

# EMDRIA

SEPTEMBER 2015

THE INFORMATION RESOURCE FOR EMDR THERAPISTS

VOL 20 ISSUE 3

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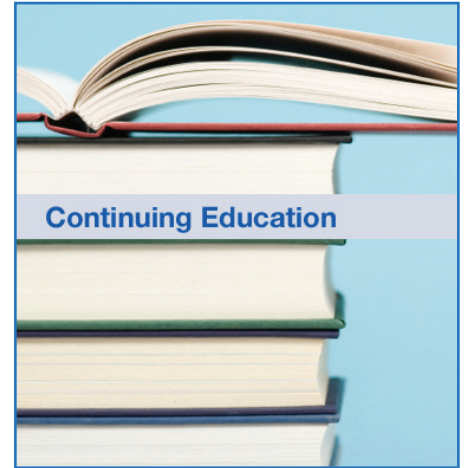
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# A word from the President...

July and August were wonderful months with many events related to EMDR therapy. In July, was the EMDR Europe Conference in Milan, where Mark Doherty and I were invited to represent EMDRIA. The day after the Conference we attended part of the Executive Committee meeting of the EMDR Europe Association, which includes almost 30 countries, and discussed decisions affecting countries in Europe and Israel. My wife (who is an EMDR trained and an EMDRIA member) and I visited Milan many years ago and did not choose to go sight seeing as southern Europe was enduring a heat wave and the temperature was in the mid to upper nineties along with the beginnings of the crisis of refugees living in the parks near the Michelangelo Hotel where we were staying.

There was a Pre-Conference called "Consultants Day", which was organized by Jennifer Lendl. Jennifer revisited some of the basics of the EMDR Protocol and gave us a number of cases to be considered for clinicians being certified. I was allowed to join an English speaking group including Italians, Greeks and Spanish and one American. Jennifer gave a wonderful presentation and the enthusiasm of the Consultants was inspiring.

During the Main Conference, Derek Farrell, Ph.D., current Vice President of EMDR Europe and head of Trauma Aid (HAP Europe), told of the events of the Yazidi people - especially one woman who was captured in August 2014 by ISIS and tortured and moved in sexual slavery. It was especially moving. In addition, a United Nations worker told her story about her vehicle being shot upon by terrorists and only with the assistance of an EMDR therapist was she able to come back to herself and resume her work and personal life.

I had the opportunity to meet the new President of EMDR Europe, Isabel Fernandez and her family. They invited my wife, Liana, and myself over to their lovely apartment a few blocks away and we spent an evening together getting to know each other. She is extra-ordinarily intelligent and has been involved with EMDR therapy for a long time, as well as being a kind, empathic person. The EMDR Europe President has a term of 4 years. My recommendation to the Board of Directors is that the EMDRIA President have a term of at least 2 years to get to know all the International and American clinicians who are involved in making policies. One year does not provide the opportunity to follow through with policies.

The 2015 EMDRIA Conference in Philadelphia was clearly excellent. This was the first year EMDRIA provided live video streaming of the Conference. Clinicians across the country and around the world could sign up for the conference, get CE credits, watch some of the Conference from their computer in the comfort of their home or office and take part of the educational experience. The EMDRIA Board is hoping that going forward we will have hundreds of clinicians from around the world that will take advantage of this educational opportunity, who are unable to attend or cannot afford travel and hotel fees. We are also hoping to turn some of the Conference breakout sessions into education opportunities on the website allowing our members to get CE credits and EMDRIA credits.

There was a session by Elan Shapiro from Israel on G-TEP (Group Traumatic Event Protocol) that was very inspiring and touching. He described how he moved from R-TEP (Recent Traumatic Event Protocol) to the Group and how it was being applied in the Refugee Camps in Turkey for the Syrian Refugees. He showed a video before the refugee crisis that was happening in September 2015 and may still be happening when you receive this newsletter. Apparently Elan had worked with Emre Konuk from Turkey and some facilitators from Turkey and they went into the Refugee camps and offered groups of displaced Syrians the opportunity to work on the trauma of war, displacement, loss of home and possessions using G-TEP. Excellent results were seen in the video of the faces of the participants during the group sessions and it was amazing how the process was conducted and how effectively it worked.

Earlier this year, the EMDRIA Board in conjunction with administration, decided to take on a branding project that would affect how the public would perceive what we do. It is very important that the public knows about EMDR therapy. When somethings happens to a person whether large trauma affecting a whole community or small trauma affecting a few people or one person the entire nation needs to know that EMDR therapy is available, along with the opportunity to move from trauma/dysfunction to healing; from healing to thriving/happiness/love. I have felt very strongly that we need to become very aware of the public media, Facebook, LinkedIn, EMDR groups on Facebook and reach out to the public and increase their awareness that there is a solution to the symptoms and effects of trauma and PTSD and we at EMDRIA can provide that solution.



**Ira Dressner, Ph.D., LCSW  
EMDRIA President**

*continued on page 4...*

I wanted to underline how important EMDR therapy research and how supportive the EMDR Research Foundation is for EMDR therapy. Sunday's Plenary Presentation was by Dr. Marco Pagani, a researcher from Italy. He received a \$25,000 grant from the Research Foundation. While not being an expert in neuro/brain matters Dr. Pagani notes in his last number of slides about the integration of memories. "Fragmented episodic and traumatic memories are stored in hippocampus or amygdala without contextual integration. Memory integration needs the encoding in association cortex to create an understanding in a larger context. ....The transfer might occur during the slow-wave sleep and definite memory during REM sleep. ....Bilateral stimulation during EMDR reproduces the neurophysiological conditions favorable for episodic memory integration in associative neocortex. ....While we are not claiming that we have solid evidence for all these links and interpretations in the train of logic presented here. Our goal is to demonstrate that there is a reasonable explanation of how EMDR works which is consonant with modern neurobiology and cognitive neuroscience." Isn't this the type of study that you want to provide funds to the Foundation so that they can grant another \$25,000 grant to continue to understand how EMDR therapy translates to neurobiology and neuroscience? Contact the EMDR Research Foundation today at [emdrresearchfoundation.org](http://emdrresearchfoundation.org) and make a contribution for our greater understanding.

We heard from Brendan McDonough at the EMDRIA Awards and Recognition Dinner on Saturday evening. In June of 2013, a wildfire near Yarnell, Arizona killed 19 firefighters (Hotshots) and Brendan was the only one who survived. He told us in a very emotional, heart touching, manner how he felt being the only survivor of this tragedy/trauma. He described his life as being at a low point after he lost his hot-shot team and the guilt he felt being the survivor and the recourse of drinking that took away the pain. The reason he was speaking at the awards ceremony was he was introduced to an EMDR therapist in Prescott, Arizona who he worked with and who he attributed with helping him get back his life. He gave us everyone at the awards ceremony thanks and acknowledgement for what we do. I would also like to give Carol Martin the Executive Director of Trauma Recovery and all the clinicians who work with the TRN's a standing ovation and acknowledgement for being ready to assist those who face tragedy and trauma at a moment's notice both nationally and internationally and invite members of EMDRIA to join me in supporting their tireless dedication. .

I hope all of you take the time to encourage our members to come to our next Conference in Minneapolis or attend by live video streaming. ❖

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# Announcements



## 2016 Board of Directors Election Results

The EMDRIA Board of Directors congratulates the following individuals on their election to the Board: John Hartung; Jane McCampbell; and Mark Nickerson, LICSW. They officially begin their four-year terms on January 1, 2016. Full members of EMDRIA interested in running for the board in the next election are encouraged to contact Mark G. Doherty, CAE, Executive Director of EMDRIA at [moherty@emdria.org](mailto:moherty@emdria.org)

## 2017 Board of Directors Nominations

The EMDRIA Board of Directors are soliciting Director nominations for the Spring 2016 Election. The elected Directors will serve a four-year term starting in January of 2017. In order to be qualified for the Directorship, you must be a Full or Associate Member of EMDRIA, and it is suggested that you have served on an EMDRIA committee for at least one year and/or demonstrated equivalent services for other EMDR or similar organizations, and demonstrate a clear and unambiguous commitment to and identification with EMDRIA. If you are interested in serving on the Board, please email Gayla Turner at [gturner@emdria.org](mailto:gturner@emdria.org) to request an application packet. Completed applications are due by February 15, 2016.

## EMDRIA Office Closed

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

- **Thursday, November 26th and Friday, November 27th for the Thanksgiving Holiday.**

## Need EMDRIA Credits?

If you need EMDRIA Credits and are looking for a workshop in your area, check out our online Calendar of Events. Don't see anything in your area? Check out all of the Distance Learning Programs that offer EMDRIA Credits. Keep checking back as new workshops are received and added to the calendar every week.



**Ricky Greenwald, PsyD**  
Executive Director

<p><b>PRIVATE INTENSIVE THERAPY RETREAT</b></p> <p><b>When it's time to feel better and do better...</b></p> <p>Travel to the therapist's location for consecutive full days of trauma-informed therapy, featuring EMDR or PC. These intensives are ideal for:</p> <ul style="list-style-type: none"> <li>• privacy</li> <li>• access to expert therapists</li> <li>• treatment efficiency</li> <li>• stabilization/avoiding hospitalization</li> <li>• getting it done</li> </ul>	<p><b>HOME STUDY PROGRAMS</b></p> <ul style="list-style-type: none"> <li>• <b>Treating Problem Behaviors.</b> 11 CEs, 10 EMDRIA CEs</li> <li>• <b>Child Trauma Handbook.</b> 18 CEs, 12 EMDRIA CEs</li> <li>• <b>EMDR Within A Phase Model of Trauma-Informed Treatment.</b> 9 CEs, 9 EMDRIA CEs</li> <li>• <b>EMDR In Child &amp; Adolescent Psychotherapy.</b> 7 CEs, 7 EMDRIA CEs</li> <li>• <b>Progressive Counting.</b> 9 CEs</li> </ul>
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# Executive Director's Message

Our Philadelphia conference was a success in terms of attendance and educational content. 975 therapists registered. What amazes me is that about 40 percent were first time attendees. In addition, we had 71 individuals from eight countries participate via live streaming, a first for an EMDR conference. Live streaming will become a standard offering as we expand and make our conference presentations available to our members who can't attend as well as the global community of EMDR therapists. Live streaming offers participants the opportunity to interact by "chatting" with each other and the ability to ask speakers questions. EMDRIA Credits and other continuing education units are earned just as if a person was at the conference venue.

The system that we use for live streaming also supports online, on demand home study/remote learning and live presentations. EMDRIA will develop a portfolio of online training segments based in part on presentations at our conferences. We also are looking forward to working with our members who wish to participate with us to develop continuing education modules. We are planning on issuing EMDRIA Credits and eventually credits that will be applicable toward licensing requirements. Using the internet, we can make our offerings available to therapists around the world providing educational content and keeping them up to date with the latest developments in EMDR therapy. We have high hopes for our e-Learning platform as a means to link the global EMDR community.

This is an exciting time as EMDRIA expands its presence and educational offerings. We want to give our many members who can't attend our annual conference the opportunity to be there virtually and to provide educational content on demand. EMDRIA's e-Learning platform will have worldwide reach and the prospect of global EMDR education.

One of the giveaways at the conference was a window sticker of EMDRIA's logo with "Member" on it. I encourage those of you who picked one up to display it. I also encourage you to display EMDRIA's logo complete with our new tag line "Creating Global Healing, Health and Hope" on your website. There are potential clients seeking assistance online. From the analytics EMDRIA receives from Google AdWords where we have placed an electronic advertisement, we are noticing a trend toward individuals seeking treatment with EMDR therapy. There have been thousands of click through's to the EMDRIA website where the "Find A Therapist" function is prominently featured. Having EMDRIA's logo on your website will let people know that you are indeed a well-trained EMDR therapist. We also plan to develop logos for EMDRIA Certified Therapists and Approved Consultants to use.

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



**Mark G. Doherty, CAE**  
**EMDRIA Executive Director**



## WHAT IS EMDR THERAPY? BROCHURES

A new version (updated in September 2015) of the popular "What is EMDR Therapy" brochure is now available! Educate potential clients about EMDR therapy.

[www.emdria.org](http://www.emdria.org)



# Conference Corner

Thank you to everyone who was able to attend the 2015 EMDRIA Conference in Philadelphia and helped EMDRIA celebrate the 20th Anniversary of EMDRIA! It was a huge success thanks to all of you. We are happy to announce that we had 975 attendees in attendance and 70 individuals from all over the world who participated in the live streaming of the Conference. We hope even more of you attend in 2016!

## Conference Certificates

EMDRIA Conference CEU certificates of completion are available for download on the EMDRIA website. Click on the Conference tab > 2015 EMDRIA Conference > Conference Certificates to get to the download page. You will login by entering your First Name and Last Name (as they appeared on your Conference badge). Click the "Submit" button and you will be able to print your certificate.

## Congratulations to the 2015 EMDRIA Conference Award Recipients

**Francine Shapiro Award** | Deany Laliotis, LICSW

**Outstanding Contribution and Service to EMDRIA** | Sharon Rollins, MS, LPC, NCC

**Outstanding Research Award** | Michael Hase, M.D. and Arne Hofmann, M.D.

**Special Recognition Award** | Bessel van der Kolk, M.D.

**EMDR Advocacy Award** | Dee Blinka, MA, LCSW, BCD and Helen Harris, Ed.D., LCSW

**Poster Winners** | 1st Place - Sheila Devlin-Craane, MSN, APRN, PMHCNS-BC, NPP, DNP(c) - Greenwich, CT - *"EMDR Therapy for Adults with Adverse Childhood Experiences"*. 2nd Place - Masaya Ichii, MA, Professor of Clinical Psychology - Hyogo, Japan - *"Effect of Different Modalities of Bilateral Stimulation in RDI (Resource Development and Installation) Procedure."*

## Conference Recordings

Audiotapes and CD's from this year's Conference are available through Convention Media. You have the option to purchase a complete set of Conference recordings synchronized with handouts, a complete set of Conference recordings on MP3 audio CD, a complete set of Conference recordings on audio CD, or individual sessions. There are a few sessions that were not taped at the speaker's request. Please visit the EMDRIA website to purchase audio recordings from 2015 or recordings from past EMDRIA Conferences.

## 2016 EMDRIA Conference

Planning for the 2016 EMDRIA Conference is underway! The theme of the 2016 Conference is "EMDR Therapy: Transforming Adversity into Health." The Conference will be held August 25th-28th, 2016 in Minneapolis, Minnesota at the Hyatt Regency Minneapolis.

## 2016 EMDRIA Conference Call for Presentations

You are invited to apply to present at the 2016 EMDR International Association Conference. Material should be relevant to the EMDR field and be an original contribution. Members and non-members of EMDR are invited to submit. Share your best practices and new techniques with other therapists in the industry, helping them to understand the new research and clinical practices in EMDR and how to help treat all types of trauma. For more information and to submit your presentation, please visit [www.emdria.org](http://www.emdria.org) and click on the Conference > 2016 Call for Presentations tab and follow the link. Please email us at [info@emdria.org](mailto:info@emdria.org) with any questions.



Hyatt Regency Minneapolis

# NOET Corner

The Network of EMDR Trainers (NOET) was initiated by Oliver Schubbe and Ricky Greenwald and had its first meeting at the EMDRIA conference in Montreal in 2004. Its purpose was and remains to connect trainers of EMDR with each other for the purpose of mutual support and education. For EMDR trainers who were not part of large training institutes, this was a chance to “talk shop” and share our experiences, challenges, and strategies.

Given the diversity of training needs worldwide, NOET exists to:

1. Promote excellence and efficiency in the trainings offered by its members; and
2. Support a diversity of trainings formats (while honoring the research-based EMDR protocol) to meet the needs of various
3. cultures and conditions.

Simply put, NOET fosters cross-fertilization in which trainers share ways in which they teach EMDR within a context of flexibility that meets global exigencies and the needs of a variety of settings and trainees. And as one NOET member, Regina Morrow, pointed out, *“Growth in diverse training formats will allow us to refine our understanding of what the quality components of great trainings consist of.”*

We have also become an unofficial “voice” of the EMDR training community, and representatives of the EMDRIA Standards & Training Committee join us for a portion of our meeting each year to discuss common concerns.

Future articles will share some of the discoveries of our trainers’ successes and challenges. It’s how we learn.

NOET membership is free and open to all accredited EMDR trainers. We also welcome trainers-in-training and aspiring trainers to participate. Our current initiative is to design and build a web site to provide information about EMDR training to mental health professionals.

In closing, a grateful tip of the hat goes to Ricky Greenwald for spearheading this group over the years and to Mark Doherty and EMDRIA for providing us the space in this newsletter to make ourselves known.

For further information feel free to contact the NOET CORNER editor, Andrew Seubert, at [andrew@clearpathhealingarts.com](mailto:andrew@clearpathhealingarts.com). ❖





# EMDR RESEARCH FOUNDATION

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

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



## “What I Know For Sure...”

As I left the EMDR Research Foundation’s major fundraising event in Philadelphia last week, I reflected on what I know for sure. **“What I know for sure”** is the Foundation’s 2015 fundraising campaign **“Expanding our Research, Deepening our Impact”** is becoming a reality. The campaign goals are to maintain or exceed our current funding level and expand the international awareness of the Foundation. Our third goal is to house a full list of all current EMDR therapy research projects worldwide on our website. The template is there and ready to be completed by all EMDR therapy researchers!

**“What I know for sure”** is that the EMDR Research Foundation donors are awesome! At our yearly fundraising event, our goal was to sign up 26 new Visionary Alliance members in celebration of 26 years of EMDR therapy research. Thirty-three new members signed up helping us surpass our goal again this year. Also 12 of the current Visionary Alliance donors increased their monthly pledge by \$5 or more. The one-time donations and proceeds from our “Raffle for Research” also helped to increase our fundraising

totals. All these donations are vital to maintaining or better yet, increasing our current level of funding, especially the \$25,000 Research grants. As well, the loyal financial support provides the necessary leverage to secure additional revenue streams and partnerships with like-minded organizations. We can now demonstrate that we are a solid Foundation with unyielding support from our donors. Thank You.

I also want to acknowledge the vendors who so generously donated a prize for our raffle. Many of these vendors have been loyal supporters of the Foundation for years and I am acknowledging those with an asterisk. Ana Gomez, \*Celtic Art Therapy, \*Convention Media, \*Cynthia Kong & Gerald Puk, Deborah Kennard, \*Elements Behavioral Health, \*EMDR Institute, \*HeartMath, \*Inner Courage, Lucida Treatment Center, \*Mentor Books, \*NeuroTek Corp, \*Roy Kiessling, \*The BioMat Store, \*Trauma Institute & Child Trauma Institute and \*Zynne Me, Inc. Our fundraising event was so successful in part due to each and every one of you. Thank you and we look forward to seeing you in Minnesota next year.

Also I want to recognize two other individuals for their support of the EMDR Research Foundation. First is donor Camille Zeiter, who we acknowledged at the Award’s Dinner. Camille is a charter donor of the Visionary Alliance as well as the co-author of the Foundation’s EMDR and The Military in Action monthly e-newsletter. Camille serves the military populations as well as trains both military and civilian therapists in EMDR therapy around the country. She knows first hand the utmost importance of research to further understand EMDR therapy treatment in active duty and veteran populations. Thank you Camille, for all your hard work on behalf of the military personnel, and your heartfelt plea to the community for their support of EMDR therapy research.

Next I want to acknowledge the Western Massachusetts EMDRIA Regional Network. They presented the Foundation with a large donation for a second year in a row. At their annual Conference in March, this Regional Network holds a special fundraising drive for the Foundation. We hold them up as the **“model”** to follow for all Regional Networks that believe in the benefits of funding EMDR therapy research. There are 149 Regional Networks around the country and it would be incredible if each network held a fundraising drive for Foundation. Thank you to the Western Mass Regional Network steering committee and the donors for their outstanding work and commitment to EMDR therapy research.

**“What I know for sure”** is the EMDR Research Foundation has gained international recognition, given the increase in donations from outside the US. Also, Marco Pagani M.D., Ph.D. of Italy, in his plenary address gave a huge “shout out” to the Foundation and strongly urged your financial support for EMDR therapy research, given no other US funding sources are available. Dr. Pagani is a prolific brain researcher and twice received funding from the Foundations dating back to 2011 and as recently as May 2015. In his earlier study, *“The findings suggest cognitive processing of traumatic events following successful EMDR therapy supporting the evidence of distinct neurobiological patterns of brain activations during bilateral ocular stimulation associated with significant relief from negative emotional experiences.”* His latest study is showing promising results on the neurobiological effect of successful EMDR therapy for post-traumatic symptoms in cancer patients.

The Foundation also funded another team from outside the US in August 2015. Our funding of international research projects now exceeds that of projects funded in the US. **Benedikt L. Amann, M.D., Ph.D.** of the FIDMAG Research Foundation/CIBERSAM was awarded a \$25000 Research Grant for his project entitled, *“Comparison of a novel Eye Movement Desensitization and Reprocessing (EMDR) bipolar protocol versus Supportive Therapy (ST) in the prevention of affective relapses in bipolar patients with a history of trauma: a multicenter single-blind, randomized controlled trial.”* The current study evaluates an EMDR bipolar protocol with a focus on traumatic



events, including 5 bipolar sub-protocols. In this multi-center trial, 82 bipolar I and II patients with a history of traumatic events will be randomly allocated to 20 individual EMDR or 20 individual Supportive Therapy. The primary outcome criterion is a reduction of affective episodes after 12 months.

**“What I know for sure”** is that the Foundation’s Board of Directors is a hardworking, dedicated and passionate group of leaders. They seldom get acknowledged or recognized for their commitment, the significant time and effort given unselfishly, their wisdom and collaborative style. All the Board members have worn several different hats in service of EMDR therapy over the years. However no one has had formal fundraising or marketing experience, yet the Foundation funded \$176,000 in grants since 12/31/14. This is both impressive, given our lack of fundraising experience, and spectacular for EMDR therapy research and the generosity of the EMDR therapy community. This year at our annual meeting in Philadelphia, we set a direction and commitment to a new level of fundraising not seen before. Increasing the grant amounts and number of grants we award is always the goal. To accomplish this our fundraising efforts need to soar and finding additional revenue streams is one way to make that happen. We are fortunate we can now demonstrate that we have a solid base of support and our experience speaks for itself. Stay tuned for the launch of our 2016 fundraising campaign.

The EMDR Research Foundation’s Board of Directors includes Scott Blech, CAE - Secretary; Susan Brown, LCSW, BCD; Karen Forte, LCSW, DCSW; Barbara J. Hensley, EdD; Katy Murray, MSW, LICSW, BCD; Susan Rogers, Ph.D.; Zona Scheiner, Ph.D.; and Rosalie Thomas, R.N., Ph.D.

As I close, **“What I know for sure”** is that the EMDR therapy community is aging. Although it is great to see so many new, young EMDR therapy clinicians, the reality is we are predominately an aging group. Over the years many EMDR therapists wonder how to give back for all the benefits received due to EMDR therapy and what it has done for their clients and practice. The Foundation’s marketing efforts have centered on “paying it forward” for the numerous benefits we all know to be true. The ultimate way to “pay it forward” is to consider the EMDR Research Foundation in your planned giving arrangements. Planned gifts can be a “win-win” opportunity that enables you to fulfill your philanthropic inclinations while maximizing your tax savings. A variety of planned giving arrangements are available, each offering important benefits for donors, their families and the EMDR Research Foundation. Please visit the “Get Involved” page on our website to learn about such choices as an Endowment Gift, where the funds are used annually in perpetuity or you can name the ERF as a beneficiary in your Will or Trust. Thank You.

### **“What I Know For Sure”...**

EMDR therapy is a gift, it heals, it is effective and efficient, it has given meaning to my life beyond anything I could imagine, it keeps my work challenging and equally rewarding, and I don’t know what I would do without it.

If each of us donated a dollar for every time we...

**witnessed** the sheer strength of the human soul,  
**marveled** at a life-changing session,  
felt **great relief** for our client at the other side of something horrible,  
have been **honored** to know the **empowerment** of healing a heart,  
or have simply just been **grateful for EMDR therapy** ...

**Our research goals would easily be met.**

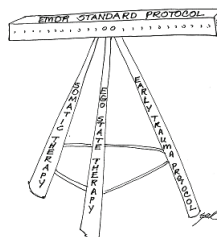
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~Wendy Freitag ❖

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by Sandra Paulsen, Ph.D.

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# In Celebration of Sandra Wilson

BY MARILYN LUBER, PH.D.



On May 21, 2015, one of the stars in my sky departed. At 68, Sandra Anne Marie Wilson had lived an extraordinary life based on kindness, caring, altruism, curiosity and true grit. She –with her husband, Robert (Bob) Tinker, were true pioneers in bringing EMDR therapy to children, refugees, survivors of man-made and natural disasters, law enforcement and phantom limb sufferers. Her dissertation was the first randomly controlled study that validated Francine Shapiro's first study on EMDR therapy. She was a dear friend, wife, mother, grandmother and great grandmother who brought her love and support to all who knew her. This celebration of Sandra's life is a combination of an "In the Spotlight" profile written in 2000 and an interview with her husband, Robert Tinker. It highlights the contributions she continued to make and reminiscences of some of her colleagues who treasured and appreciated her.

When I think of Sandra Wilson, I think of a kaleidoscope of dynamic shapes and colors coinciding with the different facets of her life: caring friend, wife, mother, grandmother, philanthropist, psychologist, researcher, humanitarian, wilderness retreat leader, fund-raiser and champion of the underdog. There is no area of the human heart that she has not touched and the number of human hearts she has touched is countless.

I was introduced to Sandra soon after she completed her doctoral dissertation in partial fulfillment of the requirements for her Ph.D. at The Union Institute. This was the first controlled study of EMDR therapy with 80 traumatized adults and was later published in the *Journal of Consulting and Clinical Psychology (JCCP)* as a Special Feature in December 1995, "Eye Movement Desensitization and Reprocessing (EMDR) treatment for psychologically traumatized individuals," with her co-authors Lee Becker and Robert Tinker. For her important work, she received "The Good Froggy" Research Award from the EMDR Institute in 1995. The 15-month follow-up with 84% participant response was published in *JCCP* with the same co-authors in 1997. For this research, Sandra won "The EMDR Research Excellence Award" in 1996. These two studies demonstrated the positive and long-term effects of EMDR therapy with patients and became the launch site for the slow steady accumulation of positive research on EMDR. What has followed is a cascade of wonderful projects, humanitarian efforts and challenging research that has spanned the nineties and flourished during the new millennium.

I liked her immediately. She was full of life, feisty, irreverent, funny and bright. Also, she was focused and driven to do what she could to fund her research and to help demonstrate the efficacy of EMDR therapy to the world at large and the psychotherapeutic world in particular. At the time, we called ourselves "GOBS" (it was the time of acronyms!) or "Great Old Broads of EMDR"! Sandra was busy selling bright pink and orange T-shirts that read "p<. 0001, snake oil-not" and "I am woman. I am strong. I am invincible. I am tired" (many of us can relate to that). She was a woman on a mission.

Sandra was born in Detroit, Michigan and was the eldest of 10 children. In 1985, she received her Bachelor's of Art Degree Magna Cum Laude in Psychology and Sociology from Central Michigan University. In 1987, she completed her Master of Arts Degree in Clinical Psychology and Child Development, also Magna Cum Laude, from the same university in Mt. Pleasant, Michigan. She moved to Colorado in 1988 in search of the mountains and to keep her son company while he was attending the University of Colorado!

Along the way, Sandra has had a variety of other occupations: lead vocalist in a band in the '60's, Pre-School Educator, Crisis Center Co-Director, Parent Education Program Director, General Contractor, Community College Instructor teaching house construction, Head of numerous humanitarian projects, Recreation Director for an exclusive family resort and Psychological Private Practice Clinician.

She has had her share of her own trauma and tragedy through the years; one of the saddest being the loss of two grandchildren in infancy, Spencer Baumgardner and Curtis Penney. In true Sandra fashion of turning tragedy into good works, she and her husband, Robert Tinker founded the Spencer Curtis Foundation in 1994 as a loving memorial to her grandchildren. The purpose of this non-profit corporation is to provide psychological and humanitarian programs for children worldwide and to conduct scientific studies of EMDR therapy and Trauma. Sandra, Bob and Lee Becker spearhead the projects with the help of many volunteers and/or paid therapists to create a special working community for the various projects. On March 3, 2003, another tragedy occurred. The heartache of losing three more of her grandchildren. The loss of Jay, Sophia and Sierra Nicholls, was amplified exponentially by finding out that her daughter and son-in-law, methamphetamine addicts and dealers, had set the fire that killed her grandchildren, and then having to sit through the trial that convicted them to three consecutive life sentences for their crimes. Sandra wept every night for seven years.

In 1995, Sandra was appointed Project Director along with Joe Westerheid and Karin Kleiner for the Oklahoma City Bombing Relief Project sponsored by EMDR-HAP and The Spencer Curtis Foundation. They supervised the EMDR Free Clinic that was staffed by 186 EMDR facilitators who volunteered their services to treat 250 victims of the Oklahoma Federal Building bombing. They also ran gratis trainings so that 300 therapists in the area could learn EMDR therapy to use with trauma survivors. This project led to the creation of the EMDR Humanitarian Assistance Program (EMDR-HAP) which continues its work running humanitarian projects world wide to treat survivors and

train therapists. For her work in Oklahoma City, Sandra was awarded "The Cornelius Sabin Award" by the El Paso County Psychological Society.

In 1996, The Spencer Curtis Foundation sponsored "The EMDR with Children Research Project." One hundred and twenty children and their parents were interviewed with approximately half completing the study. However, due to a failure of funding commitments, the Tinkers are endeavoring to find the funds to complete the analysis and write up the study for publication. Unfortunately, this is often the plight of researchers.

Sandra and Bob, responded to the massacre of school children in Dunblane, Scotland and trained ten therapists to work with the surviving children. By 1997, the firearms act was passed in the United Kingdom and Scotland not allowing handguns.

In June 1996, "The Phantom Limb Pain Research with EMDR" began. The idea for this project came after Francine Shapiro spoke at the 1995 EMDRIA Conference about Linda van der Laan's work during the "HAP Bogotá Columbia Project" with a child in Columbia who had remission of phantom limb pain after an EMDR treatment. Sandra and Bob were fascinated by this result and with great curiosity began to delve into this area of research. The pilot study began with 7 patients and was funded by The Spencer Curtis Foundation and the Tinkers in the United States and Germany. At this time, 50 patients have received EMDR therapy and report approximately a 70% reduction of pain. Part of the data include MEG scans for 3 patients pre and post their EMDR intervention. One of the things learned with the very difficult cases is that using the tac/audioscan on adjacent areas affected in the brain makes the difference between being effective or not. For instance, in the central motor cortex, the lip is close to the thumb representation so effective treatment occurred by putting the sensors on the lips, thereby interfering with the phantom limb pain that occurs in the arm. "The Phantom Limb Pain Research" is in a funding status at this time and work will be continued once a grant or large donation is secured.

When Sandra is involved with these research projects, she brings the heart she demonstrates in the rest of her life into whatever study she is working on. Not only does she have a fierce support for her therapists, she has a great love and delight in the kinds of process and experience reported by the patients who are part of the project. She told me one story about a patient who had lost an arm from Cancer and after she was treated with EMDR therapy was no longer experiencing any phantom limb pain. This woman had regained her joie de vivre and went out two-stepping with her boyfriend. They were dancing and stepping with such abandon that, at one point, her partner was left holding her prosthesis while her stump was exposed. While the dancers around her had stopped in surprise, she and her partner were laughing so hard they could hardly catch their breaths. I could see Sandra's eyes twinkling with sheer delight at this woman's triumph in the face of her disability.

"The EMDR with Police Officers as a Stress Reduction and PTSD Program" for the City of Colorado Springs Police Department began in 1997. This project was under the auspices of the National Institute of Justice Program to look at effective ways to help law enforcement officers and their families recover from the stress of such intense work. The Spencer Curtis Foundation received an \$85,000 grant to assess 62 officers and their partners or spouses on the main areas of police stress. A six-month follow-up was conducted and the article was published in 2001 in the International Journal of Stress Management (vol. 8, no. 3). They had found that in comparison with standard stress management conditions, those in the EMDR group scored lower on PTSD symptoms and subjective distress, job stress and anger. They had higher marital satisfaction and the results were maintained in a six-month follow-up.

In 1998, Sandra was awarded "The Ron Martinez Award" by the EMDR Institute for her multiple contributions to EMDR therapy, in trainings, research, leadership and humanitarian projects. After the Columbine High School massacre in April, 1999, Sandra and Bob did a training for the psychotherapists working with the surviving students to teach them EMDR. One of the major things that they learned was that therapists who take place in these trainings need to get help for themselves. In 1999, to this end, Sandra took eight therapists for a weekend in the mountains at Chalk Creek Cabins, Colorado so each had a chance to treat their vicarious traumatization from their volunteering. Sandra and Bob provided the treatment at their three rustic cabins they had bought for this purpose.

During 1999, the much awaited "Through the Eyes of a Child: EMDR with Children" was published. Bob and Sandra included the wealth of their collective experience with EMDR and working with children in the text. It is an important book to include in any library as the literature on EMDR therapy grows.

September 1999 marked the beginning of the Malteser Refugee Camp in Hemer, Germany Project. More than 100 children and adults benefited from the six-month program. A controlled study of 40 children began in December using a modified version of the EMDR protocol that included the butterfly hug. The butterfly hug was the result of work that Lucina Artigas, Ignacio Jarero, Judy Boel, and Judy Albert did with children who were victims of the floods subsequent to Hurricane Paulina, in Mexico. This project was undertaken to validate the effectiveness of EMDR so that governments would accept this treatment in the face of other disasters. At the moment, there are two Albanian psychiatrists who are hoping to raise money to set up a clinic to do EMDR in Kosovo. The plan was to have EMDR HAP trained local therapists and volunteer EMDR therapists do clinical supervision over the next two years to support the trainings.

Sandra also ventured into integrating her love for the wilderness into her passion for psychotherapy. As she has plunged into the work of helping others face disasters, she has been intimately in contact with the fall-out of such events. She said to me, "We are putting us in

*continued on page 16...*

situations that change us. I will never be the same. I have a different world picture.” Dealing with her own vicarious traumatization and Auto-Immune Disorder, and looking to her mountains for comfort, she continued creating wilderness retreats to assist healers in healing themselves and to help people wounded from life and work to rejuvenate and/or resuscitate their bodies, minds and spirits.

Beginning in 2001, Sandra and Bob were the official Child Trainers in the United Kingdom and Europe under the auspices of the Child and Adolescent section of the EMDR Europe Association. They trained trainers and set up a model in which child trainings would be held in the native language, respecting a country’s customs, laws and professional regulations. Child Trainers in each country would be responsible to train other trainers. Their certification program was comprehensive and child trainers had to submit four video tapes with children in the following age ranges: 2-3, 4-6, 7-8 and 9-11 years old. They systematized their rating scale to adhere to the Standard EMDR Protocol and used a simple scoring system that is still being used. In 2007, they passed the responsibility to Michel Silvestre and Joanne Morris-Smith who have recently published their book, “EMDR for the Next Generation.” There are now certified child trainers in Denmark, Germany, France, Israel, Italy, the Netherlands, Portugal, Sweden and the United Kingdom and Scotland.

Sandra and Bob decided to create an 8-DVD set (with a bonus DVD showing a 20 minute television program on their work with children police officers; and the famous “Mary” tape). Sandra arranged for everything and found the videographer and arranged to have it videoed. Although the training was completed in 2011, it was not until 2013 that the video was released to good feedback.

In October 2008, there was a huge earthquake in Szechuan province where 59,000 people were killed and 4.8 million were left homeless. They went to Shanghai where they trained eight psychiatrists to work with the traumatized children.

In October 2013, Sandra accompanied Bob to Europe where they presented at the 2nd Association for Child and Adolescent Mental Health (ACAMH) Conference on EMDR. Bob gave the keynote and Sandra assisted him with the Master Class as well as another in Paris. In keeping with her love of landscapes and the outdoors, Sandra insisted that they visit Giverny, the home of Claude Monet and one of his creative inspirations, opening Bob’s eyes once again.

Unless you thought that Sandra was totally concentrated on her work, you need to know that she was an avid wife, a mother of five, a stepmother of two, a grandmother of eight and a great grandmother of eight. She learned the art of making every moment count and she enjoyed each one. She liked to read and enjoyed all types of music. At the time of the 2000 interview, she was reading Eleanor Roosevelt’s autobiography, “Ghost of the Balkans” and “The Firm”. When she was outside, she included gardening, hiking, walking, biking, fishing, white water rafting, horseback riding in her activities.

## Memories of Sandra

*“Sandra inspired, challenged and loved—always passionately. From my very first encounter with her, as a brand new Facilitator-in-training, I experienced her essence as a teacher and human being. She trusted me to reprocess with her a very painful and intimate memory. Her faith in the power of EMDR therapy and in me inspired the profound desire to be worthy of that trust.*

*Two years later, recognizing both my eagerness and my anxiety, Sandra encouraged me to join her and Bob at the Kosovo Refugee Camp in Hemer, Germany in their field research project using the Butterfly Hug with traumatized children. I could see how naturally and spontaneously, Sandra brought out the best in those around her. Her smile, her laugh, her enthusiasm, her passion and her faith in their abilities and the power of EMDR were transformational. I joined the ranks of those forever changed by their relationship with Sandra.*

*Sandra’s life was irrevocably altered by the tragic death of three of her grand children having already experienced the loss of two others. Though reeling from that loss, she found a way to bring healing and joy to the entire community through the creation of a Butterfly Garden in Colorado Springs dedicated to those children and for children of the future--once again healing pain and bringing joy. She inspired others to do their best to make meaning out of a meaningless tragedy.*

*Her relationship with Bob Tinker was a joy to watch—throughout their journey together, they shared an incredible bond. They were joined through their mutual love of learning, EMDR, family and the joy of life. Through the hardest of times, theirs was a bond that stayed constant and tender. Though they knew pain together, they managed to not inflict it on each other. What a legacy for their children, their grandchildren and the rest of the world.*

*She will be missed in innumerable ways. My personal journey was forever altered through our relationship and I know I am but one amongst many. Safe Passage, dear friend.” -Zona Scheiner*



*“My first experience of what an exceptional person Sandra was is in Oklahoma City in 1995, following the OKC bombing. She was fearless and nothing was impossible for her. Need a car, call up a dealership, need office space, ask clinicians. Sandra knew how to ask in a way that made people want to help. Most of all, I remember her humanity and kindness during the process. San had a great sense of humor and was a wonderful storyteller. We would debrief after a long day of working with clients and then go have a beer and tell stories and laugh.*



*In Hemer, Germany working in a refugee camp with Kosovo Albanian refugees, San had the Kosovo women teaching us how to make this delicious filo dough pastry filled with cheese, all of us were laughing and communicating with hand gestures. Driving from Hemer to Dusseldorf, in a packed car, getting lost, and driving around in circles, laughing. Even in stressful situations, San could find the humor and humanity.*

*Sandra had a wonderful, exceptional smile and her eyes twinkled when she laughed. - Karen Kleiner*



*“Well just go do it” When I think of San this is a phrase that easily comes to mind. Sandra was all about “just doing it” and getting it done. It didn’t matter what the task was or what the apparent or even hidden obstacles were, for a project that was important or a cause that was right and just, her attitude was, “let’s just do it”. She had incredible energy, vision and passion and ability to bring people together and create amazing experiences and meaningful projects. When you got involved with a Wilson project, you knew you were in for a ride and an incredible adventure. You had to suspend a bit of disbelief and judgment about just how she was going to pull it off, because for her, logistics were issues that will be worked out in the future, what was important was the mission and the vision.*

*I first met San, during my Part 1 EMDR training. San was my Red Badges’ Blue Badge. She had just published her seminal dissertation study in the Journal of Clinical and Consulting Psychology, replicating Dr. Shapiro’s first EMDR study. I was just drawn to her and that started a friendship that lasted from 1996 until her all too premature and untimely death in 2015.*

*She was all about fun, passion, magic, make believe, heart, goodness of soul, loyalty but most important LOVE. She suffered more than anyone should ever have to endure, yet even as her heart was so devastated, the wounds did not prevent her from healing and striving to create beauty where ever she went, and whomever she touched.*

*I will leave it to others to document all of her wondrous projects and accomplishments, I will just say that the world is a much better place because she walked it, and I feel so incredibly fortunate to have walked beside her for a short while. My heart aches for our loss yet it is stronger and has a greater capacity for love because of her presence. I will carry her with me forever. I love you Dr. San.” - Bennet Wolper*



*“When I think of Sandra, the first thing that comes to mind, is how much I loved her spirit. Never had I known spirit like hers! She believed she could accomplish anything, and she lived her life as if she could. Nothing stopped her, and she made her accomplishments look easy. The second thing that comes to mind, is how much she adored me (for some strange, unknown reasons), and how much I adored her (I had good reasons). It made everything else go easily.*

*What comes to mind next, was her generosity and thoughtfulness about others. She would give gifts to people who waited on her at the grocery store, the mailman, her friends, her grandchildren. Her children lived in dread of how much she was going to over-do the grandchild’s next birthday. She loved the over-the-top gesture; it was part of who she was. If I mentioned that I might want a shirt, she would get me two. She exchanged gifts with the pharmacy tech, and they became friends. Service people who had to work on holidays would get pizzas.*

*She could find excitement in anything: if I introduced her to art or music she was unfamiliar with, she immediately could find the beauty in it. In short, she made life pure joy, even if she was suffering at times. As she became weaker in the last few years, we would sit outside in the courtyard, have a glass of wine, reminisce, and talk about how the last 20+ years of our lives were the best we ever had. We talked about what a great team we had been, in terms of how she could do things I couldn’t, and vice-versa. And, as life ebbed out of her, we continued to reminisce, about what a great run it had been. She died in my arms as I talked with her, and she knew that she was dying surrounded by love. It couldn’t have been better.”*

*It is best to end with Sandra’s words:*

***“I am living my life, before it is over.  
I am where I want to be.  
Doing what I want to do  
With whom I want to do it.  
The three biggies.  
A nice place to be.”***

**- Robert Tinker**

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# RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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

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

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

Abdul-Hamid, W. K., & Hughes, J. H. (2015). Integration of religion and spirituality into trauma psychotherapy: An example in Sufism? *Journal of EMDR Practice and Research*, 9(3), 150-156. doi:10.1891/1933-3196.9.3.150

Walid Khalid Abdul-Hamid, Centre for Psychiatry, Barts and the London School of Medicine and Dentistry, Queen Mary University of London; Linden Centre, Broomfield, Chelmsford CM1 7LF, United Kingdom. E-mail: [walid.abdul-hamid@nhs.net](mailto:walid.abdul-hamid@nhs.net)

## ABSTRACT

Bilateral stimulation (BLS) is of significant importance to eye movement desensitization and reprocessing (EMDR) therapy. Eye movements seem to be the most effective form of BLS in EMDR. A brief summary of the cultural applicability of EMDR is provided, and research which showed the value of incorporating religion and/or spirituality into psychotherapy is highlighted. Islamic Sufism, in common with other traditional religions, has long been known to have a psychotherapeutic perspective and has been used over time to help people to overcome trauma and stress. This article argues that the ritual movements associated with the Sufi Dhikr may involve a form of BLS and that this might underline some of the therapeutic effectiveness of Dhikr and Sufism. The authors recommend investigating if the Sufi Dhikr element could be incorporated into a modified EMDR protocol. We anticipate that this would give EMDR an even wider and more popular acceptance in the Middle East and the Muslim world.

-----

Acarturk, C., Konuk, E., Cetinkaya, M., Senay, I., Sijbrandj, M., Cuijpers, P., & Aker, T. (2015). EMDR for Syrian refugees with posttraumatic stress disorder symptoms: Results of a pilot randomized controlled trial. *European Journal of Psychotraumatology*, 6. doi:10.3402/ejpt.v6.27414

Ceren Acarturk, Department of Psychology, Istanbul Sehir University, 34660 Uskudar, Istanbul, Turkey, Email: [cerenacarturk@sehir.edu.tr](mailto:cerenacarturk@sehir.edu.tr)

## ABSTRACT

**Background:** The most common mental health problems among refugees are depression and posttraumatic stress disorder (PTSD). Eye movement desensitization and reprocessing (EMDR) is an effective treatment for PTSD. However, no previous randomized controlled trial (RCT) has been published on treating PTSD symptoms in a refugee camp population.

**Objective:** Examining the effect of EMDR to reduce the PTSD and depression symptoms compared to a wait-list condition among Syrian refugees. **Method:** Twenty-nine adult participants with PTSD symptoms were randomly allocated to either EMDR sessions ( $n = 15$ ) or wait-list control ( $n = 14$ ). The main outcome measures were Impact of Event Scale- Revised (IES-R) and Beck Depression Inventory (BDI-II) at posttreatment and 4-week follow-up.

**Results:** Analysis of covariance showed that the EMDR group had significantly lower trauma scores at posttreatment as compared with the wait-list group ( $d = 1.78$ , 95% CI: 0.92-2.64). The EMDR group also had a lower depression score after treatment as compared with the wait-list group ( $d = 1.14$ , 95% CI: 0.35-1.92). **Conclusion:** The pilot RCT indicated that EMDR may be effective in reducing PTSD and depression symptoms among Syrian refugees located in a camp. Larger RCTs to verify the (cost-) effectiveness of EMDR in similar populations are needed.

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Ahmadi, K., Hazrati, M., Ahmadizadeh, M., & Noohi, S. (2015). REM desensitization as a new therapeutic method for post-traumatic stress disorder: A randomized controlled trial. *Acta Medica Indonesiana*, 47(2), 111-9.

Full text available: <http://www.inaactamedica.org/archives/2015/26260553.pdf>



Khodabakhsh Ahmadi, Behavioral Sciences Research Center, Baqiyatallah University of Medical Sciences. PO Box 19395-5487, Tehran, Iran. email: kh\_ahmady@yahoo.com.

**ABSTRACT**

**Aim:** To evaluate potential efficacy of a new therapeutic approach in posttraumatic stress disorder in comparison with eye movement desensitization and reprocessing (EMDR), a standard treatment approach and controls.

**Methods:** The study was designed using a randomized controlled trial methodology. Participants were recruited from military servicemen aged between 25 to 50 years who were admitting hospitals of Bushehr, Iran, with the final diagnosis of PTSD. Finally 33 male patients were divided into three subgroups: G1: EMDR; G2: REM Desensitization; and group 3: controls who received no therapy. Mississippi Scale for Posttraumatic Stress Disorder, Pittsburgh Sleep Quality Index (PSQI) and a 37 item death anxiety questionnaire were used for measures.

**Results:** multiple comparisons showed that intrusive thoughts were significantly more likely to improve with REM Desensitization versus EMDR (P=0.03), while depression was more responsive

to EMDR (p=0.03). Among the Pittsburgh scale for the quality of sleep items, sleep quality (p=0.02), sleep duration (p=0.001), and total sleep quality score (p=0.002) were significantly more likely to improve in the REM Desensitization group. Change in the absolute death anxiety scores was not different between subgroups excepting EMDR versus control group (p=0.05).

**Conclusion:** REM, desensitization, the new therapeutic approach to PTSD is a highly effective strategy, even more than EMDR, the standard treatment, in most of the evaluated subjects, with special emphasis on sleep symptoms, and also in the management of intrusive thoughts. Depression is the only factor in which, REM Desensitization was significantly less likely to represent a superior therapeutic effect than EMDR.

Alliger-Horn, C., Zimmermann, P., & Mitte, K. (2015). [Comparative effectiveness of IRRT and EMDR in war-traumatized German soldiers.] Vergleichende Wirksamkeit von IRRT und EMDR bei kriegstraumatisierten deutschen Soldaten. *Trauma & Gewalt*.

Alliger-Horn, Christina: christinaalligerhorn@bundeswehr.org.

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### ABSTRACT

Theoretical Background: Comparative effectiveness studies of different trauma-related exposure therapies in the in-patient treatment of war-traumatized persons have been researched insufficiently. Issue: In a study the comparative effectiveness of EMDR (Eye Movement Desensitization and Reprocessing Therapy) and IRRT (Imagery Rescripting and Reprocessing Therapy) in trauma therapy was examined with 40 traumatized Bundeswehr soldiers with a PTBS diagnosis. Result: The effectiveness of the two methods on the change in trauma complaints and comorbid symptoms in the treatment of combat- and war-traumatized person is significant. The Reliable Change Index (RCI) for EMDR is 77 percent and for IRRT 67 percent. As regards the change in comorbid symptoms, the effect size for these two methods are large. Discussion: The column discusses the use of the two trauma therapies in the in-patient treatment of war-traumatized veterans.

Bae, H., Kim, D., & Park, Y. C. (2015). Dissociation predicts treatment response in eye movement desensitization and reprocessing (EMDR) for post-traumatic stress disorder. *Journal of Trauma & Dissociation : The Official Journal of the International Society for the Study of Dissociation (ISSD)*. doi:10.1080/15299732.2015.1037039 [Epub ahead of print]

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### ABSTRACT

Using clinical data at a specialized trauma clinic, this study investigated pre-treatment clinical factors predicting response to eye movement desensitization and reprocessing (EMDR) among adult patients diagnosed with posttraumatic stress disorder (PTSD). Participants were evaluated on the Clinician-administered PTSD Scale (CAPS), the Symptom Checklist-90-Revised, the Beck Depression Inventory, and the Dissociative Experiences Scale before treatment, and were reassessed on the CAPS after treatment and at 6-month follow-up. A total of 69 patients underwent an average of four sessions of EMDR and 60 (87%) completed the post-treatment evaluation, including eight participants who terminated treatment prematurely. Intent-to-treat analysis revealed that 39 (65%) of the 60 patients were classified as responders and 21 (35%) as non-responders when response was defined as a more than 30% decrease in total CAPS score. The non-responders had higher levels of dissociation (depersonalization and derealization) and numbing symptoms, but other PTSD symptoms such as avoidance, hyperarousal and intrusion were not significantly different. The number of psychiatric comorbidities was also associated with treatment non-response. The final logistic regression model yielded two significant variables: dissociation ( $p < .001$ ) and more than two comorbidities compared to none ( $p < .05$ ). These results indicate that complex symptom patterns in PTSD may predict treatment response, and support the inclusion of the dissociative subtype of PTSD in the DSM-5.

Brennstuhl, M. -J, Tarquinio, C., Montel, S., Masson, J., Bassan, F., & Tarquinio, P. (2015). Using eye movement desensitization and reprocessing (EMDR) as a treatment for phantom breast syndrome: Case study. *Sexologies: European Journal of Sexology and Sexual Health / Revue Européenne De Sexologie Et De Santé Sexuelle*. doi:10.1016/j.sexol.2014.09.004

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### ABSTRACT

**Purpose:** The aim of this research was to challenge the use of eye movement desensitization and reprocessing (EMDR) therapy in the treatment of the phantom breast syndrome.

**Method:** Two patients agreed to participate in this study and were treated by EMDR therapy, focusing on two target types: traumatic events related to disease experience and phantom breast sensation. Quantitative evaluations were conducted before the first session, just after the last session and as a follow-up three and six months after. Intensity of the pain and intensity of the sensation were measured, as well as anxiety (through STAI) and depression (through CES-D). Qualitative evaluations completed these measures by paintings of breast image made by the patients on the first and last sessions.

**Results:** Results show the effectiveness of EMDR therapy on all quantitative measures, but also a qualitative and clinical change producing a modification of the body representation of patients and an effective reduction of the phantom breast syndrome.

**Discussion:** Results show that EMDR approach can be an encouraging, non-invasive and relatively short strategy. While these results need to be completed by other studies covering a larger population and the use of a control group, they are still encouraging because they suggest that a psychological treatment based on EMDR techniques and adapted to the specificity of phantom breast syndrome could be effective in bringing relief to patients.

Brown, S. H., Gilman, S. G., Goodman, E. G., Adler-Tapia, R., & Freng, S. (2015). Integrated trauma treatment in drug court: Combining EMDR therapy and seeking safety. *Journal of EMDR Practice and Research*, 9(3), 123-136. doi:10.1891/1933-3196.9.3.123

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**ABSTRACT**

Trauma and co-occurring substance use disorders are disproportionately prevalent in individuals involved in the criminal justice system. The Thurston County Drug Court Program (TCDCP) in Washington State conducted a preliminary study with 220 participants arrested for nonviolent, felony drug-related crimes. All TCDCP participants were required to engage in a structured 12- to 18-month 3-phase program referred to as Program as Usual (PAU). Data was collected from 2004 to 2009 to investigate the efficacy of adding an "Integrated Trauma Treatment Program" (ITTP) component for those endorsing a Criterion A trauma history (68% of TCDCP). The ITTP combined 2 empirically supported trauma therapies in a phased, integrated approach: mandatory Seeking Safety groups followed by voluntary, individual eye movement desensitization and reprocessing (EMDR) therapy. The investigators hypothesized that trauma-specific treatment might improve existing program outcomes, including higher graduation rates and lower postprogram recidivism. One hundred twelve of the initial 150 participants endorsing trauma completed the Seeking Safety groups and were offered individual EMDR therapy. Of those 112, those who selected EMDR therapy (n = 65) graduated at a rate of 91%; those who declined (n = 47) graduated at 57%. Recidivism

rates also differed among TCDCP graduates: PAU, 10%; graduates selecting EMDR therapy, 12%; and graduates declining EMDR, 33%. This article summarizes the literature, describes the ITTP program, reports on graduation rates and recidivism outcomes, and discusses possible differences between those who selected and those who declined EMDR therapy. The authors discuss the benefits of including EMDR therapy in drug court programs with recommendations for future research.

Chen, L., Zhang, G., Hu, M., & Liang, X. (2015). Eye movement desensitization and reprocessing versus cognitive-behavioral therapy for adult posttraumatic stress disorder: Systematic review and meta-analysis. *The Journal of Nervous and Mental Disease*, 203(6), 443-51. doi:10.1097/NMD.0000000000000306

**ABSTRACT**

Posttraumatic stress disorder (PTSD) is a relatively common mental disorder, with an estimated lifetime prevalence of ~5.7%. Eye movement desensitization and reprocessing (EMDR) and

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cognitive-behavioral therapy (CBT) are the most often studied and most effective psychotherapies for PTSD. However, evidence is inadequate to conclude which treatment is superior. Therefore, we conducted a meta-analysis to confirm the effectiveness of EMDR compared to CBT for adult PTSD. We searched Medline, PubMed, Ebsco, Proquest, and Cochrane (1989-2013) to identify relevant randomized control trials comparing EMDR and CBT for PTSD. We included 11 studies (N = 424). Although all the studies had methodological limitations, meta-analyses for total PTSD scores revealed that EMDR was slightly superior to CBT. Cumulative meta-analysis confirmed this and a meta-analysis for subscale scores of PTSD symptoms indicated that EMDR was better for decreased intrusion and arousal severity compared to CBT. Avoidance was not significantly different between groups. EMDR may be more suitable than CBT for PTSD patients with prominent intrusion or arousal symptoms. However, the limited number and poor quality of the original studies included suggest caution when drawing final conclusions.

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Eberle-Sejari, R., Nocon, A., & Rosner, R. (2015). [Treatment of posttraumatic symptoms in child and adolescent refugees: A systematic review.] Zur wirksamkeit von psychotherapeutischen interventionen bei jungen flüchtligen und binnenvertriebenen mit posttraumatischen symptomen: Ein systematischer review. *Kindheit Und Entwicklung*. doi:10.1026/0942-5403/a000171.

Eberle-Sejari, Rima: Psychotherapeutische Hochschulambulanz, Katholischen Universität Eichstätt-Ingolstadt, Levelingstrasse 7, Ingolstadt, Germany, 85049, rima.eberle-sejari@ku.de.

#### ABSTRACT

Despite the high number of young refugees and the high rate of posttraumatic stress disorder (PTSD) symptoms in this group, there is uncertainty as to which treatments are effective. An extensive literature search resulted in 798 hits, of which 10 studies met our inclusion criteria. Eight studies reported a significant reduction of PTSD symptoms: narrative exposure therapy for children, meditation-relaxation, eye movement desensitization and reprocessing, and rapid-ed therapy. However, owing to the few available studies and their methodological shortcomings it is not possible to make recommendations based on the literature.

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Haagen, J. F., Smid, G. E., Knipscheer, J. W., & Kleber, R. J. (2015). The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis. *Clinical Psychology Review*, 40, 184-94. doi:10.1016/j.cpr.2015.06.008

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#### ABSTRACT

Soldiers and veterans diagnosed with PTSD benefit less from psychotherapy than non-military populations. The current meta-analysis identified treatment predictors for traumatised soldiers and veterans, using data from studies examining guideline recommended interventions, namely: EMDR, exposure, cognitive, cognitive restructuring, cognitive processing, trauma-focused cognitive behavioural, and stress management therapies. A systematic search identified 57 eligible studies reporting on 69 treated samples. Exposure therapy and cognitive processing therapy were more effective than EMDR and stress management therapy. Group-only therapy formats performed worse compared with individual-only formats, or a combination of both formats. After controlling for study design variables, EMDR no longer negatively predicted treatment outcome. The number of trauma-focused sessions, unlike the total number of psychotherapy sessions, positively predicted treatment outcome. We found a relationship between PTSD pretreatment severity levels and treatment outcome, indicating lower treatment gains at low and high PTSD severity levels compared with moderate severity levels. Demographic variables did not influence treatment outcome. Consequently, soldiers and veterans are best served using exposure interventions to target PTSD. Our results did not support a group-only therapy format. Recommended interventions appear less effective at relatively low and high patient PTSD severity levels. Future high-quality studies are needed to determine the efficacy of EMDR.

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Homer, S. R., Deeprose, C., & Andrade, J. (2015). Negative mental imagery in public speaking anxiety: Forming cognitive resistance by taxing visuospatial working memory. *Journal of Behavior Therapy and Experimental Psychiatry*, 50, 77-82. doi:10.1016/j.jbtep.2015.05.004.

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#### ABSTRACT

**Background and Objectives:** This study sought to reconcile two lines of research. Previous studies have identified a prevalent and causal role of negative imagery in social phobia and public speaking anxiety; others have demonstrated that lateral eye movements during visualisation of imagery reduce its vividness, most likely by loading the visuospatial sketchpad of working memory. It was hypothesised that using eye movements to reduce the intensity of negative imagery associated with public speaking may reduce anxiety resulting from imagining a public speaking scenario compared to an auditory control task.

**Methods:** Forty undergraduate students scoring high in anxiety on the Personal Report of Confidence as a Speaker scale took part. A semi-structured interview established an image that represented the participant's public speaking anxiety, which was then visualised during an eye movement task or a matched auditory

task. Reactions to imagining a hypothetical but realistic public speaking scenario were measured.

**Results:** As hypothesised, representative imagery was established and reduced in vividness more effectively by the eye movement task than the auditory task. The public speaking scenario was then visualised less vividly and generated less anxiety when imagined after performing the eye movement task than after the auditory task.

**Limitations:** Self-report measures and a hypothetical scenario rather than actual public speaking were used. Replication is required in larger as well as clinical samples.

**Conclusions:** Visuospatial working memory tasks may preferentially reduce anxiety associated with personal images of feared events, and thus provide cognitive resistance which reduces emotional reactions to imagined, and potentially real-life future stressful experiences.

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Jarero, I., Artigas, L., Uribe, S., García, L. E., Cavazos, M. A., & Givaudan, M. (2015). Pilot research study on the provision of the eye movement desensitization and reprocessing integrative group treatment protocol with female cancer patients. *Journal of EMDR Practice and Research*, 9(2), 98-105. doi:10.1891/1933-3196.9.2.98.

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

#### ABSTRACT

The purpose of this research is to evaluate the effectiveness of the eye movement desensitization and reprocessing (EMDR) Integrative Group Treatment Protocol (EMDR-IGTP) in reducing posttraumatic stress disorder (PTSD) symptoms related to the diagnosis and treatment of different types of cancer in adult women. EMDR-IGTP intensive therapy was administered for 3 consecutive days, twice daily, to 24 adult women diagnosed with different types of cancer (cervical, breast, colon, bladder, and skin) who had PTSD symptoms related to their diagnosis and treatment. The data was analyzed using factorial ANOVA with the effects of the EMDR-IGTP evaluated with the Short PTSD Rating Interview as dependent variable and group (two groups of patients: active phase and follow-up phase of cancer treatment) and time (four time points) as independent variables. Post hoc analyses were carried out. Results showed significant main effects for time and group. No significant interaction was found. Results also showed an overall subjective improvement in the participants. This pilot study suggests that intensive administration of the EMDR-IGTP can be a valuable support for cancer patients with PTSD symptoms related to their diagnosis and treatment. Further research with randomized controlled studies is needed to demonstrate the effectiveness of EMDR-IGTP in this population.

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Konuk, E., & Zat, Z. (2015). Humanitarian programs and interventions in turkey. *Journal of EMDR Practice and Research*, 9(2), 106-113. doi:10.1891/1933-3196.9.2.106

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#### ABSTRACT

In this article, the concept of humanitarian aid, the basic needs in crisis situations, the definition of eye movement desensitization and reprocessing (EMDR), and EMDR as a humanitarian intervention are explained. General needs and needs in Middle East are discussed. Some of the published studies about the EMDR therapy as a humanitarian intervention are summarized. Training and humanitarian programs in Turkey are documented. Two of our important humanitarian projects with EMDR including Marmara earthquake training and Intervention and Kilis Syrian refugees projects are described in detail. The aim of this article is to underline the importance of basic elements of natural and man-made disasters in terms of organization, financing, training, and intervention.

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Krupnik, V. (2015). Integrating EMDR into a novel evolutionary-based therapy for depression: A case study of postpartum depression. *Journal of EMDR Practice and Research*, 9(3), 137-149. doi:10.1891/1933-3196.9.3.137.

Valery Krupnik, PhD, Department of Mental Health, Naval Hospital Camp Pendleton, Mental Health Department, Naval Hospital Camp Pendleton, 200 Mercy Circle, Camp Pendleton, CA 92055. E-mail: valery.y.krupnik.ctr@mail.mil.

#### ABSTRACT

Depression is one of the most common psychiatric disorders. Postpartum depression affects about 9% of women who give birth. Despite significant advances in research and in pharmacotherapy and psycho-therapy, depressive disorders remain difficult to treat. The application of eye movement desensitization and reprocessing (EMDR) therapy to depression has lagged behind its applications to trauma-related and anxiety disorders. I present 2 cases of postpartum depression successfully treated with a combined therapy, where EMDR is integrated into a novel therapeutic framework developed specifically for depressive disorders and based on evolutionary theory of depression, treating depression downhill (TDD). In the integrated TDD-EMDR therapy, I have made adjustments to the standard EMDR protocol such that the choice and nature of targets, the cognitive frame, and the objective for change in affect are determined by TDD framework. The described cases demonstrate the treatment process, including the modifications made to the standard EMDR procedures, and the treatment's outcome. I identify and discuss the differences between theories of EMDR and TDD.

Di Lorenzo, G., Monaco, L., Daverio, A., Santarnecchi, E., Verrdo, A. R., Niolu, C., . . . Siracusano, A. (2015). EMDR therapy changes the resting-state EEG. *European Psychiatry*, 30, 677. doi:10.1016/s0924-9338(15)30537-x

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### ABSTRACT

**Introduction:** During the Eye Movement Desensitization and Reprocessing (EMDR) changes of brain electrical activity was recently demonstrated in victims of psychological traumas.

**Objectives:** Thirty-one victims of psychological traumas were investigated at the first EMDR session (t0) and at the last one performed after processing the index trauma (t1).

**Aims:** To investigate differences in EEG source activity and EEG source functional connectivity (EEG-SFC) in eyes closed condition before the beginning of t0 and t1 EMDR therapy session.

**Methods;** Electrical source activity was computed by eLORETA from a 37-channel EEG. EEG-SFC analysis was based on the lagged phase synchronization (LPS), derived by a two-step eLORETA procedure: dimensionality reduction of inverse matrix from 6239 voxels to 28 regions of interest (ROIs); LPS indices computation, for each spectrum band, in all possible ROI pairs.

**Results:** Resting-state EEG source activity resulted in a low frequency increase of posterior cingulate cortex and a high frequency (beta2 and gamma) decrease in right prefrontal and parietal cortex between t0 and t1. Significant enhancements of EEG-SFC were detected in t1 respect to t0 between ROI pairs of theta band right temporo-parahippocampal regions and alpha band fronto-parietal regions.

**Conclusions:** Significant modifications of resting-state electrical brain activity were present after EMDR therapy. These findings suggest that the elaboration of psychological traumas induced by EMDR produces, in a resting-state condition, an enhancement of activity and functional connectivity of cerebral sources involved in cognitive control and emotional processing.

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

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### ABSTRACT

This research conducted with respect to subject identity and purpose is one test study with pre- test and post- test plan in 2 group. This survey society included all cancer patient referred to

shafa- parto clinic in Ardebil city during survey. The results showed that eye movement desensitization and reprocessing therapy reduced depression in cancer patients treated by radiation. Congenital sensitivity of eye movement and reprocessing therapy reduces stress cancer patients treated by radiation. Eye Movement Desensitization and Reprocessing (EMDR) therapy reduces anxiety in cancer patients undergoing radiation therapy. Also this method decreased depression, stress, anxiety and state anxiety cancer patients.

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Nijdam, M. J., de Vries, G. J., Gersons, B. P., & Olff, M. (2015). Response to psychotherapy for posttraumatic stress disorder: The role of pretreatment verbal memory performance. *The Journal of Clinical Psychiatry*, 76(8), e1023-8. doi:10.4088/JCP.14m09438

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### ABSTRACT

**Objective:** Neuropsychological studies have consistently demonstrated impaired verbal memory in posttraumatic stress disorder (PTSD). Trauma-focused treatment for PTSD is thought to rely on memory, but it is largely unknown whether treatment outcome is influenced by memory performance. The aim of the study, therefore, was to examine the relationship between verbal memory performance and treatment response to trauma-focused psychotherapy.

**Method:** Participants were referred to our outpatient clinic and recruited between December 2003 and January 2009 upon diagnosis of PTSD according to DSM-IV. Secondary analyses of a randomized controlled trial comparing eye movement desensitization and reprocessing therapy (n = 70) and brief eclectic psychotherapy (n = 70), a cognitive-behavioral intervention, are reported. Response to treatment was measured by self-reported PTSD symptom severity (Impact of Event Scale-Revised) over 17 weeks. Pretreatment verbal memory measures (California Verbal Learning Test, Rivermead Behavioral Memory Test) were included in the mixed linear model analyses in order to investigate the influence of memory on treatment outcome.

**Results:** Pretreatment encoding, short-term retrieval, long-term retrieval, and recognition performance were significantly associated with treatment response in terms of self-reported PTSD symptom severity for both treatments (P ≤ .013). Receiver operating characteristic curves predicting treatment response with pretreatment memory indices showed that 75.6% of the patients could be correctly classified as responder.

**Conclusions:** Poor verbal memory performance represents a risk factor for worse treatment response to trauma-focused psychotherapy. Memory measures can be helpful in determining



which patients are unable to benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of patients with poor verbal memory can be improved.

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Pradhan, B., D'Amico, J. K., Makani, R., & Parikh, T. (2015). Nonconventional interventions for chronic post-traumatic stress disorder (PTSD): Ketamine, repetitive trans-cranial magnetic stimulation (RTMS) and alternative approaches. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD)*. doi:10.1080/15299732.2015.1046101 [Epub ahead of print]

### ABSTRACT

Alarming, only 59% of those who have post-traumatic stress disorder (PTSD) respond to SSRIs. Many of the existing treatments, both pharmacological & non-pharmacological, don't directly target trauma memories which lay at the core in the PTSD pathogenesis. Notable exceptions are medications like ketamine and propranolol and trauma focused psychotherapies like eye movement desensitization and reprocessing therapy (EMDR, developed by Shapiro) and TIMBER (Trauma Interventions using Mindfulness Based Extinction and Reconsolidation for trauma memories, developed by Pradhan). Although anti-depressant effects of ketamine is no longer news, its effects on treatment refractory PTSD (TR-PTSD) is a recent concept. As TR-PTSD has marked public health burden and significant limitations in terms of treatment interventions, a thorough assessment of current strategies is required. Research to bring clarity into the underlying pathophysiology and neurobiology of TR-PTSD delineating the chemical, structural, and circuitry abnormalities will take time. In the interim, in the absence of a "one size fits all" therapeutic approach, pragmatically parallel lines of research can be pursued using the pharmacological and non-pharmacological treatments that have a strong theoretical rationale for efficacy. This article aims at reviewing the current literature on interventions for PTSD, most notably ketamine, transcranial magnetic stimulation (TMS) treatment, yoga and mindfulness interventions, and TIMBER. We present an outline for their future use, alone as well as in combination, with a hope to shed additional insights as well as advocating for developing more effective therapeutic intervention for this treatment resistant and debilitating condition.

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Ross, C. A. (2015). When to suspect and how to diagnose dissociative identity disorder. *Journal of EMDR Practice and Research*, 9(2), 114-120. doi:10.1891/1933-3196.9.2.114

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### ABSTRACT

Previously undiagnosed dissociative identity disorder (DID) may be present in individuals being assessed for eye movement desensitization and reprocessing (EMDR). Previously undiagnosed DID was present in 3.9% of 1,529 general adult psychiatric inpatients in 10 studies conducted in 6 different countries. In this article, a case of likely DID that was missed in a published case report is presented, and guidelines for when to suspect and how to diagnose DID are provided. Such guidelines are missing from the training of many mental health professionals.

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Tang, T. C., Yang, P., Yen, C. F., & Liu, T. L. (2015). Eye movement desensitization and reprocessing for treating psychological disturbances in Taiwanese adolescents who experienced Typhoon Morakot. *The Kaohsiung Journal of Medical Sciences*, 31(7), 363-9. doi:10.1016/j.kjms.2015.04.013

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**ABSTRACT**

In this case-control study, we aimed to assess the intervention effects of four-session eye movement desensitization and reprocessing (EMDR) on reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in Taiwanese adolescents who experienced Typhoon Morakot. A total of 83 adolescents with posttraumatic stress disorder related to Typhoon Morakot, major depressive disorder, or current moderate or high suicide risk after experiencing Typhoon Morakot were allocated to a four-session course of EMDR (N = 41) or to treatment as usual (TAU; N = 42). A multivariate analysis of covariance was performed to examine the effects of EMDR in reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in adolescents by using preintervention severity values as covariates. The multivariate analysis of covariance results indicated that the EMDR group exhibited significantly lower preintervention severity values of general anxiety and depression than did the TAU group. In addition, the preintervention severity value of disaster-related anxiety in the EMDR group was lower than that in the TAU group ( $p = 0.05$ ). The results of this study support that EMDR could alleviate general anxiety and depressive symptoms and reduce disaster-related anxiety in adolescents experiencing major traumatic disasters.

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Volery, M., Bonnemain, A., Latino, A., Ourrad, N., & Perroud, A. (2015). [Obesity psychological treatment: Beyond cognitive and behavioral therapy]. *Revue Médicale Suisse*, 11(467), 704-8.

**ABSTRACT**

The psychological assessment of the patient with obesity aims to identify the factors of maintenance of excess weight, such as eating disorders or anxio-depressive disorders. Psychotherapy helps a better weight management. Cognitive-behavioral therapy has shown its effectiveness in the treatment of obesity. New psychotherapeutic approaches are explored. The hypnosis and mindfulness are proposed for the management of emotions and stress. A targeted approach on the body image disorder decreases body dissatisfaction. When post-traumatic stress syndrome is involved, EMDR (Eye Movement Desensitization & Reprocessing) is better than other types of therapies. Family therapy is indicated when the entourage is impacted. Psychological difficulties should be the subject of specific care.

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Wurtz, H., El-Khoury-Malhame, M., Wilhelm, F. H., Michael, T., Beetz, E. M., Roques, J., . . . Herry, C. (2015). Preventing long-lasting fear recovery using bilateral alternating sensory stimulation: A translational study. *Neuroscience*. doi:10.1016/j.neuroscience.2015.06.012

Stephanie Khalfa, Institut de Neurosciences de la Timone, UMR 7289, Marseille, France. C. Herry, INSERM, Neuro- centre Magendie, U862, 146 Rue Le o-Saignat, 33077 Bordeaux, France. E-mail addresses: stephanie.khalfa@gmail.com

**ABSTRACT**

The psychological assessment of the patient with obesity aims to identify the factors of maintenance of excess weight, such as eating disorders or anxio-depressive disorders. Psychotherapy helps a better weight management. Cognitive-behavioral therapy has shown its effectiveness in the treatment of obesity. New psychotherapeutic approaches are explored. The hypnosis and mindfulness are proposed for the management of emotions and stress. A targeted approach on the body image disorder decreases body dissatisfaction. When post-traumatic stress syndrome is involved, EMDR (Eye Movement Desensitization & Reprocessing) is better than other types of therapies. Family therapy is indicated when the entourage is impacted. Psychological difficulties should be the subject of specific care.

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Yaggie, M., Stevens, L., Miller, S., Abbott, A., Woodruff, C., Getchis, M., . . . Daiss, S. (2015). Electroencephalography coherence, memory vividness, and emotional valence effects of bilateral eye movements during unpleasant memory recall and subsequent free association: Implications for eye movement desensitization and reprocessing. *Journal of EMDR Practice and Research*, 9(2), 78-97. doi:10.1891/1933-3196.9.2.78

Larry Stevens, PhD, Department of Psychological Sciences, NAU Box 15106, Northern Arizona University, Flagstaff, AZ 86011. E-mail: Larry.Stevens@nau.edu

**ABSTRACT**

This study examined the effects of bilateral stimulation during unpleasant memory recall followed by free association, similar to Phase 4 of EMDR therapy. Forty-six female nonpatients were randomly assigned to one of three conditions: bilateral eye movements (BEMs), eye fixation with background movements (BDM), or eye fixation (Dot) control, each while recalling a moderately unpleasant memory and each followed by free association to the memory. Electroencephalography recordings were conducted on these participants during the 1-minute free association of the original memory after each of five administrations of the conditions. Results revealed only trend increases in Beta interhemispheric coherence following BEMs. However, statistically significant increases in Right Frontal Theta and Beta intrahemispheric coherences were found following BEMs, with similar trend increases for Left Frontal Theta and Beta and for Right Frontal Gamma. Cortical electrode maps are presented for these Beta coherence effects. Ratings of imagery vividness and emotional valence were collected after each set of eye movements plus free associations and showed a significant decrease across all conditions. Results are discussed within the context of a proposed integrated 2-stage cortical coherence model. Suggestions are made for future research, including investigation of possible implications for treatment of traumatic brain injury. ❖



# Allman & Associates, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
EMDR International Association

We have audited the accompanying financial statements of EMDR International Association (a nonprofit corporation), which comprise the statement of financial position as of December 31, 2014, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the EMDR International Association as of December 31, 2014, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Matters

The prior year "Memorandum Only" totals in the financial statements have been derived from the financial statements for 2013 which were reviewed by our firm with the report dated April 9, 2014 on those statements. A review is less in scope than an audit and does not provide the basis for an opinion on the 2013 financial statements.

*Allman & Associates, Inc.*

Austin, Texas  
March 23, 2015

EMDR INTERNATIONAL ASSOCIATION  
(Nonprofit Corporation)

STATEMENT OF FINANCIAL POSITION

AS OF DECEMBER 31, 2014

<b>Assets</b>	<b>2014</b>	Memorandum Only <b>2013</b>
Current Assets		
Cash and cash equivalents	\$ 398,767	\$ 356,255
Investments - certificates of deposit	203,406	201,391
Accounts receivable	5,355	3,966
Prepaid expenses	29,852	25,234
Total Current Assets	637,380	586,846
Fixed Assets		
Furniture and equipment	40,496	40,496
Accumulated depreciation	(40,496)	(40,496)
Net Fixed Assets	-	-
Total Assets	\$ 637,380	\$ 586,846
<b>Liabilities and Net Assets</b>		
Current Liabilities		
Accounts payable	\$ 1,650	\$ 8,023
Accrued vacation	20,608	18,925
Deferred revenue	278,398	330,855
Accrued expenses	246	231
Total Current Liabilities	300,902	358,034
Total Liabilities	300,902	358,034
Unrestricted Net Assets	336,478	228,812
Total Liabilities and Net Assets	\$ 637,380	\$ 586,846

EMDR INTERNATIONAL ASSOCIATION  
(Nonprofit Corporation)

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2014

	<b>2014</b>	Memorandum Only <b>2013</b>
Unrestricted Net Assets:		
Revenue		
Membership dues	\$ 662,725	\$ 577,327
Conference fees	490,184	359,272
Education and training fees	222,700	214,391
Interest income	2,025	1,409
Publications	65,298	59,708
Total Revenue	1,442,932	1,212,107
Expenses		
Program services	1,064,113	976,989
General and administrative	271,153	303,598
Total Expenses	1,335,266	1,280,587
Change in unrestricted net assets	107,666	(68,480)
Net assets, beginning of year	228,812	297,292
Net assets, end of year	\$ 336,478	\$ 228,812





# JOURNAL OF EMDR PRACTICE AND RESEARCH

# CALL FOR PAPERS

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

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

## Manuscript Preparation and Submission

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

Thank you in advance for your participation.

**Louise Maxfield, Ph.D., CPsych**

Editor, *Journal of EMDR Practice and Research*

## Need Submission Ideas?

### Case studies

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

### Research studies

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

### Clinical contributions

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

### Review articles

- Summarize literature and research in a particular domain

### Theoretical reviews

- Summarize research and propose hypotheses



## BRAZIL

Eslly Carvalho reports: "My latest book on EMDR therapy just came out in English, *Heal Your Brain, Heal Your Body, How EMDR Therapy Can Heal Your Body By Healing Your Brain*. It is also available in Portuguese and Spanish. This book is one more contribution towards getting the word out about what EMDR therapy can do for people. It is a casebook illustrating clinical strategies for treating physical ailments with EMDR therapy. At the end of October, EMDR Brazil will be hosting their III National EMDR Conference. We are expecting over 200 participants and many new submissions by Brazilian colleagues. The Conference will be in Portuguese, and Deany Laliotis and Sandra Paulsen will not only be the speakers but also present workshops on their specialties. Silvia Guz is the president of the Conference and we will be holding elections for a new governing body."

## CAMBODIA

Bunna Phoeun reports: "EMDR Cambodia Association is organizing EMDR Basic Training for Myanmar and Cambodian psychologists and psychiatrists through the 2nd Mekong Project. We finished two trainings for Myanmar trainees in Thailand following the first training of Cambodian psychologists and psychiatrists. Derek Farrell (UK) and Parichawan Chandarasiri (Ann, Thailand) with support from other trainers, and consultants from Thailand, and Indonesia conducted the trainings. For more information about us please visit our website: [www.emdrcambodia.org](http://www.emdrcambodia.org)"

## EMDR IBEROAMÉRICA

John Hartung reports: "As of September 2015, Eslia Perez (Guatemala) and Rolando Mena (El Salvador) are official EMDR trainers for Part 1. I was pleased to participate in their examination and am grateful to Ligia Barascout of Guatemala for having conducted their training so effectively."

## FRANCE

Francois Mousnier- Lompré reports: "I have very recently translated Carol Forgash's book, *Healing the Heart of Trauma and Dissociation with EMDR and Ego States Therapy*, into French. The publisher is SATAS, in Brussels, and the book should be available in November, just in time for the EMDR Congress about EMDR treatment of Dissociative Disorders in Metz, France."

Delphine Pécol reports: "Since March, we developed the website news section of the French Institute of EMDR. We publish weekly articles on EMDR in French: portrait of researchers, press review of articles published in the French press, new books published, all useful information for practitioners EMDR (hardware, how to support training, etc.) and translate the main information we receive in English (call for papers for conferences, announces example conferences). Visit: <http://www.ifemdr.fr/outils/dernieres-nouvelles/>.

In June 2015, INSERM (National Institute of Health and Medical Research) issued a report on hypnosis, in which they said that EMDR therapy is effective for PTSD. This week, AFP (news agency) has published the following information: "According to the study researchers reviewed 17 trials, EMDR appears to be" an effective therapy in the management of post-traumatic stress syndrome." The information was reported in thirty newspapers (dailies, websites, etc). The report is available here: [http://presse-inserm.fr/wpcontent/uploads/2015/09/hypnose\\_rapport\\_Inserm\\_Gueguen2.compressed.pdf](http://presse-inserm.fr/wpcontent/uploads/2015/09/hypnose_rapport_Inserm_Gueguen2.compressed.pdf). The main articles are here: <http://www.ifemdr.fr/articles-sur-lemdr-suite-a-la-parution-du-rapport-inserm/>."

Jacques Roques reports: "I am in the process of having Volume I, Presentation of Psychological Anatomy Based on Neuroscience, translated into English for the end of the year. It is the first of six works titled, *Psychoneurobiology - Origins and Extension of EMDR*. I am working on the second and third volumes: *The Psyche - its Operational Framework and Malfunctions* followed by *Treatment of Psychological Dysfunction*. I recently wrote an article, already translated from the French, explaining the mechanisms of trauma and EMDR's method of action."

## HONG KONG

Atara Sivan reports: "In June 2015, the EMDR Association of Hong Kong (HKEMDR) conducted its annual EMDR Basic Training (Part 1 & 2) for 50 trainees. Petrus Ng, Stephan Mann and I led the training. Hong Kong continues to be an international and regional training hub. This year in addition to clinicians from Hong Kong, we had trainees from Mainland China, Japan, Thailand, Europe and Australia. We are committed to continue serving in this capacity to cater to the growing training needs. As President of the EMDR Association of Hong Kong (HKEMDR) and Associate Dean of the Faculty of Social Sciences at Hong Kong Baptist University, I was formally appointed the Director of the newly established Center for Trauma Treatment and Well-being (CTTW) which was founded for further dissemination of EMDR practice and research on the use of EMDR in Chinese societies and within the Asian region."

## INDIA

Parul Tank reports: "The Indian training team conducted a number of EMDR Basic Trainings internationally including: Bangladesh, Sri Lanka, and Manila, as well as in Mumbai. Our annual conference was held in Delhi this year for 60 national and international participants, including workshops by Richard Chefetz (United States) and Eva Zimmermann (Switzerland). Many group supervisions are held at least once a month by Skype for helping people complete their hours of supervision and for general queries. The following activities have been planned: holding smaller teaching groups for continuing medical education every 2 months; training in Varanasi, India; subscribing to journals and having journal reading sessions for members; and preparing for the annual conference in Mumbai



next year. In May 2015, there was a massive intervention for Kashmiri children where 3500 children were targeted and treated using the group protocol!

## JAPAN

Shigeyuki Ota reports: "I joined Masaya Ichii at the first Part 2 training in Taipei organized by Pei-li Wu at the end of September. We observed how to do the Part 2 training based on the new format."

## MEXICO

Nacho Jarero reports: "It is a great pleasure for me to inform you that the EMDR-Integrative Group Treatment Protocol (EMDR-IGTP) and the EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) are the two chosen protocols for the EMDR Psychological Second Aid Module of the new United Nations Institute for Training and Research (UNITAR) training course titled, *Confronting Trauma: A Primer for Peace Operations Personnel and Humanitarian Aid Workers*. The aim of this course is to bring proven techniques of self-care and trauma therapy to these two priority target audiences that comprise humanitarian aid workers from NGOs plus military, police, and civilian peacekeepers, both within and outside UN deployments, who often experience extremely distressing circumstances and traumatic events. We would like to thank all the persons involved in this achievement for the EMDR therapy."

## NEW ZEALAND

Tom Flewett reports: "While being a small country with a total population of 4 1/2 million people, New Zealand now has a thriving EMDR network with regional representatives across the whole of the country. We are particularly fortunate in having Sigmund Burzynski come over from Australia twice yearly to train new clinicians. There is increasing recognition both within the private and public sector of the usefulness of EMDR therapy and in some areas we are currently experiencing more requests for therapy using EMDR than clinicians are able to provide. We have recently signed off on our criteria for suitability for training and criteria for accreditation that is a major step for us. We now have four facilitators and one candidate (Tom Flewett) who will be attending Francine Shapiro's Trainer's training later this year for orientation to become a trainer. We are due to host our second EMDR study day with senior practitioners from across New Zealand presenting on the following topics: *EMDR with Children with Complex Trauma; EMDR with Clients with Traumatic Brain Injury; The Use of EMDR for Chronic Pain; It's Not an Overcrowded Sofa Anymore (EMDR with Ego States), Mixing EMDR and Psychosis: Theory, Research, and Case Studies; Research Into the Role of Eye-Movements in EMDR;* and *Using the Concept of Addiction Memory as an Approach to Managing Cravings*. In November, Roger Solomon will be coming to host another Master Class that has been substantially oversubscribed."

## SPAIN

Benedikt Amann reports: "The EMDR Barcelona Research Group was awarded the Francine Shapiro Award by EMDR Europe for 2015. This was for the best scientific paper in 2014 on our preliminary study on traumatized bipolar patients (published in *Psychiatry Research*). Also, we received an important national grant to conduct a randomized, controlled trial of EMDR versus supportive therapy in traumatized bipolar patients using our EMDR Therapy Protocol for Bipolar Disorder. The objective is to test whether or not the new protocol reduces affective episodes. This will be a multi-center study coordinated by myself, FIDMAG Research Foundation Barcelona, and two University Hospitals in Barcelona, Hospital Clínic (Prof. Vieta) and Hospital del Mar (Dr. Perez). We also received an award from EMDRIA this year."

## SWITZERLAND

Hanne Hummel reports: "The EMDR-Institut Schweiz began in 1999 and last year had the 20th EMDR Part 1 Training, marking 1,000 participants educated in the EMDR Part 1 Training. We are very happy about this milestone and are looking forward to training the next thousand colleagues!"

## TAIPEI

Hsin-Yi Hsieh reports: "Sigmund Burzynski has been conducting EMDR Basic Training and Supervision/Case Consultation in Taipei the past two years. S.H. Chang has been presenting papers on the mechanism of eye movements at the American Psychological Association Annual Convention, the EMDRIA Annual Conference, the Hawaii International Conference on Social Science, the Annual Conference for the Chinese Psychological Association, 43rd Annual Conference for the Taiwan Psychological Association. K.P. Chen, Y.C. Lee, C.P. Lin and C.H.Chen attended with him at times."

## UNITED STATES

### California

Sue Goodell reports: "On July 1, 2015 we became "Active" to serve volunteers of The Trauma Intervention Program of San Diego (TIP). TIP is a non-profit, volunteer-based organization that provides emotional and practical support to victims of traumatic events and their families during the first hours following a tragedy. The volunteers are community members who have no clinical background but who respond when police or fire responders call them out to be with victims at the scene until other resources arrive. We are offering our services (up to 5 pro bono sessions) to those volunteers who are struggling with the memories of the events they encounter. We also remain connected with the Red Cross and are listed among other community resources to be utilized after a local disaster response."

## Colorado

Jim Knipe reports: "I am continuing to write on the use of EMDR with various presentations of Complex PTSD, and I am enjoying lots of good feedback on my book, *EMDR Toolbox*. Next year, I am planning to give my two-day workshop in several places in the US, Switzerland, Japan and Brazil."

## Washington

Sandra Paulsen reports: "Ulrich Lanius and I presented at the 2016 EMDRIA Conference in Philadelphia on using "Neuroaffective Psychotherapy Adjunctively with EMDR for Complex Cases," including ego state, somatic, attachment therapies, and neurofeedback and naltrexone. In October, I am teaching in London and Worcester, UK on early attachment trauma, "When There Are No Words," and on ego state therapy and dissociation "Looking Through the Eyes," sequentially. I am also teaching somatic work "Toward an Embodied Self" in Virginia. In November, I will offer a keynote on "How the Story Tells Itself" in reenactment in trauma work, and a post conference workshop on early attachment trauma "When There Are No Words," in Sao Paulo, Brazil. I continue my study of indigenous understandings of healing with Coast Salish Native American storyteller Johnny Moses. I will also be adding a Seattle office of the Bainbridge Institute of Integrative Psychology in early 2016 with an additional associate, also using Neuroaffective Psychotherapy in conjunction with EMDR." ❖

## EMDR Institute Advanced Clinical Applications Workshops & Distance Learning Courses

### FACE TO FACE WORKSHOPS



*Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out & Addictive Behaviors*

**Mark Nickerson, LICSW**

**San Francisco, CA-Oct 10-11, 2015**

**Salt Lake City, UT-Oct 17-18, 2015**

**14 Professional & EMDRIA CE Credits**

*EMDR Protocol for Recent Critical Incidents (PRECI) & Integrative Group Treatment Protocol (IGTP)*

**Ignacio Jarero, PhD, EdD**

**St Louis, MO-Oct 2, 2015**

**Phoenix, AZ -Nov 7, 2015**

**7 Professional & EMDRIA CE Credits**



### HOME STUDY COURSES

*The Utilization of EMDR with Trauma & Dissociative Symptoms DVD Course*

**Curt Rouanzoin, PhD**

**12 Professional & 10 EMDRIA CE Credits**

*Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols & Procedures Book Course*

**Francine Shapiro, PhD**

**8 Professional & EMDRIA CE Credits**

*Light in the Heart of Darkness: EMDR & the Treatment of War & Terrorism Survivors Book Course*

**Steven Silver, PhD & Susan Rogers, PhD**

**10 Professional & EMDRIA CE Credits**



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# EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit [www.emdria.org](http://www.emdria.org) and click on Calendar of Events under the Training tab.

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
08009-05 14 Credits <i>Toward an Embodied Self: Somatic Methods for EMDR Practitioners</i>	Tracy Ryan Kidd & Nancy Newport Sandra Paulsen, Ph.D.	Tracy Ryan Kidd	703.281.9313 x2	October 10-11, 2015 Dulles, VA
03002-36 12 Credits <i>Self-Care for Therapists</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	October 10-11, 2015 Boulder, CO
99003-107 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 10-11, 2015 Burlingame, CA
12002-44 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	October 10-11, 2015 Indianapolis, IN
10008-27 12 Credits <i>Attachment-Focused EMDR: Healing Developmental Deficits &amp; Adults Abused as Children</i>	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	October 12-13, 2015 Salt Lake City, UT
13016-06 7 Credits <i>Refresher and Update to EMDR Training: A One-Day Workshop</i>	Lana Epstein, LICSW Karen Alter-Reid, Ph.D.	Lana Epstein	781.862.0574	October 16, 2015 Lexington, MA
12007-14 12 Credits <i>Going Deeper into Personality Structure Using EMDR Therapy</i>	Dr. Phillippe Gauvreau, Psychologist Phillippe Gauvreau, Psy.D.	Phillippe Gauvreau	819.962.4605	October 16-17, 2015 Montreal, QC
14013-03 12 Credits <i>Integration of EMDR &amp; DBT for the Treatment of Complex Trauma</i>	Lillian Ramey, LCSW Lillian Ramey, LCSW	Lillian Ramey	970.749.4491	October 16-17, 2015 Burlington, VT
99003-108 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 17-18, 2015 Salt Lake City, UT
99003-111 7 Credits <i>EMDR-IGTP and EMDR-PRECI</i>	EMDR Institute Ignacio Jarero, Ph.D.	EMDR Institute	831.761.1040	October 23, 2015 Olivette, MO
10006-14 14 Credits <i>An Integrative EMDR Therapy Approach to Treating Trauma, Addictions &amp; other Compulsive Behaviors</i>	Laurie A. Tetreault, MA, LMFT Susan Brown, LCSW	Laurie Tetreault	928.771.9422	October 23-24, 2015 Phoenix, AZ
05007-13 12 Credits <i>EMDR Therapy Boot Camp</i>	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	DaLene Forester Thacker	530.245.9221	October 23-24, 2015 Lincoln, NE
01016-15 13 Credits <i>Treatment of Attachment Trauma &amp; Dissociation through the Life Span: EMDR &amp; Case Conceptualization</i>	EMDR Resource Center of Michigan Robbie Adler-Tapia, Ph.D.	Zona Scheiner	734.572.0882 x3	October 23-24, 2015 Ypsilanti, MI
09003-23 12 Credits <i>Earning Secure Attachment: EMDR, Mindfulness &amp; Self-Compassion</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	October 24-25, 2015 Boulder, CO



# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
12002-46 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller, Ph.D.	626.429.4945	October 24-25, 2015 Oklahoma City, OK
07002-28 13 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550 Seattle, WA	October 24-25, 2015
06003-57 13 Credits <i>Diagnosis &amp; Differential Diagnosis of Dissociative Disorders &amp; other Trauma-related Disorders: Getting it Right</i>	Kathleen Martin, LCSW Suzette Boon, Ph.D.	Tina Shrigley	519.331.0795	November 5-6, 2015 St. Catharines, ON
06003-58 6.5 Credits <i>Integrating Structural Dissociation Theory &amp; the Polyvagal Theory into EMDR Psychotherapy</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Gunilla Klensmeden, M.D.	Tina Shrigley	519.331.0795	November 7, 2015 St. Catharines, ON
99003-110 7 Credits <i>EMDR-IGTP and EMDR-PRECI</i>	EMDR Institute Ignacio Jarero, Ph.D.	EMDR Institute	831.761.1040	November 7, 2015 Phoenix, AZ
12002-47 13 Credits <i>The Feeling-State Theory of Behavioral Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	November 7-8, 2015 Philadelphia, PA
06003-59 6.5 Credits <i>Mastering the Treatment of Complex Trauma: Transforming Theory into Practice</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW & Cindy Shrigley, RSW	Tina Shrigley	519.331.0795	November 8, 2015 St. Catharines, ON
14006-07 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Nov. 12-15, 2015 Atlanta, GA
00017-43 12 Credits <i>Healing the Wounds of Attachment and Rebuilding Self</i>	Deany Lalotias, LICSW Deany Lalotias, LICSW	Christina Zavalij	607.222.5623	Nov. 13-14, 2015 St. Louis, MO
09001-09 14 Credits <i>Treatment of Attachment Trauma &amp; Dissociative Sequelae through the Life Span: EMDR &amp; Case Conceptualization</i>	Southern CA Advanced Trauma Seminars Robbie Adler-Tapia, Ph.D.	Jocelyne Shiromoto	714.502.8566	Nov. 13-14, 2015 Costa Mesa, CA
10002-10 12 Credits <i>Trauma, EMDR Therapy &amp; Addictions: A 2-Part Course for Clinicians</i>	Institute for Creative Mindfulness Jamie Marich, Ph.D.	Jamie Marich	330.881.2944	Nov. 14-15, 2015 Columbus, OH
13008-07 12 Credits <i>Applications of Mindful Resonance to EMDR</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	Nov. 14-15, 2015 Gilbert, AZ
99020-10 12 Credits <i>Moment to Moment Decision-Making: The Art &amp; Science of EMDR Therapy</i>	Wendy J. Freitag, Ph.D. Deany Lalotias, LICSW	Wendy Freitag	414.777.1757	Dec. 11-12, 2015 Milwaukee, WI
00017-44 12 Credits <i>Healing the Wounds of Attachment and Rebuilding Self</i>	Deany Lalotias, LICSW Deany Lalotias, LICSW	Christina Zavalij	607.222.5623	January 29-31, 2015 Stockbridge, MA



# EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit [www.emdria.org](http://www.emdria.org) and click on Calendar of Events under the Get Involved tab.

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
N/A 12 Credits <i>When There Are No Words: Reprocessing Early Trauma &amp; Neglect in Implicit Memory with EMDR</i>	IPCD Katie O'Shea, LMHC	Katherine Scattergood	512.547.8931	January 29-30, 2016 Austin, TX
06003 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	February 1-5, 2016 Costa Rica
13021-04 4 Credits <i>What Goes Up, Must Come Down: Treating Anxiety &amp; Depression with EMDR Therapy</i>	EMDR Center of Tucson, LLC Linda Ouellette, MA, LPC & Julie Miller, MA, LPC	Linda Ouellette	520.977.7045	February 5, 2016 Tucson, AZ
12002 13 Credits <i>The Feeling-State Theory of Behavioral &amp; Substance Addiction and the Feeling-State Protocol</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	February 6-7, 2016 Renton, WA
00017 12 Credits <i>Healing the Wounds of Attachment and Rebuilding Self</i>	Deany Laliotis, LICSW Deany Laliotis, LICSW	Susan Brown	619.698.5435	Feb. 19-20, 2016 San Diego, CA
10006-15 14 Credits <i>Treatment of Attachment Traumas &amp; Dissociation in Clients of All Ages: Case Conceptualization with EMDR Therapy</i>	Laurie A. Tetreault, MA, LMFT Robbie Adler-Tapia, Ph.D.	Laurie Tetreault	928.771.9422	Feb. 26-27, 2016 Phoenix, AZ
15013-01 3 Credits <i>Interweaves: Understanding the Foundation for Effective Intervention</i>	Tamra Hughes, MA, LPC Tamra Hughes, MA, LPC	Tamra Hughes	303.221.1272	April 21, 2016 Denver, CO
10006-16 14 Credits <i>The Embodied Self: Somatic Interventions for EMDR Practitioners</i>	Laurie A. Tetreault, MA, LMFT Robbie Adler-Tapia, Ph.D.	Laurie Tetreault	928.771.9422	May 13-14, 2016 Phoenix, AZ
06003 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Kathleen Martin, LCSW	Kathleen Martin	585.473.2119	October 14-17, 2016 Ottawa, ON

# EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2015 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
<b>CALIFORNIA</b> Superior Northern CA	October 23, November 20	DaLene Forester   530.245.9221
<b>PENNSYLVANIA</b> Montgomery-Bucks County	December 18	Elizabeth Venart   512.233.2002
<b>TEXAS</b> North Texas	October 9, November 13, December 11	Jordan Shafer   972-342-2448

# Welcome New EMDRIA Members

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

David Aftergood	Sean Byrne, M.Ed, MCP, LPC	John Dzwonar
Suzanne Aikins	Doreen Cahill	Ellen Eberhart, LCMHC, MLADC
Anne Alarie, Psychologist	Teresa Calderon, MS, MFTI	Amy Edminster, MSW
Aleta Alexander, MA, LPCC	Donna Campbell, PsyD, LCP	Chris Eldredge, LCSW
Robert Allan	Edward Canada	David Ettinger, MSW
Suzanne Anderson, LMFT	Melissa Cantiello, LCSW	Mechele Evans, MSW, LCSW, LAC
Joyce Andresen, LISW	Alden Carroll, LCSW	Melody Evans, Psychologist
Greta Angert, MFT	Betty Carvajal, Ph.D., LMHC	Danyell Facticeau
Gabrielle Applebury, MFTi	Dana Cason, Ph.D.	Shaban Fadl Beshar
Portia Archer	Paul Chaisson	Tara Falcone, LCPC
Stanley Archie, MEd, MA, LPC, NCC, SATP-C, BCPC	Janet Cheek	Valerie Feeley, MEd, MSS, LCSW
Olivia Assuncao	Beth Cherin, MA, LPC, NCC	Bonnie Fernandez, LMFT
Shari Au	Melissa Chisari-Noori, LP	Leslie Filsinger, LPC
Mary Jane Aulicino	Mary Collins	Nicole Fischer, LMHC
Wylie James Bagley, Ph.D., LMFT	Laurie Cooper, LPC	Jennifer Flores, MS, MEd, MFTI
Linda Baker	Janine Copp-Miligi, LPC	Shannon Foley, LMFT
Caroline Barnes, LPC	Vanessa Cox, LCSW	Shelly Foster, MA, LPC
Amy Bauman	Lois Craig, LPCC	Serap Franz-Under, LPC
Stephen Beck, MSW, LCSW	Angi Dahl	Jamie Frazee, MFT Trainee
Alanna Bell, MA, LPC	Erin Daquelente, MSW, LCSW	Brenda Frechette, Ph.D.
Lori Bellan, LMHC, CASAC	James Dart, MA, LMFT	Suzanne Friedman, Ph.D., LP
Laurie Bendy, PLMHP, PLADC	Andrea Dasilva, RCC	Kathleen Gabris, LPC
Donna Benjamin, MA, MFT	Diana Davis, MSW, LCSW	Margaret Gaestel
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Michelle Bettin, LICSW	Sarah Dawson, LCSW	Jenna Galligani
Hvovi Bhagwagar	Rochelin de Cuba	Mary E. Gannon
Kulraj Bhandari	Jean Deelstra, Social Worker	Maria Gaskill, LPC
Cecilia Biglieri	Hiroko Demichelis	Juan Gavidia, M.A., MFTI
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Cheryl Bray, LPC	Amy Dodds	Lois Goorwitz, Ph.D.
Stacey Brittain, MSW, LCSW	Sara Doudna, MFT	Susan Gordon, MSW, LSW
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JoDee Brown, LCSW	Liana Dressner, LCSW	Leslie Gale Gowanlock
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Arolyn Burns, LMFT, LPCC	Ann Dypiangco, LCSW	Barbara Grover, MA, CAGS, LPC, NCC
	Darlene Dzenoletas	Judy Hall



# Welcome New EMDRIA Members

Meagan Hamilton  
 David Hammer, MA, MFT  
 Meredith Hancock, LCSW  
 Rachel Harmon  
 Lisa Harper  
 Trish Harris  
 Claudia Harris  
 Kimberly Haverly, MA, LPC-S, LMFT-S  
 Stephanie Hawotte  
 Douglas Hayworth, MS, LCSW  
 Linda Hazel, Ph.D., LMFT, CAS  
 Cory Heggem  
 Susan Heitshusen  
 April Henderson, MA, LPC  
 Andrew Henry, MA, LPC  
 Suzanne Herberg  
 Emma Hertzal, LCSW  
 Debbie Hetschel, MFC, LPCC  
 Carol Heusser, Psychologist  
 Judy Hirsch  
 Dona Hoff, LCSW  
 Charles Hoge  
 Judy Holley  
 Rachel Honey, LMFT  
 Jennifer Hoover, Psy.D., Clinical Psychologist  
 Amy Hope, MSW, LISW  
 Deborah Housley  
 Diana (Tina) Howard, LICSW  
 Sarah Hunter, LCSW  
 Gregory Isch, MA, LMHC  
 Zhenique Israelian, LMHC  
 Joshua Jacobson, MA  
 Ryan Jacobson, MFTI, IMF  
 Sarah James, LCSW, CAC II  
 Dean Janeff  
 Debra Jarrett, MS, LMFT  
 Lisa Jewell Michael  
 Pamela Jines, LPC, MHSP  
 Ann Johnson, LCSW  
 Carol Johnson, LPC, RN, ATR-BC  
 Nancy D. Johnson, MS, LPC  
 Vinodha Joly, MA, LMFT  
 Nashae (Nikki) Julian, Ph.D., LMHC  
 Karen Julian-Arax, M.S., LMFT  
 Vicki Juneau  
 Beenu Karun  
 Holly Katz, LPC  
 Kathleen Keim  
 Keith Kilgore, LCSW, CASAC  
 Tom Kirkland  
 Irene Kleban  
 Kimela Kluthe, MA, PLMFT  
 Katherine Knight, Ph.D.  
 Constance Konikoff, MSW, LCSW  
 Elizabeth Kuhn, LCSW  
 Vivian Kulaga  
 Maryann Kuzila, LPCC  
 Joy Lamonds, LCAS  
 Verania Lane  
 SJ Langer, LCSW-R  
 Michel Larouche, D.Ps.  
 Carmen Lasby, Psy.D., LMHCA  
 Janet Lassen, LCSW  
 Keith Lawrence  
 Andrea Layne  
 Melody Lee  
 Bonnie Leggo, LCSW, CSAC  
 KÃ¡rri Leivsson, CP Specialist NPF  
 Lizbeth Lerma, LMFT  
 Lisa Lerner  
 Sheila Levine, LCSW  
 Deborah Lindeen, MA, LPC/Supervisor,  
 ATR-BC  
 Jenelle Linden, LCPC, LMHC  
 Janeen Locker, Ph.D.  
 Carol Logan-Brummer, LMHC, CADC  
 Kathia Lopez Murdock, MA, LCPC  
 Karin Lord, Psychologist, MFT  
 Susan Loveland, MA, LPC, NCC, RPT  
 Emily Low  
 Lindsey Lowrance, LCSW  
 Katherine Lowry, LMHC  
 Jennifer Lusa  
 Heather Mackay  
 Julie MacNaughton  
 Kathleen Makinster, MA, LPC  
 Teresa Maples, MS, LMHC, CSAT  
 Dianne Marlon, LCSW  
 William Marrett, LPCC, LMFT  
 Yvonne Martinez Thorne, Ed.D., M.Div.  
 Marsha Maslan  
 Kristal Mata, MS  
 Julie McAllister, MA, LPC  
 Julie McAlpine, MFT  
 Pamela McCloskey  
 Aveeve McLaughlin  
 Wendy McMahan, MS, LADC, CST  
 Kelsi McMartin  
 Kate McNally  
 Leslie Mcwhorter, LPC-Candidate  
 Carol Melnick  
 Katharine Mendoza  
 Erin Merry, MSW  
 Margie Mickelson, LMFT, ATR  
 Sherri Mikels-Romero  
 Diana Mille, LMFT, Ph.D.  
 Roxanne Miller, M.Ed., LMHC, NCC  
 Janet Miller  
 Leslie Miranda, MA, LMFT  
 Kevin Miyasato, LCSW  
 Karen Moeller, MEd, LPC  
 Christopher Monceaux, MBS, MS, PLPC,  
 CCTP  
 Pamela Montazer, LMFT  
 Marcie Moore  
 Steven Moore  
 Rachele Moskowitz, LMFT  
 Karen Mullaney  
 Christine Muska  
 Jill Nardin, M.A., LPC  
 Janine Neale, LCSW  
 Ginger Neff, LPC  
 Anne-Karin Nelson  
 Jan Nerenberg, Counsellor/Therapist  
 Sara Nevezze  
 Peggy Nolen, MS, LPC  
 Stacy Notaras Murphy, MS, LPC  
 Devora Oberman  
 Randi O'Brien, ARNP-BC  
 Lindsey Olsen, LMFT  
 Lisa Olson, MFT Intern  
 Fernando Ona  
 Ilana Oren  
 Meredith Ortiz, Psy.D.  
 Tara O'Sullivan  
 Margaret Pakulski, MA, MSW, LCSW-C  
 Melanie Palmier, Psychologist  
 Penny Papanikolopoulos, Ph.D.  
 Cynthia Parker, Psychologist  
 Carolyn Parsons, MA, PsyD, LP  
 Sara Parsons  
 Susan Paul  
 Joshua Payne  
 Scott Pelking, MA  
 Lisa Pesanti  
 Melissa Pierce  
 Peter Pinney, BA (Hons) MEdSt. GradDip-  
 FamTher.  
 Patricia Podhaisky, MA, LPC Candidate  
 Annette Poechman  
 Jason Polk, LCSW, LAC  
 Cassie Potts, MA, LPC  
 Jamie Powell  
 Amelia Powers, MSW, LCSW  
 Deborah Prieur  
 Amber Quaranta-Leech, MA, LPC-S  
 Judith Rabinor  
 Joanne (Jody) Radoff, LCSW  
 Jann Ranks, CMHC  
 Debra Rapske  
 Ann Rasmussen  
 Christy Reeder, Psychologist

# Welcome New EMDRIA Members

Beth Remarcke, LMFT  
 Maritza Reyes, LCSW  
 Diane Rhodes, MA, LMFT  
 Amanda Richards, LPCC, LADC, MT-BC  
 Melissa Richardson, LPC, LCDC  
 Elena Riedo, LP  
 Lesli Riggs-Arnold  
 Pamela Rinato, Psy.D.  
 Meir Rizel, LMHC  
 Renee Roberts, MA, LMHC, NCC, CCMHC, CASAC  
 Theresa Roberts, MS, LMHC  
 Susan Robson, MSW, LCSW  
 Denise Roerick  
 Joelle Rogers, MA, LMFT  
 Jeanetta Roman, MFT  
 Dana Roosa  
 John Rosario-Perez, Psy.D.  
 Cheryl Rose, LMFT  
 Laurence Rose, MA, MFT  
 Sarah Rosney, LCSW  
 Nancy Rubbico, LMHC  
 Ann Rubinstein, MA, LCMHC  
 Rhonda Russ  
 Nina Russell  
 Cynthia Ruzich, Psychologist  
 Phyllis Saadon, RMT  
 Senka Salatic-Ewing  
 Silvia Saldana, LMFT  
 Pola Sanchez-Baker, MS, LMHC  
 Tracy Sandor, MA, MFT  
 Hiroshi Sasaki  
 Anna Saviano, MA, LPC  
 Megan Schilt, LPC  
 Lisa Scruggs  
 Caroline Searcy, LCSW  
 Kimberly Seelbrede, LCSW  
 Christine Sells, Ph.D.  
 Kathryn Shafer, Ph.D., LCSW, CAP, 500RYT  
 Ann Shar, LMSW  
 Kristin Sheikh, LCSW  
 Constance Sheltnen, LP  
 Cecilia Skidmore  
 Shawn Smith  
 Laurel Smith, MSW, LICSW  
 Tiffany Soignoli, LMFT  
 JoAnne Spinner  
 Barbara Starling  
 Sharon Steckler, MSW, LCSW  
 Jennifer Stennett, MSED, LCPC  
 Meredith Strauss, LCSW-MSW-RYT  
 Barbara Strebel  
 Jeri Strong  
 Lourdes Sumilang, MS  
 Mark Summerson, Ph.D.  
 Rebecca Teebay-Webb  
 Yisroel Teitelbaum, MSW, LCSW  
 Anna Terman-White, MA, LMHP  
 Amy Terrell, MS, MHC, LMHC  
 Shelly Teske-Hulan, Reg. Psych  
 Sara Thaxton  
 Lee-Anne Thoms, LICSW  
 Tamara Thorne, LPC  
 Gloria Thurman, MA  
 Kathleen Ting, Ph.D., R.Psyc., CPBC  
 Diane Tompkins Counsellor  
 Karen Trittipio  
 Marie Turley, M.A., SLPE  
 Carolyn Twist, LMFT  
 Ana Ucha  
 Hollie Urbauer, MA, LADC  
 Laura Valdes-Borsum, MA  
 Theresa Valero, LCSW  
 Doris Van Byssum, Psy.D., APN, PMHNP-BC  
 Holly Varanelli, LCSW  
 Dominic Venetti, LPCCS  
 Joann Vitelli, Psy.D., LP  
 Abby Volk, LMFT, LPCC  
 Elise Von Tersch  
 Joan Ward, MSW, LICSW  
 Amy Warren, MS, LMHC  
 Diana Watson, Ph.D., LP  
 Ashley Webb, LMFT  
 Susanne Weir, Psy.D.  
 Frank Wernicke  
 Kelly Wesner, MSW, LICSW  
 Sandra Wilcox, LPC  
 Heather Wilkes  
 Jane Williams, MSW  
 Jessica Willmann, LPC, ATR  
 Sandra Wilson, BSW, MSSW, LCSW  
 Cynthia Wilson  
 Kathrin Winkler, LMFT  
 Cathie Witty, MS, LMFT  
 Kristen Wold, LMFT  
 Rande Wood  
 Cori Woodland, MA, LPC, LAC  
 Claire Woolloff, Ph.D., LPC  
 James Wyler, LMHC  
 Cheri Yadon, M.Ed., LPC  
 Heather Yasolsky, LPC  
 Wendy Yeh, LMFT  
 Linda York, MSW, RSW  
 Susan Yorke  
 Mary Young  
 Rosanna Zavarella  
 Natalie Zemaitis, MSW, LSW  
 Ashleah Zigmund

# Get Involved!

## Join an EMDRIA Special Interest Group (SIG)

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

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

### EMDR WITH CHILDREN AND ADOLESCENTS

Contact: Gael Thompson at [gaelthompsonlpc@gmail.com](mailto:gaelthompsonlpc@gmail.com)  
Tel: 832.858.0932

### EMDR & THE MILITARY

Contact: Beverly Dexter at [badexter@cox.net](mailto:badexter@cox.net)  
Tel: 530.245.9221

### EMDR & EATING DISORDERS

Contact: DaLene Forester at [daleneforester@yahoo.com](mailto:daleneforester@yahoo.com)  
Tel: 530.245.9221

### EMDR & PERFORMANCE ENHANCEMENT

Contact: Pat McGuinness at  
[patmcguinness@comcast.net](mailto:patmcguinness@comcast.net)

### EMDR & ENERGY MEDICINE AND SPIRITUALITY

Contact: Irene Siegel at [irene@allocca.com](mailto:irene@allocca.com)  
Tel: 631.547.5433

### EMDR & PSYCHOANALYSIS

Contact: Marilyn Sulzbacker at [marsulz@aol.com](mailto:marsulz@aol.com)

### EMDR FOR FIRST RESPONDERS AND PROTECTIVE SERVICES PERSONNEL

Contact: Katelyn E. Baxter-Musser  
at [innerawakeningsaz@gmail.com](mailto:innerawakeningsaz@gmail.com)  
Tel: 480.440.6085

### EMDR & PUBLIC PRACTICE AND DIVERSITY

Contact: Diane DesPlantes at [surge.inc.1@gmail.com](mailto:surge.inc.1@gmail.com) or  
Viviana Urdaneta at [vurdaneta@genesishshelter.org](mailto:vurdaneta@genesishshelter.org)

### EMDR RESEARCH

Contact: Kate Wheeler at [KWheeler@fairfield.edu](mailto:KWheeler@fairfield.edu)

### EMDR & JUVENILE CORRECTIONS

Contact: Don Self at [padre.don@gmail.com](mailto:padre.don@gmail.com)

### EMDR & SPIRITUALITY

Contact: Mark Odland at [cornerstoneart@hotmail.com](mailto:cornerstoneart@hotmail.com)

### EMDR & MEDICAL ILLNESS

Contact: Linda Bowers at [lindamimi@earthlink.net](mailto:lindamimi@earthlink.net)

### EMDR & WRITING

Contact: Susan Borkin at [susan@susanborkin.com](mailto:susan@susanborkin.com)  
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