

The

# EMDRIA Newsletter

Vol. 6, Issue 3

Quarterly Publication

September 2001

From the President: Wendy Freitag, Ph.D.

## Star-Studded SUCCESS

The 2001 EMDRIA Conference was a huge success. The EMDRIA Staff and Conference Committee delivered what they promised—a star-studded event! As President, I am very grateful to the Conference Committee chaired by Carol York, and each and every one of you who participated as presenters, room monitors, volunteers, exhibitors, and attendees. All of you made this year's conference the successful event. I congratulate the Conference Committee for this major accomplishment.

This conference, like those in the past, provided us the chance to see old friends or make new ones, rekindle our energy and excitement about EMDR, and learn what's new in the areas of EMDR practice, theory, and research. As in the past, the conference also provided an opportunity for the usual EMDRIA committee meetings such as Regional Coordinators, Special Interest Groups, Board of Director's Annual Meeting, and the General Membership Meeting. However, in addition to the familiar, there were a few "firsts" which impacted the conference. Apparent from the many positive comments, congratulatory remarks and evaluations, this year's conference seemed a bit more special than years past, for a number of reasons.

There were many factors that attributed to the great success. The first is that the conference was held in Austin, the heart and soul of EMDRIA. It offered the opportunity for our members to meet our administrative staff and vice versa. Given we were "home," the planned events had a special touch, such as the Texas-style BBQ for the Award's Dinner (winners are announced in another article in this Newsletter) and the Sunset Reception at the Oasis to acknowledge our hardworking committee chairs and members.

The educational component of the conference began with the Pre-Conference Workshops, held on Thursday. This was the brainchild of Carol York, and was not only well attended, but very well received.

The very knowledgeable Deborah Korn, Ph.D., Ad de Jonge, Ph.D., and Marcia Whisman, LCSW provided daylong intensive workshops. It is no surprise that these EMDR experts received raving reviews. It also set the stage for an enriching and exhilarating weekend of EMDR related information and study.

Each day of the conference began with a thought-provoking and stimulating presentation by our invited speakers, Drs. Claude Chemtob, Daniel Siegel, and Robert Stickgold, who shared their wisdom and knowledge in their plenary addresses. Claude Chemtob, Ph.D. spoke to the audience about the

importance of understanding cultural roots and diversity in his public health approach to trauma.

Daniel Siegel, M.D. peaked the interest of the audience by beginning his daylong presentation with an overview of his "interpersonal neurobiology" approach to understanding development, trauma, and psychotherapy. Last, but certainly not least, Robert Stickgold, Ph.D. delighted the audience with his wit and impressed us with experimental data illustrating how sleep onset and different sleep stages contribute to memory

reprocessing, and the positive implications that EMDR may have for individuals suffering from PTSD and related sleep disturbance. Each plenary presentation set the stage for a day of learning and enlightenment for everyone in attendance.

To follow were 50+ workshops, which varied in length on topics such as Theory/Models, Neurobiology, Ego State/Dissociation, Practice Issues, and Techniques/Strategies to mention a few. The Program Subcommittee did an excellent job in choosing a variety of topics to provide an opportunity for learning in many areas. It seemed that the presentations offered something for everyone who attended. And let's not forget the Posters Presentations, chosen by our Research Committee, chaired by Nancy Smyth, Ph.D. The posters covered a variety of topics. This is an area we would

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## Highlights

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## The EMDRIA Newsletter

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Newsletter deadlines for 2001 are as follows:

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

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

Jennifer Turner, Managing Editor  
Email: TurnerBizSvs@aol.com  
or  
by contacting the Administrative Office

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## From the Desk of the Executive Director

Carol York, MSSW, LMSW-ACP



### Conference Reflections

It was Monday morning, and the Conference was over. I woke up to see my hotel roommate off as she was returning home. As I walked back into my room and began to wash my face, I began to cry. This seemed to be an odd reaction. I became quickly aware that my tears were those of pride. Of all the Conferences that EMDRIA has held, I believe this was the one of which I was most proud.

The Clinical Subcommittee had worked hard on selecting proposals from a wide array of outstanding possible presenters. The Guest Speakers had been superb. Dr. Chemtob had delivered an inspiring and moving address to open the Conference. Dr. Siegel had endeared himself to an audience, which listened intently to complex material on neurobiology and were provided a more complete understanding on "the developing mind". Last, but certainly not least, Dr. Stickgold, with his witty sense of humor, had closed the Conference with information regarding sleep and was willing to share some hypotheses as to why EMDR works. In addition, this year the Research Committee focused on strengthening the research component by organizing research presentations into two symposiums and enhancing the Poster Sessions. All presentations had gone exceedingly well.

There was even more that made my tears well to the surface. I was so grateful to those who worked behind the scenes to make this Conference so successful - the room monitors, the volunteer staff, the Committee chairs and members, the Exhibit Coordinator, the exhibitors, and the administrative staff. Without the hard work of so many, the Conference would not happen.

So, as I washed my face, dried my eyes, and looked into the mirror. I saw so many faces before me. I took a deep breath and whispered "thank you". It was time to take my luggage and leave. With a sense of pride and gratitude, I closed the door of my room behind me. As I walked across the atrium lobby to the leave the hotel, I smiled with satisfaction. Upon leaving the hotel, I felt the warmth of the sun and enjoyed the freedom of being outside. Everything was complete. I began to walk and to think of next year's Conference.

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like to develop further each year. (See pg. 17 for details on the 2002 Poster Sessions)

As Exhibit Coordinator, I would be remiss not to acknowledge our 12 exhibitors who once again shared their products and services with us. We had our usual favorites, as well as some new additions to our exhibitor listing this year. Alternant, Heartmath, Life Healing Center of Santa Fe, Prominders, and Sound on Tape participated in the show and we hope they see fit to join us again next year.

There were a few other differences that had an impact on the conference. One important logistical difference is that EMDRIA went “electronic.” In years past, the attendees needed to sign in and out of workshops to get CEU credit. This process was cumbersome, frustrating, and not time-efficient for attendees. This year, for the first time, we used a process of scanning attendee’s name badges equipped with a bar code to record attendance. This process was quite time-efficient and effective, and significantly minimized the level of disturbance between sessions. As with any new process, there are always points to be tweaked for perfection, but on the whole, this recording process made it a breeze for attendees and room monitors alike.

Another first for the EMDRIA conference was the absence of Francine Shapiro. Although I know she was there in spirit, her sabbatical kept her away in person. I spoke to Francine on June 21 and asked her to share her thoughts with me, so that I could pass them along to the attendees. I would like to close my letter to you with her words. As she states, they are simple—but they are why we do what we do, what EMDRIA is all about, and why we need to continue to forge forward in a positive and thoughtful manner.

*Dear Wendy,*

*I'm touched and honored that you should have asked for my thoughts. They are quite simple. I believe that EMDR is about the realm of possibility: Who we can be and what the world can become.*

*EMDR is only as good as the hands that use it. The minds that guide it. The hearts that inspire its use.*

*I am grateful to have been a part of its co-creation with all of you. And I am grateful to all of those who have participated in bringing it to fruition in the world. I look forward to seeing you next year to share in all you have accomplished.*

*With warm wishes,  
Francine*

I also look forward to seeing you next year in San Diego. Mark your calendars for the 2002 EMDRIA Conference to be held at the Loews Coronado Bay Resort on June 20-23, 2002. Once again, thanks to all who made the 2001 Conference such a successful event.

*As Summer ends and Fall begins, may the change of season color  
your world with peace and contentment.*

## **NOTICE - ATTENTION 2000 MEMBERS**

***It has come to our attention that some of our 2000 EMDRIA members never received their December Newsletter and/or the Special Edition Newsletter. If you were a member for 2000 and did not receive one or both of these issues, please contact Andrea Ryan at the EMDRIA Administrative Office at (512) 451-5200 or email her at [emdriaAR@aol.com](mailto:emdriaAR@aol.com) and one or both of these will be sent to you. We apologize for any inconvenience.***



## The Clinicians' Clipboard

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

### Time-Line EMDR

Natalie S. Robinson, MSW

We often find clients who are not satisfied with their life situation, are underfunctioning, or have negative thoughts/cognitions about themselves. These issues persist in spite of successful lives or significant amounts of therapy. Trauma concerns are either non-existent or resolved. Existing EMDR techniques such as Resource Development and Installation (Deborah Korn, Andrew Leeds), Performance Enhancement (Lendl & Foster, 1997) or doing a “float back” can be tried with these clients. RDI can strengthen clients and increase their ability to cope. Performance protocol can help them improve functioning with mental rehearsals. The float back technique can put them in touch with affect and accompanying bodily sensations which can help identify blocking beliefs or identify early events still impacting current difficulties. These techniques have not always been sufficient for some of my clients. I have turned to my family systems training in order to expand my clinical resources. Family systems reminds us that negative and positive messages, beliefs, loyalties and ways of being are passed down through generations and have a far-reaching impact on each of us. I have developed a time-line technique that allows me to use EMDR to tap into historical and cultural sources to help clients clear through blockages as well as discover new personal resources.

Time-Line uses an imaginal fast speed video or bullet train journey to gain access to material reaching back to historical sources and continuing through a client’s lifetime to current times while doing bilateral stimulation. Time-Line can be used in the beginning of therapy to jump-start the work by finding targets or in later stages for trauma cases when the trauma has been resolved and quality of life issues are being addressed. Time-Line can help to terminate therapy more confidently by reassuring that we have gotten to the salient material and Time-Line can help us explore therapy themes such as fear of success or relationship difficulties. In some cases, the Time-Line itself may complete the reprocessing without further work being necessary as if it were operating as a “roto-rooter”.

Before using this technique, therapists should do a thorough history and assessment following the standard EMDR steps (Shapiro, 1995). Because of the nature of the material that can be triggered with Time-Line, be particularly careful not to use it initially with dissociative, unstable or at-risk clients. Start by recording material in a multigenerational genogram, as do family therapists and Maureen Kitchur (McGoldrick & Gerson, 1985; Kitchur, 2000). EMDR technical aids such as the light bar, mechanical tapper, or other bilateral stimulation are useful due to the long sets used in the Time-Line.

Before starting bilateral stimulation, verbally and rapidly review the

client’s historical information as if telling an ongoing story of the client’s life. The prologue can be like this. *And once upon a time, back in the old country, your father’s people were living and raising children and telling them how to be in world. And your mother’s folks were doing the same in their country*. I tell her that she may notice images of how the families lived, how her parents met, and what was happening when she was born. I tell her that the video might go into detail about her early years and will continue through to adulthood to the present time. I instruct the client to tell me if she wishes to stop or signal when the time-line has ended. *“Just notice what comes up. It might be positive, negative or neutral.”* When the client is ready, I repeat, just before turning on the scan or tac, *“Once upon a time a long time ago”* and then I am silent as she processes with bilateral stimulation.

Let the client go as long as she or he wishes with the set. If she stops before the end, briefly talk about what came up. Tell her you can use that material later in the therapy. But for now, move on to do another prolonged set of bilateral movements and continue through the rest of the “video” until the client reaches current times. At the end of this set, again ask what has come up. Most clients complete the initial time-line in one or two long sets. Notice what the client focuses on and what threads are emotionally charged. Discuss how this can help with the overall treatment and together with the client choose targets for further work. Subsequent EMDR for clearing through targets is done with conventional EMDR including standard length sets, SUD and VOC readings and cognitions. End the therapy session as usual; remind clients that they can keep a journal with thoughts or images that might come up in-between sessions. If disturbing material comes up make sure clients have a safe way to deal with it. They can use a container or any of the standard safe closures. Most of my clients are reacting positively to this non-judgmental longitudinal exploratory introduction of EMDR processing and to the clearing through during the termination work.

A few have no reaction at all especially on the day of treatment. Associations often come up to conscious awareness later in the week or in the therapy as with more conventional EMDR.

In one case example of the use of theme Time-Line, a relatively healthy woman with many personal resources was explosive with her 11-year-old daughter. She was told that we don’t know what may come up for her in the fast forward video. Perhaps there will be stories, messages, myths, emotions, sensations, memories and impressions and they may tell her something about mothers and daughters. She used eye movements to go through generations of her family and realized that mothers and daughters have been arguing for centuries on both sides of the family. She had been a daughter fighting her own mother. Negative cognitions came up for her, “I’m doing the same thing. I am out of control. I am a bad mother.” And what did she want to think and know about herself? “I am able to control myself. I won’t pass this on. I am a good mother.” We then used conventional EMDR to reprocess her own early conflicts. She was able to change her own interactions with both her daughter and, to her own surprise, with her mother.

Another client, a young, single woman, had stabilized after multiple traumas were resolved with EMDR. Time-Line was utilized when she could safely allow unknown material to emerge. The instructions for her were to look through the distant and more recent past to see what work remained. After 3 minutes of bilateral stimulation she completed the time-line and began to cry softly. She had thought she had lost the memory of her mother’s face but could now see her clearly. It felt to her like the ones who came before her and cared about her were there

for her now. “And what does that say about you?” “I am not alone.”

In summary, Time-Line EMDR allows us to help clients tap into family and cultural resources or to discover the root of blockages. For high functioning, stable clients it can be used as bookends to the EMDR work at the early and later stages and it can help explore a theme of life. With all clients, Time-Line can help when ready to work on quality of life issues and to terminate a course of therapy with confidence as you sweep back through time to feel reassured that you have done the work you need to do. Time-Line can give an overall perspective and retrospective as well as a deeper dimension to our EMDR therapy.

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Natalie S. Robinson, MSW, EMDRIA Approved Consultant in EMDR, practices in Chelmsford and Burlington, Massachusetts. The Time-Line approach was presented at the EMDRIA Conferences in Toronto, September 2000 and in Austin 2001.

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## See your name in print

EMDR has grown and developed out of great ideas and innovations tried, passed on, and incorporated into practice. An important part of the recent EMDRIA conference was informal discussions about cases and technique. Don't wait for next year, send your ideas to the EMDRIA "Newsletter" for publication.

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

## Inquiring Minds: Questions for the Research Committee

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

### **I'm trying to get my clinic to adopt EMDR and am having some trouble convincing the administrator to do so. What would be some articles about research that would be helpful to give him?**

First, if you haven't already done so, you might want to obtain the EMDRIA Presentation Packet (\$25.00 for members, \$37.50 for non-members), developed by the Public & Professional Relations Committee. This packet includes many excellent materials that could help you.

One of the best new resources in advocating for the use of EMDR for PTSD is the new book "Effective Treatments for PTSD" (edited by E. B. Foa, T.M. Keane, and M. J. Friedman) published by Guilford Press. This book presents the practice guidelines developed by the International Society for Traumatic Stress Studies (ISTSS). There's one chapter that reviews the EMDR research, and a second that rates the degree of research support for EMDR. This latter chapter assigns EMDR an A/B rating. In doing so, the authors write:

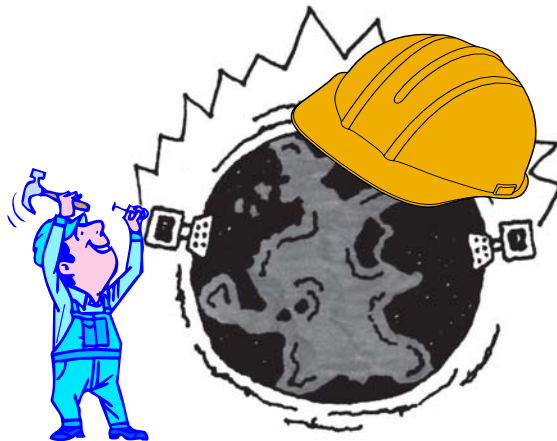
*"The A component of the rating means that based upon a review of seven published, randomized, controlled studies with overall large effect sizes, one of which included children, EMDR was found to be more efficacious for PTSD than wait-list, routine-care, and active-treatment controls. The "B" component means that additional studies that employ more extensive controls addressing the limitations of studies to date, and that compare EMDR to other focused PTSD treatments are needed to establish the highest level of confidence in EMDR's efficacy. (pp. 334-335, Chemtob, Tolin, van der Kolk, & Pitman, 2000)."*

A second helpful resource in advocating for EMDR is a quantitative review (a meta-analysis) of PTSD treatment studies that concludes that there is significant support for two psychological treatments: EMDR and Behavior Therapy. The authors also found that, when compared to Behavior Therapy, EMDR achieved similar treatment outcomes in less time and with fewer sessions (van Etten & Taylor, 1998).

#### References

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## Website Construction Underway

As you may have noticed, the EMDRIA Website is going through some changes, and some areas may not be accessible at times during the next few months. We are in the process of updating and redesigning our entire website in order to be able to disseminate more information about EMDR and our Association and also to make it more user friendly. Please be patient with us for the next few months as we go through these changes. If you need information about something that you cannot find on our website or if you have any questions, please feel free to call our Administrative Office at (512) 451-5200, and someone should be able to assist you. Thank you for your patience.

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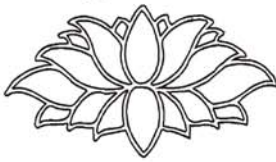
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**EMDRIA Credit Schedule**  
*as of August 1, 2001*

Dates	Provider Name	Presenter	Contact	Phone No.	Provider #
9/8-9/01 Kansas City, MO	Andrew Leeds, Ph.D. <b>Strengthening the Self</b>	Andrew Leeds, Ph.D.	Andrew Leeds	707-579-9457	99019 99019-14
9/14-16/01 Houston, TX	Maureen Kitchur Consulting, Inc. <b>The Strategic Developmental Model of EMDR</b>	Maureen Kitchur, MSW, RSW	David Ogren	713-622-1278	99015 99015-04
9/15-16/01 Portland, OR	Andrew Leeds, Ph.D. <b>Strengthening the Self</b>	Andrew Leeds, Ph.D.	Andrew Leeds	707-579-9457	99019 99019-15
9/15-16/01 Bangor, ME	Roy Kiessling, LISW <b>Integrating Resource Installation Strategies into Your EMDR Practice</b>	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-08
10/6-7/01 Denver, CO	Andrew Leeds, Ph.D. <b>Strengthening the Self</b>	Andrew Leeds, Ph.D.	Andrew Leeds	707-579-9457	99019 99019-16
10/12-14/01 Philadelphia, PA	Maureen Kitchur Consulting, Inc. <b>The Strategic Developmental Model of EMDR</b>	Maureen Kitchur, MSW, RSW	Marilyn Luber	215-545-8296	99015 99015-05
11/3-4/01 Vancouver, BC CANADA	Andrew Leeds, Ph.D. <b>Strengthening the Self</b>	Andrew Leeds, Ph.D.	Andrew Leeds	707-579-9457	99019 99019-17
11/9-11/01 San Francisco, CA	Maureen Kitchur Consulting, Inc. <b>The Strategic Developmental Model of EMDR</b>	Maureen Kitchur, MSW, RSW	Sandra Paulsen Inobe	925-932-6886	99015 99015-06
11/30/01 - 12/02/01 Miami, FL	Maureen Kitchur Consulting, Inc. <b>The Strategic Developmental Model of EMDR</b>	Maureen Kitchur, MSW, RSW	Maggie Mauer	305-669-8911	99015 99015-07
12/8-9/01 San Diego, CA	Andrew Leeds, Ph.D. <b>Strengthening the Self</b>	Andrew Leeds, Ph.D.	Andrew Leeds	707-579-9457	99019 99019-18

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# The Challenges of Treatment Evolution and Integration

Francine Shapiro  
Mental Research Institute

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When the editor of this journal asked me to write an introduction to the present issue I was frankly quite hesitant. After introducing EMDR to the research and clinical community more than 10 years ago (Shapiro, 1989), my primary goal has been to allow it to grow to maturity as an integrated approach to psychotherapy with a strong theoretical, clinical, and research base. Part of that process is one of individuation. It is important that "Shapiro" not be synonymous with EMDR and so I was loathe to once again link myself to an independent EMDR endeavor. But Dr. Frischholz is nothing if not persistent, and so I agreed. And having read the articles in this volume, I can affirm that this series is indeed a part of the individuation process I had hoped for.

I find this volume a microcosm of a project that has kept me occupied over the past two years. Specifically, I entitled my most recent book *EMDR and the Paradigm Prism* and in it luminaries of diverse modalities view EMDR and attempt to explain its effects through the lenses of their orientations. Their far-ranging expositions were both enlightening and exhilarating for me. I agreed with most and vehemently disagreed with others, but was consistently impressed with the need for such exploration throughout our field. Among the questions they, and the authors in this hypnosis series, have answered are: What elements of EMDR are representations of traditional thought in these areas? How does EMDR complement or extend the outcomes of their previous work? What suggestions do the authors have for strengthening the EMDR protocols? I am pleased to see that the present journal issue has supported this investigatory approach.

While EMDR was originally designed as a trauma treatment and has been designated as effective in the Practice Guidelines of the International Society for Traumatic Stress Studies (Chemtob, Tolin, van der Kolk, & Pitman 2000; Shalev, Foa, Keane, Friedman, 2000), it has evolved over the years to be an integrated approach to psychotherapy applied to a wide range of experientially based disorders (see Hofmann, Fischer, Galley, &

Shapiro, 1998; Manfield, 1998; Norcross & Shapiro, in press; Shapiro, 1999; 2001; in press; Shapiro & Forrest, 1997; Tinker & Wilson, 1999). The more recent EMDR clinical protocols have emphasized applications to personal enhancement and the need for increasing resiliency, access to positive resources, and client stability as a precursor to reprocessing dysfunctionally stored experiences. Research has begun on the EMDR Resource Development and Installation protocol (Korn & Leeds, in press; Leeds, 1998; Leeds & Shapiro, 2000) with promising results. I am gratified to see in many of the articles in this volume the same attention being brought to bear on client containment and stability. It is an extremely important area and I look forward to the testing of the proposed procedures. The possibilities offered by some of these authors are exciting indeed!

In the interest of furthering the on-going collaboration to strengthen the integrative effort, let me also sound some cautionary notes. To encourage EMDR dissertation research I used to say, "It's a very small lit review." That is no longer the case. In addition to hundreds of published articles, there is a specified adaptive information processing model used to guide clinical practice (Shapiro, 1995; 2001). There are standardized EMDR procedures and protocols for a wide range of experiential based conditions, including phobias, PTSD and somatic disorders (see Shapiro, 1995; 2001). For all clinical conditions the protocol includes processing (1) past events and their manifestations (e.g., nightmares), (2) present triggers, and (3) positive templates for appropriate future action (Shapiro, 1995; 2001). There are also specific procedures and protocols for ego-strengthening (Korn & Leeds, in press; Leeds & Shapiro, 2000; Shapiro, 1995, 2001). In my opinion, these protocols should not be considered the final word, but rather, in the interests of providing a cohesive body of interpretable literature, will best serve as a starting point. To that end, a delineation of these standardized procedures and precision regarding how and why the authors of new protocols have chosen to deviate from these procedures would allow a clearer assessment of potential contributions to treatment outcomes. It is unfortunate that a number of authors in this issue have failed to do this. Consequently, in many instances it is unclear why a given investigator has chosen

to use hypnosis rather than apply the standard EMDR phobia and PTSD protocols. The authors' contributions to optimal treatment outcomes may be enormous, but without a clear delineation of why a specific step or procedure was altered or ignored, their impact is decreased.

In one example, the authors claim to have increased the benefits of EMDR by the addition of hypnosis, while appearing in their description to use the standard EMDR procedures for ego-strengthening, cognitive interweaves, and positive templates. However, they failed to specify these procedures by name or citation, or indicate what exactly they considered to be the potentially useful procedural variation. In another instance, the authors fail to mention the standard information processing model that has been formulated to explain and guide EMDR practices, making it unclear to the reader why they prefer to describe EMDR as "ego-state therapy." Does the latter interpretation of EMDR advance the current state of knowledge? It's hard to say when the roots are not specified, and the description of procedures is unclear. In short, the integration of hypnosis with EMDR may achieve enormous benefits, but the field cannot be adequately guided without clarity of model and methods.

While all of the authors in the present volume appear to be thoroughly experienced and astute clinicians, I would offer the following caution: Remember that you personally bring a lot to the party. In other words, we cannot know whether a specific procedure is beneficial apart from our own special characteristics as practitioners until it has been independently evaluated. A template for future investigation may be the EMDR Resource Development and Installation (RDI) Protocol developed by Leeds (1998) which was evaluated in a single subject-design (Korn & Leeds, in press) utilizing an independent therapist. Although preliminary, it has offered the beginning of a research base in the important area of stabilization and ego-strengthening. I applaud the introduction of various techniques, including conflict free images (Phillips, 2001) and the Wreathing Protocol (Fine & Berkowitz, 2001) into the EMDR literature. Along with RDI, they appear to hold great promise and I look forward to more extensive testing of all these procedures. Likewise, I suggest that those authors in the present series who propose shifting modalities

mid-session, or dropping portions of the standardized hypnosis or EMDR procedures and protocols, engage in future preliminary testing with standardized measures. What results do the standard procedures offer? What additive effects on any measurable domain are achieved by the alterations and under which circumstances? The synthesis of expertise is vital. There is much to evaluate and learn in the coming years.

The strength of an integrated approach is the ability to dovetail the most salient elements of the major orientations into a psychotherapy that can help clients throughout the entire clinical spectrum. The integration gives us hope that all can be healed, and that none are left behind. The danger, however, lies in integration without critical investigation. This leaves open the possibility of integrating aspects that dilute rather than enhance treatment outcomes. It is gratifying that some of the authors in this volume have offered guidelines and procedures that can be tested independently over time. This contribution is also part of the individuation process. Whether I strongly agree with some conceptualizations or applications and strongly disagree with others doesn't matter, provided that we are all guided ultimately by a combination of clinical wisdom and scientific evaluation. Then, as a field, we will truly have reached full maturity. This journal issue appears to me to be an important step in that direction.

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### **If you are an EMDRIA Approved Consultant or EMDRIA Approved Instructor:**

You should have received a letter from the Pre Licensed Clinician Support Sub Committee regarding offering reduced fees for consultation and/or training to Pre Licensed Clinicians seeking these services. If you intend to submit this form, agreeing to offer reduced fees, please be sure to put your **Name, City, State, Phone Number, and Email Address** somewhere on the form. We neglected to insert a section for you to do this. If you don't do this, then we will not know who is submitting the form. Thank you, and we apologize for the error.

# Announcing...

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**President Elect:** Rosalie Thomas, RN, Ph.D. Gig Harbor, WA

**Treasurer Elect:** Barbara Hensley, M.Ed. Cincinnati, OH

**Secretary Elect:** Zona Scheiner, Ph.D. Ann Arbor, MI

### **Members at Large:**

Mark Dworkin, MSW	East Meadow, NY
Celia Grand, MSW, LCSW	Portland, ME
Roy Kiessling, LISW	Cincinnati, OH
Judith Boel, M.Ed., RCC	Salt Spring Island, BC CANADA

Thanks to all the nominees who ran for a position and congratulations to the winners. The above individuals will take office on January 1, 2002. In the meantime, they will serve an "apprenticeship" of sorts. As a non-voting member of the Board they will have time to acclimate themselves to how the Board works, gain a certain level of comfort, and consider their committee involvement. This process is different than EMDRIA has done previously, and will facilitate the transition into their official position with greater ease and understanding.

## **Would you like to get more involved in EMDRIA?**

### **Do you have questions about what's involved in becoming more active in EMDRIA?**

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Contact Wendy J. Freitag, Ph.D. at [WJF@PrsueExcellence.com](mailto:WJF@PrsueExcellence.com) or 414-777-1757 if you are interested in running for a position or have additional questions. Thank You.

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## **2002 EMDRIA CONFERENCE**

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## IN THE SPOTLIGHT:

**John Marquis, Ph.D.**

*by Marilyn Luber, Ph.D.*

Since John Marquis recently told me that he rides his bicycle almost 60 miles a week going home and to work, I have been having this wonderful vision of him riding across the skies of California...sort of like E.T.! Perhaps this is a loose association, but truthfully, I have always thought that there is a touch of the magical about John. I think it is that strange mixture of dependability and sturdiness with that great twinkle in his eye and imperturbable spirit that has endeared him to me. John truly marches to the beat of his own drummer.

When I think back to my early days as part of the EMDR community, I always think of John Marquis because he is one of the “old-timers” of EMDR. As a deeply concerned psychologist and academician, he always would lend an aura of respectability to this new, strange and wonderful method we call EMDR.

John was first introduced to psychology as a freshman at Maryville College in Tennessee through three texts: William James’ *Principles of Psychology*, Sigmund Freud’s *General Introduction to Psychoanalysis* and Watson’s *Behaviorism*. By the end of the semester, he was hooked and decided to declare his major as Psychology. He transferred to the University of Illinois to broaden his horizons and graduated with a B.S. in Psychology in the class of 1950. At that point, the Army drafted John and he was off to Fort Sam Houston where he was a Clinical Psychology Technician and continued his interest in human behavior by administering psychological tests. At the end of his military service, John attended Ohio University and received an M.S. in Psychology. With his interest in clinical work growing, he worked at a State Hospital in Logansport, Indiana for one year to gain more experience. Convinced

that clinical psychology was his future, John enrolled at the University of Michigan where he fulfilled part of his requirement for his doctorate by writing his dissertation on “Fantasy Measures of Aggressive Behavior”. He was thoroughly trained in Psychoanalytic Theory as well as other areas of Psychology. He worked summers at the University of Michigan Fresh Air Camp for Disturbed Children and spent his winters as a teaching fellow in Introductory Psychology. He was awarded his doctorate in Personality Theory in 1960.

During his doctoral work, John began his sojourn at the Veteran’s Administration in hospitals as an intern in Ann Arbor and Dearborn. He continued this interesting work after graduation when he moved to Palo Alto, California and worked in the VA hospital there until his retirement in 1984. He believed that Palo Alto was the best placement in the VA system because it gave psychologists a great deal of responsibility. During his time at the VA, John served as a Ward Psychologist and Program Director for eight years, and Principal Psychologist for the Mental Hygiene Clinic for eight years. He also served on the Social Learning Unit, an Out-Placement Unit, a brain injury rehabilitation unit and a co-ed psychiatric ward.

While he was there, John had the opportunity to work along with some of the luminaries in Psychology such as Lenny Krasner, Al Bandura, Arnold Lazarus and Jack Atthowe. John retired from the VA in 1984 at age 55 after 30 years of service including his time in the Army.

During this period of time, John was intrigued by other possibilities and worked as a Staff Psychologist at the Behavior Therapy Institute in Sausalito under Arnold Lazarus from 1966-68. From 1971-76, He was part of the Behavior Change Corporation Alcohol Treatment Program in Los Altos in the capacity of Chairman of the Board of Directors. He joined Stanford University in the Department of Psychiatry and Behavioral Sciences first as a Clinical Instructor and then as an Assistant Professor from 1975-1984. Also, he worked at the Behavioral Medicine Clinic at the Psychiatry and Behavioral Science Department of the Stanford University School of Medicine from 1977-82. He became an Emeritus Professor at Stanford in 1984.

John took his skills out into the community and soon after he came to Palo Alto, he joined the Mid-Peninsula ACLU. As a member, he worked on the Committee on Civil Liberties

of Mental Patients and contacted those who were working on the Lanterman-Petris-Short Act which ended indefinite commitments for mental patients. Through their intervention, they got their recommendations incorporated into the law, including the first Bill of Rights for mental patients, which John’s committee drafted. From 1970 – 1971, John was on the Board of the Ecology Center Foundation located in Berkeley. Through the work of this group, the first Ecology Center was formed and served as a model for other centers. People came from all over to learn about the center and then returned home to create their own centers. Also in the seventies, John was an active member of the California State Psychological Association (CSPA). He was the Insurance Chair and also led the task force on Masters-Level Psychologists. In 1976, John assumed the position of President for the Santa Clara County Psychological Association.

After John left the VA, he became interested in Psychologists for Social Responsibility and served as the Chair of the chapter in Northern California. He was on the steering committee that resulted in the beginning of the APA Division of Peace Psychology.

In the late 80’s, John was a part-time Professor at Pacific Graduate School of Psychology in Palo Alto where he served as Director of Clinical Training from 1991-1992. John has been in private practice since 1964 and lists his areas of specialization as the following: “phobias, anxiety, stress, and panic disorder: relaxation training and application; breathing training for hyperventilators; systematic desensitization: flooding and implosive therapy; cognitive behavior therapy; social skills training; couples and family therapy; adolescent problems; sex therapy; sexual offenses, and sexual object choice; alcohol problems – controlled drinking, abstinence, and relapse prevention training; health problems and self management skills; eye movement desensitization and reprocessing; evaluations and expert testimony; and dissociative disorders.

Through all the years of John’s career he has always felt that “The thing that was important to me was looking for new effective therapies. The goal was to get



psychotherapy out of the “witch doctor stage”. With that in mind, John was always interested in new, better and more efficient kinds of psychotherapies such as Tom Stampfl’s Exposure Therapy; orgasmic reconditioning for sex offenders (which resulted in the cessation of Aversive Therapy) and the moderate drinking training. And, of course, EMDR.....

John became aware of EMDR when he noticed that a woman by the name of Francine Shapiro was giving a presentation at a 1989 AABT convention at the same time as he was. Curious, he jumped at the opportunity to hear Dr. Shapiro speak at the Giorretto Institute for sex offenders’ lecture series just before the 1989 earthquake and spoke to her afterwards about this new trauma treatment. He went home and tried it immediately and was very impressed with its clinical effectiveness. During that time, he sought consultation with Dr. Shapiro and tried EMD (the early name of EMDR) with a wide variety of clinical problems. In March 1990, he attended the first public training in the United States and then took the second level training in the fall.

Smitten with EMDR’s efficacy with his patients, in 1991, at the invitation of Joseph Wolpe, John published the results of 78 cases of EMDR in the Journal of Behavior Therapy and Experimental Psychiatry. During the following spring, John sponsored the first

academic training at the Pacific Graduate School of Psychology. This experience included the first translation of the training into Spanish for a psychology professor from El Salvador by his daughter, Priscilla Marquis. Later John arranged for other colleagues from El Salvador to take subsequent trainings at the EMDR Institute.

John’s social activism grew and he began to volunteer his time, energy and money to be part of the active humanitarian team of EMDR practitioners. As the interest in Central America evolved, in the summer of 1991, John and Priscilla (as translator and facilitator) gave the first HAP-type training at the Baptist Hospital in Managua, Nicaragua with Dr. Shapiro’s blessing. This was at his own expense. He also volunteered a week of his time to help survivors of Hurricane Andrew in Florida. Later, in August 1995, he spent a week in Oklahoma City after the Oklahoma City bombing as part of the facilitating team and on-site volunteers who worked with the emergency workers and surviving members of people killed in the blast. In December 1998, John spent two weeks in Bangladesh with the EMDR Humanitarian Assistance Program helping to complete their contract with UNESCO to train and consult. Life came full circle as during this trip, he worked for Priscilla who is now a trainer for HAP.

John joined the Humanitarian Assistance Program’s Board from its inception in 1996

and served a four-year term.

To the EMDR community, John wants to communicate that, “I think that it is wonderful all of the good therapeutic methods that have been originated and developed and disseminated through EMDR. So many people have been impressed with the quality of the training and in the general therapeutic skills that serve as a matrix for EMDR. I think that this is just an exciting time as it becomes agreed upon that EMDR is effective in treating PTSD and that the research can move on to how EMDR works and how to improve it and treating other problems. These are exciting times”!

John’s personal life is as rich as his professional life. His wife Pat of 43 years is filled with the same vitality as John. She was the former proprietor of a Native American arts store and she is an avid cook who has collected 5000 cookbooks. She is the President of the Stanford Women’s Club. They have 2 sons, Neil and Paul, and our Priscilla who is an active member of our community. John is a gourmet cook and amateur gardener who grows fresh herbs and citrus for their table. He loves to snorkle.

John’s dedication to psychology, the EMDR family and the larger community of the world is apparent in who he is and all that he does. How lucky we are to have John Marquis among us.

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## EMDRIA Committee Reports

### Regional Coordinating

*Jari Preston, Chair*

The Regional Coordinating Committee held a breakfast for Regional Coordinators at the Conference in Austin. Robbie Dunton was our guest of honor. She began the original Network, forerunner of the Regional Coordinator Program. We presented her with a small token of our appreciation for her vision and support. We also honored Jocelyne Shiromoto for her work in bringing the network concept from the Institute to EMDRIA. The Committee has decided to honor a special Regional Coordinator each year. This first year the award went to David Sherwood and John Nash for their outstanding work as RCs. John and David have been having Regional Meetings once a month for the last two years in the Mid-Hudson Valley. You can read about their efforts in the March 2001 EMDRIA Newsletter.

At the breakfast, the Regional Coordinating Committee announced a few changes to the guidelines for regional meetings. It is now a requirement that at least one meeting per year be held in a region. If that does not work out, we want to know so we can help. We want to understand the problems faced in various regions; e.g., not enough support or interest, no good timing or meeting place, finance difficulties, etc. Both the committee and the EMDRIA office are here to make this process as smooth as possible.

A question was raised at the RC breakfast about announcing regional meetings on the EMDR Institute list. The committee is working with the list moderators to determine if there are standards and procedures that can be developed to allow this. In the meantime, although the EMDRIA web site is under revision, regional meetings can be announced there.

The Committee heard the concerns raised at last year's Conference about the amount of paperwork necessary for meetings. If you wish to offer EMDRIA Credits for your meeting, then you will still need to complete the necessary paperwork (which includes an abstract, objectives, etc.), which will be reviewed by the Standards and Training

Committee. This process usually takes about 30 days. Materials for presentations must meet professional standards. EMDRIA must be able to maintain those standards by reviewing materials offered for EMDRIA Credit. The Standards and Training Committee is currently working to streamline the paperwork for this process. If you do not wish to provide Credits for your Regional Meeting the fact remains that you must notify the office of any meetings you are holding. You can do this by merely mailing the office a copy of your promotional materials. If you notify your group by email, simply add emdriaAR@aol.com to your e-mail list and the job is done. If you have collected money, you must notify the Administrative Office after the meeting by completing and submitting an expense sheet. However, if you had no expenses, you can e-mail the office stating there were no expenses

Regional Coordinators are being allowed to use the EMDRIA trademark to promote their meetings and activities. The fee for this use is waived for Regional Coordinators in the belief they will keep the organization informed about activities involving the use of the trademark.

We on the committee have heard that the Regional Coordinator application process is daunting. We are currently looking into making it more user friendly. In the meantime, we will provide all applicants with a completed application to help guide them through the process. Perhaps it would be helpful to new and prospective Regional Coordinators to understand the committee's expectations. Those expectations derive from the history of the original EMDR Networks. Meetings are expected to be local (there may be several regions in a state). Meetings are networking opportunities for people in the same region to share their knowledge and information (not a rarely occurring, regional mini-conference with "big name" speakers). We see these meetings as small, consistent operations: three or more times a year would be ideal and 10-30 people would also be ideal. After a regional group is well established, they may wish to tackle the job of bringing in a speaker. Or several RCs from across a state may pull together to present a larger program and invite outside speakers. These types of programs are a great deal of work, can be expensive, and can prove to be disappointing in terms of response. And they are not what is expected of a Regional Meeting. The main purpose of the Regional Coordinating Program is for consistent connections; for EMDR to have a presence in a region for networking and sharing information. The Regional Coordinating Committee and EMDRIA are grateful to all the Regional Coordinators for their dedication, their good will and for their efforts.

### SIG's Special Interest Groups *Zona Sheiner, Chair*

Special Interest Groups (SIGs) have officially arrived in EMDRIA!

There was a kick-off meeting in Toronto during the 2000 annual conference, attended by many eager conference participants. Many groups met separately and started the process of organizing themselves into Special Interest Groups. Shortly after the meeting, the board approved guidelines and applications and they were sent to representatives of committees who requested them.

Prior to the June meeting in Austin, five (5) groups were officially approved as SIGs. They are:

- 1) *EMDR and Eating Disorders*  
Chair: Eileen Freedland  
Phone: (248) 647-0050  
email: Efreedland@earthlink.net
- 2) *EMDR and Energy Medicine and Spirituality*  
Chair: Irene Siegel  
Phone: (631) 351-1737  
email: Irene@allocca.com
- 3) *EMDR with Children and Adolescents*  
Chair: Terry Becker-Fritz  
Phone: (614) 793-8833  
email: tbf@ee.net
- 4) *EMDR and Medical Illness*  
Chair: Margarete Isermann  
Email: Idinstitut@aol.com
- 5) *EMDR and Peak Performance*  
Chairs: Nancy Cetlin and  
Cocoy Garcia  
Phone: (Nancy) (781) 237-0424  
(Cocoy) (619) 965-6777  
Email: (Nancy)  
Ncetlin@Earthlink.net  
(Cocoy)  
Cgarcia@Pacbell.net

In addition, there are two officially approved SIGs-in-Formation. They are:

1. *EMDR and Psychoanalysis*  
Chair: Ruth Heber  
Email: rthbr@bellatlantic.net
2. *EMDR and Writing*  
Chair: Susan Borkin  
Phone: (650) 964-3732  
email: sborkin@lanlogic.net

There were opportunities available at the 2001 conference in Austin for these and any other potential SIG to meet during the conference. The unofficial word is that several of them did and are rapidly organizing themselves to meet on e-lists, and to develop projects of mutual interest.

If there is interest in joining any one of the established groups, please contact the representatives indicated above. If there is interest in organizing a yet to be established SIG, please contact me at [zonags@mediaone.net](mailto:zonags@mediaone.net) and I will help you get started. So, come on in, the water's great!

## MEMBERSHIP COMMITTEE

*Linda Vanderlaan, Ph.D., Chair*

I am pleased to report that EMDRIA's worldwide membership has reached 3,499. This number represents some 26 countries besides the US. We continue to grow and thrive!

Our committee is working diligently "to recruit, establish criteria for, and retain members". In that effort, we established a set of goals for the year 2001 from which projects have been developed. These projects have included reformatting the Membership Directory to make it more user friendly, devising some more efficient, cost-effective strategies for retaining EMDRIA members, developing incentives to encourage wider membership participation in EMDRIA, and developing new member benefits which currently include: 4 issues of the EMDRIA Newsletter; preferred pricing for EMDRIA programs, products, and resources; an attractive Membership Certificate; reduced rates for the Annual International Conference; listing in the EMDRIA Membership Directory on-line and in print; and enhanced credibility as an EMDR practitioner.

One of our "pet" projects was the creation of the Pre-licensed Clinician Subcommittee. We want to encourage pre-licensed clinicians to become trained in EMDR and help them stay "connected" to the EMDR community after their training. In deference to the pre-licensed clinicians status, we are developing a list of EMDRIA Approved Instructors and EMDRIA Approved Consultants who are willing to offer reduced fees to pre-licensed therapists. If you are interested in offering your services, please contact the Administrative Office at 512-451-5200.

The composition of our committee changed last year and I would like to thank Gary Peterson, Nicole Nestor, Elizabeth Adams, Laura Steele, Kathy Downing, and our new member, Jane Tye, for their hard work. We will continue to work on improving the services we offer to our membership and would like any feedback you have.

## EMDRIA Research Committee

*Nancy J. Smyth, PhD, CSW, Chair*

The Research Committee worked hard with the rest of the Conference Committee and the EMDRIA staff to organize the research content in this year's annual conference. Besides some invited speakers who spoke on some research findings, there were two research symposia at the conference and a poster session.

A three-hour research symposium entitled "*The Role of Eye Movements and Other Bilateral Stimulation in EMDR*" featured an overview of the theory and research on bilateral stimulation, and then three new research studies were presented: "*Neural mechanisms underlying efficacy of horizontal saccadic eye movements in EMDR Therapy*" by Stephen Christman & Kilian Garvey; "*Mechanisms of EMDR: A double blind controlled study*" by David Servan-Schreiber; and "*Effects of alternating bilateral auditory stimulation on disturbing memories*" by Phillip Manfield. The consensus among attendees was that it was a very interesting session that raised many more questions than were answered. Tapes were made of the symposium and can be obtained through the conference taping vendor. An additional research study on "*EMDR and chronic pain*" by Jane Murray was presented in the symposium on *EMDR with Health Problems*. Unfortunately, the second research study that was to be presented in that symposium, "*EMDR in the treatment of Parkinson Disease*" by John Larson, was canceled at the last minute by the presenter because of an urgent personal matter that arose.

There were several posters presented at the conference this year. Five posters focused on research findings, and one described a conceptual approach for treating adopted children. After considerable deliberation, the Research Committee awarded first prize to Korn and Leeds and honorable mention to Christman & Garvey.

The posters presented were:

"Preliminary Evidence of Efficacy for EMDR Resource Development and Installation in the Stabilization Phase of Treatment of Complex Posttraumatic Stress Disorder" by D.L. Korn & A.M. Leeds **FIRST PRIZE**

"Bilateral Eye Movements Reduce Cortical Activation Asymmetries" by S. Christman & K. Garvey **HONORABLE MENTION**

"Bilateral Eye Movements Enhance Recall of Non-Traumatic Autobiographical Memories" by R.E. Propper, R. Stickgold, K.A. Phaneuf, J. Rivelli, J. Cotter, & M. Lamendola

"EMDR Treatment Process of Adult Survivors of Sexual Trauma: What Does External Ear Canal Temperature Suggest?" by M. Ichii

"Trauma-Informed Treatment for Damaged Adopted Children: A Comprehensive Approach" by R. Greenwald

"Treatment of PTSD: A Comparison of Traditional Behavior Therapy with EMDR" by C. Lee, H. Gavriel, P. Drummon, J. Richards, & R. Greenwald

Work on next year's conference has already begun. We hope to feature more poster sessions (see the *Call for Posters* pg. 17 in this issue) and continue to organize research symposia. Suggestions for the research content at the conference can be made to any research committee member (see the web page for a complete list) or to the chair, Nancy Smyth at [njsmyth@acsu.buffalo.edu](mailto:njsmyth@acsu.buffalo.edu) or 716-645-3381 x232.

## 2001 Awards & Recognitions

David Wilson, Chair

Each year at the Annual EMDRIA Conference EMDRIA presents Awards for outstanding contribution in three areas: Research, Service, and Innovation. This year Nancy Smyth presented the Award for Outstanding Research in EMDR to Louise Maxfield. Curt Rouanzoin presented the Award for Outstanding Service In EMDR to Nancy Smyth. Ricky Greenwald presented the Award for an Outstanding Innovation in EMDR to Robbie Dunton.

Following are the speeches by each presenter:

“The story is told about a large company that hired an efficiency expert to evaluate their employees and management. The expert began by interviewing the workers on the factory production floor. He asked them to give him their ideas about how to improve the efficiency and performance of the whole production operation. The workers gave some very creative ideas, but each one ended their comments by stating, ‘But before you put any of this into action—you had better check with Bob.’

Thinking that “Bob” was a supervisor or manager, the expert began to interview the next level of management employees. Each manager gave very creative ideas about how to improve production and efficiency, but each ended their comments by stating, ‘But before you put any of this into action—you had better check with Bob.’

Now, thinking that “Bob” was a member of the elite team of company officers, the expert began to interview the Board of Directors and finally the President and CEO of the company. All of these individuals offered very creative ideas to help improve efficiency and performance of the company, but each ended their comments by stating, ‘But before you put any of this into action—you had better check with Bob’.

Now very frustrated, the expert asked the President and CEO, “Sir, when I interviewed the workers on the production floor, they said that before any ideas were put into practice that I needed to check with Bob, then, the managers said that before I put any of their ideas to work that I needed to check with Bob. I interviewed the Board of Directors and even you and all of you say ‘check with Bob’. I have scoured the

employment records of this company to find a manager or director by the name of “Bob” and I cannot find anyone who meets his description”

The President and CEO just smiled and said, “That’s because Bob is the electrician that heads our maintenance crew. Before we put any of our ideas in practice, we check with him to make sure we have enough “juice” to make it work!!”

EMDRIA has its own ‘check with Bob’ (or should I say Bobette) type of person. Nancy Smyth has served us in many capacities. Often behind the scenes, making sure we can say or do some of the things we do. I have had the pleasure of her service on the Standards and Training Committee and she serves on the Research Committee.”

~Curt Rouanzoin, Ph.D.

“It’s my honor to be able to present this research award, on behalf of EMDRIA, to Louise Maxfield. For those of you who don’t know Louise, let me tell you a little bit about her. Louise is a doctoral student in clinical psychology at Lakehead University in Thunder Bay, Ontario. It’s hard for me to remember this, because Louise has already contributed as much to EMDR research as one would expect from a seasoned researcher. She also is a Registered Clinical Counselor and a Certified Trauma Specialist in private practice. In addition, she serves as Francine Shapiro’s “right hand,” helping her in both writing and research. Although she hasn’t yet finished her doctoral education, Louise has already published extensively, including an excellent study of EMDR to treat test anxiety.

But none of the above are the reasons why she’s receiving this year’s research award. Louise was chosen to receive the award for a brilliant study that she conducted, with Lee Hyer, of all the controlled research on EMDR for Posttraumatic Stress Disorder. She created a rating scale to assess the methodological quality of each EMDR study and then had independent raters rate each one. And then she examined, with regression analyses, how well the methodological quality of the study predicted EMDR’s treatment effects. While this study is still “in press,” what she found will be immensely important to those of us who have been fighting what I like to call the “EMDR Wars,” that is, the ongoing arguments with EMDR critics about the nature of the EMDR research. For those of you who have followed the ongoing debates, you’re aware that poor methodological quality has been a major explanation that we have cited in sense out of some of the studies that have not supported

EMDR’s efficacy. In particular, poor treatment fidelity has been a key bone of contention between proponents and opponents (treatment fidelity is the degree to which one knows that an intervention was implemented correctly), with critics noting that there’s no evidence to suggest that treatment fidelity is as important as we say it is. Well, Louise’s study demonstrated two very important things: (1) that the quality of a study’s research methodology was an excellent predictor of treatment outcome—in other words, in studies that were well done EMDR had a strong treatment effect, and in those that were poorly done, EMDR didn’t do well; and (2) that the best predictor of a powerful treatment effect was good treatment fidelity. For these reasons, this study will be immensely valuable for those of us fighting the EMDR Wars, as well as for those of us who are just trying to get honest skeptics to understand the problems in some of the EMDR research. I know that I personally will be mailing copies to a list of opponents and skeptics.

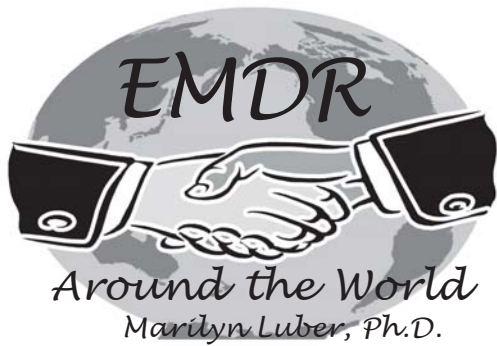
So, on behalf of EMDRIA and the EMDR scholarly community, I would like to present this award to Louise for your wonderful research. Your ability to achieve this prior to receiving your Ph.D. makes you a role model for all of us.”

~Nancy Smith, Ph.D.

“Robbie Dunton is best known for her role in the EMDR Institute but she has also made seminal contributions to the clinical repertoire for using EMDR with children and adolescents. Early in EMDR’s history, Robbie had an active practice working with children who had school-related problems such as ADHD, learning disability, or underachievement. She developed some of the basic technical repertoire and treatment approaches on which virtually all later developments were built. All of the early, and better known, pioneers of using EMDR with children learned from Robbie.

Robbie has also been extremely generous with her knowledge. She presented her treatment approach at the first EMDR conferences, and continued this until it was clear to her that others were carrying on. Then she got out of the limelight. She has also been generous behind the scenes, sharing her knowledge and expertise with others who then go on to write books, give trainings, and conduct studies. This award for clinical innovation is well-deserved and long overdue.”

~Ricky Greenwald, Psy.D.



## Argentina

Susana Tagliavini reports from Argentina that she is an advocate of EMDR and sits on the Boards of the Anxiety Disorders Association of Argentina and the Latin American Association of Traumatic Stress. Her last speaking engagement was at the Trauma International Congress where there were 700 attendees. She presented on “EMDR as a Trauma Treatment”.

## Belgium

Ludwig Cornil writes from Belgium that Marc Von Knippenburg has passed him the baton and he has begun to take over the practical organization of EMDR in Belgium. Marc retires after putting his heart into the organization in Belgium for the past seven years; he will remain part of this organization as a “senior advisor”. We owe him a great debt for all of his hard work and great spirit. EMDR-Belgie is a non-profit organization dedicated to assure the quality control of the EMDR training of mental health professionals in Belgium. The EMDR-Belgie web-site is the following: <http://www.emdr.be>. Ludwig notes that they are working closely with EMDR organizations in The Netherlands and Germany. They follow the new European model of having participants attend a follow-up day six weeks after their initial training; this format has been a great success with their trainees. Also, they insist that the participants know the basic protocol before they can attend the second part of the training. He says, “When people know their basic stuff as they attend the level 2, the learning curve for those two days goes much higher”. They are part of the EMDR-Europe’s children’s chapter and are participating in HAP-Europe. He is hoping to facilitate the French-speaking part of Belgium becoming more active in using EMDR with the help of EMDR-trained clinicians “who are motivated to make EMDR known in Belgium and have it gain its place among the established psychological movements.

## Burma

Libby Call writes in to update us on Burma. Jack McCarthy and Kathleen Allden are returning to

Burma to follow up with the group that was trained in February and traveling to refugee camps of other ethnic groups in Thailand. She says that “The curriculum will involve information about trauma, depression, major mental illness, substance abuse and domestic violence. They will also do a training for a safehouse in Chang Mai that serve women who have been trafficked for sex and suffered domestic violence”.

## Canada

Linda Stieler is pleased to announce that EMDRAC is sponsoring a Conference on October 26-27 2001 in Vancouver, British Columbia. There will be therapists and researchers from around the world presenting their “exciting, innovative ideas”. If you are interested information can be requested by contacting Judy at [emdracjudy@canada.com](mailto:emdracjudy@canada.com)

## Central and South Americas

John Hartung notes that there are on-going trainings in Ecuador, Guatemala and Mexico. “The team continues to expand with compassionate, competent people from throughout the Americas who continue to offer “life changing experiences for fun and profit, with the emphasis on fun”.

## Columbia

There are plans to return to follow –up with persons previously trained in beginning seminars at Bogota and Pereira, according to John Hartung.

## El Salvador

John Hartung writes that he –along with Ligia Piedrasanta from Guatemala, Maria Elena Lesmi from Argentina and Barbara Zelwer from the USA- conducted a HAP Project in El Salvador. The model that they will follow includes crisis intervention work, an introductory course with follow-up, an advanced seminar with follow up and other trauma techniques. This model will be taught over a period of six months or more. The first level was completed in May “with 25 bright and compassionate therapists. Participants will work with victims of earthquake and in many other settings”.

Donna Bruzzese travelled to El Salvador to help alleviate the trauma in the aftermath of Hurricane Mitch and a twelve year Civil War. She writes the following about her experience:

“Since 1992, I have been working with a small nonprofit organization, APRODHENI (The Association for the Promotion of the Human Rights of the Children of El Salvador). We have

a long-standing and deep relationship. APRODHENI invited a healing team to come to help them alleviate some of the trauma suffered by the very poor people who live in the 22 impoverished communities where they are currently working. They had chosen these communities because they have no or almost no sources of other help. We believed that we could be most effective if we used and combined our different disciplines of teaching, doing body work, and counseling.

In June Keith and Judy Beirbaum went to El Salvador as the advance members of our team. They spent 4 weeks assessing how our healing team could be most effective in the one week that all six of us would be working together. Judy and Keith also worked very hard establishing relationships with the teachers, the community leaders, the children and their parents. Games and songs were taught. Also, the children started to make pictures showing what life was like before, during, and after the earthquake. Then, they illustrated their hopes for the future. The rest of us, 2 massage therapists, another teacher, and I arrived on July 8th.

Each day we jounced along in a pickup truck, going to a different impoverished community. On the final day we met with 50 community leaders from thirteen villages. Flexibility and creativity were absolute job requirements. After building enthusiasm with songs and games, which were in themselves important because many of the children and adults hadn’t been able to laugh since the earthquake, we started to describe the symptoms that many experience in traumatic situations. The children would raise their hands when asked who had experienced nightmares, anxiety, tears, etc. These people, many of whom were still sleeping in tents, learned simple relaxation techniques. We taught the butterfly hug to approximately 500 children and 250 adults. To help them remember and help them practice some breath work, they learned to chant: “Cuando tengo sentimientos malos o dificiles, puedo aliviarme y sentirme...mejor!” (When I have bad or difficult feelings, I can help relieve the stress and feel...better). Margaret and Reyna taught the adults how to do simple, stress-relieving massage with each other and then their children. Individual massage helped everyone from traumatized children to 89-year olds. Meanwhile in another location I was doing EMDR, while Keith and Judy or Keith and Monica were having the community participate in a socio-drama which culminated in the

enthusiastic burning of “El Senor Malo,” whose effigy was stuffed full of all the disturbing and painful feelings of the children. The team also adapted other games such as “London Bridge” to help the children figure out what to do when the difficult feelings “catch them.”

I used every kind of therapy I knew: family therapy, role-play, anger management, grief work, sand-tray. The needs were limitless. Other team members would always jump in to help each other whether with translation or massage or whatever.

The Salvadorans are deeply religious. That faith was also an important part of helping the communities begin to heal. All this healing work was done under trees, in open ramadas, in the mud where a schoolhouse had once stood, and in temporary classrooms. And we received our own kind of healing from the amazingly appreciative poor who fed us and hugged us and trusted us. The very hardest part for all of us was having to leave knowing that there was still a waiting line of people needing help.

We have been invited to return again with our massage tables and our therapeutic skills. We cannot touch the desperate and worsening poverty, but we are so very privileged to help to heal some of the awful trauma undergone daily by our Salvadoran friends”.

## Finland

Soili Poijula who is responsible for the training of many practitioners in Finland is working with trauma survivors and bereaved patients several days a week while lecturing and writing. She is in the process of writing a trauma workbook with Mary Beth Williams and is hoping to go to Kosovo to make a documentary to assist in developing mental health in this war-torn country.

## France

Francois Bonnel reports that the French will soon have their own French trainer, David Servan-Schreiber. Currently, there are 6 French facilitators, a newsletter and an EMDR website: “[www.multimania.com/emdrf](http://www.multimania.com/emdrf)”.

## Germany

Arne Hofmann writes in that The EMDR-Institute Germany has been recognized as a provider of CEU’s for the medical association of the biggest region and a smaller region in Germany. As EMDR becomes more recognized, it is entering the German professional literature as a successful therapy for PTSD in a

major book on Psychodynamic Therapy and an important manual on Behavioral Therapy.

Christa Diegelmann and Margarete Isermann from the ID Institute will be offering the workshop, “Resource Focused Use of EMDR in Patients with Medical Illness” in September 2001. They also gave a paper, “PTSD symptoms in Cancer Patients” at the 11<sup>th</sup> Conference of the European Society for Psychosocial Oncology in Heidelberg and at the First World Congress on Women’s Mental Health in Berlin. They highlighted the lack of awareness of PTSD symptoms in the routine care of cancer patients. The adaptation of approaches from trauma therapy like EMDR in the treatment of cancer patients is needed. There is still a lack of research in this field. Also, they are sponsoring an EMDR training and a refresher course in Kassel in November/December, 2001 with Laurel Parnell.

Helga Matthes writes in that the German HAP organization, Humanitäres Hilfsprogramm für Notfallopfer, (HHP – the translation of HAP into German) invited their first guest to a beginning EMDR training. Xin Fang is from China and is working and studying in Germany for one year. This group has been coordinating their efforts with HAP by volunteering some of their facilitators to attend trainings in Poland. HHP is talking to mental health workers in Croatia to underwrite their EMDR training in Cologne. They are also part of a larger group of European EMDR practitioners who are in the process of constructing a European HAP Society; they project that this the birth of this society will occur at the European EMDRIA meeting in Frankfurt next year.

Mark Novy is in the process of developing a tutorial in EMDR at his Academy of Psychotherapy.

Luise Reddemann’s book, “Imagination als heilsame Kraft: Zur Behandlung von Traumafolgen mit ressourcenorientierten Verfahren (“The healing power of imagination -resource oriented psychotherapy of trauma”) was published this year in Germany. Luise is a reknowned expert in trauma and is the head of the Clinic for Psychotherapy and Psychosomatic Medicine in Bielefeld where EMDR is an important part of the treatment for the patients.

## Israel

Udi Oren writes in that Dr. Elan Kutz, Head of

Psychiatry at the Meir Hospital gave a presentation on the treatment of Acute Stress Disorder in multiple victim events such as terrorist attacks; EMDR played a central role in the description of the activity of his psychiatric ER team with the victims. He reported a 50-70% success rate using EMDR in a single session. Also, Dr. Arie Shalev, a famous trauma expert, who was not in favor of EMDR in the past, gave a talk about PTSD and Acute Stress Disorder and noted that EMDR was one of the treatments for these disorders.

The Meuhedet HMO had a beginning level training for its mental health practitioners; this was the first training in Israel that was sponsored by an institution.

In response to the continued violence in the Middle East, EMDR-Israel is forming an Israeli chapter of HAP. Several members of EMDR-Israel are pushing this project forward.

EMDR-Israel is developing a continuing education program for its members. Several workshops are planned for the coming year.

Gary Quinn reports that he and Eva Eshkol are running a group for some of the people who had been in the Versai wedding hall disaster. Their plan is to use EMDR with any of the group who finds that he/she needs more than the group debriefings.

Barbara Wizansky writes about her work with Brurit Laub with 4 children from the same family who witnessed the death of their two-year-old cousin who wandered off the sidewalk and was run over by their father. “We used a combination of drawings, the butterfly hug, and “The Maze”, a new idea which we are in the process of developing to help the children define negative and positive cognitions, and as a way of explaining the EMDR process. In their final pictures, which represented the exit from the maze, they drew the way they wanted to remember their little cousin. We installed the positive memories with the butterfly hug. We handled the debriefing by setting up a “television interview” in front of our video camera in which we asked each child to tell how he/she felt about the sessions’ work. The treatment illustrates a format slightly different from the group work done with children who have suffered natural disasters. Since this was a family matter, many emotional issues came into play. The interaction between the children was volatile and required more attention to methods of control. We intend to try the format out on the many siblings who have been traumatized by divorce or abuse by a parent”.

## Japan

Masaya Ichii is pleased to announce that there are more than 80 participants registered to learn EMDR at the beginning level and 35 for the advanced level trainings in August. After the brutal incident in Osaka where eight children were murdered in their elementary school. Masaya was contacted by a psychiatrist whose clinic is in the Osaka area. This professional asked Masaya for assistance and the Japanese team is hoping that EMDR-Network Japan can help them.

## Lebanon

Peggy Moore from New Mexico went for a visit to Lebanon in March, 2000 and spoke to the Nursing faculty, some of the Psychology staff and one of Lebanon's leading psychiatrists. There seems to be a genuine interest in EMDR and possible training. In August 2000, Therese Khalil, a Lebanese psychologist visited Peggy in Albuquerque after completing an introductory training in Austin. She spent a week consulting and watching Peggy as she used EMDR. She went back to Lebanon and continued to use EMDR in her practice. In February 2001, she completed her training in Istanbul. Recently, Peggy heard from Dr. Umaia Yaktin of the AUB nursing facility that they are in contact with Therese and would like her to give another presentation on EMDR.

## Sweden

Kerstin Bergh Johannesson sends greetings from Sweden where they continue to have a good response to EMDR trainings. In June, they had their first training for ten Supervisors at a beautiful old castle close to Uppsala. The Swedish Public Health Institute rated EMDR for children "quite good" which resulted in national public attention. Kerstin participated in a scientific program on the Public Broadcasting Station and has written some articles that have appeared in journals. A summary of the Public Health Report can be viewed at [www.sbu.se/alert](http://www.sbu.se/alert). Also, she has been elected to the Board of the European Society of Traumatic Stress Studies.

## The Netherlands

Ad de Jongh writes that the Dutch EMDR community is growing rapidly and now has almost 300 members. Facilitator Steven Meijer—with one of his patients—appeared on Dutch National Television to discuss EMDR. Recently, Peter Balde published the first Dutch EMDR book: "Met andere ogen bekeken" ("Looking with other eyes").

## United States

## Arizona

Laurie Tetreault writes that Prescott is a hotbed of EMDR activity. "Since I arrived, we now have about 10 clinicians (within the past 5 years) with L2 training and active in my study group. No one ever heard of it before then! It took a while to build some momentum, with a fair number of presentations. Now I am beginning to see some interest in certification. Who would have thought that this little, charming "territorial capital" community from the 1800's would be the home of a bunch of EMDR therapists? We've become the hub for Northern AZ and have the most active ongoing support system in the state, I would guess. Phoenix is getting more active, now that we have 2 new facilitators there with a desire to offer groups and consultation. Tucson is doing rather well too, now, offering study groups and seeking certification. We do not yet have our own regional meetings, but they may come when there are more facilitators to help coordinate it. We just send people to New Mexico! My own clinical group of 5 now has 3 fully-trained EMDR therapists, fully outfitted with equipment and zeal! We are seen as the EMDR clinic in many respects, in addition to our primary niche as a Christian practice. We are currently attempting to be recognized by the police and fire departments for first and secondary trauma treatment. I am very pleased and impressed with how the effort here has grown and the caliber of EMDR-trained clinicians that we have. We're not just a little tourist community anymore! Look out Northern California!"

## California

Andrew Leeds writes in that because the article that he and Debbie Korn wrote will not appear until January 2002, they prepared a poster for the EMDRIA conference in Austin. The EMDRIA Research Committee awarded their poster the first place award at the 2001 Conference. Andrew will give the opening address at the October 26, 2001 EMDRAC Conference in Vancouver, BC on "Strengthening Identity and Performance: Preliminary Evidence of Efficacy for Resource Development and Installation". Also, Andrew's web-site is now on-line: <http://www.AndrewLeeds.net/publications.html> where many of Andrew's contributions will be available.

## Colorado

Sandra Wilson reports that she and Bob Tinker are training the European experts in children to become EMDR trainers.

## New Jersey

Cindy Browning reports that Gina Rayfield has been collaborating with John Omaha of California

on brief intensive EMDR work with patients with Bulimic women and having "remarkable success". Cindy is working on setting up another HAP inner city training in Paterson which she hopes will take flight in September.

## New York

Mark Dworkin's paper "Integrative approaches to EMDR: Empathy, the intersubjective, and the cognitive interweave" was accepted for publication by the Journal of Psychotherapy Integration

David Grand reports that his book "EMOTIONAL HEALING AT WARP SPEED: THE POWER OF EMDR" is being released by Crown Publishing (a division of Random House) on August 21, 2001. It is written for the lay person and can be helpful to ongoing and prospective clients. He is presenting a 1/2 day at the EMDR European Conference in May. Also, he noted that Jamie Talan of Newsday wrote about David's EMDR sports work in an article called "Searching for Way to Whip Yips: EMDR probes nervous system, releasing trauma."

## Pennsylvania

Bruce Lackie reports that he gave a workshop in Florida on "Ethics, trauma and the therapists' family of origin" where EMDR "played a strong role in addressing the trauma of the therapist and ways to address the ethical dilemmas that often are the refrigerant for trauma parts of the self."

In October, look for Steve Silver and Susan Rogers' new book called "Light in the Heart of Darkness: EMDR and the treatment of war and terrorism survivors" which will be published by W.W. Norton. Steve writes, "Not just covering the use of EMDR, the book reflects their experiences around the world and those of other EMDR clinicians and addresses such issues as forming relief teams and working with international agencies".



## The Conference Corner ...

Gayla Turner,  
Conference Coordinator  
Associate Director

The 2001 EMDRIA Conference has now come and gone. We were very excited about hosting the Conference here in Austin, the Administrative Office's hometown, and it seems to have been quite a success. It is our hope that all who attended went away feeling that way too.

We implemented a few new things this year. One was the attendance monitoring for CE credits. In the past, we have used the commonly known Sign-In and Sign-Out procedure. This year we went to a scanning program, which scanned people's name badges as they entered a session and scanned them again as they left the session. We believe it streamlined the process considerably. Hopefully, we worked out most of the logistical issues this year and it will run even smoother next year.

Another new feature was the Workshop Evaluations on Scantron Forms. By using this method, it saves hundreds of hours of calculating the Workshop Evaluations for each workshop. We found that there was one thing that participants didn't like about the form – there was no area for writing in comments or suggestions. For next year, we hope to redesign the form to be able to have that area added back onto the form.

This was also our first year to hold a Pre Conference. Since this was our first year to try this, we limited each session to 150 participants. Both sessions ended up filling to capacity, so this program was definitely a success, and we will continue to offer this in San Diego next year. We hope to have even

more seating available, so that we don't have to turn as many people away as we had to this first year. This does not mean that the sessions won't close. We still encourage you to get your Conference Registration in as soon as possible to reserve seating.

As Conference Coordinator, I have to say that this Conference was the most fun to put together so far and ran the smoothest of any so far. For those of you who attended this Conference, I hope it was an enjoyable and learning experience for you. We certainly enjoyed having you all come visit Austin and hope to see you again next summer. Be sure to mark your calendars to attend next year in San Diego, California, June 20 – 23, 2002.

***Mark Your Calendars NOW for Next Year!***

***2002***

***EMDR International Association  
Conference***

*to be held in*

***San Diego, California***

*at Loews Coronado Bay Resort  
(800) 815-6397*

***June 20-23, 2002***



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