary support for the recommended approach. For example, in their presentation on the utilization of EMDR with grief and mourning, Roger Solomon and Therese McGoldrick presented data from a study involving parents of murdered children. The EMDRIA Research Committee conducted two sessions. The first was a Roundtable Discussion to review current research and suggest future directions; the second was a Networking meeting to facilitate networking among EMDR researchers.

The Research award this year was presented to Ginny Sprang for her work with complicated mourning. This was the first published study investigating EMDR's efficacy in the treatment of traumatic grief. She found that EMDR was more effective than Guided Mourning on a number of measures.

The Poster Session was a Conference highlight. It was combined with the closing reception and attended by hundreds of conference participants. There were twelve posters presented at the conference, and the submissions reflected the international nature of the EMDR community, with representation from Australia, Bangladesh, Germany, Greece, Iran, Israel, Japan, United Kingdom, and the USA. The posters demonstrated a wide range of interests and included conceptual approaches, case studies, and controlled studies.

After considerable deliberation (as there were many excellent posters), the Research Committee awarded the first prize to Margarete Isermann, Christa Diegelmann, and Stefan Priebe for their valuable work on EMDR and breast cancer. Their controlled study showed that an EMDR protocol using art work and the butterfly hug was effective in reducing symptoms of posttraumatic stress and emotional distress for women with breast cancer. Second prize was awarded to Andrea Bloomgarden and Rachel Calogero-Wah who studied the effects of adding biweekly sessions of EMDR to a residential eating disorder treatment program. They reported that those patients receiving EMDR reported larger decreases in distress for the earliest, worst, and most recent body images. Peggy Pace received honorable mention for her work on an imaginal interweave using a forward time-line. She reported case data from a series of clients to demonstrate the usefulness of this innovation.

The posters presented were:

**FIRST PRIZE -** "EMDR and breast cancer" by Margarete Isermann, Christa Diegelmann, and Stefan Priebe, Germany and UK.

**SECOND PRIZE** - "EMDR and the treatment of body image in an inpatient eating disorder population" by Andrea Bloomgarden and Rachel Calogero-Wah, USA.

**HONORABLE MENTION -** "Using imagery and EMDR to facilitate the healing of adults with a history of abuse and neglect" by Peggy Pace, USA.

"Imaging violence: Posttraumatic stress disorder, Eye Movement Desensitization and Reprocessing, and functional magnetic resonance imaging" by Sheila S. Bender, Gudrun Lange, Jason Steffener, Uri Bergmann, David Grand, Wen-Ching Liu, and Benjamin M. Bly, USA.

"Session checklist forms in treatment research: A tool to support supervision and treatment fidelity" by Ricky Greenwald, USA.

"EMDR treatment process of two adult survivors of sexual trauma: What does external ear canal temperature suggest?" by Masaya Ichii, Japan.

"A comparison of CBT and EMDR for sexually abused girls in Iran" by Nasrin Jaberghaderi, Ricky Greenwald, Allen Rubin, Shiva Dolatabadi, and Shahin Oliaee Zand, Iran and USA.

"A single session intervention for violent teens suspended from school" by Kathryn A. Johnson, Ricky Greenwald, and Mark Cameron, USA.

"Teaching EMDR at the university level: Strategies, suggestions, and solicitations" by Judy H. Lombana-Wren, USA.

"EMDR psychotherapy can help to cure negative impact of childhood punishment" by Qazi Mahmudur Rahman and Tahera Hossain, Bangladesh.

"Using EMDR 'interweave' to reprocess 'defectiveness schema' in sexual abuse victims" by Rosamond (Rozz) Nutting, Australia.

"The drama, the trauma & EMDR" by Frances R. Yoeli and Tessa-Ava Prattos-Spongalides, Israel and Greece.

# Book Review:
# Developmental Needs Meeting Strategy For EMDR Therapists, 2nd ed., Shirley Jean Schmidt, MA. 2002. San Antonio, TX (73 pp, illustrated)

*Tom Cloyd, M.S., M.A., L.M.H.C.*
*Psychotherapist in Private Practice*
*Spokane, Washington, U.S.A.*
*www.EMDRPortal.com / tc@emdrportal.com*

From its inception, many therapists have viewed EMDR as a trauma-memory resolution procedure. This is not the whole truth, for Shapiro's 1995 treatise on EMDR describes the basis of its treatment effect as "Accelerated Information Processing", a concept both broad and content-neutral. By 2001, the concept was termed "Adaptive Information Processing". But more important than this is that while still referring to "…EMDR's accelerated effects…" (2001, p. 33), Shapiro explicitly writes of the more general influence of split focus, or "Dual Attention Stimulation" (DAS) as the possible key factor "…that can activate the information processing system." (2001, p. 32)

This shift of emphasis away from eye movement and toward DAS not only reflects healthy flexibility in response to developing theory and research, it also suggests that there may be increased legitimacy to anecdotal reports about the healing and health promoting effects of a range of clinical work involving Dual Attention Stimulation, work which varies in the degree to which it involves all aspects of the Shapiro's Standard Procedure for EMDR (2002, pp. 222-223).

Central to this broader range of EMDR-influenced clinical work has been the emergent emphasis on using functional aspects of a client's brain/mind—"client resources"—to support the clinical use of DAS. Current EMDR practice offers many approaches that emphasize the importance of strengthening client resources, preparatory actual trauma memory processing.

Schmidt's book offers us a therapeutic approach—a "Developmental Needs Meeting Strategy" (DNMS)—focused entirely on use of client resources, rather than trauma-memory processing as such, to resolve historically unmet developmental needs (including those for protection from abuse). She asserts that this approach has the added bonus of desensitizing acquired trauma memories, even though they are never directly targeted. For EMDR therapists, this is a significant paradigm shift, one that nevertheless remains congruent with both Shapiro's new emphasis on Dual Attention Stimulation and the growing general interest in utilizing client resources in psychotherapy.

The DNMS presumes that children develop through a series of stages, each characterized by specific needs. Schmidt describes development in terms of a unique amalgam of Maslow's needs (1968) and Erikson's stages (1950), spiced with the addition of modern attachment theory. Success in this developmental process depends on adequate maternal attunement and successful child attachment, and will occur when the needs inherent in each of the developmental stages are met. If they are not, the child risks development of psychopathology. When developmentally derived psychopathology is present in the adult client, the DNMS proposes that its resolution may be gracefully brought about simply by finally meeting the needs the child once had, needs which are still present in persistent child ego states.

DNMS work first connects a client to a "team" of self-system resources, which Schmidt refers to as the client's Healing Circle. It consists of three resources—a Nurturing Adult Self, a Protective Adult Self, and a Spiritual Core Self. The client may or may not have these resources immediately available, so the book provides simple guided meditations to help clients assemble and connect to each one. Once connected, they are strengthened with DAS.

The book is outstanding in its addressing of a rich range of difficulties that might be encountered in setting up this Healing Circle, most of which derive from various defensive aspects of the ego state system. Her discussion of these ego state system problems offers us a clear and pragmatic introduction to basic ego state psychotherapy in general.

A detailed yet flexible 20-step Needs Meeting protocol forms the core of the book. Each step is illuminated by sample client-therapist dialog. Two fundamentally different approaches to identifying child ego states to work with are succinctly described—there's room in this model both for therapists with a strong developmental orientation and for those who prefer to work from the client's current problems.

Clients with ego state disorders (about which the therapist may initially know nothing) may display peculiar resistance to allowing needs meeting work. Or, child ego states may like the idea of getting needs met but bring a variety of blocks to the process. Schmidt provides well-developed discussions of these and other related problems, offering readers an excellent introduction to dealing with ego state pathology. Its scope is limited, however, in that there is no specific, extended discussion of the dissociative disorders.

The DNMS evidences the growing interest in working with implicit (non-recallable) memory—the memory of infancy and early childhood. Using the Healing Circle, clients are able to address and resolve the most primary of childhood's needs, including those encountered prior to birth, should any of them be experienced as still unmet. A lengthy transcript of a session with just such a focus is provided.

Not all therapists are comfortable with the notion of working with "ego states" in psychotherapy. Of those who are, not all will be comfortable with the idea of addressing unmet developmental needs in the region of non-recallable memory. Add to this the idea of working on birth or even prebirth problems, and some readers will abandon this book quickly. Schmidt assumes comfort with most of these ideas, and offers scant rationale for adoption of them if one isn't already "on board".

Cont. from Pg 19~

Schmidt's book makes clear that she intends use of the DNMS only for developmentally derived problems, but aspects of the model can be beneficially integrated into the Standard Procedure when processing single incident adult onset traumas. While many users of the Developmental Needs Meeting Strategy report that large numbers of their clients experience full resolution of trauma memory, such an experience may not be universal. With such clients, many of whom will have serious affect management problems, the DNMS would likely produce real ego strengthening and increased tolerance for higher levels of both positive and negative affect, enabling them better to tolerate the Standard Procedure.

The final chapter includes a detailed accounting of the use of the DNMS with a single client, including pre- and post-treatment symptom assessments. This provides an accessible and compelling illustration of how client symptoms can be tracked as they are reduced in the course of psychotherapy.

Rhetorical economy characterizes Schmidt's writing style throughout. She knows her purpose—to help clinicians do their job better—and she does not digress. While employing significant traditional elements of EMDR in a genuinely new way, Schmidt never loses her focus on psychotherapeutic pragmatics. Still, in future editions of the book I would like to see a thoughtful, if necessarily speculative, exploration of the neuropsychological roots of the ego state dynamics she describes. We can do this now—Siegel (1999), for one, has already laid the groundwork, in his discussion of "states of mind". It is time for ego state psychology to lose some of its metaphorical aura.

After using the DNMS for a number of months, I can report that it does indeed neatly induce processing of trauma memory. Client reaction to this new approach is also noteworthy: they simply love to access functional resources. It's reassuring to encounter parts of yourself that really work, and traumatized clients need all the reassurance they can get. The DNMS retains strong contact with the Healing Circle throughout the psychotherapy process, and clients strongly welcome this high level of support, which also appears to greatly facilitate working with the more fragile of trauma victims. Some therapists may also find this model particularly comforting and supportive to work with.

The DNMS raises interesting questions. Anecdotal report from clinicians trained in the model has been enthusiastic, but no formal research yet exists on the model, so we have no idea of its comparative efficacy or capacity to support client retention. This author is currently framing initial research at documenting treatment efficacy and client toleration of the model. Meanwhile, one should consider that the model is not especially difficult to learn, is superbly documented in Schmidt's book, and is supported by a lively Internet discussion list for those who purchase her book. Use of the DNMS, in the experience of this author, significantly extends ones clinical effectiveness, and warrants serious consideration.

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Maslow, A.H. (1968). *Toward a Psychology of Being*. D. Van Nostrand Company

Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedure*. New York: Guilford.

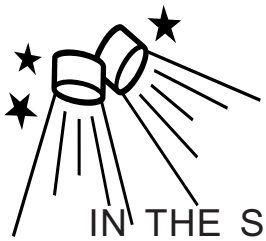
Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd ed.)*. New York: Guilford.

## 2002 Membership Needs Survey Results Are In !!!!

Thank you to those who attended the 2002 Conference in San Diego and responded to the EMDRIA Membership Needs Survey. There were many great suggestions, ideas, and comments that will be distributed to the various EMDRIA committees for consideration. You rated as the 5 "most valuable" current member benefits: Four issues of the EMDRIA Newsletter; Access to the latest developments in the theory and practice of EMDR; Reduced rates for the annual EMDRIA Conference; Preferred pricing for EMDRIA programs, products, and resources; and Enhanced credibility as an EMDR practitioner. The TOP 4 possible new member benefits that members were interested in were: Hotel discounts; Insurance (primarily health); car rental discounts; and book/tape/products discounts. If you would like to add your suggestions or comments, you may e-mail EMDRIA at info@emdria.org.

And CONGRATULATIONS to the winners of the EMDRIA Raffle!

Gabriel Case
Teresa Rotiz
Sandi Barbero
Irene Siegel
Leilani Leblanc
Michelle Gottlieb
Lorna Christensen
Martha Turner
Nj Hinders



# IN THE SPOTLIGHT:
## Masaya Ichii

By Marilyn Luber, Ph.D.

On a sunny, lovely day, at the EMDRIA 2002 Conference in San Diego, I had the chance to visit with Masaya Ichii, in the Rose Garden, and learn about him and his life story. Despite the difficulties of the Japanese-English language barrier, Masaya graciously gave of his time to shed light on himself for the EMDR community.

From the time that Masaya was an only child in Ohtsu, Japan, he was interested in how people became happy. Beginning in his own household, Masaya studied first hand, the differences between his parents' styles and the effects that it had on the relationships in his family. Intrigued, Masaya was going to pursue the study of writing to answer his question until he was exposed to the world of Psychology, and went on in this field.

Education in Japan has its own structure. Masaya was familiar with courses where people listened very carefully, and did not ask questions. In 1985, he received a B.A. in Psychology from Waseda University and, in 1988, he received a M.A. in Psychology from there as well. However, the more he studied, the more depressed Masaya became. He said that he had pursued Psychology to learn about how to help people be happy but the focus was different than he expected: it was mainly on stress and anxiety. He also noticed that Clinical Psychology in Japan is biased to Psychodynamic Psychotherapies. The scientist in him was uncomfortable with the lack of research, and the many speculations he heard, without supportive data. He thought, " I don't want to be a Clinical Psychologist, I want to help people". He began to look into Cognitive-Behavioral Psychology.

Imagine his surprise when he attended a workshop by Albert Ellis at a conference in Orlando, Florida. He heard a very active question and answer session during the presentations. Masaya saw that the process was very stimulating for the lecturer and the student, and he decided that he wanted to learn in this type of atmosphere. He was intrigued with Meichenbaum's work and translated "Stress Inoculation Training" into Japanese. He looked for funds and he found that the Rotary Club in Japan had an exchange program with the United States. In 1992, he applied, obtained funds, and went to study at Temple University, with Dr. Philip Kendall, in the Clinical Psychology Program. He studied Cognitive-Behavioral Therapy with Anxious Children.

Returning from the U.S. in 1993, Masaya became a Ph.D. Candidate at Waseda University, and the following year became a Research Associate.

Masaya first learned about EMDR from Mark Russell during Marks visit to Japan with his wife. Later, he wrote a letter to Masaya about "this new method". Mark had become a Research Associate of Francine Shapiro while she worked at MRI in Palo Alto. Mark returned and they had a small symposium, as they were very impressed with the research. Masaya began to use EMDR after he read the first journal article by Francine Shapiro. He began to use it for patients who had panic and he found that the recent and first-time trauma, that patients had, disappeared!

Masaya went to Kobe to use EMD after the 1995 earthquake, despite the long distance of 1000kms from Tokyo, where he was at Waseda University. He went to the refugee camp where he found many psychotherapists already there. There was disorganization however, he was able to work with 5 different women while he was there. Three of the women had realistic anxiety for the future. The other two had strong anxiety after the earthquake. He did one session with them and found rapid change occurred in the symptoms. He said to himself, "This is it! I want to do it!"

In July 1995, Francine Shapiro came to Japan to give the keynote address at the Pan Pacific Brief Psychotherapy Conference in Fukuoka. Masaya presented one case from Kobe at the Conference and met Dr. Shapiro. She told him that he was using EMD not EMDR and invited him to come to the United States to receive training in EMDR. In September 1995 he went to San Francisco and was welcomed by Dr. Shapiro as he took the Part 1 EMDR training by the EMDR Institute. Masaya took Part 2 in November 1996. The first EMDR training in Japan was taught by an Australian team in 1996. In 1997 an American team came over, headed by Andrew Leeds. At first, Masaya was not involved with sponsoring the trainings. He thought he might be of some assistance by translating the manual, however, later when the organizers gave up (It is a huge task to organize trainings), Masaya thought, "It is necessary. I can do this!"

During this time, Masaya had become an Associate Professor at the University of Ryukyus. He began to publish articles on EMDR in the Japanese Journals of Psychiatry, Nursing, Psychology and Education, changing the case examples to be appropriate for his different audiences.

In 1997, Masaya entered the trainers' training in Cologne, Germany that was conducted by Francine Shapiro. By 2002, Masaya had sponsored many yearly EMDR trainings. The audience is at full capacity with 90 participants coming to each training. Japan has six facilitators: Masamichi Honda, Masaya Ichii, Masako Kitamura, Sigeyuki Ohta, Eiko Sakio, and Kiwamu Tanaka.

Masaya is an EMDRIA Consultant and Instructor and teaches Graduate Courses. His EMDR course has been approved by EMDRIA. In his class, Masaya encourages his students to be very involved in discussion and he encourages them to ask questions. The standard of practice he follows at the University requires him to have many practica.

Masaya also works as a School Counselor at an Engineering High School, and has recognized that some students have been traumatized, but have not been able to recognize that they have PTSD. In terms of the patient population in Japan, like in the United States, many potential patients with trauma-related issues do not say, "I have PTSD". He feels that it is very important to screen for trauma in our patients, as many more have these problems than can verbalize. Also, he is happy to be able to facilitate their healing with EMDR so rapidly.

Masaya has a web page in Japanese (www.emdr.jp). He wants to help the Japanese population understand Psychotherapy and EMDR better. There is a great stigma about going for psychotherapy in Japan and people think that if you go, you are weak. Others do not want to go because they think that the therapist only talks and this is not effective, and/or it takes a long time, and costs too much money. Actually, the Japanese do not sound much different than other people around the world when it comes to investing in Psychotherapy! However, as a result of his web site, he is hearing from people who had heard about EMDR for PTSD, and are interested in trying out this therapy. He notes that the interest in EMDR grows, as the number of people interested in EMDR increases on his web site.

Masaya seems very content in his work. He is closer to helping people move through their trauma to find happiness in the world once again. Currently, he lives in Okinawa with his wife and 2 children. He suggests to us "Please do not hesitate to be active and challenge new things". His life and work is an inspiration to us all.

# *Announcing…*

## Is your Certification or Approved Consultant status about to expire?

You may want to check the expiration date on your Certificate to find out. Don't forget that you must complete 12 hours of EMDRIA Credits during your two year Certification period. When it is time for you to renew, you will need to submit copies of your certificates for EMDRIA Credits. If you are unsure of your expiration date, please feel free to call or email our office. We will send out renewal notices approximately 90 days prior to your expiration date.

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## Interested in Advertising in the EMDRIA NEWSLETTER ?

Contact Gayla Turner at the EMDRIA Administrative Office for details.

### 2002 ADVERTISING/ARTICLE SUBMISSION DEADLINES:

January 20th for the March Issue
April 20th for the June Issue
July 20th for the September Issue
October 20th for the December Issue

Ads must be professional in nature and pertain to EMDR. All ads must be submitted on camera ready copy or by PageMaker file. We reserve the right to decline the use of an ad for any reason. EMDRIA does not provide graphic design services.

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## Do You Have a Research Related Question?

Each issue of the newsletter will feature a question related to EMDR research. If you have a question that you would like to have featured, either e-mail it to the chair,
Nancy Smyth, Ph.D., at njsmyth@buffalo.edu
or send it to EMDRIA's Research Committee, P.O. Box 141925, Austin, Texas 78714-1925.

When you send your question, please let us know if it's okay to publish your name & affiliation (if you don't specify, we'll leave it anonymous).


# Around the World

Marilyn Luber, Ph.D.

## Argentina

Ruben Lescano and Pablo and Raquel Solvey write in from Buenos Aires that Ruben is the new President of EMDR- Latinoamericano. During this year the association has been very active. Gloria Fagioli, Ana Maria Giannini, Ruben Lescano, Maria Elena Lesmi, Cristina Rauch, Irene Segat, Pablo Solvey, and Raquel Solvey represented EMDR-Latinamericano at the Argentine Psychiatric Association (APSA) and during the "Traumatic Stress and Psychological Trauma Conference". In April 2002, at APSA there were papers on the following: "PTSD, EMDR and Veterans", "Phobia and EMDR treatment" and "Trauma and EMDR in children". Pablo adds, "We were by far the most attended workshops, and great interest was showed towards EMDR, for the first time in years, if we may say so".

Later in the year, during the "Traumatic Stress and Psychological Trauma conferences" the following lectures were given: "Trauma, Veterans and EMDR treatment", "Dissociation: diagnosis and EMDR treatment" and "Trauma and EMDR in children". On April 25th, The EMDR-Latinamericano Association was invited to present a symposium about trauma at a Family Violence Conference by UCES (Social Sciences University). Ruben Lescano presented on "Neurobiology and New Perspectives". Maria E. Lesmi discussed "Trauma in children and their family" and Pablo Solvey gave an "Historical perspective about trauma". The UCES have invited them to write their papers up for publication. Ruben was interviewed twice in his capacity of President and spoke on local radio about "A new method of treatment: EMDR"; both stations had large audiences.

Currently, they are in the process of preparing 3 presentations for the Argentina Psychiatrist's Association and they have received several invitations by radio stations concerning EMDR. Ruben and a colleague have been working on using Biofeedback to observe physiological changes during EMDR treatment with a DD client, in conjunction with EMDR. Continuing training for mental health professionals is offered on a regular basis. He writes that "Despite Argentina's crisis, we have been working hard. Perhaps, for that reason and because of that, the crisis is an opportunity, and we have achieved more results than ever we hoped (or at least we have been trying). ..I believe that is really necessary to develop further investigation for EMDR in order to be accepted by our country".

David Grand gave two presentations in March. He presented his work on "The Natural Flow of EMDR" to a conference for the public and for mental health professionals. Also, he was interviewed on the radio.

## Australia

Mark Grant writes that the Australian website is "up and running" The address is www.EMDRAA.org. The Australians are in the early stages of planning a conference next year, in conjunction with ACISA.

## Belgium

Ludwig Cornil reports that Part 2 will be given in Belgium for the first time in the fall. It will take place in Gent, the most beautiful town in Belgium. Arne Hofmann will be lecturing and David Servan-Schreiber will do a specialty presentation. With the arrival of David in France, Ludwig is looking forward to facilitating more interaction between the Belgian and French EMDR communities.

## Brazil

Esly Carvalho notes that his latest book, *Wings of Healing*, (in Portuguese) will be released soon. He has included information in the appendix on EMDR. Also, he has included information about EMDR in all of the books that he has written which appear in Portuguese and Spanish. As a result, he reports that there is a demand for EMDR therapy or training among professional mental health workers. Further EMDR training will be offered in Quito in November 2002.

## Burma

Peggy Bacon writes in that "Jack McCarthy and I, as part of the Burma Border Project Mental Health Team, are returning to the Burma border for our 6th visit to the Mae Sot Clinic and the Mae La refugee camp. At the clinic, we will be continuing our training of medics in basic mental health concepts and counseling skills. We also plan to work with women who are running safe houses for domestic violence victims in the refugee camps. This is an issue that is emerging as a critical one among refugees. We have been asked to help them with self-care, assertiveness and limit setting. We believe this is a wonderful opportunity to develop their comfort with EMDR.

## Central and South America

Research is ongoing in Venezuela and Nicaragua, and the team really is becoming international. For example, four countries will be represented on the training team in Mexico.

**Sad note:** Our beloved Reginaldo Hernandez, coordinator of EMDR in El Salvador, died. We mourn his passing and share his family's grief. He will truly be missed

## China

Helga Matthess is part of a HAP-Germany team that went go to Beijing, China. The team's first trip focused on the concept of trauma and begins at the end of August for 10 days. Members of the team included Arne Hofmann, Franz Ebner, Esther Ebner, Wolfgang Woeller, Toddy Sochaczewsky, Joany Spierings, Silke Mehler and Helga Matthess. They plan to give 21 talks and have 6 small group practica. Beside the seminars, each of the Chinese participants had a chance to experience EMDR individually. During each day, there was a special meeting with Chinese colleagues to discuss how to transfer western ideas to Chinese culture and Chinese patients. The staff will also meet to debrief their own experiences and new learnings. EMDR trainings are planned for March/April 2003 and in the Spring of 2004. After the trainings, there will be at least 2 small groups of EMDR facilitators traveling around to different places in China to give supervision.

## Croatia

Helga Matthess notes that there are plans for a training in Croatia for next May 2003. Gerry Puk will be the trainer; the training team will be assembled closer to the actual dates of the training. So far, there are 20 mental health professionals who want to attend.

## Germany

Veronika Engl is happy to announce that the 3rd annual European EMDREA-Conference held in Frankfurt, Germany was a huge success. She writes that, "So far, it was the best visited EMDREA-conference (which was not so difficult, since we didn´t have very many before!) There were 250 psychotherapists from all over Europe who attended and enjoyed numerous presentations of good standard. There were a lot of interesting workshops covering different aspects of the trauma field and EMDR-experience including the following topics: research, children and young people, somatic disorders, acute and complex trauma, reports on EMDR in ongoing conflicts ( Israel/

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Cont. from Pg. 23~

Palestine, Earthquake areas,) attachment, and coaching. The pre-conference was also of high interest. Gerry Puk spoke on "Treating Dissociative Disorders", Joany Spierings on "EMDR and mourning", Phyllis Klaus on "Peri-natal advances that alter the management of problems of bonding and attachment" and Karl Heinz Brisch on "Attachment Disorders and trauma". All the key-note speeches were excellent. Prof. Lamprecht gave an overview on the "Current research concerning EMDR", and Prof. Servan-Schreiber talked about "EMDR, Psychiatry and Neuroscience" (His presentation was especially good!). On Sunday, there was a touching controversy and thoughtful discussion about "EMDR in different cultures" (chairs were Visal Tumani and Peter Liebermann) and closing off with the presentations by Carol Forgash ("Treating Complex Traumatic Dissociation with EMDR") and Luise Reddemann ("Using Resources Effectively- a New View on EMDR Phase 2"). Both were excellent presentations, really breathtaking, and both of them gave an excellent report on their theory and praxis of treating those chronic and complex traumatized patients. Standing ovations! Of course there were drawbacks, too, there was no dancing, but, the Italians promised to do better on that next year! We were sorry for that, but, after all, the event took place in a former monastery! The Dominikaner Kloster is a beautiful meeting-place, except for this little point! Altogether, we were grateful and glad that all went so well and we had such a great conference. And, we thank all the people responsible for that and very especially Christine Rost, who did most of the work preparing the conference".

## HAP-Europe

Helga Matthess writes in about the newly-formed HAP-Europe. Four of 5 invited guests attended the EMDR-Europe Association conference in Frankfurt. Daniel Ralaus and Andrea Seveikova came from Slovakia, Miljenka Plecko attended from Croatia and Xin Fang arrived from China. Beside the fun we also did work a lot: First we founded HAP-Europe". The idea behind HAP-Europe is to meet the requirements for the use of European Union funds. Members from 12 nations (including the United States) attended the founding meeting. The officers of HAP-Europe include: Joany Spierings (The Netherlands), President; Ludwig Cornil (Belgium), Vice-President; and Helga Matthess (Germany), Vice-President. HAP-Germany also held elections. Arne Hofmann, Helga Matthess, Ludwig Cornil and Silke Mehler form this Board. HAP-Europe and HAP-Germany are looking forward to collaborating with HAP-USA.

## Israel

Simone Gorko writes in that during a trip to Israel she met with Yvonne Tauber. Yvonne, part of the Israeli facilitator team, is using EMDR to work with some of the trauma survivors that she treats at the Center for Psychotrauma in Jerusalem.

Udi Oren writes in that "The Israeli National Council for Mental Health, an advisory body to the Minister of Health, has just published a draft of the guidelines for interventions with terror victims in the ER and in community care post-ER visit. In the part about individual (vs. group) interventions in the ER, there are 3 recommendations: EMDR, hypnotic techniques and CBT. That is the first time that EMDR got an official recognition in Israel. Once that happened we were invited to give a training within the general trauma training given to trauma specialists in the mental health system". Brurit Laub presented in Vienna at the World Conference of Psychotherapies.

Fran Yoeli, along with colleagues Udi Oren and Esti Bar Sade attended the EMDREA Frankfurt conference and presented on "EMDR in different cultures". Beginning EMDR trainings are now conducted in Hebrew. In December, there will be an advanced EMDR training, including a presentation on "Grief and EMDR" by Roger Solomon and "Children and EMDR" by the Israeli team and Joanne Morris-Smith.

## Italy

Isabel Fernandez is proud to announce "that the next EMDR European Conference will take place in Rome, on May 17-18 2003. It will be a great opportunity for EMDR clinicians to attend a congress in Rome, since all roads go there during an EMDR session.... Invited speakers are: John Briere, Rachel Yehuda, Bessel van der Kolk and Deb Wesselman". More information can be acquired by e-mailing emdritalia@emdritalia.it. Also, The EMDR Italian Association, in cooperation with Sipem (Italian Society of Emergency Psychology) began a Psychological Program that responded to the explosion of a building in Via Ventotene, Rome that was caused by a gas leak, on November 27, 2001 that includes EMDR and the protocol for Recent Events.

## United Kingdom

David Blore sends in the lastest news from the United Kingdom that "three experienced facilitator/consultants (David Blore, Manda Holmshaw and Richard Mitchell), have set up EMDR Workshops Ltd. in the UK to provide a programme of continuing professional development. The main thrust of their work at first will be to provide 'intensive refreshers'" for EMDR-trained practitioners. "These workshops will be taken on a UK and Ireland-wide tour in due course. Also planned are workshops for invited speakers and retreats (amongst which is likely to be a retreat in the depths of Sherwood Forest..... although I understand that Robin Hood has yet to apply for his level 1 training!). More news in due course....."

## Poland

Helga Matthess writes that, in June, Michael Hase and Hans-Henning went to Warsaw and had a supervision day. "The feedback was great and it seems that they had a lot of fun all together! The group in Warsaw is small but the spirit is up. The Polish group is searching for Supervision to keep the process moving and Hans-Henning and I will provide it. The activity is funded by HAP. New meetings are planned".

## Slovakia

Helga notes that there will be an Introduction to Trauma seminar in Slovakia given by trainer Franz Ebner (Germany) June 18-22 2003. Ludwig Cornil will be involved with the organization. Helga asks, "*If anyone knows colleagues in these regions who are interested in trauma therapy and EMDR, please let them know about our training-program. They are invited to come, but we need to know very early how many participants want to take part in order to give enough time to the local sponsors to organize rooms and hotels".*

## United States

### *California*

Robbie Dunton writes in that Francine Shapiro received the International Sigmund Freud Award of the City of Vienna for her outstanding contributions to the field of psychotherapy. It was presented to Francine by the Health Chancellor of Vienna in July. She was nominated by the World Council of Psychotherapy.

Sandra Paulsen Inobe reports that she gave 2 talks in Japan on EMDR and Dissociation to EMDR psychologists and another on the topic of EMDR to Japanese Biofeedback specialists. Gerald Puk writes in that at the end of May 2002, he presented a 2-day workshop in Cologne, Germany on "EMDR and the

treatment of chronic dissociative patients". At the Annual Conference of the EMDR Europe Association, he presented a one-day Pre-Conference workshop, "EMDR in the Treatment of Dissociative Disorders."

*Florida*

Carol Crow is proud to announce that their second HAP fundraiser is scheduled for January 2003 at St. Petersburg's Beach.

*New York*

Udi Bergman writes in that he is giving a talk at the ISSD International Conference, in Baltimore, in November, on "Personality disorders as variants of dissociative phenomena: Treatment with an integration of ego-state therapy and EMDR."

Gina Colelli reports that "In NYC, the HAP Program has provided treatment for survivors from the World Trade Center disaster such as firefighters, survivors, children, recovery workers, mental health practitioners and other support people working with the traumatized people. We are continuing to provide services and are projecting an influx of people after the first anniversary which is just two months away. People are beginning to realize that time does not heal all wounds and that they are really suffering from irrational fears, grief, loss and powerlessness. Living under continued threat, still burying people and still having memorial services is very trying. In consultation groups the topic of concern continues to be the WTC, clients symptoms and the therapist issues. We are affected by the bombing, we process some horrible experiences, and then need to talk and reprocess how upset we are ourselves. EMDR has really worked! We usually reprocess PTSD symptoms within 3 to 4 sessions. People are greatly relieved. However, at this stage people are deeply feeling their grief and loss so there is more treatment needed to help people through this difficult period. Sometimes they just need to talk and other times EMDR is appropriate".

Carol Forgash writes in that she was a keynote speaker at the EMDREA conference in Frankfurt in May and spoke about 'Treating Complex Trauma with EMDR' . David Grand, and she, are presenting at the vacation retreat workshop (pro bono as a fundraiser for HAP) in Keystone, Colorado. As a result of Carol's proposal to Cablevision, the HAP Disaster Mental Health Recovery Network on Long Island will be featured on a Public Service Announcement on all Long Island Cable Stations during the month of September.

*Pennsylvania*

Bruce Lackie from Philadelphia went to Jerusalem to give a workshop on trauma, including the use of EMDR with professional caretakers. While there, he spoke at Hadassah Hospital to the trauma workers there and included EMDR in his presentation. He noted that there was considerable interest in how EMDR could alleviate some the traumatic stress that they are facing currently.

Steve Silver writes in that the events of September 11th have had both Susan Rogers and himself busy. They have seen an increase in referrals of veterans having their reactions activated by 9/11 to their war-treatment PTSD Program "We expected to see a sharp increase in referrals immediately following September 11th. "However, we also expected to see a decline in referrals of veterans whose war experiences had been activated by the attacks. The number of referrals of veterans able to trace the exacerbation of their PTSD back to September 11th is still significant. In part, we think this is because of the military operations in Afganistan - veterans see their old units in combat again and that certainly serves as a trigger. But more than that are the issues the terrorist attacks generated for everyone: anxiety, anger, a sense of helplessness, and so on. From conversations we've had with peers working with non-combat trauma survivors, they are seeing much the same thing. The rippled effects of 9/11 are not over."

Steve and Susan have continued their workshops, trainings, and consultation services in response to 9/11. Most recently, they did a pro bono Part One training for the VA's Readjustment Counseling Service in Phoenix, AZ, with Nancy Errebo, who was the training organizer and worked as a Facilitator. Susan continues as the Principal Investigator for a VA-funded study on the eye movement component of EMDR with about two-thirds of the needed subjects already done. She presented recently to the Society for Psychotherapy Research.

Steve was interviewed by CBS News Radio on psychological reactions to terrorist attacks. He also did a workshop on EMDR and treating survivors of war and terrorism in Minnesota organized by Mike and Tricia Maley.

## ♌ EMDR

*I laughed out loud tonight*
*Left, right, left, right, left right*
*When a friend called*
*And told me something funny.*
*Left, right, left, right, left, right*

*I haven't laughed in days-*
*Left, right, left, right, left, right*
*So sad, so sad, such a broken heart-*

*Left, right, left, right, left, right*
*The motion changing things in my brain*
*So that the tears might stop.*
*Left, right, left, right, left, right*

*I laughed out loud tonight-*
*Left, right, left, right, left, right*
*And when I thought of her again*
*There were no tears.*
*Left, right, left, right, left, right*
*"Take a deep breath,*
*And tell me what you feel."*

*I feel relief. I feel connected*
*To myself once more.*
*I fell like I might succeed*
*At finding me again.*

*~North Carolina*
*Sandra Kremer sends in the poem of Jackie Chinsky, a recipient of EMDR*

♑

## The Conference Corner...

Gayla Turner,
Conference Coordinator
Associate Director

We are proud to report that the 2002 EMDRIA Conference was a huge success again this year. We had approximately 850 people attend. The weather was beautiful, as was the site. We hope that those of you who were there had a good time and went away glad that you attended.

Since the site was so isolated from town, we provided lunches each day, which participants told us they appreciated. It was less stressful for attendees to have to find where and what to eat and get done and back to the workshops on time. It also made it easier to meet new people and spend some extra time with colleagues and old friends. We are unsure, at this time, of whether we will be able to provide lunches in Montreal, as the site is more limited on space than the one in Coronado.

We hope that all of you had a chance to visit our Exhibit Hall and check out the exhibits. If you need to contact any of them and do not have their contact information, please feel free to contact our office and we would be happy to get that information to you. Also, audiotapes are available for most of the workshops. If you are interested in purchasing any session, or a complete set of all sessions taped, please contact Sound On Tape, at (866) 222-8273.

Our Formal Poster Session was the biggest and best we've had to date. These Posters are an integral part of the Conference and we hope to have more each year. If you are interested in submitting a Poster Session for next year, please contact the Chair of our Research Committee, Nancy Smyth, for more information at njsmyth@buffalo.edu.

We have become aware of the conflict of dates for the 2003 Conference in conjunction with the beginning of the Jewish holiday, Yom Kippur, which begins at sundown on the 5th of October. We are trying to either reschedule dates with the hotel in Montreal, or we may have to delay Montreal to 2004, and go somewhere else for 2003. We will keep you posted of the progress. Details, once confirmed, will be accessible on our website.

## The Votes Are In!

*Congratulations to EMDRIA's newly elected Officers and Members at Large for 2003*

**President Elect:** Ricky Greenwald, Psy.D.
**Treasurer Elect:** Jim Gach, MSW
**Secretary Elect:** Laura Steele, MA

**Members at Large:**
Wendy Freitag, Ph.D.
Andrew Leeds, Ph.D.

Thanks to all the nominees who ran for a position and congratulations to the winners. The above individuals will take office on January 1, 2003. In the meantime, they will serve an "apprenticeship" of sorts. As a non-voting member of the Board they will have time to acclimate themselves to how the Board works, gain a certain level of comfort, and consider their committee involvement. This process is in its second year and has found to be greatly beneficial to incoming Board Members as they transition into their official positions.

# EMDRIA Officers & Directors 2002

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