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From the President: Byron Perkins, Psy.D.

EMDR and Kuhn's Essential Tension: The Process of Science

Many of us who practice EMDR have experienced occasional tensions or misunderstandings with colleagues, insurance companies, or certain clients, who question the use of EMDR. At times this can be disconcerting, financially punitive, confusing, and even emotionally painful. We have seen empirically and clinically what EMDR can do when appropriately applied. The resistance can seem inexplicable at times.

Thomas Kuhn, a keen observer of the scientific process, wrote a paper on what he termed "the essential tension" (1959/1977). Science is based upon observation, theoretical formulation, and scientific experimentation to test hypotheses through falsification (Popper, 1965). However, human beings can become uncomfortable when their belief systems and practices are challenged, (Fisch, 1965) and scientific knowledge can become self-limiting. Our theories tend to determine the clinical and research questions we ask, the methods we employ, and the explanations we will entertain for the phenomena we observe. As a consequence, scientific knowledge can become resistant to ideas or data which are markedly different from that which is predicted by the extant body of knowledge, and the currently dominant theoretical orientation. When information is introduced, which is markedly discrepant with the prevailing theoretical framework, an "essential tension" is created between the two (Kuhn 1959/1977), and "very often the successful scientist [and clinician] must simultaneously display the characteristics of the traditionalist and of the iconoclast" (p. 227).

For the process of science or a scientific psychology to go forward, we must remain in the essential tension between established ways of thinking and openness to new or conflicting information. Nowhere is this more evident than in the case of EMDR.

If we allow ourselves to become isolated from our colleagues and academicians who espouse more traditional theories and treatments, the process of science and the acquisition of knowledge will be hindered, and if we acquiesce exclusively to tradition, the unfortunate result will tend to be similar. An iconoclastic indifference to tradition and the established ways of thinking runs the risk of EMDR being treated as a momentary, maverick phenomenon with limited significance to the mental health professions or the culture. On the other hand, if we uncritically capitulate to traditional theoretical formulations and practices, we will tend to overlook conflicting data which can enrichen both our theoretical understandings and our clinical practices. The optimal way to foster and refine our knowledge as scientists and scientific practitioners is to remain in the tension with respectful dialogue, and the open sharing of ideas and empirical data.

The same is true within the EMDR community. As innovations occur, we must test them against the empirically validated procedure, but we must not arbitrarily suppress them. We ourselves must become neither blind purveyors of tradition nor self-impressed iconoclasts. We must remain in the tension between what we (think we) know, and what we discover. We must strive for technical excellence with scientifically validated protocols and simultaneously be willing to think "outside the box." The result is a healthy (if at times uncomfortable) tension which is generative of knowledge and the excellence in helping hurting individuals that has been the hallmark of EMDR from its inception.

Sartre said that the existential choice is engagement. Perhaps, that is also the EMDR choice. My desire is that EMDRIA remain an instrument for such engagement so that our pursuit of excellence in the service of humanity can be forwarded.

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Deadlines are *strictly* adhered to. Please contact the Managing Editor for article or advertising submission guidelines.

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by contacting the Administrative Office

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From the Desk of the Executive Director

Carol York, MSSW, LMSW-ACP

I would like to welcome all of you that are new members as well as those of you who are renewing members. Your support and interest is greatly appreciated. The EMDRIA Board, Committees, and Administrative staff are hard at work and encourage your participation. EMDRIA is the vehicle by which you as practitioners and researchers can best assure that EMDR develops in a professional manner. Your input and energy is vitally needed to help support EMDRIA's mission.

If you have not been active and involved in EMDRIA, we hope that you will consider doing so. It is people like you that help EMDR grow.

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~In Memoriam of Lee Becker~

Francine Shapiro, Ph.D.

It is with great sorrow that I write to commemorate the passing of Lee Becker. Lee was co-author with Sandra Wilson and Robert Tinker of the first large EMDR study which was published in the Journal of Consulting and Clinical Psychology. He had also been tireless in pursuing a mechanism of action for EMDR and had presented numerous times at the EMDRIA conferences. I was fortunate enough to attend a testimonial celebration which gathered many of his past and present colleagues and students during a retirement ceremony held in November. Their love and devotion to this wonderful man touched me and I was happy and honored to say a few words about him and his participation in EMDR. The following is the gist of my comments. It is my hope that Lee will be long remembered in the EMDR community.

Lee is a rare individual.

A man of great intellectual capacity and of heart.

Who stayed true to the principles he instilled in his students:

——That we should be guided by data

——That data should be collected with scientific rigor

——That, for a true man of science, presuppositions, intellectual preferences, and the lack of face validity all must give way ultimately to the data.

Those of you who know him recognize these principles as his motivation for this work in EMDR. You recognize that his involvement was certainly not for the furtherance of his career-and certainly not for personal gain. Rather, it was because he was a man of integrity and could not betray his own standards. And he would not turn his back on a challenge just because it might be difficult or discouraging.

Consequently, many people will be helped because of the work he did in a seminal EMDR outcome study. And because people often cannot accept a phenomenon without understanding its cause, many will be helped because of his ability to formulate and test a theory of active mechanisms.

Just as importantly, many, many people should be helped and inspired by his example:

——This is how a true man of science conducts himself

——This is how a man of principle conducts himself in the world.

Thank you, Lee, for your contributions and your integrity.

You have touched more lives more deeply, and in more ways, than you know.

Peak Performance EMDR: Adapting Trauma Treatment to Positive Psychology Outcomes and Self-Actualization

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An expansion of the basic EMDR protocol (Lendl & Foster, 1997) has been developed for enhancing performance in the workplace, to aid in the reduction of performance anxiety experienced by creative and performing artists, and for competition preparation and psychological recovery from injury in athletes. The authors, in their Silicon Valley practices, often witnessed the upsetting, even traumatic effect that layoffs and competitive pressures could have on employees in corporate workplaces. They likewise observed the adverse impact that 'stage fright' and audition anxiety could have on actors, dancers, and musicians, as well as the emotionally bruising experience for an athlete who loses a crucial competition. Reasoning that a trauma method such as EMDR could be applied to procrastination, fear of failure, and the reprocessing of actual setbacks, the EMDR Peak Performance protocol was created (Lendl & Foster, 1997).

This application of EMDR was originally designed to assist high functioning clients in business, performing and creative arts, and sports. It soon became clear that another population could benefit—those clients with recent traumas which had disrupted their employment, and adults traumatized as children who had made good progress in conventional psychotherapy or 'clinical' EMDR. Additionally, one particular aspect of the Peak Performance protocol, the Expanded Future Template (Lendl & Foster, 1997), may be a helpful adjunct to almost any client's therapeutic process because the full sensory experience of successful future responding is rehearsed and integrated using bilateral stimulation. Thus, Peak Performance EMDR can assist a broad range of clients in expanding their capacities for a more creative and productive future.

Philosophically, Peak Performance EMDR emphasizes what is positive in the client's existing repertoire, what is possible for the future, and how self-actualization could manifest in the client's life. This approach draws upon the writings of Abraham Maslow (1971) and the Human Potential Movement and is informed by the findings of those investigating positive psychology, for example, Seligman (Seligman, Shulman, DeRubeis, & Hollon, 1999), Taylor and her colleagues (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000), Buss (2000), and Csikszentmihalyi (1990). This philosophical orientation naturally leads the practitioner to adopt a view that is nonpathologizing but discerning in appraising a client's current situation and potential.

Procedural steps for the Peak Performance protocol may be found at the end of this discussion. To help illustrate the process, examples are offered of two clients (in a composite form to ensure anonymity). One is a 27 year-old male engineer struggling to meet the demands of a promotion to management. The other is a 45-year old female who, after three years of successful therapy to work through the incest by her uncle, wishes to pursue a long-held dream to sing professionally and secure the lead singer's spot with a well-known jazz ensemble. A case example also appears in a recent publication on coaching (Foster, 2001).

The text that follows describes how the Peak Performance protocol elaborates upon the standard EMDR methodology.

Comparison of the standard EMDR protocol and the Peak Performance protocol

As explained in Shapiro's second edition of her practitioners' manual (2001), the standard protocol for most complaints is carried out in three stages, known as the three-pronged approach: targeting the past material; targeting the present-day stimuli that trigger the client's current dysfunctional responses; and establishing a positive template for acquiring new adaptive responses for appropriate future action. The Peak Performance EMDR protocol adheres faithfully to the standard EMDR model with its eight phases of treatment but with three modifications (Lendl & Foster, 1997).

One, the future is the stage emphasized in the intervention. Two, the process of Resource Development and Installation (RDI) is oriented toward the peak performance strategies used in sport psychology in order to promote a client's sense of possibility rather than safety (as in the standard protocol) before initiating desensitization. Three, the client is educated in the skills of peak performance to increase the probability of reaching and sustaining high-stakes goals and promoting the conditions for enjoying a fully satisfying life. This approach is therefore helpful not only with high functioning clients at work, but also with trauma survivors who have made good progress in their 'clinical' EMDR and wish to seek employment or develop interpersonal skills.

In her description of the standard EMDR protocol, Shapiro (2001) elaborates upon the creation of the positive template, an expansion of the Installation Phase in which the practitioner guides the client in learning healthy new responses for a safer, more productive future. In Peak Performance EMDR this positive template becomes the Expanded Future Template, repeatedly facilitating the client's cognitive rehearsal of successful performance and installing these hoped-for outcomes.

The practitioner remains focused on the future, exploring personal and career development in near-term while addressing the client's present-day performance. In looking toward the more distant future, the practitioner guides the client in a strategic visioning process, asking for pictures of who it is the client wishes to become. Working backward from that goal of the Self the client wishes to become, the practitioner helps the client identify what learning must occur and what circumstances must be created to reach that state of being. The client is urged to take advantage of training opportunities offered by the employer as well as locating classes and workshops in the community. Role models are sought who demonstrate sophisticated skills such as executive presence and leadership behaviors. The client may observe these models directly in the workplace or view their presentations on cable channels such as C-Span or on commercially available training videos.

Client History-taking

Each prospective recipient of Peak Performance EMDR should be carefully evaluated in terms of the appropriateness of this approach. Those with dissociative disorders, previously undiagnosed or insufficiently treated trauma histories, active substance use, neurological symptoms, Axis I disorders resulting in impairment at work or interpersonally, or significant Axis II symptomology should be treated with the standard EMDR protocol or other intervention (for example, an inpatient detox program). Following a thorough clinical interview, those appropriate for Peak Performance EMDR are further queried about issues related to authority, control, health, experiences of success and failure in school, perceived 'success' in the family dynamic, friendships, love relationships, and history of performance in the area targeted for intervention.

Client Preparation and Resource Development and Installation

The standard EMDR protocol incorporates Resource Development and Installation (RDI) to promote stabilization in clients with deficient capacity for affect regulation and limited access to positive self-referents. In Peak Performance EMDR, RDI is used to remind the client of the potential for growth and to create a sense of possibility for the future. During the Preparation Phase of Peak Performance EMDR, variations on the standard EMDR protocol ("safe place" as a place of relaxation and peace of mind; "inner advisor" as inner coach) as well as concepts from sport psychology are integrated as resources. For example, a 'success review' of the client's past achievements shifts attention away from failure to what has been done well.

Other positive resources specific to this EMDR application are the internalizing of real or imagined support people as the client's 'team,' and the creation of the "mental room" (Unestahl, 1982). This latter technique guides the client in creating a personalized internal space featuring a projection screen onto which desired future performances are imaginally viewed.

Assessment Phase: Selecting the target of intervention

From the history, the practitioner carefully notes and discusses events and issues related to past difficulties that are important targets for processing. While in the standard EMDR protocol the initial target is a recent trauma or disturbance originating in childhood, Peak Performance EMDR begins with a present-day issue related to health, work, sport, or the performing arts. The reason for this is twofold. First, many clients appropriate for Peak Performance EMDR are highly motivated, results-oriented people. They are not given to analyzing their personal pasts nor are they seeking therapy. For them, the face validity of beginning in the present provides the rationale necessary to engage in EMDR. Secondly, past concerns and childhood issues (explored in the history-taking) frequently emerge spontaneously in the processing. If they do not, they will be addressed as subsequent targets.

Education in the skills of peak performance

When the desensitization and reprocessing of the initial and subsequent targets are complete, the practitioner begins to incorporate the education of the client in the skills of peak performance using sport psychology and leadership training techniques. The client learns how to: better focus and concentrate; find an optimal level of arousal for peak performance; how to sustain persistence; how to relax and energize at will; how to redirect negative thoughts to those more motivating; and how to manage negative emotional states.

Research testing the efficacy of the Peak Performance protocol

The first published single subject series (Foster & Lendl, 1996) reported promising findings with four diverse work-related situations. Results of a second case study series being submitted for publication also indicate that a Peak Performance EMDR protocol was helpful for coaching business leaders back from failures to regain or even exceed their optimal functioning at work. Similarly, outcomes for mature performing artists were reduced anxiety and increased self-confidence as each launched an existing repertoire into a new arena (Foster, 2000). Peak Performance EMDR thus offers promise as a tool in breaking through barriers of the past to achieve optimal performance in the present and to reach future 'dream goals.' To address the limited generalizability of case studies, large sample investigations comparing Peak Performance EMDR with credible alternatives are being implemented.

Applications to sport psychology

This protocol has been tested with college and elite athletes in carefully selected circumstances with coaches' and parental consent (Foster & Lendl, 1995; Ogelsby, 1999). Results are encouraging but controlled studies are needed. Given the pressures athletes face, clinicians using this protocol with competitive athletes are encouraged to become well-versed in sport psychology and the sociology of professional sport including the imperative to win, financial expectations, and the use of banned substances to produce results at any cost.

Procedural Steps

Note: The scripted words in italics are taken from EMDR Peak Performance specialty training materials (Foster, 2001). Practitioners using the Peak Performance protocol are encouraged to adapt specific phraseology to meet the needs of their individual clients.

Phase One: Client History

The presenting problem is a current concern or problem at work or in the client's pursuit of competitive sport or creative or performing art. For the engineer, the focus of treatment is his present-day uncertainty about being able to perform adequately his duties as a team leader with no prior management experience. For the incest survivor, the focus of treatment is her current trepidation about initiating her singing career and the residual sense of vulnerability she feels in the presence of men.

"What concerns you now at work/in your music/art/sport?"

As noted earlier, attending to trauma and debilitating psychological disorders take precedence in treatment. For a client appropriate for Peak Performance EMDR, the first target is a present-day issue. However, the practitioner explores past experiences that become subsequent targets. Areas relevant to performance are discussed in detail: ideas about authority and control, experiences of success and failure in school, perceived 'success' in family and other significant relationships; and history of the performance that is the focus of treatment.

"When you are told what to do by someone in authority such as a boss, what is that experience like for you?"

"How much control do you feel you have over what happens in your team at work/ in your relationship with your spouse (or partner)?"

"How well did you perform in school in terms of grades and meeting your own as well as your parents' and teachers' expectations?"

"Who was the successful one (or star) in your family? What was your sense of how much attention and affection you received from your parents? Did you pursue the career that your parents wanted you to follow?"

"Tell me about how your career began and how you have progressed. Please describe those functions in which you feel most successful and those in which you feel less competent. Please describe the times when you felt you have experienced failure."

Phase Two: Client Preparation and Resource Development and Installation

This series of positive resources is suggested for EMDR Peak Performance work, using material generated by the client. One or two short sets of eye movements is used, from six to twelve saccades (Korn & Leeds, in press; Leeds & Shapiro, 2000), to install each resource separately.

Creating a Safe Place

"Imagine a place, real or virtual, in which you feel a sense of refuge, well-being, and peace of mind. Notice the emotion and physical sensations that you feel when you imagine being in this place. Think now how you might take one or two minutes from a busy work day to recreate this place and sense of well-being. Imagine yourself right now going to that place as you sit quietly somewhere in your workplace."

Creating the Inner Advisor

"Imagine an actual person or virtual being who can be an inner resource for you, like an inner coach. This may be some part of yourself, like your Higher or Wiser Self. Imagine this person's or being's voice, calming you when you are upset or frustrated and reminding you of your strengths, talents, and positive qualities."

Creating an Inner Team of Support People

"Imagine this inner coach and others who give you support and encouragement as your inner team, like your own personal cheering section. Hear and see them now as they rally around you, calling out words of encouragement, smiling at you, and offering advice when you need it."

Success Review

"Think back to the times when you felt more powerful, or more in control, or more pleased with the results you reached at the end of the day. Notice the emotions and physical sensations that come up when you think of these successful experiences. Imagine deliberately bringing these successful times to mind when you are feeling discouraged, in order to change your state of mind to one more powerful and positive."

Mental Room

"In your mind's eye, imagine an internal space like a comfortable room or a beautiful space outdoors, in which you can sit in a favorite chair or on the grass under the trees. Imagine a large projection screen in front of you on which you can see the images of yourself doing the things well that you wish to do in the future."

Phase Three: Assessment

The first target is a present-day issue.

"What picture represents the challenge you face right now at work (or the prospect of beginning to perform)?"

"What words go best with that picture and express the negative belief (worry/concern/self-doubt) that you are thinking about yourself now?"

"When you bring up that picture (or issue related to work, performing art or sport), what would you like to believe about yourself right now?"

Examples of Cognitions

	Negative Cognitions	**Positive Cognitions**
	I was a failure before.	I'm better prepared this time and can succeed.
	I get a raw deal compared to others.	I can perform to the best of my ability and ask assertively for recognition and fair compensation.
	I can't perform perfectly and that makes me a failure.	I can strive for excellence and learn to manage setbacks with grace and a willingness to learn.
(for the engineer)		
	I can't deal with people effectively so I'm just a geek.	I can learn, as other technical people have, how to be an effective manager.
(for the incest survivor)		
	I am not safe with men.	I can remember that I am an adult, in the Present Moment, who can keep herself safe as she expresses her talents for an audience of men and women.

Phase Four: Desensitization

A goal of this phase is for the client to access the insights that help make the connection between the present-day performance concerns and past upsets or disappointments. These connections most often have been observed to emerge spontaneously, as do memories of past upsetting events which become subsequent targets. If the client begins looping and does not see the connection between present and past, the following use of an affect bridge may prove helpful:

"Think of that (key) person in the (performance) situation. Do you notice anything when you think of (person's name) and what went on in your family (at school/at the music academy/sport competition)?"

Phase Five: Installation

The Extended Future Template may be used by itself with almost any client involved in a therapeutic process with 'clinical' EMDR. First install the positive cognition following the steps in the standard EMDR protocol, as explained in Shapiro (2001). Then expand upon the creation and integration of future action with the following instruction:

"Now imagine the posture, voice quality, gestures, and positive feeling in your upper body as you think about successfully conducting the meeting (giving your sales presentation, speaking with that difficult coworker, auditioning for that part, making the free throw with ten seconds left on the clock)."

When the client signals that the future successful action is clearly imagined, the practitioner installs it with short sets of eye movement or other form of bilateral stimulation. For maximum effect, the practitioner can then ask the client to stand and face an imaginary audience or team at work and then move about and speak in a successful manner. The practitioner can then install this imagined successful experience while both practitioner and client are standing.

Phases Six and Seven: Body Scan and Closure

The Peak Performance protocol follows the standard EMDR protocol during these phases.

Phase Eight: Reevaluation

When future goals (for example, the Self the client wishes to become) are addressed in the reevaluation phase, the client's use of the "mental room" may be helpful.

"Imagine being in that space in which you can picture and mentally rehearse your goals and plans. See that projection screen in front of you. Now imagine that you can see projected onto that screen the images of yourself delivering that speech to the executives (performing your part on opening night/offering your painting to the gallery for consignment/playing in the tournament)."

As the client experiences these images of a desired future from beginning to end, the practitioner processes any blocking beliefs that surface, any fear of failure that arises, or worries about sustaining success once it has been achieved. The processing continues until the client experiences no disturbance when thinking once again about the entire desired future performance.

A Final Note

Aspects of the EMDR Peak Performance protocol may be appropriate for most clients who are completing their 'clinical' EMDR. The Expanded Future Template and the Resource Development for possibility, not just safety, could be considered to allow all clients the option of progressing beyond basic functioning into areas of personal growth, creativity, and optimal performance.

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The following article is anecdotal in nature and may not have been proven with research or controlled studies.

Modification of a Positive Resource Installation for Clients with a Euphoric Response

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In my work many years ago with males in residential addictions treatment, I noticed that clients sometimes chose unrealistic and idealized metaphors to represent their positive self image. As the client progressed in his recovery he would often spontaneously modify the metaphor in the direction of more realistic and achievable perceptions.

In using Andrew Leeds' Resource Development and Installation protocol, I have sometimes observed a client choosing similarly unrealistic and idealized images. In the following case I assisted a client to select a realistic positive resource which also aligned closely with a therapeutic goal which I hoped the client could move towards in EMDR.

Mr. A presented as an agitated, very sensitive person who desperately wanted to please. It was challenging to glean a family constellation or a clear profile of his situation because of his tendency to idealize himself, family members and early memories. Mr. A was highly motivated to benefit from therapy in order to satisfy a court order for him to attend counseling before he could apply to visit with his children again. He provided me with a written psychological evaluation which confirmed his tendency to present himself in a favorable light and suggested that his difficulties were primarily Axis II in nature.

In our second session Mr. A found the courage to confide that in his current situation "I feel like an ant or human waste". I chose to focus therapy on Mr. A's observable anxiety and shame.

When I asked Mr. A to identify a time when he felt confident and capable, he provided several instances of "perfection" and reported his feelings as "awesome". Because of Mr. A's tendency towards idealization I was concerned about installing a resource which appeared to support this end. Instead I asked Mr. A to rate, on a scale of 1-10, his positive feelings associated with the images and each time he chose "10". Next I asked him to choose an image with a positive feeling at a 5. This was initially very difficult but he persisted and finally settled on an image. Affect and body language appeared to support his rating level.

Mr. A had chosen an image of himself feeding his two birds. We developed this resource and Mr. A made comments such as "two little birds in love", "they are eating", "pretty birds" and then "I am responsible". He reported that he felt the positive feelings "all over my body". Observable body language suggested that Mr. A could sustain and appreciate this image of himself at a 5. I then installed this resource using short sets of EM's.

We subsequently followed standard EMDR protocol with targeted distress and we reinstalled the positive resource during and at the end of each of our 2 EMDR sessions. Mr. A enjoyed the level 5 feelings and he reported visualizing this image at home whenever he felt anxious. Mr. A's anxiety level dropped quickly and appeared to remain significantly lower in all aspects of his life. He became able to differentiate and appropriately compartmentalize a number of issues that had previously congealed together and overwhelmed him. He was able to tolerate directive therapy where I attempted to educate him about the specific behaviors and circumstances that had led to the court decision. He demonstrated increasing self-confidence and calmness. He reported improvement in work related skills and demonstrated appropriate new verbal skills.

Mr. A returned 3 months later for another session. He demonstrated continued progress in managing his feelings and verbalizing appropriate responses. He described a shift in his perceptions and emotional reactions to a variety of social situations. In future templates he was able to tolerate challenging situations and demonstrated improved ability to meet court expectations. Mr. A spontaneously developed a "mantra" which cued him to take control of distressing feelings.

Under the circumstances, I was not able to provide family therapy sessions where we could have monitored Mr. A's progress in reality. Mr. A identified a supervisor who has the potential to monitor the children's needs and has also demonstrated an ability to cue Mr. A with his "mantra" if indicated. Mr. A has agreed to make an appointment and include the supervisor after access visits, in order to deal with any observable difficulties or distress which surfaces.

Being aware of unrealistic or idealized patient self-perceptions can be an important consideration to the development of useful resources in the Resource Development and Installation Protocol. Therapists may need to help patients develop resources that are more reality based when a patient's self-perception is unrealistic.

Future columns of the *Clinician's Clipboard* would like to highlight different techniques and tips from EMDR Clinicians. The articles are anecdotal in nature and have not been proven with research or controlled studies. If you would like to submit a short case study or technique you have tried, please send your article to Jennifer Turner at TurnerBizSvs@aol.com or by fax at (512) 451-5256.

Resource Request Form

This form is to enable you to order forms and applications via fax or mail. Please mark your selection below, complete your name and mailing information and then send to the EMDRIA Administrative Office.

Please send me the following:

_____ Product/Publication Order Form

_____ Regional Coordinator Application

_____ EMDRIA Credit Provider Packet

_____ Certification Application

_____ Approved Consultant Application

_____ Approved Instructor Application

_____ Membership Application

Name: ____

Address: ____

City: ____________________ St/Prov: ____________________

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Phone number: ________________ Email: ____________________

Send request to:

EMDRIA
P.O. Box 141925
Austin, TX 78714-1925

EMDRIA Credit Schedule

as of January 15, 2002

Dates Location No. of EMDRIA Credits	Provider Name Title of Program	Presenter	Contact	Phone No.	Provider # Program #
3/1-2/02 Louisville, KY 14 Credits	Roy Kiessling, LISW **Integrating Resource Installation Stratetgies into Your EMDR Practice**	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-13
3/22-23/2002 Alameda, CA 11 Credits	Therapy Resource Associates **Using EMDR to Treat Children, Adults and Families for Trauma Attachment**	Joan Lovett, MD; Debra Wesselmann, MS, LPC	Debra Wesselmann	402-330-6060	01007 01007-02
4/27-28/02 Orlando, FL 14 Credits	Roy Kiessling, LISW **Integrating Resource Installation Strategies into Your EMDR Practice**	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-14
5/3-4/02 Atlanta, GA 14 Credits	Roy Kiessling, LISW **Integrating Resource Installation Stratetgies into Your EMDR Practice**	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-15
5/18-19/02 Seattle, WA 14 Credits	Roy Kiessling, LISW **Integrating Resource Installation Strategies into Your EMDR Practice**	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-16

Yes! Sign me up!

WANT TO BECOME AN EMDRIA CREDIT PROVIDER?

To receive an application packet,
please contact the EMDRIA Administrative Office

(512) 451-5200

Inquiring Minds: Questions for the Research Committee

Each issue of the Newsletter will feature a question related to EMDR research. If you have a question that you would like to have featured, either e-mail it to the chair, Nancy Smyth, at njsmyth@buffalo.edu, or send it to EMDRIA's Research Committee, P.O. Box 141925, Austin, Texas 78714-1925. When you send your question, please let us know if it's okay to publish your name & affiliation (if you don't specify, we'll leave it anonymous).

Developing a New Treatment Protocol for EMDR

Q Question: I have an idea for a new EMDR treatment protocol. How should I go about developing and testing it?

A We are often asked about how to develop and test a treatment protocol. We are also frequently presented with a research idea that reflects a lack of understanding of how a protocol is developed. Different types of research are appropriate at different stages of development of a new protocol. Here are the stages most commonly used to develop a protocol:

1. You get an idea and decide to try it out. You have good luck with a case, and wonder if you could do it again. You may have used standard EMDR in a new type of treatment problem (new for EMDR at least), or you may have adapted EMDR in some way; or you may have combined EMDR with other interventions in a unique way.

2. You try more cases with the same treatment problem, using some of the same approaches you used in the first one, and experimenting with other things as well. This will help you to figure out whether the first success was just a fluke, or whether you might have discovered an innovation. At this stage, it's helpful to begin keeping a log that tracks key characteristics of the client and provides a place for brief notes on treatment response and variations to your approach that you've had to make.

3. You discern a pattern from your experience with #2, and develop a protocol. For example, if there are 5 steps and most people require most of the steps, you may simply include all 5 steps in the protocol to make sure that you're always covered. If most people only need two of the steps, you figure out what the difference is between those that need only two and those that need all five, and you identify the decision rules (this is where the log can be quite helpful).

4. You test the protocol, and your theory underlying the protocol, in a single system design (SSD) series with outcome measures appropriate to the treatment targets. SSDs are systematic case studies that employ repeated measurement over time so trends (and changes in trends) in behavior can be examined. At this point it's important to write down the protocol with as much specificity as possible, so that others who use your treatment manual can do what you did. In addition to creating a narrative that describes your protocol, a checklist (that covers each step) will make it much more likely that others will be able to implement your protocol correctly.

5. Generally, if you've changed the EMDR protocol in some way, you'll also need to present some single system design cases that also show how and why a change in the standard EMDR protocol was necessary. One good method for doing this is the A-B-C single system design, where A is a baseline (pre-intervention) phase, B is the standard EMDR protocol, and C is the adapted protocol that you've created. The only time that this might not be necessary is when you're targeting something that is contraindicated for standard EMDR (such as behaviors to stabilize clients to increase readiness for trauma processing). The general rule is: if there is an established protocol already for what you're doing, you'll need to show how what you're doing is an improvement.

6. If the case series results are encouraging, try teaching your protocol to some other practitioners. Ideally, obtain their feedback, questions, & concerns on implementing the protocol (through a log, or through consultation). This step will identify steps in the protocol you haven't articulated well (usually because they were intuitive steps for you, but not intuitive for others!), and will help to refine your treatment manual for the next stage of this process.

7. You conduct a controlled study comparing your treatment to a wait-list control or to a standard-care-only control. Note that a standard care at your research site may not be the same as Astate of the art, so be prepared to provide some description of it.

8. If the controlled study results are encouraging, you conduct an additional controlled study comparing your protocol to the other leading approach to this treatment problem.

9. If the results of the controlled, comparative treatment study are positive, then step 8 should ideally be repeated by some other research team.

For steps 4-9, it can be especially helpful to consult researchers prior to beginning that particular step, so that you ensure that you've designed the methodologically strongest study for that stage.

All of the steps above are such that at each phase of development, you are investing the minimum resources required to determine whether going to the next level is warranted. Sometimes the findings are not positive, and you have to decide whether your study was conducted poorly, whether you can modify your protocol to improve effectiveness, or whether it's not really worthwhile after all. If you choose to persist, you will probably want to repeat the failed step successfully before going further.

This model can also be used by those who wish to conduct a research project in a specific area of interest. By reviewing the literature, you can determine the current stage of development for EMDR for your treatment problem of interest. With careful analysis, you can decide whether the studies to date have been conducted properly, paving the way for the next phase, or whether something needs to be redone in a better way. Using this model can help researchers to avoid conducting case studies in areas where controlled studies have already been completed, as well as to avoid conducting controlled studies when case studies have not yet demonstrated that a larger project is warranted. With this model, researchers can use their resources to best contribute to the literature by accomplishing the natural next step.

Helpful Resources

Bloom, M., Ficher, J., & Orme, J.G. (1999). *Evaluating practice (3rd ed.).* Boston: Allyn & Bacon.

Rothman, J., & Thomas, E.J. (Eds.)(1994). *Intervention research: Design and development for human service.* Binghamton, NY: Haworth.

Rubin, A. (July, 1997). Empirically validating EMDR with single case designs: A step-by-step guide for EMDR therapists. Workshop presented at the EMDR International Association Conference, San Francisco, CA. (Contact njsmyth@buffalo.edu for an electronic copy of handout).

Thomas, E.J. (1984). *Designing interventions for the helping professions*. Beverly Hills, CA: Sage

Do You Have a Research Related Question?

Each issue of the newsletter will feature a question related to EMDR research. If you have a question that you would like to have featured, either e-mail it to the chair,

Nancy Smyth, Ph.D., at njsmyth@buffalo.edu

or send it to EMDRIA's Research Committee, P.O. Box 141925, Austin, Texas 78714-1925.

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

Your Attention is Needed!

2001 Membership Directory

You should be receiving your newly formatted 2001 EMDRIA Directory soon. We continue to make changes that will hopefully make it more user-friendly and comprehensive. For the future, we are considering providing the Directory on CD vs. hard copy. In an effort to serve the needs of our members, we would like to know your preference for future directories. Please take the time to complete the Membership Directory Survey form, which will be located inside the cover of the Directory, and return it to EMDRIA by May 15, 2002.You may also email the EMDRIA Administrative Office at info@emdria.org to let us know your preference.

We welcome your suggestions for improved, yet cost-effective, access to information in future directories.

On behalf of the EMDRIA Membership Committee,

Linda Vanderlaan, Ph.D.
Chair, EMDRIA Membership Committee

Announcing...

Is your Certification or Approved Consultant status about to expire?

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

Interested in Advertising in the EMDRIA NEWSLETTER ?

Contact Gayla Turner at the EMDRIA Administrative Office for details.

2002 ADVERTISING/ARTICLE SUBMISSION DEADLINES:

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

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

EMDRIA Office Announces New Staff E-mail Addresses!

With the launch of the new EMDRIA Website, we're maximizing the use of the EMDRIA identity and domain name. Our new staff e-mail addresses are:

Carol York, MSSW, LMSW-ACP, Executive Director
CYork@emdria.org

Gayla Turner, Associate Director/Conference Coordinator
GTurner@emdria.org

Terri Curtis, Asst. Conference Coordinator
TCurtis@emdria.org

Sheila Kulczyk, Accounts Processor
SKulczyk@emdria.org

Sarah Tolino, Shipping/Order Clerk
STolino@emdria.org

Announcing…

Would you like to get more involved in EMDRIA?
Do you have questions about what's involved in becoming more active in EMDRIA?
Have you thought about running for a position on the Board?

If the answer is **"YES"** to any of the above questions
We can help!

IT'S THAT TIME AGAIN! EMDRIA is looking for interested members to become more involved in the organization by running for an office or as a member-at-large. Information is available via an email attachment or the mail by contacting the EMDRIA office at EMDRIA@emdria.org or 512-451-5200. This information may answer some of your questions or perhaps pique your interest.

Contact Wendy J. Freitag, Ph.D. at WJF@PursueExcellence.com or 414-777-1757 if you are interested in running for a position or have additional questions. Thank You.

2002 EMDRIA CONFERENCE
'CALL FOR POSTERS'

June 20-23, 2002 * San Diego, California

SUBMISSION DEADLINE
April 15, 2002

We are soliciting Abstracts for Poster Sessions for the 2002 EMDRIA Conference.

What is a Poster?
Posters are excellent ways to summarize research or single case studies and to present a conceptual model or assessment package. At most professional conferences, Poster Sessions are the primary vehicle for the presentation of new research, case study applications, literature review summaries, and new assessment instruments.

An award for the best poster will be given. If you would like more information on Poster Sessions and/or to receive submission information, please email Nancy Smyth, Ph.D., at njsmyth@buffalo.edu, or call Terri Curtis at our Administrative Office at (512) 451-5200.

IN THE SPOTLIGHT:

Hanne Hummel & Raimund Doerr

by Marilyn Luber, Ph.D.

How is it that people choose to do the work that they do? Hanne Hummel and Raimund Doerr are life and work partners who chose their current mutual path because of the experiences of their youth.

Hanne and Raimund met in 1975 as a result of their interest in social issues. They were young, gifted, directed, and sure that they wanted to make a difference in their world. They attended the Universities of Mainz and Frankfurt/Main in Germany, both studying Psychology, Sociology, and the Educational Sciences. In 1982, they received their Diplomas (Dipl.Paed).

Armed with their knowledge from the university, and books about education and sciences, they decided to work in a foster home together to change the life of children. They had heard about the appalling circumstances under which these children survived and were horrified into action. In some foster homes the children almost lived as if they were in prison, without positive regard and love. They wondered how children, who have no parents and no persons to whom they relate and such profound problems, could get better in such an environment.

In 1982, in the town of Celle, 40 kilometers from Hannover, Germany, they began their foster care work in association with others in one of 14 group homes. Their population included children who were living on the street, children who had to work as prostitutes for their parents, children involved with child pornography, and children who had suffered abuse; these were the children who were among the most difficult to educate. At the time, Hanne and Raimund's belief was that "If you love children, they will love you" and they were eager to try this new approach.

Instead, Hanne, Raimund, along with two other colleagues with whom they worked, had a very intense, personal, and profound experience of the effects of trauma on children. The children tested their caretakers constantly, and Hanne and Raimund's 40-hour work-week often extended into 60-70 hours as the children surprised them and their theories! Although they had learned from Psychoanalysis that incest is not real and just a fantasy, this learning was not congruent with what they were learning from their young charges. Their ideas were proven totally insufficient to address the needs of their children.As a result of this baptism by fire, Hanne and Raimund decided that they had reached the boundary of their communal learnings and that social therapy in the form of Milieu Therapy was not sufficient.

In 1985, they both began training in Client-Centered Psychotherapy. Raimund, beginning in 1986 and working through 1996, worked as a Psychotherapist and Counselor at a psychological and psychotherapeutic Counseling Service in Singen, Germany (Pro Familia) and later in Schaffhausen, Switzerland. In these settings, he worked with persons suffering from PTSD and problems that were the result of trauma. He worked with couples when there were difficulties in their relationship after the woman had been raped, or if she had been abused as a child. Often, the problems with trauma appeared at first in the relationship. Raimund notes that he also works with men now, although earlier in his career, men had difficulty addressing these issues of trauma in childhood.

During the same period of time, Hanne was working with traumatized women and women from the women's refuge. She was involved with the Rape Hotline, and, at the Counseling Service, she worked with many girls, boys, and women who were survivors of incest and violence of any kind. Hanne was gifted in this area and found that her talent allowed her to work well with these populations as she was able to help her clients work through the problems that they had. In 1987, she began to give workshops to other therapists and social workers on psychotraumatology, psychotraumatherapy, and, especially, on how to stabilize traumatized survivors before processing traumatic material. Also, she became a supervisor for this work.

In the same year, she became a Psychotherapist and Counselor at a psychological and psychotherapeutical Counseling Service in Schaffhausen, Switzerland working psychotherapeutically with girls and women suffering from PTSD and the effects of violence.

In 1994, Hanne and Raimund entered a new joint venture. They founded the "Psychotherapeutisches Institut im Park" (Psychotherapeutic Institute in the Park) in Schaffhausen. Through their Institute, Hanne and Raimund are dedicated to providing psychotherapy to traumatized individuals, supervision, and education for psychotherapists. They also provide continuing education for people working with traumatized populations such as lawyers and police who want to learn how to interview and treat trauma survivors. As the Institute grew, first Hanne, and then Raimund, were able to leave the Counseling Service and work full time at the Institute. Now, they offer many programs in the area of trauma. Over the years, as their reputations have grown, they have been doing less therapy and much more supervision and education as the demand for understanding trauma has grown in German-speaking Europe.

In 1996, at the Congress of the Swiss Association of Psychotherapists, Hanne was the first of the two to hear about EMDR. At first, she thought EMDR sounded very strange indeed and could not believe a method could work so quickly. She decided to take the course to see if it had any merit, as she felt she had a responsibility to be current with new methods in the traumatology field. She went to Cologne to take the first part of the EMDR training and completed her training in 1997. During the training, she was so delighted with the results of her practicum, that she decided that she wanted to help bring EMDR to Switzerland. Raimund took the training two years later, and then both, became Supervisors through a course at Arne Hofmann's EMDR Institute-Germany.

They are proud of a new ten weekend didactic program on trauma developed in conjunction with Lutz Besser that includes trauma education -theoretical and clinical material- and EMDR training. Requirements include 3 case history presentations and 40 hours of Supervision and Colloquium. After candidates complete these requirements, they are placed on a referral list that serves, to date, Switzerland, Austria, and Germany. Currently, members of the referral group include European Facilitators. This referral source can be accessed through

the following web-site:.
www.psychotraumatherapie.info

Raimund has actively continued his interest in politics. From March 1996 – November 2001, he was a member of the Board of the Swiss Association of Client-Centered Psychotherapy (SGGT). He was on the Board of the Network of the European Associations for Person-Centered Counseling and Psychotherapy (NEAPCCP) from September 1998 through November 2000. Currently, since March 1999, he is a member of the Board of the Swiss Association of Psychotherapists (SPV).

As dedicated as Hanne and Raimund are to their work, they are equally dedicated to play. They rejuvenate from their intense lives on a regular basis by biking and swimming. One of their favorite places to go in the summer is Sweden, where they leave civilization behind and go off into the woods and lakes to kayak. They also love to swim in the Rhine and go to the mountains in the winter. Raimund and Hanne are aficionados of food and they love to eat good food and drink red wine, especially when they can sit in the sun.

I asked Hanne and Raimund about their views on life, liberty, and EMDR and they replied in a joint statement that symbolizes their mutual beliefs and principles:

"We all have only one life. But it has many consequences when you think about it to the end. We all are parts of all the living that is on earth. So, we have responsibility for all the living of which we are a part.

Since our youth we both were engaged in social issues, and we also understand a part of our work today continues to be in this tradition. We are making a modest contribution to the movement against violence, torture, and abuse.

We believe that as therapists, we have to contribute to help create a world with less violence. We have to fight against circumstances that cause violence and traumatization because war, strong social differences, hunger, and living without liberty continue to exist. We need to fight because we know the consequences of these situations.

EMDR is a means to reduce the consequences/ results of traumatization, and, so a powerful resource to reduce suffering. We are glad and grateful that we could learn this method, and that we can contribute to the spreading of EMDR. We know many colleagues who, just as we, discovered that EMDR improved their work and their possibilities to help others. EMDR can be a great tool to help people to find their inner freedom.

In this context, it seems very important to us to note that we are grateful to Arne Hofmann for bringing EMDR to Germany so we could help to bring it to Switzerland".

This dedicated, gifted couple are part of our large, EMDR, international family of psychotherapists. Individually and together, they provide needed services in the area of traumatology from psychotherapy to education to social change. How fortunate we are to have this gifted team amongst us.

Need to promote your up-coming workshop or seminar?

Have office space to share?

equipment to sell?

We have the answer for you!

1/2 Off!

To promote our new "Classified Advertising Section" we are offering a classified advertisement, in our June 2002 issue, for 1/2 price!

E-mail for more information
TurnerBizSvs@aol.com

Regional Coordinating Committee

Jari Preston, M.Ed., Chair

The Regional Coordinating Committee has decided to be in closer contact with the Regional Coordinators by sending an email newsletter each month. At times it will cover new or changing policies for Regional Coordinators or Regional Meetings, some months will be information about what is happening in various regions or how individuals handle finances, mailings, and other RC concerns. The email newsletter began in December 2001.

The committee is also happy to announce that Regional Meetings can now be posted to the EMDR Listserve. The process for doing this is to have the information about your regional meeting in to the EMDRIA office one month before the meeting. The EMDRIA office will post all meetings together once a month. Regional Coordinators are not to post individually. When the new EMDRIA website is on line, Regional Meetings will be posted there through the same process.

Healthcare Committee

Jim Gach, MSW

Over the past few months, we have noted a shift in the wind regarding the acceptance of EMDR by managed care companies. Unfortunately, it is a shift for the worst. In the past, many MCO's maintained a "don't ask don't tell policy". We are now seeing an absolute ban on the use of EMDR by some companies. Some of the Blue Cross plans and Magellan are taking the stance that EMDR is still an experimental treatment and therefore cannot be paid for unless approved by special exception. Some therapist have been told that if their records are audited and EMDR was used, they will be asked to refund any fees paid by the insurance company. Use of a 90808 CPT code (Individual psychotherapy 75-80 minutes) is one way of drawing attention to the treatment provided.

The current EMDRIA policy for handling a turn down is as follows: 1) The clinician involved notifies EMDRIA of the denial.; 2) A Healthcare Committee member will review the problem by phone or email with the clinician; 3) We will then have a packet of reference material sent to the clinician who is then responsible for forwarding the information to the appropriate decision makers in the MCO or insurance company. The packet of information contains adequate information and cited research to demonstrate that EMDR is no longer considered experimental.

In the next newsletter I will discuss some of the ways that clinicians are handling the problem and the problems with the different approaches.

If you are having a problem or would like to help out please contact Jim Gach by ph: 410-583-7443 or email, jgach01@cs.com

Research Committee

Nancy Smyth, Ph.D. CSW, Chair

The Research Committee remains busy responding to inquiries about EMDR research and providing consultation on EMDR studies, providing feedback on EMDR manuscripts, and maintaining the EMDR Research Support Listserv. In addition, we've been working with the website committee to increase research-related information on the EMDRIA website. Finally, we've been planning for the annual conference, including organizing research-related sessions, the poster session, and the researcher networking meeting.

We're pleased to announce that we've added a new member to our committee this past month, Arne Hoffman from Germany. Arne has special expertise in the area of dissociative disorders and trauma. Other committee members are: Kent Bath (USA; single subject designs); Ad de Jongh (Netherlands; Phobias, Anxiety Disorders); Ricky Greenwald (USA; child & adolescent trauma & conduct problems); Christopher Lee (Australia; PTSD); Louise Maxfield (Canada; PTSD, anxiety disorders); Nancy Smyth (USA, substance abuse, trauma).

EMDR Research Support List

The EMDR Research Support Internet Discussion List has had some interesting discussions on it recently, beyond the usual announcements of funding opportunities, calls for papers, research findings, and research-related resources. One interesting thread has been about how to research the efficacy of EMDR with attachment disorders, a dialogue that began in response to a listserv member's inquiry about designing a study to research that topic. The discussion covered theoretical and some design issues relating to that topic.

The discussion list is open to anyone who has done, or is interested in doing, EMDR research. If you would like to join, simply e-mail your name, address, affiliation, and research interests to Nancy Smyth at njsmyth@buffalo.edu

The Ten Top Reasons Why You Should Submit A Poster Session To This Years EMDRIA Conference

10. You think you'd like to see your name in lights—okay, it's not exactly lights, but it does get your name featured on a BIG poster board, and on the Poster Session Flyer that's distributed to all conference attendees. And you might eventually get cited in someone's EMDR book or article!
9. You can think of several ways to use the $100 prize for the best poster award.
8. You have a creative side and like to cut and paste…or maybe just want to work in Power Point or use big fonts in Word.
7. You've been thinking about submitting an idea for a conference session, but you're not sure you really want to take the plunge (this is a great first step!).
6. You're tired of conducting workshops at the conference, and would like to share your new EMDR developments in a lower stress format (at a cocktail party reception, no less!).
5. Your research isn't quite at that place where you have that article done, but you'd like to share your results (preliminary or final) right now…and get the benefit of reactions from colleagues!
4. You have a new idea about why EMDR works that you'd like to share (yep, poster sessions can be just about new ideas…not all of them are about data).
3. You want to make research contribution with the data you've collected on your clinical work, and the thought of writing the whole article is overwhelming (a poster session is a great small first step—and then, after the conference, the Research Committee can guide you in turning that poster into an article).
2. You've been trying out some new applications of EMDR that you think might be useful for others to hear about, and you would like to have a chance to talk to other people who are interested in the type of EMDR-related work that you're doing (they'll seek you out when they see your poster listed!).
1. And the number one reason for doing a poster session is: you would like to contribute to advancing EMDR, either conceptually, practically, scientifically, or clinically!

Interested?
See the Call for Posters on p. 19

PAST PRESIDENT: THANKS

David L. Wilson, Ph.D.

I have emerging priorities in my life such that I am not going to be running for any office for EMDRIA for the foreseeable future, knowing that I am leaving the organization in good hands, and it is time for me to do something else.

But, before I leave this scene, I have a few things I want to say to all of you, and I am going to exercise the remaining prerogatives of my office to do so.

In Buddhism, there is an exercise in which the students are instructed to treat everyone they encounter as the Compassionate Buddha, the Enlightened One, "Remember, the Buddha may come cleverly disguised - as a beggar, a prince, or a madman - but nonetheless the Buddha. Your job then is to see through this disguise to the Eternal Buddha within, and to treat everyone you encounter as the embodiment of Buddha on earth."

In my view, this is not unlike a Christian saying, "Treat everyone as if they were the Christ. See God at play within every person, the Divine Spark within." Unfortunately, my early religious instruction came at the same issue from the other direction, "Treat everyone as if you were the Christ. Try to be like Jesus would be with this person." And most of us figured out pretty quick, "OK, it's impossible to be like Christ, and no one likes someone who acts like 'Here I am, the Second Coming'; hence "Be like Christ and act like Christ would act with everyone you encounter" became an ideal and difficult to live up to - except for a Hindu like Ghandi or Catholic like Sister Theresa, or Buddhist like the Dali Lama. And perhaps this is why I consider it better for myself to approach this matter by trying to see everyone you encounter as the Christ/Buddha/ Enlightened One who is testing your love and compassion and understanding.

And obviously, I believe this is the fit and right and proper way for us to be with and act toward all our patients, no matter how heavily disguised - as a beggar, a prince, or a madman - which is how I connect this all back up with EMDR and my gratitude for what this movement has meant to me.

I want to take this opportunity to thank all my patients over the past 30 some years, who have taught me how to just be with other human beings.

I want to thank all my mentors in psychology and psychotherapy - W. G. Workman, Jim Parker, Shirley Luftman, Jerry Clark, and Randi Gottlieb Robinson - who have taught me so much about compassion.

I especially want to thank Francine Shapiro for building a clear framework for understanding how psychotherapy works, and for EMDR as the most powerful methodology I have ever had in my hands. I believe there is something in EMDR - probably learning to harness the orienting response, "Taming the Wild OR" if you will - which represents a true breakthrough in psychotherapy.

Finally, I want to thank all the Christs and Buddha's and Great Beings on the EMDRIA Board of Directors, the Executive Office, and in the EMDRIA organization - especially Carol York, Curt Rouanzoin, Steve Lazrove, Ricky Greenwald, Jennifer Turner, Dan Merlis, and Wendy Freitag, and even those Buddha's who are very cleverly disguised - who have contributed so much to my life over the past six years.

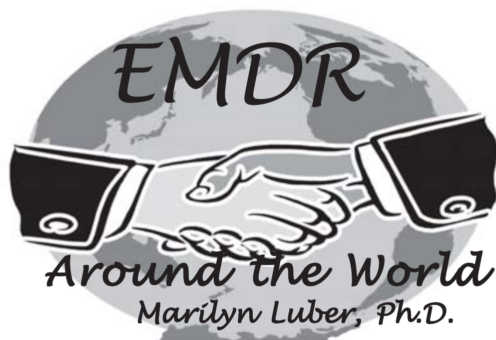
Yours sincerely,
Dave Wilson

We need your suggestions....

Call for Award Nominations

Once again, EMDRIA will be presenting an "Outstanding Innovation Award" at the conference in San Diego this June. This Award is given to acknowledge an EMDRIA Member who has contributed to the enhancement of EMDR. This contribution must serve to improve or advance the practice of EMDR and must be original and novel in some way. We are soliciting the membership for possible recipients of this award. The name as well as supporting evidence for your choice should be submitted to Wendy J. Freitag, Ph.D., Past President at 414-777-1757 or WJF@pursueexcellence.com. From the information received the Awards Committee will make a recommendation to the Board for final approval.

Deadline for your submissions is April 1, 2002.



Belgium

Ludwig Cornil writes in that Belgians continue to be interested in EMDR and there will be a training in February 2002 with Arne Hofmann. In March, there will be a workshop for the members of EMDR-Belgium where the focus will be on theoretical explanations of EMDR. During the last meeting, a thorough overview of controlled studies of EMDR was presented, and an in-depth discussion followed. The workshop leaders felt that it was important that participants and users of EMDR were well grounded in research so that they could discuss effects adequately when queried about EMDR

Canada

Judith Black reports that EMDR training continues to be a great success in Montreal. There are 66 locals who are now trained, many from the French community. They are looking forward to more training in June 2002.

David Hart e-mails that EMDRAC sponsored a 2-day conference in Vancouver in October 2001. It was a great success with 150 in attendance. At that time, Dennis Coates followed David as the second President of EMDRAC. Dennis had served as Secretary of the EMDRAC Board since the inception of EMDRAC in 1995. Maurice Boulay and Maureen Kitchur retired from the Board and two new members were elected: Helen Doan and Linda Hamm. Judith Black, Bill de Bosch Kemper, and Jim Lichti were re-elected to the Board. Judith takes over as Treasurer with Bill adding the membership functions to his role as Treasurer.

Jan Taylor reports that there was a short, positive article in a Canadian Women's magazine, Chatelaine, on EMDR under the "Healthy/Your Mind" section. Also, she was delighted with some of the new Canadian presenters who were well organized and did an excellent job at the EMDRAC conference.

Czechoslovakia

In October 2001, Udi Oren, accompanied by Richard Mitchell from England, conducted a training in Prague.

Denmark

Lene Jacobson remarks that she is involved with the development of the EMDR child-education through the active European Board. She adds that people in Denmark were deeply affected by the events of September 11, and observes that these are mainly people who have had other hidden traumas before that date.

Ecuador

Esly Carvalho says recently the municipality of Quito requested that the therapists from organizations all over the country be trained in EMDR. The training is scheduled for April with the help of John Hartung. Further training is planned for November. In February, Esly will give a presentation on "EMDR and pictures and metaphors".

France

David Servan-Schreiber writes in that he gave a one-day workshop on EMDR at the Universite de Lyon which was part of the university training in CBT. It generated considerable interest and he was made "University Instructor" ("Charge de Cours") and asked to return next year to do a complete beginning training which will be part of the official training course in CBT. This is an excellent development for the future of EMDR in France and Europe. Also, he plans to write up the study that he presented at EMDRIA 2001, where he and his team compared the effect of doing EMDR with three different types of auditory and tactile stimulation.

Germany

Hans Henning Melbeck reports that, in September 2001, Arne Hofmann conducted an EMDR training in Berlin with great success. Trainees are clamoring for supervision and consultation!

Holland

Ad de Jongh says that EMDR is "still going strong". Currently, there are 320 members. He writes "Not bad for such a small country!"

Indonesia

Nancy Errebo writes in the following concerning the HAP-Indonesia project:

"Our four-person team was there in July finishing up the project, which was sponsored by UNICEF. Michael Keller was the leader, John Hartung was the trainer, and Reyhana Seedat and I were facilitators. Michael had been there at least twice before and Reyhana had been there at least once. They had great relationships with our trainees.

We did three trainings in July. The first, for potential leaders, was in Jakarta. We were supposed to do a training in Ambon, but it was too dangerous. UNICEF flew the trainees to the island of Sulawesi and we did the training there.

The third training was in Banda Aceh on the western tip of Sumatra. There has been a lot of trouble there.

We trained psychologists, psychiatrists, social workers, and para-professionals. They were a joy to work with and worked hard to plan follow-up meetings and outcome research. UNICEF did a great job of providing actual victims for our trainees to work with. These men, women, and children had been displaced from their homes by the radical separatist groups. It was inspiring to see that they still had enough trust and hope to reach out for help in spite of their suffering at the hands of their fellow-humans.

There is support within UNICEF to continue this project. The trainees need further training and support. The events following 9/11 have made the future of the project uncertain. The trainees do e-mail the HAP team members from time to time to ask advice and just keep in touch".

Israel

Alan Cohen reports that "EMDR is blooming ever since Udi Oren and Gary Quinn became trainers". There is an increased interest in EMDR by psychologists who are interested in training in hospitals and schools. Alan recently agreed to give a 90 minute lecture to school inspectors on schools and emergencies in Connecticut. He says, "Of course, EMDR will get an honorable mention in my discourse."

Brurit Laub notes that she has been busy on the lecture circuit. She presented on EMDR at the University of Tel Aviv for the Clinical Staff of the Counseling Service for students and will give another lecture at the Social Work School of the University of Beer Sheba. In Beer Sheba, the department is organizing a special day of lectures and workshops for their Supervisors about

alternative and mind-body therapies such as Yoga, Reiki, etc. Recently, as a member of the Integrative Program of Psychotherapy at Hebrew University, she was asked to give a course on EMDR. Brurit has been working on resource development and gave her first presentation on her work, "The Healing Power of Resource Connection" in Vancouver at the EMDRAC conference. She will give it again in Israel in February 2002. She states that "The main idea is creating an envelope of unique and unconscious resources which gives containment to the processing and also supplies clients with accessible resources for everyday use".

Udi Oren says that he and Gary are receiving many invitations to lecture at Mental Health facilities and that they are doing many more in-house trainings. Yair Emanuel was interviewed on Israeli TV. Barbara Wisansky and Esti Bar Sade attended to the EMDR child training with Bob Tinker.

Gary Quinn says that he has been busy with his patients after the last Jerusalem attack. He is working with patients at Emanual who have Acute Stress Disorder. Danny Brom and he are trying to set up a Center for the Treatment of Shock to assist after attacks on Jerusalem occur; they are hoping that they will never need it.

Italy

Isabel Fernandez writes in that she attended the European Society for Traumatic Stress Studies in Milan Italy in the fall of 2001. She and Kerstin Bergh Johannesson gave a workshop on EMDR that included understanding its application, the state of the art research, and its potential as a treatment for PTSD. During the second day, she noted that many presenters mentioned EMDR as a valid treatment for PTSD, based on scientific and published research. Isabel thought that this was the first time in Europe that EMDR was presented and treated as a valid method for PTSD.

New Zealand

Barbara Anderson has moved to New Zealand for 6 months and has been seeking out EMDR-trained therapists. She has contacted an agency that works with grieving children and they are interested in EMDR.

The Palestine Authority

Jim Knipe writes in the following:
"The HAP overseas programs are currently on hold following 9/11. As you know, our training team finished in Ramallah on 9/5, and three of the five of us were back by the time of the terrorist attack. Peggy Moore was stranded in Beirut (where she had gone to begin planning for a future HAP training there), and Judith Daniels was in stuck in Paris (one can imagine a worse fate) for about a week after 9/11.

We have had an active e-mail correspondence with Palestinian therapists, who report that the great majority of the trainees are using EMDR, and there are several ongoing study groups that meet weekly, or twice a month. When conditions permit, we hope to go back and resume the training program".

Poland

Barbara Anderson writes in that the German-HAP program is in contact with the Polish sponsor and they have worked out a way to provide supervision sessions. She is planning to return to Poland in June to continue her follow-up.

United States

California

Robbie Dunton from the EMDR Institute reports that they have renamed Level 1 and 2. As of January 2002, they will be referred to as Part 1 and Part 2.

Connecticut

Leslie Weiss notes that EMDR is growing steadily in Connecticut. Their study group is in its 6th year, with attendance running steadily around 30-35 per quarterly meeting. She is pleased at the quality presentations from within the group and is delighted that there are many new trainees.

Florida

Carol Crow writes that her work to train more therapists in the Tampa area is succeeding, and so far there are more than 100 people coming to the first training ever in that city.

Massachussetts

Jocelyn Barrett says that she has been involved with coordinating the Boston area network for a response to 9/11. However, there have been no demands for service. Bessel van der Kolk's trauma center responded immediately and assisted with the airline personnel. Although there has been no need in the area to date, Jocelyn feels that they are ready to go if there is a need in the future.

New Jersey

Victoria Britt writes in the following exciting news: "EMDRnews.com is a monthly on-line newsletter written for the lay audience. It was founded and edited by Institute facilitators, Victoria Britt, and Sheila Bender, and Robert Buck, a NYC based EMDR therapist. The idea came about because we all thought therapists needed an accessible website to send their clients to in response to inquiries about EMDR. Bob shares an office building with the people from Marketfax, who have also become his friends. He told them about EMDR and what it could do. They were impressed and wanted to know more but found that wading through the clinical jargon that was on the existing websites to be more than they bargained for. They met with the three of us, liked what they heard, and then offered to put up and maintain a free website for lay people. The site itself gives a short description of EMDR, how it is used, and what it is used for. It provides links to EMDR and to HAP. The articles are sent out monthly to subscribers and talks about EMDR in short, non-technical and non-threatening terms so that the public and our patients can gain a greater understanding of the scope of EMDR treatment. It also provides an excellent venue for telling people about HAP. We ran the idea by EMDR Institute experts, Robbie Dunton and Francine Shapiro: they were enthusiastic and asked to have final editorial approval to which we agreed. Thus, it is neither sponsored by nor "officially" by the Institute, but it is published under their watchful eyes. The second issue has just been published. To subscribe visit www.EMDRnews.com. In order to respect our clients' confidentiality, we do not require a last name to subscribe.

Cindy Browning e-mails the following about her continuing work on 9/11 related activities:

Just after my last note to you, a friend of mine, who is the Executive Director of the NJ Mental Health Association, approached me to ask how we could use EMDR to deal with the crises. She said that she thought she might be able to get grant funding for a training project. I had been talking with William (Zangwill) who mentioned an idea that Sue Rogers had: An EMDR refresher course. I proposed this idea to my friend, who loved the idea, but unfortunately, she

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Cont from Pg. 25

lost her funding source, but fortunately, another friend of mine at Pfizer generously offered to fund the project. So the EMDR refresher course was born. I thought immediately that Howard (Lipke), and Sue (Rogers), and Steve (Silver) should be involved. Howard helped me to conceptualize a day with concurrent sessions: He would present a bridge course for those who had been newly trained and Sue (and originally Steve, though it didn't work out for him to attend) could present on treating trauma caused by terrorism for the seasoned EMDR clinicians. William would then present on the Recent Events Protocol after lunch. We would finish the afternoon up with a supervised practicum. The sponsor from the Mental Health Association, my friend Carolyn Beauchamp, joined forces with Barb Korzun of EMDR HAP and HAP became an official cosponsor. We ended up holding the workshop on November 17, and it was a wonderful success. Barb was able to duplicate the program the day before in NYC, so we actually ended up with two consecutive days of excellent training to prepare folks for dealing with the tragedy. It was a time consuming project, but it was well worth it. The Disaster Response Network continues to hum along in both NJ (chaired by Maria Masciandaro, PsyD & Betsy Prince, MSW) and in NYC (chaired by Gina Colelli, MSW).

New York

Fran Donovan reports the following subsequent to 9/11:
This has been a very busy past four months for me. After the bombing of the World Trade Center, I was asked to come to two school systems to do debriefing work with children and teachers, because I have headed up the East Hampton Crisis Intervention Committee for many years. East Hampton is sometimes referred to as little Manhattan for all of the people from NYC who have homes here and move here. In order to spread the word about EMDR help being available, I decided to act locally, and did a television program about EMDR, PTSD, acute stress, and trauma, which was seen by an audience of approximately 50,000 people, mostly on the East End of Long Island. The response was almost immediate, I was able to work with five different individuals pro bono in the weeks following Sept.11th.Some were firemen who commuted to the city and were at the 1993 bombing as well as Sept.11th. Others were family members, worried about friends and loved ones. One person ran a business in TriBeCa , and two were Wall Street Executives. I continue to see some of these individuals and am trying to remember Francine's e-mail regarding taking care of myself. A massage really helped. I must say that I have had as much debriefing to do with my regular clients and parents and children in this community, because as we all know the events of Sept.11th have touched everyone"

Ruth Heber updates us from NYC:
I treat very few survivors at the moment. Most of my efforts are focused upon supervision and debriefing of my colleagues. December 6th, 2001, I gave a talk at the Psychotherapy faculty meeting of the Mount Sinai School of Medicine, Department of Psychiatry, on Multimodal Approach to Treatment of Shared Trauma, that addressed immediate debriefing, crisis intervention and stabilization of victims as well application of EMDR where and when appropriate. The talk also addressed the therapists own needs, vicarious traumatization and countertransference manifestations. It was well received.

Theron and MaryAnn Male give an update on their work:

"Returning to Ground Zero"
It was not until November that one firm that we assisted after 9/11 was able to return to their workplace, overlooking Ground Zero. There had been a long wait and many delays due to the lack of telephone line access in the area. We had the privilege of working with almost half of the firm's workforce of approximately three hundred people. Many of these people had traumatic occurrences at Ground Zero on 9/11, or were trapped in and evacuated from trains, etc. Some had not been in the area again and were not sure that they could go back. Also getting to their former workplace meant a longer and more difficult commute. We were brought in as consultants again a few days prior to the move to assist in the announcement and preparation for the move. Again, EMDR proved valuable in assisting people with returning to the site of the traumatic event.
Everyone did return to the building for the first day of work in their home office at Ground Zero. We were there for the first day to assist as needed. As fate would have it, the American Airlines plane crashed that morning! We were very pleased that people handled that situation rather calmly, even to their own surprise. We have stayed in touch with the company and were even invited to their Christmas Party. Some came to us that evening and reported that it was extremely difficult to be in the area since many supportive business were not open, and they felt that they had nowhere to go at lunch, etc. Many were reporting increasing "depression" in being in the area. It is our concern that as many of our lives are returning to "normal" and there is not as much focus on tragic events in NYC, we will assume that those dealing with the effects at Ground Zero are also returning to their norm. There may be many who will only now recognize that they are deeply impacted".

Judith Rabinor states that she and her husband have been co-leading a support group for people who lost loved ones on 9/11, mainly from Cantor Fitzgerald. The group includes widows, children and siblings.

Steve Silver writes in that he and Sue Rogers recently conducted programs in the New York City area for the EMDR Humanitarian Assistance Program. Sue provided an EMDR-training to an agency located near "Ground Zero" while Steve ran a one-day workshop in Yonkers on using EMDR with war and terrorism survivors. Steve's impressions of Ground Zero will appear in the online journal, "Traumatology." Prior and since their work for EMDR-HAP, they both have been providing free consultative services to EMDR clinicians working in New York City and Washington, D.C., in response to September 11th.

A Tribute: Don Heggie

Christopher Lee
EMDRIA Approved Instructor

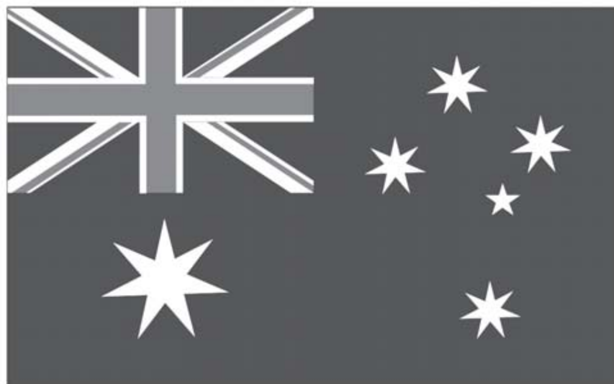
Don Heggie was an Australian World War II bomber pilot, whose plane was shot down while flying a mission over Germany. Unfortunately, the plane sustained severe damage and Don was the only survivor, losing his entire crew. He spent the rest of the war in a Prisoner of War camp. Don has suffered from symptoms of post traumatic stress disorder since that time.

Despite his difficulties, Don had done very well in life. He had succeeded in building a multi-million dollar trucking company and had considerable assets. In addition, he had received an Order of Australia Award from the Australian Government for charitable works.

He told me in our very first conversation that his life had been richly enhanced through EMDR therapy. He stated that despite years of psychoanalysis, psychodrama, and NLP his symptoms of PTSD had barely improved. However, after reading about Francine Shapiro's treatment in an article, he flew himself to America, obtained two week's of treatment and reported that he had not experienced a PTSD related nightmare since that time. Given this experience, Don was keen for others, particularly Australian War Veterans, to obtain similar benefits.

The first step in his plan was to fly his therapist to the States for EMDR training. The therapist reported on returning to Australia, that he had been able to facilitate substantial changes to some of his existing clients using EMDR. Don was excited with the knowledge now that others could surely enjoy similar benefits that he had received. Next, Don started ringing therapists from the Yellow Pages asking them about what professional organization and accreditation bodies existed. He then contacted trauma organizations, the Australian Psychological Society, and other bodies asking for recommendations of therapists who were respected clinicians and had good presentation skills.

By 1991, he had the names of seven such therapists. He rang each therapist in turn and offered to pay for their airfare to the United States, their training expenses, and accommodation, stating that, "Your only obligation is that when you return to Australia you tell other people what you think about EMDR. If you don't like it, that would be fine by me, but if you do like it, then I want you to undertake to let as many people as you can find out about the benefits of this treatment. My sole aim is to allow other people to experience the benefits that I have enjoyed."



Don flew a group of Australians to Chicago and organised for them to attend Level I Training, visit Veterans' services where EMDR was used, and talk to clinicians and patients in hospital. He then flew us to attend The EMDR Conference at Sunnyvale. Subsequently, Don provided financial assistance to enable Francine Shapiro and a group of American trainers to fly to Australia, providing trainings in Brisbane, Sydney and Melbourne at reduced costs. Flying the large numbers of Americans to Australia enabled the Institute to train facilitators in Australia, which then helped reduce the costs of subsequent trainings.

The combination of these two strategies effectively enabled EMDR to spread through Australia faster than in any other country in the world. For example, estimates of the number of therapists trained in EMDR in Australia are at 4000, which, given that there are 24,000 psychologists in Australia, is a very high uptake indeed. This general interest I think has contributed to Australians being at the forefront of EMDR. From clinical applications of EMDR, (eg Mark Grants work on pain) to research (the three published studies comparing behaviour therapy with EMDR have all been by Australian authors). Three of the original seven chosen by Don went on to become EMDR trainers.

Don's generosity has touched the hearts of many Australian therapists, which in turn has cascaded through to the clients they see. His ambition, that many people could benefit from the power of EMDR therapy has been realised.

So on behalf of the EMDR community, I want to publicly express our thanks for his efforts and generosity.

Notice of Correction:

The EMDRIA Newsletter, Special Edition", December 2001,
listed the correspondence address for the author of "The Capsule Adventure", P.12 incorrectly. Correspondence concerning this article should be addressed to

Celia Naccarato, ARNP, PhDc; 3000 N.E. 16 Avenue, Devon #214, Okland Park,
Fl, 33334, USA. Elctronic mail may be sent via Internet to nararato@optonline.net

The Conference Corner...

Gayla Turner,
Conference Coordinator
Associate Director

It's time to begin thinking about the 2002 EMDR International Association Conference! Hopefully, by the time you're reading this, you have already received your Conference Brochure or you will shortly. If you haven't received it by the first part of April, please contact our Administrative Office so that we can send you one, or you can also visit our website at www.emdria.org to obtain registration information.

This year will be our second year to offer a Pre Conference Day. This will be held on Thursday, June 20th, prior to the main Conference beginning on Friday, June 21st. For those who choose to attend the Pre Conference, registration will begin at 7:00am on Thursday morning. Those who are attending just the main Conference may not register at that time. There will be a separate early registration time on Thursday, beginning at 2:00pm until 7:00pm, for those attending the main Conference only. If you are unable to make it to the early registration, then you can register Friday morning, beginning at 7:00am. There will also be an "Opening Welcome Reception" on Thursday, from 5:30pm to 7:00pm. There will be hors d' oeuvres and a cash bar. We hope you will join us if you have arrived by that time.

Due to the isolated area that the hotel is located in, this year we will be providing lunches for all participants, Friday through Sunday. In doing this, we decided to incorporate our Awards & Recognition Banquet during the lunch on Friday, so that everyone could attend. Lunch on Saturday will be arranged so that you can network with other people in your area or region of the country and get to know each other, if you haven't already. There will also be a presentation by our Regional Coordinating Committee at that time. On Sunday, we will provide box lunches, but there will not be any function associated with the lunch. Please note that we will not be providing lunch on the Pre Conference day (Thursday). In order to provide lunches each day, we have had to increase the fee for your registration. The increase is based on what we are actually paying for the meals.

As we do every year, we are looking for people to volunteer as Room Monitors. There is a reduced registration fee for those who volunteer in this way. We ask that you wait until you decide which sessions you would like to attend before contacting us to volunteer. Room Monitors positions are given on a first come, first serve basis. Once you have decided on your sessions, please contact Terri Curtis at (512) 451-5200 or emdriaTC@emdria.org.

We again anticipate this Conference to be very well attended, so we urge you to submit your completed registration forms as soon as you can, in order to be able to attend the sessions you want. In the past, we have had several sessions be closed, due to the rooms filling to capacity. So, make your plans and get your registration in as soon as possible.

We look forward to seeing you in San Diego!

Coming Soon!

2002
EMDR International Association Conference

to be held in

San Diego, California

at Loews Coronado Bay Resort
(800) 815-6397

June 20-23, 2002

www.EMDRIA.org

Newly Redesigned EMDRIA Website Launched, More Improvements Planned

We're excited to introduce the newly redesigned EMDRIA Website! We hope you enjoy the fresh new look that reflects the organization and the energy of our membership. It features clean, streamlined navigation to make it easy to find the information you're looking for, and new communication tools for more rapid transfer of information to EMDRIA members.

You'll find us at: www.EMDRIA.org
In order to access the 'Members Only' section of the website, you will need new pass codes. Your new pass codes will be sent to you via email. If you don't recieve an email with this information, please email us at info@emdria.org.

Some members do not have an e-mail address on file at the EMDRIA Office. Use the "Contact Us" feature on the Web site to file or to update your address.

New features include:

- EMDRIA Conference information
- Online membership renewal
- EMDRIA newsletters posted in PDF format for online reading or download and printing. This will include a searchable database
- A secure, searchable membership directory
- EMDRIA Credit Offerings
- Schedule of EMDRIA Regional Meetings

Please contact the EMDRIA Administrative Office at info@emdria.org if you have trouble accessing the site. Some areas are still under construction, so if the pointer hand does not appear over an apparent link, it means we're still working on that area! Be sure to click "refresh" or "reload" on your browser before bookmarking the new site to ensure that the new features and links to the latest information about EMDRIA activities and EMDR information is at your fingertips!

The Seven Phases Model for Mental Health Interventions in Disaster Situations

Ignacio Jarero, Ed.D, Ph.D., C.T.
John Hartung, Psy.D., EMDRIA Approved Instructor

A seven phase trauma treatment project is being carried out in El Salvador under the coordination of Ignatio "Nacho" Jarero from Mexico, with team members from Guatemala, Argentina, and the USA. Readers will recognize Nacho's wife, Lucina Artigas, as the inventor of the Butterfly Hug. Nacho and Lucina have been dedicated EMDR clinicians for a long time, and recently they were approved by Robbie Dunton to become HAP facilitators in training with John Hartung. The El Salvador local coordinator is Reginaldo Hernandez, psychiatrist and acupuncturist. The training has been quite successful so far and could become a model for other countries.

Phase 1

Involved crisis briefings in early 2001, immediately after the first earthquakes in El Salvador. The Mexican Association for Crisis Therapy (MACT), headed by Nacho, sent informational pamphlets on "First Emotional Aid."

Phase 2

In March, was also conducted by MACT, whose team members taught courses on mental health intervention, group treatment protocols for working with children, and psycho traumatology, to several hundred emergency workers and mental health professionals. Team members also provided direct services to victims of the disaster, and oriented 90 mental health professionals on EMDR training.

Phase 3

Was EMDR Level I conducted by Ligia Piedrasanta, Maria Elena Lesmi, Barbara Zelwer and J Hartung. Ligia returned to conduct a second Level I training solo.

Phase 4

Was a "bridge course", with Ligia, Susana Tagliviani, and Beth Adams facilitating practicum experiences and doing case consults.

Phase 5

Was EMDR Level II.

Phase 6

Will be a combination of EMDR follow-up and training in other advanced trauma treatment methods.

Phase 7

The last phase will be an ongoing project involving local medical, psychotherapeutic, and research persons, one we hope to support into the future. The vision of the Salvador team is to develop a core of highly trained clinicians and trainers; to connect with university and other institutional resources; to promote crisis intervention; and to seek funds to support local crisis intervention efforts.

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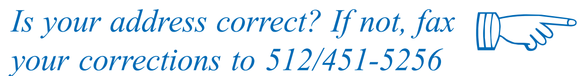

Call for EMDR Papers

The Publications Committee is continuously seeking material on EMDR case studies, clinical experiences, techniques, and protocols for our new clinical publication.

Please contact the Clinical Editor:

Gene Schwartz

janwalker@comcast.net

or the EMDRIA Administrative Office: (512) 451-5200 or email: emdria@emdria.org.