EMDRIA

March 2016 | The Information Resource for EMDR Therapists | Vol 21 Issue 1

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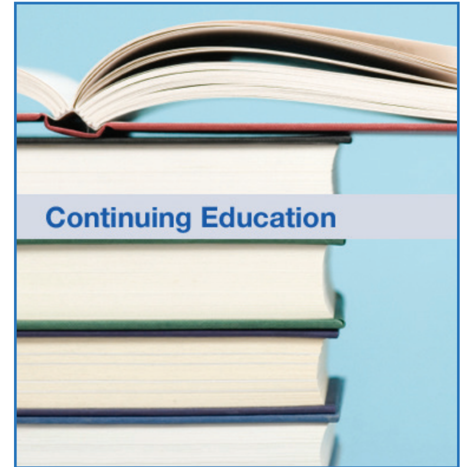

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A word from the President...

I am truly honored and amazed to find myself in the role of serving as the EMDRIA Board of Director's President for 2016. When I was elected to the Board in 2013, little did I know the position I would hold today. In fact, like many of you, little did I know when I took that first EMDR therapy training how significantly changed my life would be. Thank you again, Dr. Francine Shapiro.

The EMDRIA Board has been working diligently on many fronts for the past several years on your behalf. As you may know, a few years ago EMDRIA's Board of Directors launched into developing a strategic plan. It was a huge undertaking and out of the strategic plan came the 10-year Long-range planning goals.

Goal 1: To grow the membership with an emphasis on diversity.

Goal 2: To be recognized as the indispensable resource for member networking, professional development, education and integration of research into practice.

Goal 3: To be recognized by consumers, professional and the general population as an expert for issues related to trauma and other adverse life experiences.

Goal 4: To be recognized for advancing interventions, fostering alliances and developing professional standards for paraprofessionals and first aid responders who are treating trauma and other adverse life experiences.

These goals were developed with input from the EMDRIA membership throughout the process. EMDRIA's Board of Directors listened to EMDR therapists from a variety of disciplines: EMDRIA Approved Trainers; EMDRIA Approved Consultants; EMDRIA Certified Therapists; Regional Coordinators; and numerous EMDRIA Committees.

DaLene Forester-Thacker, Ph.D., LMFT
EMDRIA President

Long-range planning goals define what a membership organization needs for healthy, sustainable growth. EMDRIA must take into account what an organization built around a psychotherapy needs for growth while also taking into account the fidelity to the psychotherapy.

Our organization is often a second or third professional membership after National and/or State license or professional organization(s). Therefore, EMDRIA has a higher need to be an indispensable resource for EMDR therapists.

Looking forward with EMDRIA, you have probably noticed some changes happening. E-Learning and EMDRIA Communities are just the beginning of some exciting additions that allow a more community feel for our organization.

What do both long time EMDRIA members and brand new members have in common? They have the desire to meet, talk and spend time with other EMDR therapists. They want to discuss interventions, technique, style, all aspects of the eight phases, share resources, and make referrals to EMDR therapists they actually know. Technology is one way for EMDRIA to remain relevant to our membership and support the individuals they treat.

A quick look at the website shows, not only can you connect via Facebook, Twitter and LinkedIn, now we have the EMDRIA Communities, enhanced E-Learning and live streaming experiences.

EMDRIA's commitment to developing E-Learning courses and the opportunity to attend portions of the Conference via live steaming allows more EMDR therapists, who have too often felt disconnected, to develop a sense of EMDR community.

M. Scott Peck (1987)* once wrote, *"Community is something more than the sum of its parts, its individual members. What is this 'something more?' Even to begin to answer that, we enter a realm that is not so much abstract as almost mystical."*

That something "more abstract" is what many EMDR therapists seek through EMDRIA. Our members continually seek the opportunity to connect, learn and grow as EMDR therapists.

The largest benefit of increasing the EMDR therapy community through EMDRIA is to those we treat. The more supported EMDR therapists are in learning EMDR therapy, understanding the intricacies and seeking support when challenged, the greater the benefit to those seeking EMDR therapy.

Thank you for your time, I look forward to an amazing year. ❖

*Peck, M. Scott (1987). *The Different Drum: Community Making and Peace*. Simon & Schuster.

Announcements

Upcoming EMDR Conferences

The 2016 EMDR Canada Conference takes place April 15th-17th in Toronto. To download the program at-a-glance and to register, visit https://emdrcanada.org/conference/.

The 17th Annual EMDR European Conference takes place June 17th-19th in The Hague, Netherlands. For more information and the full schedule, please visit http://www.emdr2016.eu/.

EMDR Brochures in Spanish Now Available

The Spanish-language brochures for the popular English versions of the "What is EMDR? Brochure for Clients" and the "EMDR and Children" Brochure are now available. To purchase please visit the EMDRIA Store at www.emdria.org. Quantities are available in 25, 50, 100 and 300. To receive the Member Discount, please make sure to login to the EMDRIA website.

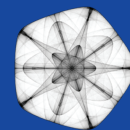
Nominate a Colleague for an EMDRIA Award!

Did you know...as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. Do you know of someone who you would like to nominate for an award? If so, email your nominations to Gayla Turner at gturner@emdria.org before May 1, 2016.

Do You Know an Outstanding Regional Coordinator?

The Regional Coordinating Committee is accepting nominations until May 1, 2016 for Outstanding Regional Coordinator for 2016. If you know a special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributions to the Regional Coordinator effort over the past year, and you would like to nominate them, please email Sarah Tolino at stolino@emdria.org. Please include a paragraph describing why they should be selected.

Sonoma Psychotherapy Training Institute
Andrew M. Leeds PhD Director
EMDRIA Approved Consultant and Trainer



Defense and Affect Restructuring

Advanced EMDR training with Andrew M. Leeds, Ph.D.

simple strategies to resolve disrupted reprocessing

October 22-23, 2016 Hampton Inn, Oakland Airport-Alameda

Full details at:
http://www.sonomapti.com/advancedtraining.html

EMDRIA Home Study Courses

Read a book. Pass the exam. Earn your credits.

A Guide to the Standard EMDR Therapy Protocols or *EMDR and Dissociation: The Progressive Approach*

Earn 12 EMDRIA Credits and CEs.

New 3 credit "Positive Affect Tolerance" video course
http://www.andrewleeds.net/training/homestudy.php

Your best value - Basic and Advanced **Group** Consultation by telephone conference call
Details online http://EMDRConsultation.net/

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Find our training schedule and major EMDR articles at:
www.SonomaPTI.com/basictraining.html

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Executive Director's Message

Mark G. Doherty, CAE
EMDRIA Executive Director

As we enter into 2016, EMDRIA has a growing membership. Right now, we have 6,331 members. Last year at this time, we were at 5,371, a net increase of 960 members or 18 percent. This increase is at a time when membership in many professional associations is stagnant or declining. We had 149 new members join in December 2015 and 195 in January 2016, far greater numbers than a year ago. This trend conveys that more therapists are getting trained in EMDR therapy. It also tells me that we have EMDR trainers and Regional Coordinators encouraging membership in EMDRIA, for which we are grateful. As part of our effort, we are working to make EMDR therapy better known so more people ask for it, thereby inspiring therapists to get trained. In January, we had over 110,000 views via Google AdWords with an excess of 1,100 clicks. So, we hope that we are making inroads with the public and that they are looking for EMDR trained therapists.

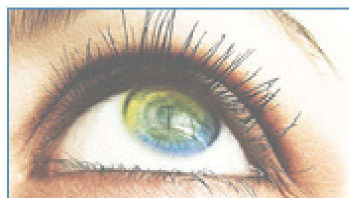
To help retain members, we just launched Online Communities to increase member interactions and the exchange of information. We appreciate that the ability to reach out to each other has been limited for some time, but now we feel that communities can come together and communicate with those who share common interests or specialties. We are planning to have more sessions live streamed at our conferences. We are building an e-Learning platform for distance learning. We are using technology to remain relevant to the needs of our members and to support the community of EMDR therapists.

We are also embarking on a course of action to use more social media to get the word out. For some time, we've had a Facebook page (https://www.facebook.com/EMDRInternationalAssociation/) that now has over 8,500 likes. Now we are working on how to leverage it. Many who post to the page are not members and often are seeking answers to questions about EMDR therapy. If you haven't visited, do so and like us. Please cross post to your Facebook page and organizations that you are part of or belong to so we can spread the word about EMDR. Facebook is the major social media vehicle with 1.55 billion people on Facebook each month and a billion users every day. We see this as a great way to increase awareness of and engagement in EMDR therapy. Just as with Google AdWords, we see great potential in promoting EMDR through Facebook advertisements at a low cost and having an active page for people to visit.

We have a marketing campaign in the works that we intend to roll out in the coming months to promote EMDR therapy as a means of healing trauma and EMDRIA as the organization to contact. Personally, I'd like to see our promotions around the DC Metro stops at the Pentagon and VA, the Virginia Railway Express station at Quantico, major mental health professional association publications, and anywhere we can make a difference. Whether we can afford all these placements is another story, but let's see what we can do to help those suffering trauma.

An important aspect of social media is video. EMDRIA wants to build a video library, our own YouTube channel if you will. There are many EMDR related videos out there, some of which we are aware. I even know about a short movie that was made. I'd like to get videos that explain EMDR therapy to attract mental health professionals and testimonials to inspire potential clients to consider EMDR. We seek your recommendations of which ones we should compile and catalog so we can point people to so we can promote what we know is a efficacious and powerful therapy. Let me know which videos you'd want to see made available linked from our website or on our Facebook page.

As always, I welcome your thoughts and comments. Feel free to contact me at 512-451-5200 or mdoherty@emdria.org. The staff and I are here to be of service to you, our members. ❖



NEW EMDR BROCHURES IN SPANISH!

New Spanish versions (updated in January 2016) of the popular "What is EMDR Therapy" and "EMDR and Children" brochures are now available!

Only available at www.emdria.org

Conference Corner

The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. The Conference Committee has made it a priority to continue to bring you a quality educational experience. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment associations and to additional applications for EMDR.

We are excited to announce the line-up of plenary speakers! We have confirmed: Gabor Mate, MD, Richard A. Chefetz, MD and Charles W. Hoge, MD.We are in the process of finalizing the rest of the program and will announce all speakers and sessions in April.

Registration Information

We anticipate registration to be open online on the Conference website (www.emdriaconference.com) mid-April. An email will be sent out to the membership when registration has been opened. You will also receive a registration brochure in the mail.

Hotel Information

Our Conference venue this year is the Hyatt Regency Minneapolis, located on the beautiful Nicollet Mall. The recently redesigned hotel pays tribute to the unique culture of Minnesota, with sleek mid-century Scandinavian décor highlighted by a spacious lobby featuring an expansive stone fireplace framed by rustic wooden logs. The hotel's premiere downtown location provides convenient access to an incredible array of Twin Cities' attractions, from shopping to sports, the arts or the great outdoors.

EMDRIA has secured a special group rate of $179/single/double for EMDRIA Conference attendees. It's not too early to book your reservation! Visit https://aws.passkey.com/g/51371614 to book your reservation or click on the link on the EMDRIA website under the Conference tab.

2016 Call for Posters

We are soliciting Abstracts for Poster Submissions for the 2016 EMDRIA Conference. An award for the best poster will be given. To view more information on Poster Sessions and submission information, please visit the EMDRIA website under the Conference tab. The deadline to submit a Poster is May 1, 2016.

2016 Conference Registration Prices

Single Day – Pre-Conference

EARLY BIRD (by July 1st)
Member | $170   Non-Member | $220   Student | $75
REGULAR RATE (after July 1st)
Member | $200   Non-Member | $250   Student | $75

Single Day – Main Conference

EARLY BIRD (by July 1st)
Member | $205   Non-Member | $260   Student | $75
REGULAR RATE (after July 1st)
Member | $235   Non-Member | $290   Student | $75

Main Conference Only

EARLY BIRD (by July 1st)
Member | $435   Non-Member | $555   Student | $150
REGULAR RATE (after July 1st)
Member | $485   Non-Member | $605   Student | $150

Pre-Conference & Main Conference

EARLY BIRD (by July 1st)
Member | $530   Non-Member | $655   Student | $200
REGULAR RATE (after July 1st)
Member | $580   Non-Member | $705   Student | $200

NOET Corner

NOET, the Network of EMDR trainers, was created as a format for independent EMDR trainers to exchange ideas and training approaches. NOET members realize that EMDR trainings need to adhere to the definition of EMDR, while accommodating the needs of various individuals, communities and cultures. Here is one adaptation from Graham Taylor, the president of EMDR Australia.

> *"I have recently had a completely new training format Accredited by EMDR Australia. It differs from the traditional workshop format in that all the Didactic training is conducted in a self paced program of recorded lectures, MP3, PowerPoint slides, videos, readings & workbook, supported by weekly Q&A webinars. This takes most people 4 - 6 weeks to complete. They then attend the Practicum component, which is covered in 2 workshops, 3 days and 1 day, two months apart. The Practicum workshop can be conducted either as a traditional face-to-face workshop, or over the Internet. The Internet delivery suits Australians living in remote areas far from a major city."*

Other adaptations are more common. Given the fact that a majority of EMDR clients suffer from complex, rather than single-incident, PTSD, it became necessary to reverse the order of preparation phase components. Marshall Wilensky and Andrew Leeds submitted the following:

Marshall: *I'm finding that many clinicians, myself included, are doing Phase Two before Phase One. That way, when there is activation from History, Treatment Planning and Target Sequencing the client already has containment and self-soothing skills.*

Andrew: *Experience within the EMDR therapy community suggests that the majority of those who present for treatment with EMDR therapy have complex forms of PTSD, rather than PTSD from a singular traumatic experience. EMDR therapy trained clinicians recognize this sooner or later, and learn to adjust their practice from the model presented in Shapiro's 2001 text in which History Taking (Phase 1) precedes Preparation (Phase 2). EMDRIA recognized this issue in the EMDRIA definition of EMDR therapy (revised 2/25/12). "The clinician may need to postpone completing a detailed trauma history when working with a client with a complex trauma history until the client has developed adequate affect regulation skills and resources to remain stable." In recognition of this, most of the independent EMDRIA Approved Providers of EMDR training structure their training to include training in methods of stabilization before, or in parallel with, training in history taking.*

This shift in the phase order is something I (editor) refer to as "front loading", always beginning with teaching the client mindful awareness of the "three zones" described in Gestalt therapy: inner, middle (body) and outer. I then proceed to breathwork, self-soothing and containment, often woven in and out of elements of the traditional Phase 1.

Another issue that has been addressed by NOET members to the benefit of potential EMDR trainees is the advertising of EMDR trainings without (1) revealing that the training may not be EMDRIA-Approved and without (2) *clearly* disclosing the full cost of the training (inclusive of the required ten hours of consultation). These concerns have been brought to the attention of EMDRIA at NOET's (now) annual meeting with EMDRIA during the EMDRIA Annual Conference.

NOET continues to provide a forum for its members to learn from each other. A major challenge for any EMDR trainer is how to encourage participants to utilize their training once they return to their practices. Some trainers find that participants internalize the training best when learning in shorter modules, e.g. two days at a time. Others emphasize the need to include modules in dissociation and/or attachment. Still others (Roy Kiessling being a strong proponent) teach a "processing continuum" in which trainees learn to determine how much of the free association process (EMD, EMDr or EMDR) would be most beneficial to the client sitting in front of them, while simultaneously allowing the therapist to grow in confidence in EMDR practice.

As NOET members learn from each other, what surfaces most clearly at our meetings is the generosity and the willingness to share ideas, perspectives and strategies. From this melting pot, we hope to spread this generosity with all of you and, in so doing, contribute to the healing of our planet – one trainer at a time.

Questions or content submissions, please contact: Andrew Seubert, editor NOET Corner at seuberta@mac.com. ❖

EMDR RESEARCH FOUNDATION

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

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

The "State of the Foundation" Address

As the EMDR Research Foundation steps into its 10th year, I thought it fitting to do a "State of the Foundation" Address to review our accomplishments as well as set the course for the future.

We have started 2016 off in a great way. I offer a grand welcome to David Sherwood, Ph.D. of Massachusetts who joined the Board of Directors. Dr. Sherwood is well known and served our community for many years. He was a member of the EMDRIA Board, the Standards & Training Committee and ad hoc committees. He also served his local community as a Regional Coordinator and was a member and a Chair of EMDRIA's RC Committee. He received the Outstanding Regional Coordinator Award in 2001. Dr. Sherwood has given much to EMDR therapy and we are grateful he is now lending a hand to the Foundation. Welcome David!

We also got fantastic news from our first grantee, Sarah Schubert of Australia, who was awarded a Dissertation Grant in 2010. Sarah wrote: "I am pleased to inform you that our research, which was made possible with the support of the EMDR Research Foundation, is in press with the *Journal of Traumatic Stress*. Our real world research that examined the effectiveness and underlying mechanisms of EMDR therapy to treat trauma in Timor Leste has been written into two research papers. The first of the papers has been accepted for publication, and the second has been submitted to the *Journal of EMDR Research and Practice*." Great Job, Sarah!

I say with pride, the Foundation has been steadfast in raising funds over the years. These efforts are done in service of supporting high quality research and validating what we see in our offices everyday. Thus far we have awarded funding to projects such as EMDR therapy with PTSD, moral injury in veterans, fibromyalgia, depression, bipolar disorder, addictions as well as EMDR therapy with special populations such as children in an inpatient setting, sex offenders, and breast cancer survivors. Dismantling studies and those investigating the mechanisms of action have also been supported. However, supporting research is the not the end goal, but rather the means to increasing publications in peer-reviewed journals.

To that end, we increased the Research Grant awards to $25,000 from $10,000 to grow the number applications and hopefully publications. When a special and celebratory $25,000 award was offered and yielded 14 applications, we decided to increase the amount going forward. Since 2014, there has been a significant increase in applications and we have awarded seven $25,000 grants.

However, we have lots more work to do. Just this week (after 27 years of EMDR therapy research) one of my colleagues who has been doing EMDR therapy for many years, is now facing scrutiny and challenges from a new manager who prefers CBT or other trauma treatments because "BLS is not evidenced-based." Certainly there are ways to deal with this and "evidence" to educate the uninformed manager. However, this reality is exactly why the Board works so hard to meet our goals, and why the EMDR therapy community so generously supports what we do. ***For the future we need to advance the knowledge and understanding of the key components of EMDR therapy, the mechanisms of action, and solidify evidence-based treatment protocols for different clinical situations and populations.***

In addition to providing financial support, the Foundation has also responded to requests or needs in the conducting of research and the dissemination of findings. Knowing the importance of linking research findings to clinical practice we focused our attention there as well. The Early Intervention Researcher's Toolkit is a thorough and comprehensive resource for conducting research in disaster situations, or in clinical situations such as crises clinics, emergency rooms, or rape treatment centers. It highlights disaster response research methodology, provides EMDR Early Intervention Protocols, and guidelines to appropriate research measures in a readily accessible online format. The Toolkit aids EMDR therapy clinicians responding to these situations, in using a standardized approach and collecting appropriate data as an integral part of their response.

It is gratifying that clinicians are interested in doing research on EMDR therapy and many have asked for help. However, doing the actual consultation is not our function. In response we created the Consultation Award, which facilitates access to required expertise that would advance the development or supports the completion of a research project, and/or the writing of an article for publication in a professional journal. To date, four awards have been granted.

The "Research Resource Directory" is a compilation of various research resources to support clinicians and provides access to information to guide the development of research projects as well as to inform clinical practice. It was developed in response to numerous inquiries from EMDR therapy clinicians about how to access databases, empirical articles, non-university based Internal Review Boards, measurement tools, and other resources.

To support the dissemination of research finding at non-EMDR professional meetings we created the Research Dissemination Travel Award. To date, one of those awards was granted in 2014.

Focusing on linking research findings to clinical practice, the Foundation launched the "Translating Research Into Practice" column in the *Journal of EMDR Research and Practice*. The column provides a critical link between research and practice, and makes research findings relevant in a therapist's day-to-day practice. ***We welcome clinicians to submit an article as well as volunteers to help with editing in preparation for publication.***

Another service provided to link research and practice are the Clinical and *EMDR and the Military in Action* e-newsletters. The clinical newsletters cover topics relevant to current day issues when research findings inform clinical practice. The Military in Action newsletters focuses on our colleagues who treat military personnel, veterans and their families. It is designed to promote continued interest and education in EMDR therapy and to show our support for those clinicians who deal daily with this growing population of traumatized individuals. We are grateful to our esteemed colleagues Camille Zeiter and Cossette Ahlborn who work at the Joint Base Lewis-McChord (JBLM) in Tacoma, WA and contribute the content for the monthly newsletters.

It is now imperative we expand our fundraising efforts by increasing the visibility and improve the awareness to others interested in EMDR therapy but not yet aware of the Foundation. To inform, strengthen and expand the understanding of effective uses of EMDR therapy demands we multiply our fundraising effects and strengthen the results. Partnering with like-minded organizations, family foundations and using social media are some of the ways we will increase our fundraising efforts and promote the Foundation worldwide. We will look to you to provide us with compelling examples of how effective EMDR therapy will help to enhance the lives of people everywhere.

"By affirming your own gifts and accomplishments, you build your confidence and increase your ability to build a brighter future." ~Debbie Ford ❖

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TRAUMA RECOVERY/HAP UPDATE

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

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

Our Recent International Work From Ethiopia to Nepal

Almost as soon as Trauma Recovery, EMDR Humanitarian Assistance Programs was formed 22 years ago, volunteers began to respond to trauma and the need for treatment not only in this country but outside the U.S. as well. At that time, there were few EMDR therapy clinicians outside of the United States and Europe. Our volunteers have always been willing and eager to help those who were affected by disasters or civil conflicts wherever they were needed and they still are today. Over time, our efforts have provided an enduring legacy in many of the countries where they went. We see the importance of this work in our projects today!

In the past, most of our projects were led by volunteers from the U.S. They struggled successfully to adapt the training process to challenging local conditions, sought funding or contributed personally for these costly ventures. Today, more often, we work with local or regional EMDR therapy trained clinicians such as those who are a part of EMDR Asia or Europe and those in Africa. This change was a natural response to the significant increase in clinicians in other parts of the world who are closer and who, perhaps, share a more similar cultural perspective.

Our collaboration, of more than a decade, continues with what is now EMDR Asia. As in other parts of the world, the work began as a result of the response to a tragedy, in this case, the tsunami in South Asia and to the earlier earthquake in Gujarat. Out of these terrible tragedies grew a vital and viable group of EMDR therapy clinicians who formed a new EMDR organization- EMDR Asia, led by Sushma Mehrotra. Sushma was mentored and trained by Rosalie Thomas, one of our volunteers, who returned frequently to India to support a growing EMDR therapy community.

And, now tragedy struck again, with the terrible earthquake in Nepal. We were asked by the Nepal Psychiatric Association to provide EMDR therapy to their members. Over the past months, working with Sushma Mehrotra, President of EMDR Asia, Rosalie Thomas and the World Health Organization, in April, this will become a reality! The only thing that was in our way was the funding - which we now have for our first Part I and Part II trainings. I hope that many of you will look at our crowdfunding page to learn more about this. https://donate.emdrhap.org/events/trauma-recovery-for-nepal/e69516

Many thanks to Tom Olschner, a therapist from Denver, who provided us with the videos from his visit to Nepal. While there, we made sure that Tom could be in touch with several Nepalese clinicians who had been EMDR therapy trained.

We will keep you updated on the events that occur during our April training. We hope that this will be the beginning of the development of a vibrant and effective EMDR therapy community in Nepal. We continue to seek more resources to enhance the likelihood of that occurring.

Janet Wright just returned from the West Bank and Ramallah. We were delighted to be able to help her continue the work that began more than 10 years ago. She continues to work with Trainer Mona Zaghrout who she originally trained and mentored. Janet was able to get some funding, that wasn't quite enough, from other sources and through our Disaster Recovery Fund we were able to make up the difference. While there Janet was also able to work with the victims of trauma in Gaza. The nearly 300 clinicians that we trained in the West Bank are not allowed to enter Gaza. In our next monthly newsletter, we will share the story of Janet's work while she was there. http://visitor.r20.constantcontact.com/d.jsp?llr=mjxq67cab&p=oi&m=1102629592364&sit=q9wvwijeb&f=0748557d-6748-4f58-8172-e89f88532966.

Another important legacy to this work with the Palestinian clinicians is that Mona has been able to bring EMDR therapy training to other Arab countries such as Jordan, Saudi Arabia and Egypt. She also works with EMDR Europe who also has provided support and funding to the projects in the Middle East.

Dorothy Ashman has been dedicated to bringing EMDR therapy to Ethiopia and we have worked with her to continue this effort. This January, more than 30 clinicians were trained in Addis Ababa by Reyhana Sadat, a South African trainer. Dorothy often asks family and friends to help support these efforts. The Disaster Recovery Fund allowed us to make up the difference so that the training could occur. Dorothy will also share her work in Ethiopia in an upcoming Trauma Recovery/HAP newsletter.

We will continue to nurture and support projects in other parts of the world. Just as was the case when this first began more than 22 years ago, we only go where we are asked to go by a local partner and where we think it is possible to sustain our work. It is only have ongoing commitment and support that a new community of trauma-informed therapist, trained in EMDR therapy, can grow and flourish. What a difference this can make to those who are suffering! ❖

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In the Spotlight: Silvia Guz

BY MARILYN LUBER, PH.D.

Silvia Guz was born in the municipality of Santo André in the metropolitan region of São Paulo, Brazil. Her father's family emigrated from Poland during WWI and her mother's came from Syria. Her parents, Icchok and Stela, grew up in the same town and went to the same synagogue. They fell in love in their 20's and were married for 30 years. They had a very happy life. Silvia has an older brother and sister. Silvia's secure beginnings helped form the dedication and focus she has brought to her life as a psychologist and EMDR practitioner.

Silvia knew that she wanted to be a psychologist from the time that she was a teenager. She was motivated because she saw a great deal of suffering and bullying in her school. She wanted to help and although, at the time, she did not know what to do, she believed that she could do something to help and began to inquire about these situations. This led her to study psychology at the Pontifícia Universidade Católica de São Paulo in 1983. In Brazil, the degree is for 5 years and she graduated with a professional degree of psychology, after completing a practicum at Intermédica São Camilo Hospital for six months. She went on to work for Pirelli where she first did a practicum in Human Relations and was later hired to work there. After two years, she knew that this was not the path she wanted to follow and went into private practice. She was 24 years old and decided to study Jungian Analysis. As with anything that Silvia does, she became a specialist and received her certification in 1988.

While she was working in her private practice, she met her husband through a mutual friend. Ari and Silvia met in Natal although they both grew up in Santo André, not far from each other, but had never met. Like her parents, they fell in love and have been together for 25 years. They have two daughters, Alice and Heloisa, and he has two children, Adriano and Carolina, from his first marriage. Ari was involved in Strategic Planning for the government as well as crisis management. Because of him, Silvia grew interested in this area. In 1995, she became a specialist in Situational Strategic Planning.

Silvia began working for the Altadir Foundation in Chile, which was a pioneering organization in Latin America for the development of strategic planning and senior management techniques, and she also worked as a consultant with the government concerning the intervention and mediation of crises and conflicts. These are skills that have been an important part of her work since that time.

Silvia furthered her clinical skills by becoming a student of Federico Navarro. He is the creator of "Somatopsicodinâmica," a technique that is part of the systematization of character analysis originating with Wilhelm Reich. In 2000, she was certified as a specialist from Navarro's school in Italy that trains in his approach to body psychotherapy. She worked with this method for 10 years and became more and more aware of how important the body is when working with clients in psychotherapy. In 2002, she became interested in Xavier Serrano's work from Spain and became a specialist in Psychotherapy Brief Character (PBC).

Silvia heard about EMDR at a conference for body therapists. She quickly read David Grand's book, "Emotional Healing at Warp Speed: The power of EMDR" and was so intrigued that she went to Buenos Aires, Argentina to do Part I of the Basic EMDR training in 2004. Pablo Solvey worked with her during a practicum. She worked on her guilt over not being able to see her mother one more time before she died, missing her by only a few hours. For the first time since her mother had died eight months prior to this EMDR session, she was at peace with her mother and her death.

When she returned to Brazil, she did not feel that she had learned how to do EMDR well enough. In 2006, she repeated the training in Brazil and felt more comfortable as the trainers explained how EMDR therapy works in the brain and how to do it. Since that time, she has not stopped using EMDR. She had another important experience with Esly Carvalho who did a 50-minute EMDR session based on Mark Grant's pain protocol. After living with tendinitis in her elbow 24 hours a day for 1½ years, following the session, she could move her elbow and her pain was gone! She did have surgery afterwards and she did not experience any emotional pain at all. In fact, it was so exciting that Esly wrote about it in "Heal Your Brain, Heal Your Body." It was not only her clients' experiences with EMDR therapy that were so compelling for Silvia but her own as well. It reinforced her desire to be an EMDR therapist.

She became an EMDR Institute facilitator as well as a facilitator for EMDR Iberoamerica (EMDR IBA) in 2010; an Approved Consultant (Supervisor) in 2010; an EMDR Institute/ EMDR IBA trainer in 2011; and a Trainer of Trainers in 2015 - Certified by both the EMDR Institute as well as EMDR Iberoamerica. She joined the EMDR Brasil Association and became its president in 2012 for two mandates. During her time on the board, the Association grew from 20 members to 300 and from 30,000 reais (approximately $5000) to 300,000 reais ($75,000)! From her work in strategic planning, just as it is with EMDR therapy, she learned that we need to look at the past and think about the present in order to move on to the future. The leaders of EMDR Brazil Association are engaged in this type of strategic planning. Their mission is to make sure that Brazil is not only known for Carnival and Rio, but for humanitarian work and EMDR therapy as well. A "Solidarity Network" has been recently formed and had its first planning meeting last February to help organize their actions throughout

a huge country. They are working together to unite EMDR therapists in Brazil and abroad by promoting conferences, scientific meetings, as well as the role of Brazil in the international EMDR community. They are also interested in strengthening the structure of Iberoamerica (throughout South and Central Americas) as well as in Brazil. Silvia has recently been invited to participate as the head of the International Committee for EMDR IBA, and sits on the EMDR Global Alliance task force in representation.

Since 2014, Silvia has done her own strategic planning for her life so that she no longer works 7 days a week! Silvia and Ari travel so much that their favorite hobby is to be home together with their children. He loves to cook and she loves to eat!

To the EMDR Community Silvia says:

"EMDR changed my life as a clinician and a client. It changed my personal life and I can see the light at the end of the tunnel. And my clients can do it, too. I am very thankful for it. Let's do EMDR. Let's do more research, and understand and plan our future. I can see the future of EMDR in the world.

My future vision is very big. I see EMDR therapy in every country, and in every little city with clinicians. I think that at least all the clinicians need to know about EMDR. If they do it or not, they need to know. I read something about PTSD in Brazil. In the article, they said there was no way to treat it! This occurs in magazines, on television and in other places. It upsets me! I want to put EMDR out into the media so that when people are in pain they will say, 'I need EMDR. I want my country to offer it to me. That is my vision!"

Silvia also said that she is known for not putting a project down until it is done correctly. It is clear that she is a woman who will actualize her vision and make it come to pass. She is working for it! Let's all give her a hand! ❖

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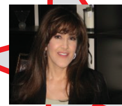

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RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: http://emdria.omeka.net/.

Previous columns from 2005 to the present are available on the EMDRIA web site at: http://www.emdria.org/?page=43.

Ait Aoudia, M. (2015). The assessment of psychological, social and legal implications before undertaking EMDR [L'évaluation des conséquences psychologiques, sociales et judiciaires avant d'entreprendre une thérapie EMDR]. *European Psychiatry*, 30(8), S95-S96. doi:10.1016/j.eurpsy.2015.09.405

M. Ait Aoudia, Centre du psychotrauma, institut de Victimologie, Paris, France. Email: aitaoudiam@gmail.com

ABSTRACT

Late revelations of sexual abuse and their psychological, social and legal consequences are often experienced by victims as a particularly significant existential test, which will register a "before" and "after" in their life trajectory. Indeed, late revelations result in a marked break in the psychological balance, family, social and professional. Their occurrence, spontaneous or provoked may cause the victim to a psycho crisis, when the sudden resurgence of the past will invade this, day and night, with flashbacks, nightmares, bodily sensations, dissociative symptoms derealization and depersonalization. Faced with these symptoms, the person will face phases where it will attempt to handle the situation by avoidance strategies, including the apparent effectiveness is limited and temporary, and those where it will face the internal and external changes, with a sense of personal efficacy altered, a fear of going mad, a sense of failure face of aggression after so many years, a loss of hope for the future. In these contexts, the care psychotraumatologique requires a specific and comprehensive evaluation including the psychological dimensions, family, social and professional and judicial, which will determine the strategy and therapeutic targets. We propose to discuss in this paper, with clinical illustrations, the specifics of the joints between assessments and treatment with EMDR case of late revelations of sexual abuse.

Edmond, T., Lawrence, K. A., & Schrag, R. V. (2016). Perceptions and use of EMDR therapy in rape crisis centers. *Journal of EMDR Practice and Research*, 10(1), 23-32. doi:10.1891/1933-3196.10.1.23

Tonya Edmond, Washington University in St. Louis, George Warren Brown School of Social Work, One Brookings Drive, Campus Box 1196, St. Louis, MO 63130. E-mail: tee1@wustl.edu

ABSTRACT

Sexual violence is pervasive and generates significant trauma symptoms that can last a lifetime for survivors. Rape crisis centers provide critically important services for survivors of child sexual abuse and adult sexual assault, including individual and group counseling. Eye movement desensitization and reprocessing (EMDR) has been found to be an effective treatment for a wide array of trauma symptoms in both children and adults. This study sought to determine the extent to which rape crisis centers use EMDR therapy, practitioners' perceptions of EMDR, and the provider characteristics that might support or hinder implementation of EMDR in this setting. A statewide web-based survey generated responses from 76 counselors working within 47 rape crisis centers. Results indicate that there is a low-use rate of EMDR (8%) in this setting, perceptions of EMDR were predominately marked by uncertainty, reflecting a lack of familiarity, but there is strong interest in receiving training. The desire for training is complicated by the range of education levels of counseling staff in rape crisis centers with only 54% holding advanced degrees. There is an opportunity and need to build capacity for the implementation of EMDR in this vital service sector, but there are also significant challenges that will need to be addressed.

Kullack, C., & Laugharne, J. (2016). Standard EMDR protocol for alcohol and substance dependence comorbid with posttraumatic stress disorder: Four cases with 12-month follow-up. *Journal of EMDR Practice and Research*, 10(1), 33-46. doi:10.1891/1933-3196.10.1.33

Claire Kullack, University of Western Australia, Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, T Block, L7, 1 Alma Street, Fre-mantle, WA 6160, Australia. E-mail: Claire.kullack@uwa .edu.au

ABSTRACT

This report begins with a summary of the literature regarding the theoretical models behind the comorbid relationship between posttraumatic stress disorder and substance use disorders and the various modified addiction protocols formulated to assist in treating these disorders. This case series outlines the effect that the standard eye movement desensitization and reprocessing (EMDR) protocol had on alcohol and substance dependence for 4 patients who attended our Post Traumatic Stress Clinic in Fremantle, Western Australia, primarily for treatment for posttraumatic stress disorder. Patients were assessed for substance use disorders using the Mini International Neuropsychiatric Interview Plus prior to, immediately after, and 12 months after completing EMDR therapy. Results indicate that the standard EMDR protocol was successful in reducing alcohol and substance use. Prior to treatment, 3 patients met criteria for alcohol dependence and 1 met criteria for substance dependence. At 12-month follow-up, 3 out of 4 clients did not meet the diagnostic criteria for current alcohol dependence or current substance dependence. The implications of these findings are discussed with reference to theories of comorbid posttraumatic stress disorder and substance use disorder and the modified EMDR protocols developed for patients with substance dependence.

Majidzadeh, A., & Sediq, S. H. (2015). Study descriptive static of desensitization technic efficiency with eye movement and reprocessed of cancer patient depression stress. *International Science and Investigation Journal*, 4(6), 11-17.

Full text: http://isijournal.info/journals/index.php/ISIJ/article/view/171

Afsoon Majidzadeh, Department of Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran. Email: entesharat.ban@gmail.com.

ABSTRACT

This research conducted with respect to subject identity and purpose is one test study with pre- test and post- test plan in 2 group. This survey society included all cancer patient referred to Shafa-Parto clinic in Ardebil city during survey. The results showed that eye movement desensitization and reprocessing therapy reduced depression in cancer patients treated by radiation. Congenital sensitivity of eye movement and reprocessing therapy reduces stress cancer patients treated by radiation. Eye Movement Desensitization and Reprocessing (EMDR) therapy reduces anxiety in cancer patients undergoing radiation therapy. Also this method decreased depression, stress, anxiety and state anxiety cancer patients.

Meysner, L., Cotter, P., & Lee, C. W. (2016). Evaluating the efficacy of EMDR with grieving individuals: A randomized control trial. *Journal of EMDR Practice and Research*, 10(1), 1-11. doi:10.1891/1933-3196.10.1.2

Christopher W. Lee, Murdoch University, Department of Psychology and Exercise Science, 90 South Street, Murdoch, Western Australia, 6150. E-mail: chlee@murdoch.edu.au.

ABSTRACT

This study compared the effectiveness of eye movement desensitization and reprocessing (EMDR) with an integrated cognitive behavioral therapy (CBT) intervention for grief. Nineteen participants (12 females and 7 males) who identified themselves as struggling with grief were randomly allocated to treatment conditions. Each participant was wait-listed for 7 weeks and then received 7 weeks of therapy. There were no significant improvements on any measure in the wait-list period. In contrast, participants in both treatment groups improved on measures of grief ($\eta p2= .47$), trauma symptoms ($\eta p2 = .60$), and distress ($\eta p2 = .34$). There was no significant improvement in participants' scores on a quality of life measure ($\eta p2 = .11$). Neither treatment approach produced better outcomes than the other. For those who scored in the clinical range at intake, 72% achieved clinical and reliable change on the grief measure and 82% on the trauma measure. The study had several strengths, including randomization to treatment condition, multiple therapists, formal assessment of treatment fidelity, and the pretreatment and follow-up assessments were conducted by researchers blind to treatment assignment. Overall, the findings indicate that EMDR and CBT are efficacious in assisting those struggling with grief, and that those individuals reporting higher levels of distress and lower levels of functioning may benefit the most from an intervention.

Mikhailova, E. (2015). Application of EMDR in the treatment of older people with a history of psychical trauma. *European Psychiatry*, 30(S1), 851-. doi:10.1016/S0924-9338(15)30664-7

E. Mikhailova, Rehabilitation Center, Smolensk Regional Hospital for War Veterans, Smolensk, Russia.

ABSTRACT

Introduction: There are many studies supporting the efficacy of trauma focused EMDR in the treatment of PTSD and other anxiety disorders. But most of them included only people younger than 70 years. Older people often suffer from intellectual decline. Been proved that EMDR is effective in people with intellectual impairment (Mevissen. L et all, 2012), but the people who participated in these studies did not relate to the older age group.

Objectives: Old people are often faced with loss, death of a spouse, friends, relatives. Inaddition, the known so-called 'domino effect' when a new trauma can reactivate old traumatic

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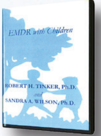

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experiences, and the fact that older people inrelation to the characteristics of their memory can suddenly reactivate traumatic experiences related to the events of their youth.

Aims: Explore the possibility of using EMDR in the treatment of elderly people with a history of psychological trauma.

Methods: The study involved 26 women aged 70-85 years who received treatment in the in-patient department of our hospital. They had cognitive impairment from mild to moderate (for MoCA-test) and a history of psychological trauma. The Doctor used bilateral stimulation (mainly tapping) and 8-phase EMDR protocol, developed by F. Shapiro.

Results: All patients showed a decrease anxiety, improve sleep, and decrease in the number of somatic complaints.

Conclusion: EMDR is highly effective in the elderly.

Pagani, M., Di Lorenzo, G., Monaco, L., Daverio, A., Giannoudas, I., La Porta, P., . . . Siracusano, A. (2015). Neurobiological response to EMDR therapy in clients with different psychological traumas. *Frontiers in Psychology*, 6, 1614. doi:10.3389/fpsyg.2015.01614

Full text: http://journal.frontiersin.org/article/10.3389/fpsyg.2015.01614/abstract

Marco Pagani, Institute of Cognitive Sciences and Technologies, Consiglio Nazionale delle Ricerche, Rome, Italy. Email: marco.pagani@istc.cnr.it

ABSTRACT

We assessed cortical activation differences in real-time upon exposure to traumatic memory between two distinct groups of psychologically traumatized clients also in comparison with healthy controls. We used electroencephalography (EEG) to compare neuronal activation throughout the bilateral stimulation phase of Eye Movement Desensitization and Reprocessing (EMDR) sessions. We compared activation between the first (T0) and the last (T1) session, the latter performed after processing the index trauma. The group including all clients showed significantly higher cortical activity in orbito-frontal cortex at T0 shifting at T1 toward posterior associative regions. However, the subgroup of clients with chronic exposure to the traumatic event showed a cortical firing at both stages which was closer to that of controls. For the first time EEG monitoring enabled to disclose neurobiological differences between groups of clients with different trauma histories during the reliving of the traumatic event. Cortical activations in clients chronically exposed to traumatic memories were moderate, suggesting an association between social and environmental contexts with the neurobiological response to trauma exposure and psychotherapy.

Park, H., Kim, D., Jang, E. Y., & Bae, H. (2016). Desensitization of triggers and urge reduction for paruresis: A case report. *Psychiatry Investigation*, 13(1), 161-3. doi:10.4306/pi.2016.13.1.161

Daeho Kim, MD, PhD. Department of Psychiatry, Hanyang University Medical School, 222 Wangsimni-ro, Seongdong-gu, Seoul 04763, Republic of Korea. Tel: +82-2-2290-8430, Fax: +82-2-2298-2055, Email: dkim9289@hanyang.ac.kr

ABSTRACT

Paruresis is a special type of non-generalized social phobia that involves fear and avoidance of urination in public restrooms. We administered eight 60-minute sessions of desensitization of triggers and urge reduction (DeTUR), an addiction protocol of eye movement desensitization and reprocessing (EMDR) therapy, to a 29-year old man with paruresis of 10 year duration. Because phobic avoidance is the hallmark of any anxiety disorder, we applied DeTUR targeting the urge to avoid each anxiety-provoking situation in succession. After treatment, the participant no longer met the requirements for a diagnosis of social anxiety disorder, and the self-reported symptoms of social anxiety had decreased to non-clinical levels; furthermore, these treatment gains were maintained at the one-year follow-up. Further clinical studies are needed to generalize this finding.

Patel, G. J., & McDowall, J. (2016). The role of eye movements in EMDR: Conducting eye movements while concentrating on negative autobiographical memories results in fewer intrusions. *Journal of EMDR Practice and Research*, 10(1), 13-22. doi:10.1891/1933-3196.10.1.13

Gauranga Jeram Patel, Victoria University of Wellington, School of Psychology, PO Box 600, Wellington 6140, New Zealand. E-mail: rongoson@hotmail.com

ABSTRACT

In dismantling eye movement desensitization and reprocessing (EMDR) therapy, researchers have found that the central executive is likely responsible for the effect of eye movements on negative memories. Arguably, however, researchers have not satisfactorily explained central executive mechanisms responsible. One possible central executive mechanism is that of suppression. The aim of this research was to evaluate the effect of eye movements on vividness, emotionality, and suppression of memories. Thirty-one nonclinical participants in Experiment 1 completed fast- and no-eye-movement conditions. Thirty-three nonclinical participants in Experiment 2 completed fast-, slow-, and no-eye-movement conditions. Number of intrusions during a suppression period and self-ratings of vividness and emotionality were the dependent variables in both experiments. Experiment 2 also included a measure of central executive capacity. Results from both experiments supported the hypotheses and showed that fast eye movements resulted in fewer intrusions than no- and slow-

eye-movement conditions. Experiment 2 also found a correlation between number of intrusions after fast eye movements and central executive capacity. Limitations of this research are discussed as well as possibilities for future research and implications for understanding EMDR therapy.

Paylor, S., & Royal, C. (2016). Assessing the effectiveness of EMDR in the treatment of sexual trauma. The Practitioner Scholar: *Journal of Counseling and Professional Psychology*, 5(1).

Full text: http://www.thepractitionerscholar.com/article/view/14017/10128

ABSTRACT

The authors provide a critical review of eye movement desensitization and reprocessing (EMDR) as an effective means of clinical treatment for female survivors of sexual abuse. The authors reviewed selected research findings, assessing strengths and limitations of each work. The authors present themes and patterns regarding the use of EMDR with female sexual abuse victims and offer suggestions of best practice for applying EMDR as a complimentary intervention to other behavioral approaches.

Proudlock, S., & Hutchins, J. (2016). EMDR within crisis resolution and home treatment teams. *Journal of EMDR Practice and Research*, 10(1), 47-56. doi:10.1891/1933-3196.10.1.47

Simon Proudlock, Department of Psychology, Pros-pect Park Hospital, Honey End Lane, Tilehurst, Reading, Berkshire, RG30 4EJ, United Kingdom. E-mail: simon@counsellingpsychologysolutions.com

ABSTRACT

This article describes how eye movement desensitization and reprocessing (EMDR) can be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. It explores previous research in this area and examines how offering EMDR therapy may expedite recovery for clients and how offering immediate access to specialized treatment can result in NHS Trusts reducing costs associated with further psychological treatment in the community. Nine cases are presented of clients who were under the care of an NHS crisis resolution and home treatment team and who received brief EMDR therapy. Treatment directly addressed recent or historical traumatic experiences, without extensive preparation even though clients had suicidal intent and were in crisis. All clients showed marked improvement in their mental state and a reduction in their risk regarding harm to self and harm to others. An audit of the patient electronic database was used to examine contact with mental health services 12 months posttreatment. Three of the nine clients reaccessed crisis services at 6, 8, and 11 months, respectively, concerning new crises unrelated to the material initially processed with EMDR. EMDR therapy has the potential to significantly improve the outcomes of clients experiencing a mental health crisis but more research is needed in this area.

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van den Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2015). Trauma-Focused treatment in PTSD patients with psychosis: Symptom exacerbation, adverse events, and revictimization. *Schizophrenia Bulletin*. doi:10.1093/schbul/sbv172

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ABSTRACT

Objectives: Most clinicians refrain from trauma treatment for patients with psychosis because they fear symptom exacerbation and relapse. This study examined the negative side effects of trauma-focused (TF) treatment in patients with psychosis and posttraumatic stress disorder (PTSD).

Methods: Analyses were conducted on data from a single-blind randomized controlled trial comparing TF treatment (N = 108; 8 sessions prolonged exposure or eye movement desensitization) and waiting list (WL; N = 47) among patients with a lifetime psychotic disorder and current chronic PTSD. Symptom exacerbation, adverse events, and revictimization were assessed posttreatment and at 6-month follow-up. Also investigated were symptom exacerbation after initiation of TF treatment and the relationship between symptom exacerbation and dropout.

Results: Any symptom exacerbation (PTSD, paranoia, or depression) tended to occur more frequently in the WL condition. After the first TF treatment session, PTSD symptom exacerbation was uncommon. There was no increase of hallucinations, dissociation, or suicidality during the first 2 sessions. Paranoia decreased significantly during this period. Dropout was not associated with symptom exacerbation. Compared with the WL condition, fewer persons in the TF treatment condition reported an adverse event (OR = 0.48, P = .032). Surprisingly, participants receiving TF treatment were significantly less likely to be revictimized (OR = 0.40, P = .035).

Conclusions: In these participants, TF treatment did not result in symptom exacerbation or adverse events. Moreover, TF treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition. This suggests that conventional TF treatment protocols can be safely used in patients with psychosis without negative side effects.

Verlinden, E., & Lindauer, R. J. (2015). [Trauma in children and adolescents: Screening, diagnoses and treatment]. *Tijdschrift Voor Psychiatrie*, 57(12), 912-6.

Oya Mortan Sevi Surp Pırgiç Ermeni Hastanesi, Psikiyatri Bölümü, Zeytinburnu, İstanbul – Turkey. Email: oyamortan@gmail.com

ABSTRACT

Background: Young people often experience one or more traumatic events during their life. About 16% develops a post-traumatic stress disorder (PTSD). Whereas trauma treatments are effective, untreated PTSD has serious consequences for the psychosocial development. Adequate screening, correct diagnosis and treatment are very important.

Aim: To investigate current screening techniques and diagnostic tools and to study the effects of treatment on traumatised children en adolescents.

Method: In this article we discuss the results of several trauma studies that formed part of two recent successfully completed PhD programmes.

Results: The Children's Revised Impact of Event Scale (CRIES-13) is a validated trauma screening tool. The Clinician-Administered PTSD Scale, Child and Adolescent Version (CAPS-CA) is a validated clinical trauma interview. Trauma focused cognitive behavioral therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR) are the treatments of choice for children and adolescents with PTSD.

Conclusion: The CRIES-13 is suitable for use in general care, whereas the CAPS-CA is more suitable for specialist care. TF-CBT and EMDR are the treatment of choice for children and adolescents with PTSD.

Watts, B. V., Zayed, M. H., Llewellyn-Thomas, H., & Schnurr, P. P. (2016). Understanding and meeting information needs for patients with posttraumatic stress disorder. *BMC Psychiatry*, 16(1), 21. doi:10.1186/s12888-016-0724-x

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ABSTRACT

Background: Posttraumatic Stress Disorder (PTSD) is a commonly occurring mental illness. There are multiple treatments for PTSD that have similar effectiveness, but these treatments differ substantially in other ways. It is desirable to have well-informed patients involved in treatment choices. A patient decision aid (PtDA) is one method to achieve this goal. This manuscript describes the rationale and development of a patient decision aid (PtDA) designed for patients with PTSD.

Methods: We conducted an informational needs assessment of veterans (n=19) to obtain their baseline information needs prior to the development of the PtDA. We also conducted a literature review of effective PTSD treatments, and we calculated respective effective sizes. A PtDA prototype was developed according to the guidelines from the International Patient Decision Aid Standards. These standards guided our development of both content and format for the PtDA. In accordance with the standards, we gathered feedback from patients (n=20) and providers (n=7) to further refine the PtDA. The information obtained from patients and the literature review was used to develop a decision aid for patients with PTSD.

Results: Patients with PTSD reported a strong preference to receive information about treatment options. They expressed interest in also learning about PTSD symptoms. The patients preferred information presented in a booklet format. From our literature review several treatments emerged as effective for PTSD: Cognitive Therapy, Exposure Therapy, Eye Movement Desensitization Therapy, Selective Serotonin Reuptake Inhibitors, venlafaxine, and risperidone.

Conclusion: It appears that the criteria set forth to develop decision aids can effectively be applied to PTSD. The resultant PTSD patient decision aid is a booklet that describes the causes, symptoms, and treatments for PTSD. Future work will examine the effects of use of the PTSD decision aid in clinical practice.

Zhang, L., Zhou, J., & Li, L. (2016). Crisis intervention in the acute stage after trauma. *International Journal of Emergency Mental Health and Human Resilience*, 2015.

Lingjiang Li, Mental Health Institute, the Second Xiangya Hospital of Central South University, National Clinical Research Center for Mental Disorder (Changsha), National Technology Institute of Psychiatry, Key Laboratory of Psychiatry and Mental Health of Hunan Province, Changsha, China. E-mail: llj2920@163.com

Full text: http://www.omicsonline.com/open-access/crisis-intervention-in-the-acute-stage-after-trauma-1522-4821-1000299.php?aid=66595#PDF

ABSTRACT

The efficacy of crisis intervention, such as critical psychological first aid, critical incident stress debriefing, trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing and pharmacotherapy, were all evaluated and reviewed. ❖

EMDR Basic Training

Integrating EMDR into your Clinical Practice

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Check out our Calendar of Trainings

March
Jackson, MS: P1
Columbus, OH: P1
Tacoma WA: P1
Terre Haute, IN: P-2
Hamilton, NJ: 5 Day
Ft Bragg, NC: P1
Des Moines, IA: P-1

April
Boca Raton, FL: P-1
Atlanta, GA : P-2
Ottumwa, IA: P-1
Columbus, IN: P-1
Cedar Rapids: P-1
Columbus, OH: P-2
Asheville, NC: P-1

May
Jackson, MS: P-2
Philadelphia, PA: P-1
Boca Raton, FL: P-2
Columbus, IN: P-2
Ashville, NC P-2
Tacoma, WA: P-2

June
Cedar Rapids, IN P-2
Wichita, KS: P-1
Santa Maria, CA: P-1
Detroit, MI: 5 Day

July
Stuart, FL: 5 Day
Wichita, KS: P-2
Miami, Fl: P-1
Philadelphia, PA: P-2

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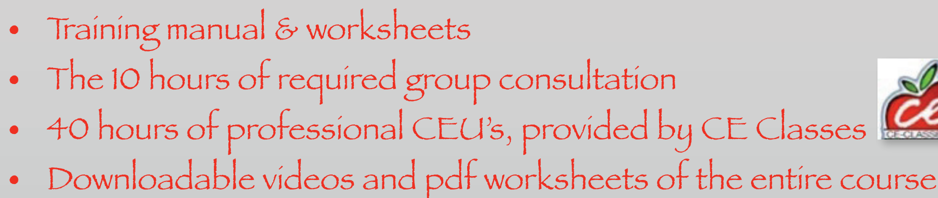

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Roy Kiessling, LISW
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PAID ADVERTISEMENT

ARGENTINA

Esly Carvalho reports: “We are all gearing up for the 5th EMDR IBA Conference to be held in Buenos Aires at the end of October. Uri Bergmann and I are among the invited guests who will be presenting Pre-Conference workshops, Please visit www.congresoemdr2016.com for more information.”

AUSTRALIA

Graham Taylor reports: “The Australian Association continues to raise donations for the EMDR Research Foundation as part of our joining and subscription renewal process. Although it is early in the year, we are on track to exceed last year’s donation. Hopefully, other Associations will consider implementing this policy. Our Continuing Education program for 2016 is taking shape. We have webinars scheduled on “EMDR and Grief” and “EMDR and Schema Therapy.” Othe trainings planned will be “EMDR and Eating Disorders” with DaLene Forester Thacker and a “Research Update” with Chris Lee. Our Conference in October will showcase Australian practitioners and researchers and we will have Ad de Jongh of the Netherlands presenting a full-day workshop on “EMDR and Anxiety Disorders.” Behind the scenes, we are planning a comprehensive review of the training curriculum and standards for accreditation. All in all, we have a big program for 2016.”

BANGLADESH

Shamim Karim reports: “In February, Hanna Egli (Switzerland) taught Supervision classes. Sushma Mehrotra (India) and her team will come in April to teach a Part 2 training.”

BELGIUM

Freek Dooghe reports: “EMDR Belgium now has 400 members. Michel Silvestre of France will be speaking at our annual EMDR day in Kortenberg (near Brussels).”

BOLIVIA

Esly Carvalho reports: “EMDR Bolivia continues to move forward as the funds allow. A “GoFundMe” account was set up to receive donations so that we can train Bolivians to do EMDR therapy. It is called Project Martina in honor of a young Bolivian child. As a result, we have been able to start a round of EMDR Basic Training in Cochabamba, and will start one in Santa Cruz. EMDR is not well known in this poverty-stricken country. The aim is to raise ten thousand dollars so that we can eventually train a Bolivian trainer and avoid costly trips. Part of these funds made it possible for Nacho Jarero to go to Cochabamba in February and train Brazilian, Peruvian and Bolivians in the Intervencion Temprana Con Terepia de Reprocesamiento Del Trauma Aplicada por Auxiliadores (ITEA) protocol. This is a protocol that Nacho has been testing to work with paraprofessionals so we can train nurses, family therapists, social workers to do this protocol with the butterfly hug. He published it in the *The Journal of EMDR Practice and Research*. Read about what is happening at https://www.gofundme.com/EMDR-Bolivia.”

BRAZIL

Esly Carvalho reports: “EMDR Brazil has established a Solidarity Network that will be developing a new training model for humanitarian projects in Brazil.”

CAMBODIA

Ean Nil reports: “Through the Mekong Project II in Cambodia and Myanmar that started in late 2014, we conducted four EMDR trainings, three trainings were predominately for mental health professionals from Myanmar and conducted in Thailand. The fourth training was conducted in Cambodia for mostly Cambodian psychologists, including some trainees from Thailand, Myanmar, Vietnam and Germany. The trainer was Derek Farrell of the United Kingdom. The trainings were followed by clinical supervision in Myanmar (2015) and in Cambodia (2016) by supervisors (some are trainers) from Thailand, Cambodia and Indonesia. It is important to highlight that through EMDR Cambodia’s Mekong project II, the integration of the EMDR training curriculum into the national psychiatry training has been discussed and considered as an important move this year by the Department of Mental Health and Substance Abuse, Ministry of Health in Cambodia. We continue the process of discussing this work with the key person from this department.”

CHINA

Jinsong Zhang reports: "Everything is going well with EMDR China. We finished two Part 1 trainings in December."

EL SALVADOR

Esly Carvalho reports: "Rolando Mena is the new EMDR IBA trainer for El Salvador who was approved in January. We are very excited since we have very few trainers in Central America. Thanks to Ligia Barascout and John Hartung who made this happen! Sadly, we had a colleague who was trained, but passed away before she had the opportunity to present her first workshop."

ETHIOPIA

Dorothy Ashman (United States) reports: "You can put Ethiopia back on your list of African countries with EMDR trainings. We raised enough money for Reyhana Seedat of South Africa to run a two-day Advanced Training and Consultation workshop in January for about 23 of our previously EMDR-trained therapists. Reyhana has begun an "African Consultant-in-Training" program for South Africa, Ethiopia and a few other African countries. This was her first workshop in Addis for that program. We are hoping to be able to raise enough money so that she can be in Ethiopia twice a year. Unfortunately, at this time we cannot offer EMDR training to new therapists, but perhaps funding will eventually be found for that, too."

Reyhana Seedat reports: "I just got back from Ethopia where I did a two-day consultation. It was great to see EMDR therapy well and alive there, and also the relief it has brought to the suffering people. The participants decided to form a support group and to meet regularly. The thirst for knowledge is really great but the need to fulfill everyday needs is greater so people have difficulty providing volunteer work."

GREECE

Domna Ventouratou reports: "We are currently running a randomized controlled study with recently unemployed individuals, adjustment disorder and the efficacy of EMDR. The aim is to test for differences between an EMDR therapy group (N=20) and a waiting list group (N=20). The first group will receive EMDR therapy over a period of 12 weeks, with a follow-up at the end of six months. For ethical reasons the waiting list group will receive treatment at the end of the six months. The primary outcome measures will look at changes in depression, anxiety levels, adjustment disorder level and increases in the use of more adaptive coping strategies. These measures will be administered at recruitment, end of therapy and again at six months. Recruitment of unemployed individuals has started in January 2015 and will continue until enough participants have been recruited. We continue to give EMDR Basic Trainings in Athens, Thessaloniki, Crete & Cyprus."

ITALY

Bruna Maccarrone reports: "There are Italian clinicians who are treating refugees and asylum seekers with EMDR therapy. They are seeing these clients in migrant centers and mental health facilities throughout Italy. The aim is to organize an explanatory model of successful applications of EMDR with these types of populations from diverse cultural backgrounds and do research in the near future. Working with this heavily traumatized population requires specific clinical skills and represents a big challenge even to the most experienced EMDR clinicians. Finally, the EMDR Italy Association closed the 2015 with 3,800 members."

KENYA

Gisela Roth reports: "In 2014, EMDR Kenya sponsored a Part 1 training, including an extra full day on traumatology. There were 38 participants, including three from Rwanda and one from Ethiopia. We also had four facilitators-in-training, including one from Rwanda. In 2015, we had a Part 2 training with 28 participants and three facilitators-in-training including one from Rwanda. One facilitator completed training in 2014 and another in 2015. The EMDR Basic Training was sponsored by Trauma AID Germany and involved German trainers and facilitators. I have become the second trainer living and working on the African continent (to my knowledge) in 2015. We also organized specialty workshops on "Resource-Oriented Work with EMDR" by Christine Rost (Germany) and on "Dissociative Disorders and Complex Trauma" with Franz Ebner (Germany). The EMDR Kenya group continues to meet about three times a year for peer supervision, training and support.

I have started to supervise a group of EMDR practitioners monthly who are studying to become supervisors/facilitators to deepen their understanding of EMDR practice and to prepare them for an EMDR supervision course we hope to do in 2017. We would like to open this to neighboring country EMDR groups, if they have practitioners at that level. We are convinced that this is a crucial step in upholding the standard of competent EMDR practice available throughout the countries we work in, not just the capitals. We are supporting the development of local trainers as well.

I am in the process of deepening the EMDR Africa Network Initiative which I started last year with good response by using a basecamp web format that allows us to share information, discussions, chats, papers and files in a confidential website. This should go a long ways towards EMDR practitioners, supervisors, trainers and trainees to be connecting across the continent."

PORTUGAL

Ana Christina Santos reports: "In February, EMDR-Portugal presented its first colloquy called "Psychotherapy in Portugal: Reality and Challenges" sponsored by Ordem dos Psicólogos Portugueses (OPP) and I presented, "EMDR; A Therapy for Catastrophes." In March, Pedro Santos, the current chair of the Practice Committee, will be the new President of EMDR Portugal until 2018. I will stay on as vice president for continuity and continue as Chair of the Children & Adolescents Committee."

SINGAPORE

Linda Wan Koh reports: "There is an upcoming AGM in April. This September, Sigmund Burzynski will be offering both Part 1 and 2 of the EMDR Basic training."

SOUTH AFRICA

Reyhana Seedat reports: "In February, I did a Part 1 training in Cape Town and am starting to train a new facilitator in South Africa."

TANZANIA

Gisela Roth reports: "I have just returned from a Part 2 in Tanzania, filling in for Björn Aasen of Norway, who broke his arm. Tanzania has an excellent group of psychiatrists, clinical psychologists and counselors trained in both levels. Some of them are at positions to implement the usage of EMDR therapy and its supervision across the country."

THAILAND

Tri Iswardani reports: "Greetings from Chiang Mai, Thailand. We completed EMDR Basic Training with Derek Farrell involving facilitators, trainers and supervisors in training from EMDR Cambodia, Indonesia and Thailand. This training is part of Mekong II Project and the Project Holder now is EMDR Cambodia (before the Project Holders were Indonesian Psychological Association/ Aceh Project (2006-2009) and Mekong I (2011-2014) Project). The Director of Mekong II Project is Ean Nil from Cambodia. This extended Project started in 2015 and will be finished by the end of 2018."

Ean Nil reports: "Recently, Parichawan Chandarasiri, Sombat Tapanya and Tri Iswardani (Indonesia) conducted a supervisory training here for supervisees from Cambodia, Thailand and Indonesia."

THE NETHERLANDS

Ad de Jongh reports: "I am writing to you concerning an important article about the guidelines for the evidence based treatment of Complex PTSD that has just appeared. Please feel free to distribute it to your colleagues.

https://www.researchgate.net/publication/292978204_CRITICAL_ANALYSIS_OF_THE_CURRENT_TREATMENT_GUIDELINES_FOR_COMPLEX_PTSD_IN_ADULTS

Also, we are quite busy with organizing the EMDR Europe Conference in The Hague. For information on the Conference, visit http://emdr2016.eu/. We recently passed the threshold of 3,500 members for EMDR The Netherlands!"

UGANDA

Rosemary Masters (United States) reports: "A team of five EMDR consultants under the sponsorship of William Zangwill (United States) went to Uganda last May. Thirty Ugandan Masters Level Counselors took part in the training, some for a second time. This was the sixth EMDR training to be given in Uganda. Since May, a core group of six counselors has been meeting by Skype every other week with me. In addition to their weekly consultation, this core group has begun to take steps to organize an EMDR chapter in Uganda. The Trauma Studies Center in New York City is in the process of developing plans to bring two of the most experienced therapists to New York for advanced training under Dr. Zangwill.

In June, a chapter on the Uganda project is due to be published in Mark Nickerson's book, *Cultural Competence and Healing Culturally Based Trauma. The title of the chapter is Learning EMDR in Uganda, an Experiment in Cross Cultural Collaboration*. Betsy McConnell, Josie Juhasz and myself describes a seven year project whose goal was to create a critical mass of EMDR Ugandan psychotherapists who are equipped to take over EMDR consultation and training in their own country."

Lois Ochienglois reports: "In Uganda, EMDR therapy is gaining ground and the number of therapists who use EMDR is increasing annually as the training and supervision continues. We are now in the process of starting EMDR Uganda chapter and it will be registered before the end of the year."

UNITED STATES

California

Deborah Nielson reports: "We had a special San Diego EMDRIA Network Regional meeting, to bring people together to share resources and make plans for future meetings. We recently had a wonderful facilitation by Susan Brown, sharing her approach in addressing "Addiction with EMDR." We are looking forward to continuing our collaboration in getting more EMDR clinicians involved in the meetings on all fronts."

Julie Stowasser reports: "Last year, I trained Tulare County Youth Services Bureau staff at my office in San Luis Obispo. As part of their retreat and trip to the coast, I provided a presentation for Phase 2 of EMDR titled, "Stories and Metaphors for Phase 2 of EMDR therapy." It was well received and a fun time for all. In February, I presented a Phase 2 activity geared toward introducing EMDR therapy to the Atascadero Chamber of Commerce's Women in Business at their Speakers' Luncheon. This presentation is called, "S-I-F-T Until You Shift!" (slightly modified version of SIFT by Dan Siegel, MD.) SIFT = (Body) Sensations Imagery Feelings (Emotions) and Thoughts."

Colorado

Jim Knipe reports: "I will be giving my "EMDR Toolbox" 2-day workshop in London, October 1st-2nd. Also, I will be speaking in Switzerland in March, and in Brazil and Japan in June. I will also be doing this workshop in the in Kansas City, Ft. Collins and Washington D.C."

Connecticut

Karen Alter-Reid reports: "Our Fairfield County TRN and the Fairfield University Egan School of Nursing are co-sponsoring

a daylong Conference on April 30th, "Trauma and Recovery for First Responders: A Community Coming Together." This conference is open to firefighters, police, EMT, Nurses, Physicians and Psychotherapists and is an outgrowth of our TRN work presenting about public safety throughout the state of CT on trauma awareness and EMDR treatment. Many first responders have sought treatment as a result of the educational presentations."

Florida

Linda Tepper reports: "Here in Southeast Florida we continue to grow the number of trained and certified EMDR clinicians. We are having another training this spring at "The Faulk Center for Counseling" in Boca Raton and in Miami in July. In addition, Robert Miller will be presenting his workshop on "The Feeling State of Addictions" in July. As the network grows, we plan to offer more workshops locally. The drug treatment centers are now offering more trauma therapy and have hired more therapists that are EMDR trained."

Hawaii

Terence Wade reports: "Darlene and I sponsored another EMDR Basic in Honolulu and are doing consultation for the basic training and certification."

Illinois

Carrie Ann Cherep-Carr reports: "I am hosting at least two EMDR Basic Trainings a year at our offices in Palos Heights. I am also looking at bringing in more advanced trainings to the suburbs of Chicago over the next year and onward. I am working with Crystal Whitlow in Indiana to collaborate on projects so as to create cohesiveness between states/groups. Robert Manrique is currently the Regional Coordinator in the Chicago area. I have been involved in the Chicago chapter over the years but recently moved to the Memphis area this past summer. I am the Regional Coordinator in the Memphis area but keep ties with the Chicago group because I maintain a practice in the Chicago area."

Massachusetts

Stephanie Baird and Jim Helling report: "In cooperation with EMDRIA, the Western Mass EMDRIA Regional Network developed the first regionally-sponsored, international non-profit e-learning event in January. "Serving Those Who Served: Community-Based EMDR Therapy with Military Veterans" was a day-long training presented by Western Mass EMDR clinicians Ted Olejnik and Mark Nickerson. In addition to 36 onsite participants registered, we were also pleased to host EMDR therapists from 38 states and six Canadian provinces via live web-stream. This unique training event included a digital exhibition of artist Matt Mitchell's acclaimed "100 Faces of War Experience" project and a vibrant live chat feature that enabled far-flung and normally isolated EMDR therapists working with veterans to connect, ask questions, make comments, share reactions to the presentation and digital exhibition, and establish a network for future consultation through the recently launched EMDRIA Veterans Task Force. Specially priced group access to the program was provided.

Following the success of the Serving Veterans training, we are gearing up for our 12th Annual Conference on April 9, 2016 at UMass Amherst. Master trainer Roger Solomon is our keynote speaker, presenting on "The Art of EMDR Therapy." He is following that with a limited-seating master class practicum (which filled up in a few hours on the morning registration opened), and an afternoon workshop on "Utilization of EMDR Therapy with Grief and Mourning." Half a dozen other clinical workshops on a variety of topics are also included in the program. Roger's keynote, his "EMDR & Grief" workshop, and an additional workshop on "EMDR & DBT" will be streamed live through EMDRIA's e-learning platform and also made available in a recorded version following the conference. Please visit our recently redesigned website, wmassemdria.com to check out our new look and new logo, and for more conference details and registration.

We are also pleased to announce the inauguration of a conference scholarship program to support increased participation in our Regional Network among EMDR clinicians of color. Generously supported by donations from EMDR colleagues, the Dorothy Caro Memorial Scholarships will provide free on-site conference registration to two EMDR-trained therapists. More information and applications for the scholarships can be found at wmassemdria.com. We hope this scholarship program will become a model for increasing diversity at the EMDRIA Conference as well!"

Sheryl Knopf, Regional Co-Coordinator reports: "The Greater Boston EMDRIA Regional Network hosted Jason Rose-Langston's "The Art of Self Care: Using Qi Gong Techniques for EMDR Resource Development" in March 2016 in Bedford, MA.

Washington

Sandra Paulsen reports: "In late 2015, I taught workshops in London and Worcester, England; Sao Paolo, Brazil; and Hong Kong. In Seattle, Michael Coy has joined the Bainbridge Institute for Integrative Psychology, relocating from Chicago. Our new website launched in February at www.bainbridgepsychology.com and three of my workshops are available there."

ZIMBABWE

Anne Dewailly reports: "We organized a Part 1 training with Gary Quinn of Israel in October 2014. We trained 45 participants in psychotraumatology and 23 in EMDR Part 1. The group included psychologists, psychiatrists and clinical social workers. I provided 10 hours of supervision for them in 2015. In November 2015, HAP France organized the Part 2 training with Ludwig Cornil of Belgium as trainer and myself as facilitator for 20 participants. I am again providing supervision for them to achieve their EMDR practitioner certificate. Our Zimbabwean colleagues are reflecting on how to create their own EMDR association. They are doing such an amazing work and are so motivated to learn more. In May 2016, HAP France will organize an EMDR Child and Adolescent Part 1 training with Michel Sylvestre of France, as trainer." ❖

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

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

Manuscript Preparation and Submission

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

Thank you in advance for your participation.

Louise Maxfield, Ph.D., CPsych
Editor, *Journal of EMDR Practice and Research*

Need Submission Ideas?

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

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

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

Review articles
- Summarize literature and research in a particular domain

Theoretical reviews
- Summarize research and propose hypotheses

EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit www.emdria.org and click on Calendar of Events under the Get Involved tab.

PROGRAM #	EMDRIA CREDITS	TITLE	PROVIDER NAME	PRESENTERS	CONTACT	PHONE	DATES	LOCATION
GP1502-02	12 Credits	*2nd Summit of Complex Trauma, Dissociative Symptoms & EMDR Therapy*	Ana Gomez, MC, LPC	U. Lanius, A. Gonzalez, K. Martin, G. Klensmeden	Jim Mason	602.803.1797	Mar 18 - April 2, 2016	Live Webinar
RC15001-01	2 Credits	*Using EMDR Therapy with Children*	SE Nebraska EMDRIA Regional Network	Terry Becker-Fritz, MS, RN, CS	Brenda Rohren	402.486.1101	March 19, 2016	Lincoln, NE
02004-34	13 Credits	*EMDR Treatment for Health Related Problems*	Trauma Recovery/EMDR HAP	Carol Forgash, LCSW	HAP/Trauma Recovery	203.288.4450	March 19-20, 2016	Hamden, CT
12002-51	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 19-20, 2016	Phoenix, AZ
15022-01	14 Credits	*Looking Through the Eyes: EMDR & Ego State Therapy Across the Dissociative Continuum*	Michelle Gay	Sandra Paulsen, Ph.D.	Michelle Gay	250.412.5921	March 19-20, 2016	Victoria, BC Canada
14007-03	6 Credits	*EMDR Boot Camp: A Refresher & Introduction*	Jordan Shafer, MS, LPC	Jordan Shafer, MS, LPC	Jordan Shafer	972.342.2448	Mar 31 - Apr 1, 2016	Dallas, TX
14006-09	24 Credits	*Integrating Somatic Psychotherapy with EMDR*	Craig Penner, MFT	Craig Penner, MFT	Craig Penner	805.966.7794	Mar 31 - Apr 3, 2016	Washington, DC
13018-13	13 Credits	*Treating Addictions & Habits with EMDR Therapy*	Jan Schaad, LCSW	Jan Schaad, LCSW	Jan Schaad	307.630.4688	April 1-2, 2016	Boise, ID
13016-07	13 Credits	*Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Lana Epstein, LICSW	Lana Epstein, LICSW	Carol Miles	985.893.1248	April 1-2, 2016	New Orleans, LA
RC02002-12	6 Credits	*What Goes Up, Must Come Down: Treating Anxiety & Depression with EMDR Therapy*	N. California EMDRIA Regional Network	Priscilla Marquis, Ph.D.	Philip Manfield	510.457.6239	April 2, 2016	Berkeley, CA
11004-02	13 Credits	*Trauma-Attachment Tangle: Using EMDR to Treat Trauma & Enhance Attachment Potential in Children & Adults*	Sheri Rezak-Irons, MSW, LCSW	Joan Lovett, M.D.	LAurie Furman	314.993.7616	April 8-9, 2016	St. Louis, MO
05007-17	20 Credits	*EMDR Therapy Refresher Course*	DaLene Forester Thacker, Ph.D.	DaLene Forester Thacker, Ph.D.	Cassandra Sampson	530.245.9221	April 8-10, 2016	Redding, CA
03002-38	12 Credits	*EMDR Therapy Tools for Addiction*	Maiberger Institute	Barb Maiberger, MA, LPC & John Gray, MA, LPC	Barb Maiberger	303.834.0515	April 9-10, 2016	Boulder, CO
12005-12	13 Credits	*Treating Substance Abuse & Behavioral Addictions with EMDR Therapy*	Hope Payson, LCSW, LADC	Hope Payson, LCSW, LADC & Kate Becker, LCSW	Hope Payson	860.830.6439	April 9-10, 2016	Charleston, SC

EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit www.emdria.org and click on Calendar of Events under the Get Involved tab.

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
12005-14 1.5 Credits *Creating a Positive Future - An EMDR Group Resourcing Protocol*	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC	Lynn Persson	203.874.1781	April 16, 2016 New Haven, CT
07003-18 12 Credits *An Introduction to the Integration of Ego State Therapy, Structural Dissociation & EMDR Therapy*	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	April 16-17, 2016 Glastonbury, CT
15013-01 3 Credits *Interweaves: Understanding the Foundation for Effective Intervention*	Tamra Hughes, MA, LPC Tamra Hughes, MA, LPC	Tamra Hughes	303.221.1272	April 21, 2016 Denver, CO
99003-116 7 Credits *EMDR-IGTP and EMDR-PRECI*	EMDR Institute Ignacio Jarero, Ph.D.	EMDR Institute	831.761.1040	April 22, 2016 Denver, CO
10001-09 13 Credits *An Integrative EMDR Therapy Approach to Treating Trauma, Addictions & other Compulsive Behaviors*	Susan Brown, LCSW Susan Brown, LCSW	Susan Brown	619.698.5435	April 22-23, 2016 Sacramento, CA
12002-52 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 22-23, 2016 Charlotte, NC
01007-30 12 Credits *EMDR Integrative Team Treatment for Attachment Trauma in Children*	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP	Debra Wesselmann	402.981.6130	April 22-30, 2016 Live Webinar
03002-39 12 Credits *EMDR Therapy Tools for Attachment Trauma*	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	April 23-24, 2016 Wichita, KS
15020-01 14 Credits *Reconnecting the Self: Reprocessing Early Trauma & Neglect In Implicit Memory with EMDR*	Infinite Healing & Wellness Katie O'Shea, MS, LMHC	IHW	480.834.0515	April 29-30, 2016 Gilbert, AZ
09008-08 13 Credits *EMDR Toolbox: AIP Methods for Treating Complex PTSD & Dissociative Personality Structure*	Jim Knipe, Ph.D. Jim Knipe, Ph.D.	Jan Schaad	307.630.4688	April 29-30, 2016 Fort Collins, CO
13007-13 13 Credits *Treating Headaches with Integrated EMDR*	Steven Marcus, Ph.D. Steven Marcus, Ph.D.	Heidi Sammons	909.353.8209	Apr 30 - May 1, 2016 Boston, MA
12002-53 13 Credits *The Feeling-State Theory of Behavioral and Substance Abuse Addiction in the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	April 30 - May 1, 2016 Lisle, IL
14019-04 12 Credits *The Dynamic Trio: EMDR, Positive Psychology and Coaching*	Ann-Marie McKelvey Ann-Marie McKelvey, MA, LPCC	Ann-Marie McKelvey	505.989.3374	May 3 - June 21, 2016 Live Conference Calls
06006-11 12 Credits *Parts/Ego State Work in EMDR Practice*	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	May 6-7, 2016 Burdett, NY

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PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
13016-05 7 Credits *Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	May 13, 2016 Lexington, MA
10006-16 14 Credits *The Embodied Self: Somatic Interventions for EMDR Practitioners*	Laurie A. Tetreault, MA, LMFT Sandra Paulsen, Ph.D.	Laurie Tetreault	928.771.9422	May 13-14, 2016 Phoenix, AZ
14007-04 12 Credits *DeTUR for Addictions & Dysfunctional Compulsive Behaviors*	Jordan Shafer, MS, LMFT Arnold J. Popky, Ph.D.	Jordan Shafer	972.342.2448	May 13-14, 2016 Plano, TX
07003-19 12 Credits *An Introduction to the Integration of Ego State Therapy, Structural Dissociation & EMDR Therapy*	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	May 14-15, 2016 Skokie, IL
06005-19 12 Credits *EMDR with Abused & Neglected Children: The Integrative Attachment Trauma Protocol*	Jill Strunk, Ed.D., LP Debra Wesselmann, MS, LIMHP, S. Armstrong & C. Schweitzer	Jill Strunk	952.936.7547	May 14-15, 2016 Hopkins, MN
10002-11 6.5 Credits *EMDR Therapy & Mindfulness*	The Institute for Creative Mindfulness Jamie Marich, Ph.D., LPCC-S	ICM	330.881.2944	May 19, 2016 Cortland, OH
05007-16 6 Credits *EMDR with Eating Disorders*	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	Cassandra Sampson	530.245.9221	June 11, 2016 Redding, CA
14006-11 24 Credits *Integrating Somatic Psychotherapy with EMDR*	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	June 17-20, 2016 Monterey, CA
12002-54 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	July 8-9, 2016 Boca Raton, FL
13008-09 12 Credits *Applications of Mindful Resonance to EMDR*	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	July 29-31, 2016 Garrison, NY
14019-05 12 Credits *The Dynamic Trio: EMDR, Positive Psychology and Coaching*	Ann-Marie McKelvey Ann-Marie McKelvey, MA, LPCC	Ann-Marie McKelvey	505.989.3374	Sept 6 - Oct 25, 2016 Live Conference Calls
06006-12 12 Credits *Parts/Ego State Work in EMDR Practice*	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	Sept 23-24, 2016 Burdett, NY
13016-08 7 Credits *Treating Complex Trauma & Dissociative Disorders with EMDR Therapy*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 8, 2016 Boston, MA
13016-09 7 Credits *Treating Complex Trauma & Dissociative Disorders with EMDR Therapy*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 14, 2016 New York, NY

EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
10001-10 13 Credits *An Integrative EMDR Therapy Approach to Treating Trauma, Addictions & other Compulsive Behaviors*	Susan Brown, LCSW Susan Brown, LCSW	Susan Brown	619.698.5435	October 14-15, 2016 Live Conference Calls
06003-63 20 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	October 14-17, 2016 Ottawa, Ontario
06006-13 9 Credits *EMDR Renewal: Review, Practice & Update of EMDR Protocol*	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	October 28-29, 2016 Burdett, NY
10002-10 12 Credits *Trauma, EMDR Therapy & Addictions: A 2-Part Course for Clinicians*	Institute for Creative Mindfulness Jamie Marich, Ph.D.	Jamie Marich	330.881.2944	November 3-4, 2016 Cortland, OH
14006-12 24 Credits *Integrating Somatic Psychotherapy with EMDR*	Craig Penner, MFT Craig Penner, MT	Craig Penner	805.966.7794	November 4-7, 2016 Missoula, MT
05007-18 20 Credits *EMDR Therapy Refresher Course*	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	Cassandra Sampson	530.245.9221	December 2-4, 2016 Redding, CA

EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2016 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
CALIFORNIA		
Sacramento	April 22-23	Susan Brown | 619.698.5435
San Francisco - South Bay	April 8	Rajani Lewis | 415.683.1008
Superior Northern CA	April 2	DaLene Forester-Thacker | 530.245.9221
MAINE		
Southern Maine	March 11	Linda Cooke | 207.467.9092
MASSACHUSETTS		
Greater Boston	March 11	Barbara Gold Marks | 617.277.2449
Western Massachusetts	April 9	Mark Nickerson | 413.256.0550
NEBRASKA		
Southeast Nebraska	March 19	Brenda Rohren | 402.486.1101
OREGON		
Central Oregon	April 12, June 14	Karen Forte | 541.388.0095

Get Involved!

Join an EMDRIA Special Interest Group (SIG)

The basic purpose of EMDRIA's Special Interest Group ("SIG") Program is to form and maintain forums for open, regular communication among professionals sharing an interest in a particular area of the field and consistent with the objectives of EMDRIA. It is EMDRIA's intent to facilitate the creation and continuation of groups that, in turn, have as their primary intent the easing of interactive communication and other professional activity around a particular topic of special interest to the members of the Special Interest Group.

Special Interest Groups may be proposed and focused around any professional theme: specific target problems, populations or settings, theoretical orientations, professional categories or concerns and /or employment settings. The name of each SIG designates its focal issue. Groups are created and dissolved as particular interests increase or decrease in importance to the membership of the Association. The SIG program is designed to be flexible, and thus quickly respond to new, emerging developments in the field.

EMDR with Children and Adolescents

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EMDR & Eating Disorders

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EMDR & Energy Medicine and Spirituality

Contact: Irene Siegel at irene@allocca.com
Tel: 631.547.5433

EMDR for First Responders and Protective Services Personnel

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Tel: 480.440.6085

EMDR & Juvenile Corrections

Contact: Don Self at padre.don@gmail.com

EMDR & Medical Illness

Contact: Linda Bowers at lindamimi@earthlink.net

EMDR & the Military

Contact: Beverly Dexter at badexter@cox.net
Tel: 530.245.9221

EMDR & Performance Enhancement

Contact: Pat McGuinness at patmcguinness@comcast.net

EMDR & Psychoanalysis

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EMDR & Public Practice and Diversity

Contact: Diane DesPlantes at surge.inc.1@gmail.com or Viviana Urdaneta at vurdaneta@genesisshelter.org

EMDR Research

Contact: Kate Wheeler at KWheeler@fairfield.edu

EMDR & Spirituality

Contact: Mark Odland at cornerstoneart@hotmail.com

EMDR & Writing

Contact: Susan Borkin at susan@susanborkin.com
Tel: 408.973.7877

Welcome New EMDRIA Members

Welcome to EMDRIA! We are so pleased that you have chosen to join us as a member of EMDRIA! For those of you who are now Full Members, we hope that you will consider continuing your EMDR education by meeting the additional requirements to become a Certified EMDR Therapist. For more information on Certification, please visit www.emdria.org or email Sarah Tolino at stolino@emdria.org today!

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