

EMDRIA NEWSLETTER

A close-up photograph of a hand holding a large, rusted metal key. A white tag is attached to the key's ring, with the word "SUCCESS" written in a stylized, cursive font. The background is a soft-focus, light-colored fabric.

SUCCESS

Planning for the Future

The EMDRIA Board finalizes ENDS Policies and looks to meet new goals established by members

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Office Hours

Monday - Thursday, 8am to 5pm CT

Friday, 8am to 4pm CT

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MARCH 2011

Featured Articles

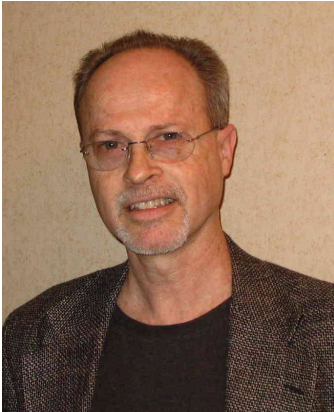
- 3 **PRESIDENT'S MESSAGE**
Uri Bergmann, Ph.D.
- 5 **EXECUTIVE DIRECTOR'S MESSAGE**
Scott Blech, CAE
- 6 **EMDRIA FOUNDATION PRESIDENT'S MESSAGE**
Wendy Freitag, Ph.D.
- 8 **THE CONFERENCE CORNER**
Paula Camacho
- 11 **EMDR HAP: HAP in Haiti: An Interim Report**
Robert Gelbach, Ph.D.
- 12 **IN THE SPOTLIGHT: JUDITH BOEL**
Marilyn Lubber, Ph.D.
- 14 **RECENT ARTICLES ON EMDR**
Andrew Leeds, Ph.D.
- 22 **EMDR AROUND THE WORLD**
Marilyn Lubber, Ph.D.

Announcements & Information

- 4 **EMDRIA ANNOUNCEMENTS**
- 7 **EMDRIA FOUNDATION UPDATE**
- 10 **JOURNAL CALL FOR PAPERS**
Louise Maxfield, Ph.D., CPsych
- 25 **EMDRIA SIG REPORTS & UPDATES**
- 26 **EMDRIA CREDIT OPPORTUNITIES**
- 27 **REGIONAL MEETING SCHEDULE**
- 28 **WELCOME TO NEW EMDRIA MEMBERS**

President's Message

From the Board Room



BY URI BERGMANN, PH.D.
EMDRIA PRESIDENT

It is my honor and pleasure to now serve as your President. My journey to this point has been wonderfully strange and, somewhat, beyond belief. For the past 21 years, I have been so fortunate and privileged as to have discovered EMDR, been part of the EMDR Institute, the EMDRIA Board of Directors,

and the Journal of EMDR Practice and Research. These privileges are solely the result of Francine Shapiro's discovery and of the seeds of the EMDR community that she planted, nourished and allowed to grow and flourish.

From the outset, EMDR has been under constant attack, aimed at its destruction. It has been Francine, the EMDR Institute, EMDRIA and our Journal that have not only kept it alive, but strong and flourishing. In addition, despite the impact of our economic down turn, I am happy to say that EMDRIA has actually grown in the past two years. We are proud to be a major leader in bringing EMDR into the world.

In 2003, the Board began a program of restructuring EMDRIA's governance model, establishing policies that strengthened the organization, brought consistency to our educational programs and professional development, as well as to our internal and external communications. This model of governance clearly separated the roles of the Board and the Administration and moved the majority of the committees from Board control to Administrative control. Consequently, the function of the Board was to develop policies to guide EMDRIA's functioning and growth (ENDS), while the function of Administration was to execute these policies, utilizing proscriptive guidelines (MEANS). In the past year the Board has thoroughly reviewed our previous ENDS policies and has rewritten, reorganized and revised them. You can find them in the Members Area of our website, www.emdria.org.

It is my hope that EMDRIA will continue to grow and that you will join us in that endeavor with your help. As your President, I want to recognize all volunteers, past and present, for their contributions and encourage other members who have not, as yet, volunteered their time to consider joining us.

On behalf of the Board of Directors of EMDRIA and its membership, I thank you for all that you have given and continue to give. ❖

SAVE THE DATE

THE LARGEST AND MOST ANTICIPATED EMDR EVENT IN THE UNITED STATES!

MARK YOUR CALENDARS FOR THE UPCOMING EMDRIA CONFERENCE
AUGUST 25-28
"HEALING THE MANY FACES OF TRAUMA"
HYATT REGENCY ORANGE COUNTY • ANAHEIM, CALIFORNIA
WWW.EMDRIACONFERENCE.COM

The poster features a grayscale image of a city skyline with a Ferris wheel and palm trees in the foreground. The text is overlaid on the image in various fonts and sizes.

ANNOUNCEMENTS

Thank You...

We would like to thank you for renewing your EMDRIA membership for 2011 and would like to welcome all of our new EMDRIA members!

2011 Call for Posters...

We are soliciting Abstracts for Poster Sessions for the 2011 EMDRIA Conference. The deadline for submissions is May 1, 2011! An award for the best poster will be given. If you would like more information on Poster Sessions and/or to receive submission information, please email or call Paula Camacho, pcamacho@emdria.org or Toll Free at 866.451.5200 or 512.451.5200.

Online Voting for Upcoming Board of Directors Election...

The online voting system used in the last two Elections will be used again this year to keep with our "Going Green" initiative. When voting opens in a couple of months, please remember that "Your Vote Counts" and cast your vote online. We'll send out an email to let you know when it's time to vote, along with all the pertinent information you'll need. So, please make sure that we have your most current email address. For those of you without email addresses, a paper ballot will be sent to you.

Do You Know an Outstanding Regional Coordinator?

The Regional Coordinating Committee is accepting nominations until May 1, 2011 for Outstanding Regional Coordinator for 2011. If you know that special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributions to the Regional Coordination effort over the past year, and you would like to nominate them, please send a paragraph describing why they should be selected to Laura Chism at Ichism@emdria.org before May 1, 2011.

Call for Awards Nominations...

Did you know...that as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. The EMDRIA Board Leadership Committee is soliciting nominations by May 1, 2011 for the following awards: Outstanding Service & Contribution to EMDRIA and the Francine Shapiro Award, that will be presented at this year's Conference in Orange County, CA. Please visit the EMDRIA Awards Criteria page on our website to review the general criteria, the specific criteria for each award and previous award winners. If you would like to nominate someone, please email Gayla Turner at gturner@emdria.org before May 11, 2011. The nomination should include the award name and the reasons why that person should receive the award.

Foundation Board Sets Fundraising Goal of \$125,000...

Please help the EMDRIA Foundation Board reach its goal of raising \$125,000 this year. As of February 22nd, the EMDRIA Foundation has raised \$11,564. Please take a moment to donate! Remember, your donations are tax-deductible! Please visit the Foundation website (www.emdriafoundation.org) for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDRIA Foundation.

EMDR Europe Conference...

EMDR Europe will hold its 12th Annual EMDR European Conference in Vienna from June 3-5. For more information, visit www.emdr2011.eu/.

EMDRIA Office Closed...

Please be aware that the EMDRIA office will be closed on May 30th for Memorial Day.

New EMDRIA Staff Member...

We are pleased to introduce Paula Camacho as the newest member of the EMDRIA team. Paula joins us as our Event Planner after four years as Chamber Relations and Event Coordinator with the Texas Association of Mexican-American Chambers of Commerce. She was responsible for overseeing all facets of the annual state convention, annual and quarterly meetings, regional seminars and an annual legislative awards gala. Paula also coordinated activities with the 24 Hispanic Chambers of Commerce throughout the state. She has a BBA in marketing and international business from the University of Texas at El Paso.

Executive Director's Message

An important principle in membership organizations is that the leadership listens to the members. EMDRIA members elect the Board of Directors which governs the association and hires the Executive Director. Members serve as volunteers on committees that develop conference programs, enforce standards resulting from Board policies, and help implement plans so that EMDRIA can reach its goals.

In December of last year the EMDRIA Board finalized a major revision of the association's long-term goals or Ends policies (see President's Message). The goals were re-written with the input of the members who responded to a survey that identified their priorities. Now that the goals are established, the Executive Director assisted by administrative committees will develop a strategic plan to reach those goals. Some of these goals are not new and progress has been made toward them. The goals are in three critical areas: education, research and public relations/marketing/collaboration.

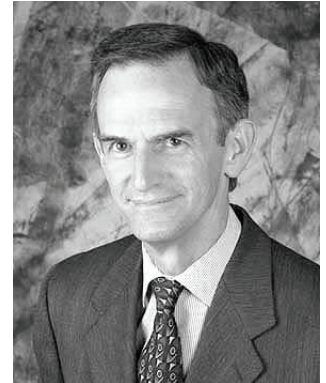
As you receive these goals (see Ends policies in the Members Area of the website), we encourage you to volunteer to assist in the EMDRIA plans to meet these goals; send me an email (sblech@emdria.org) or complete and return a volunteer form. We are especially looking for those who have completed research in EMDR to assist our efforts to support EMDR research. Research also is being supported by the EMDRIA Foundation which is providing financial support by awarding research grants; applicants who submitted proposals for grant money by February 1st currently are in the review process.

The 2011 Conference program was developed by the Conference Committee in response to feedback from members and attendees. Workshops will feature new topics and presenters looking at the "Healing the Many Faces of Trauma". For more details about the Conference, see "Conference Corner" in this Newsletter and check the EMDRIA website. Dr. Paul Miller who presented a highly-acclaimed cutting edge workshop on EMDR and schizophrenia at the 2010 Conference will be giving a plenary address and a workshop. And Dr. Francine Shapiro and Dr. Dan Siegel, author of *The Mindful Therapist*, will be returning to the EMDRIA stage to give the other plenary addresses.

EMDR faces interesting challenges this year. Discussions with other EMDR associations worldwide will continue in an effort to establish international EMDR standards. Also, the Standards & Training Committee has an ongoing review of all training and Certification requirements to make sure they reflect Board policy; included is a review of consultation requirements for Basic EMDR Training.

The review of EMDR as an evidence-based therapy by The Substance Abuse & Mental Health Services Administration (SAMHSA) should be completed in the next few months; this will be a very important decision for the future use of

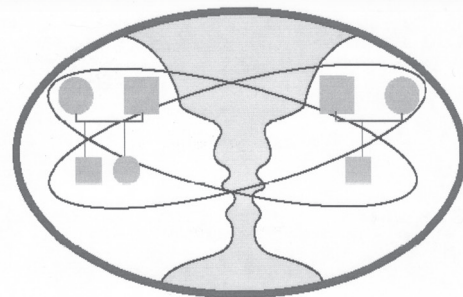
BY SCOTT BLECH, CAE
EXECUTIVE DIRECTOR



EMDR to treat those with substance abuse. In an effort to further the acceptance of EMDR, the Marketing and Communications Committee is developing presentations for specialized audiences and the Membership Committee is looking at ways to gain more exposure of EMDR to University faculty and students. EMDRIA also will be identifying opportunities to collaborate with other professional mental health associations.

And, finally, EMDRIA has been redesigning its website to make it easier for clinicians and the public to access information. A new member database will allow for more information about clinicians to be available to the public; this will include specialties and populations served. Specific communications about this will be sent to each member.

Thank you for being a member of EMDRIA and for healing those in need of EMDR treatment. ❖



Barry Litt, MFT
EMDRIA Approved Consultant
AAMFT Approved Supervisor
barrylittmft.com

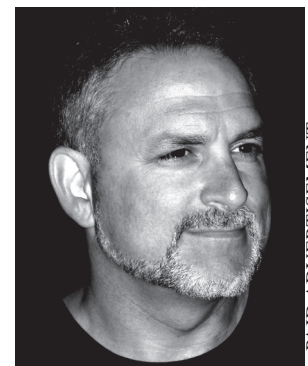
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BY WENDY FREITAG, Ph.D.
EMDRIA FOUNDATION
PRESIDENT

As we closed 2010, the EMDRIA Foundation Board did so with a grateful heart. Our very ambitious 2010 goal was not only met but exceeded, with a total raised of \$104,816. It is such a testament to the dedication of the EMDR community. I also believe it surely exemplifies

our deep appreciation to Francine Shapiro and her discovery of EMDR. As I wrote in one of my previous articles, I can't imagine my life without EMDR, both professionally and personally. Serving on the Board and fulfilling the mission is only a small way to 'give back.' Yet this commitment pales in comparison to how EMDR has enriched my life, not to mention the healing for my clients. I know many of you agree with me and hence, your financial support.

First, I want to welcome Katy Murray, LICSW, BCD to the EMDRIA Foundation Board. Katy is well-known to the

EMDR community with her many faces of service over the years. Katy's creativity, energy and passion for our mission offer many positive advantages and she will be a great addition and asset to the Board. Her fundraising ideas and enthusiasm are infectious and will be a true benefit to the workings of the Foundation. Welcome Katy!

What is in store for the EMDRIA Foundation in 2011?

Yes, of course, we will continue our fundraising efforts—it is the only way for us to fulfill the mission. The Board has set an ambitious fundraising goal of \$125,000 for 2011. So, yes, you will be hearing from us about the many ways you can continue to be part of the solution. Likewise the Board is feverishly pursuing other sources of funding. Raising money is the primary function of the Foundation. At the same time, the Board must consider the most fiscally responsible way to manage the funds, both providing grants as well as investing a portion to secure the Foundation's future. Our mission is to support high quality research. It appears that supporting quality research comes in different forms. The Board is learning that direct funding of research only scratches the surface of what is needed.

Continued on page 30...

Andrew M. Leeds

Sonoma Psychotherapy Training Institute

Andrew M. Leeds PhD Director

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EMDRIA Foundation

The EMDRIA Foundation is a nonprofit, charitable organization created to further the development of EMDR through research and the education of mental health professionals and the public.

The Foundation's goals are to support:

- Excellence in the research, theory, training, practice and evolution of EMDR;
- Integration (of EMDR) with current psychotherapy research;
- Accurate information regarding EMDR being universally available.

The Foundation is funded by voluntary contributions from EMDRIA members and other supporters of EMDR. The Foundation is recognized by the IRS to be exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code. Contributions are tax deductible under section 170 of the Code. Contributions can be made by mailing a check made payable to:

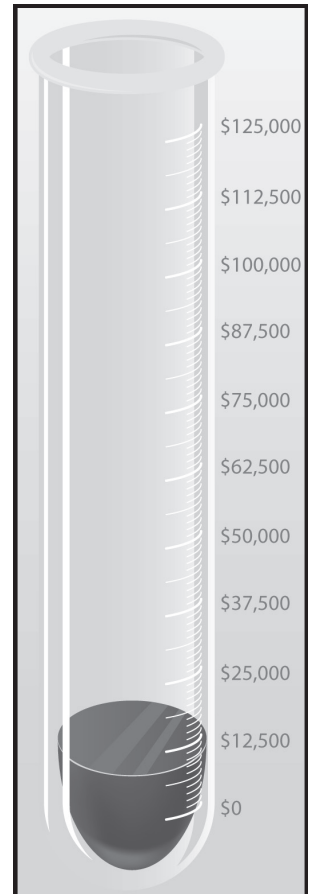
EMDRIA Foundation
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785

Contributions can also be made online at

www.emdriafoundation.org

2011 Fundraising Goal \$125,000

Please help the EMDRIA Foundation Board reach its goal of raising \$125,000 by the end of 2011. Take a moment to donate now! Remember, your donations are tax-deductible! Please check the EMDRIA Foundation webpage for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDRIA Foundation.



\$11,564
(as of February 22nd)

Recent Dedicated Donations

- Susie Symons made a donation in memory of Diane Manahan.
- Nancy Postow and Deborah Smith-Blackmer made a donation in honor of Barbara Hensley and her special birthday.
- Robbie Dunton and Francine Shapiro made a donation in honor of Barbara Hensley's birthday.
- Katy Murray made a donation in honor of the dedication and heartfelt work of the present and past members of EMDRIA Standards & Training Committee.
- Roxann Hassett made a donation in honor of the dedication and heartfelt work of the present and past members of EMDRIA Standards & Training Committee.
- Nancy Bravman made a donation in memory of Muriel Bravman.
- Barbara Hensley made a donation in honor of Robbie Dunton's birthday.
- Nancy Errebo made a donation in memory of John Errebo.
- Teresa Guajardo made a donation in honor of Katy Murray.
- Karen Kleiner made a donation in memory of Michele Jungery, Ph.D.
- Virginia M. Weigel made a donation in honor of Richard G. Weigel.
- Elizabeth Prince made a donation in memory of George Mullancy who passed away on 11/15/2010.



The Conference Corner

BY PAULA CAMACHO, EVENT PLANNER

Come and be a part of the largest and most anticipated EMDR event in the United States! The 2011 EMDRIA Conference: Healing the Many Faces of Trauma will be held in Orange County, California, August 25th – 28th.

We are pleased to announce our Conference Plenary and Pre-Conference speakers:

PLENARY SPEAKERS

Francine Shapiro, Ph.D.
Paul Miller, M.D.
Daniel Siegel, M.D.

PRE-CONFERENCE SPEAKERS

Deborah Korn, Psy.D.
Curt Rouanzoin, Ph.D.
Julie Stowasser, M.S.
Susan Brown, LCSW, BCD
Jamie Zabukovec, Psy.D.

By the time you read this, the Conference program schedule will be finalized. The Conference brochure is scheduled to be mailed in April and will include all the information you will need to know about the schedule and events.

Information will be available on our Conference website www.EMDRIAConference.com.

The Conference will be held in beautiful Orange County, California, at the Hyatt Regency Orange County. Fresh from a \$25 million renovation, this hotel has easy access to the Honda Center, Angels Stadium, area beaches, shopping outlets, and free shuttle to/from Disneyland® Resort. Popularly recognized as The OC, this world-class visitor destination is the center of Southern California fun, attracting more than 40 million visitors each year! Please take a few minutes to explore this amazing area at www.anaheimoc.org.

We have secured a group rate at the Hyatt Regency Orange County of \$151/single/double for EMDRIA Conference attendees. It's not too early to book your reservation. Give them a call at 714.750.1234 and ask for the EMDRIA rate!

Join us in Orange County for another great EMDRIA Conference! Please visit the Conference webpage for more information at www.EMDRIAConference.com.

If you have any questions, please contact me at pcamacho@emdria.org or Toll Free at 866.451.5200 or 512.451.5200. ❖

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Omega Institute, Rhinebeck, NY October 9-14, 2011

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EMOTIONAL HEALING AT WARP SPEED: THE POWER OF EMDR Book by David Grand Ph.D.

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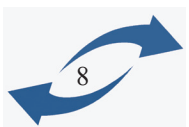
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Dear EMDR Colleagues,

EMDR brings healing to families, to kids, to adults. We know this. Our clients know this. They are often the most enthusiastic to spread the word about EMDR, but it's a little awkward for them to explain EMDR. Their friends and family members often don't "get it." One of my clients, thrilled with her progress, said, "I want to wave a flag for EMDR!"

The FREE Spread the Word e-newsletter is an easy way to wave a flag and help others understand the simple fact: EMDR can do amazing things for people's lives. Our EMDR newsletter is true stories from clients about "how EMDR helped me".

Here are two ways you can help your clients "wave a flag for EMDR".

1. Invite them to subscribe to our FREE quarterly EMDR newsletter.

Go to MyTraumaTherapy.com and click on "Sign up for Spread the Word newsletter". Encourage them to forward it to their friends and loved ones.

2. For clients who rave about their EMDR results, invite them to share their story

confidentially for our newsletter. Tech-savvy people can go to mytraumatherapy.com/blog and post their blog confidentially. Others can simply email us their story on the MyTraumaTherapy.com website. Your client should include their initials, age and city. Their confidentiality will always be protected.

We want to make it easy for you to help us make EMDR better known in your community. You can download a short information sheet to print out and leave in your waiting room for clients to learn about our EMDR newsletter. Just go to MyTraumaTherapy.com/handout.

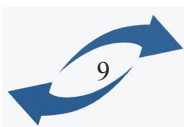
Our mission is to raise public awareness of EMDR, currently estimated at 15%, to an awareness level of 80%. This ambitious dream is truly possible with your support. Help us reach our goal by subscribing to our newsletter and inviting others to subscribe too.

Join our inspired team of therapists, clients and friends and help us "Spread the Word" about EMDR.

Dana Terrell
Dana Terrell, LCSW, AC



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JOURNAL OF EMDR PRACTICE AND RESEARCH

CALL FOR PAPERS

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

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

Manuscript Preparation and Submission

Authors should prepare manuscripts according to the Publication Manual of the American Psychological Association (5th Edition). Manuscripts are generally expected to be 20-25 pages in length. Brief reports will be 10-15 pages in length. All instructions for preparation of the manuscript are contained in the Instructions for Authors on the soon-to-established EMDRIA Journal web page. Manuscripts should be submitted by e-mail, in English, in MS Word format to me (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

BY ROBERT GELBACH, PH.D.
EXECUTIVE DIRECTOR, EMDR HAP

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

When the earthquake struck Haiti in January 2010, a nation weakened by generations of misgovernment and failed efforts at reform was devastated. Already suffering from low economic productivity, limited education, health care and public services, fragile infrastructure, and degraded environment, Haiti didn't have the systems that safeguard a society and ensure resilience. The quake brought widespread death and injury. The high proportions of young and orphaned Haitians were especially hard hit.

World media focused intensely on Haiti for months; NGO's streamed in or expanded their programs. Foreign governments pledged massive amounts of aid for recovery and reconstruction.

But this is not a story about miraculous recovery. Haiti still languishes; the media has moved on to new breaking stories, and promised aid is only dribbling in. And yet HAP has an encouraging story to tell.

The earliest EMDR clinicians on the scene made an immediate impact. One Haitian woman – a physician – had a nine year-old daughter and wanted to transfer her to a new school, but decided to wait until the next year so as not to separate her from her school friends. The earthquake destroyed the school and killed the child and her friends. The mother volunteered at an emergency medical facility but was beset with irrational feelings of responsibility. After

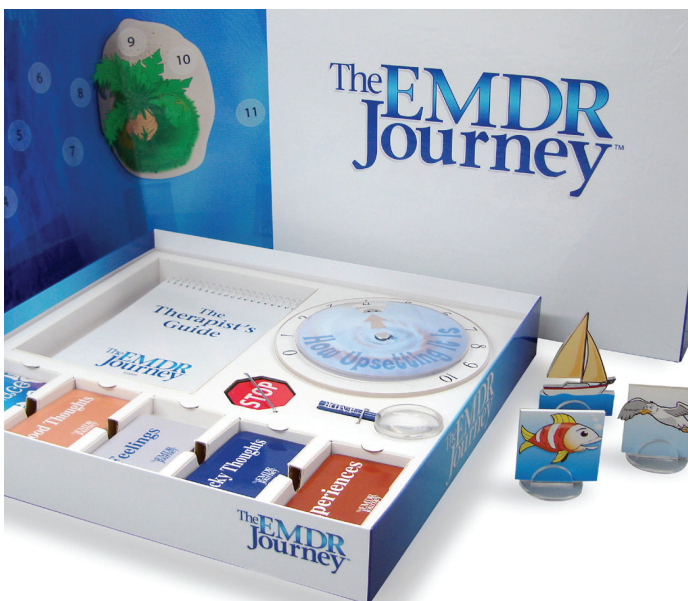
brief treatment, she retrieved fond memories of her child and imagined her saying, "Do not worry Mother. I am with my friends."

Early last year, US HAP began to forge a partnership with HAP France, HAP Belgium and CRISP, the Center for Social and Psychological Research and Services at the State University of Haiti. Having been dealt unprecedented numbers of lemons by a harsh fate, the faculty at CRISP have resolved to make lemonade by creating a new generation of mental health clinicians for Haiti. CRISP graduate students saw the efficacy of EMDR when they met HAP volunteers at emergency relief centers. Now there is a three-year agreement for the HAP partners to train CRISP faculty and graduate students in EMDR.

Already we have provided two workshops, on traumatology and EMDR level I, to 28 clinicians working daily in clinics and hospitals all over the country. Our French- and Creole-speaking trainer, Elfrun Magloire, and her colleagues from Switzerland and Canada are teaching EMDR level II in March. They are also providing consultation to the participants.

One of our participants wrote recently of the "incredible effectiveness" of EMDR with his young patients at a hospital specializing in treating amputees. Marjory Mathieu, at the State University, already has a second cohort of clinicians waiting for EMDR training. And we hope to begin soon bringing specialty training to the new EMDR therapists – focusing on children, addictions, complex trauma, and recent trauma response.

The great good fortune of HAP is the commitment and dedication of a plentiful supply of skilled therapists ready to volunteer for training teams in Haiti, in Africa and the Middle East. The greater challenge is raising the funds to send them and support them and their students during the training events. Thanks to the generosity of the EMDR communities in the US, France and Belgium, we have made an excellent start in Haiti. And we will need more financial support to continue over the next two years. We are seeking many sources to help with that, but donations to HAP's International Trauma Response fund remain the indispensable key to success. ❖



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Although we know Judith as a Canadian, actually, she is an American by birth. She was born in Minnesota to Mervin and Nora Clark who met while he visited his cousins. He was entranced with their neighbor - a beautiful radio show pianist and fashion model who later became his wife. With her mother, Judith joined her father who was the Military Governor in Hesse, Germany after World War II. During her three years abroad, Judith appreciated the diversity of experience, language and culture to which she was exposed.

After her father left public life, they moved to Coconut Grove, FL. Due to many family hardships, Judith grew up in African-American neighborhoods that educated her in the real meaning of community. When times were bleak, neighbors

By 1983, they returned to Salt Island in Canada and she began to work toward her doctorate at the University of BC. She was the recipient of the Wilda Adams Memorial Scholarship and subsequently received full fellowships during her studies.

Her dissertation involved helping autistic children sleep and/or rest at night. Since they were non-verbal, she found a way to help their brain waves operate more slowly by activating REM sleep activity. She did this by securing a bar above subjects' beds with lights on each end that alternated on/off. The children enjoyed watching the lights and eventually became quieter and relaxed more in bed. Data was taken by on/off switches under children's mattresses to indicate

IN THE SPOTLIGHT: BY MARILYN LUBER, Ph.D. JUDITH BOEL

came to her assistance and Judith has carried these lessons forward. She married at 17 and had three children. During this time, she became a Methodist Pastor – the first and youngest woman to do so. In 1979, she quit the Methodist Church because of Civil Rights issues. Eventually, because of love and politics, she moved her heart and her home to Canada.

Judith showed an aptitude for learning and began college on a full scholarship. As she needed to earn a living, she decided to become a teacher. In 1966, she returned to the University of Miami and received a BA in Speech and Hearing Therapy. In 1967, she earned an M. ED. in Special Education, graduating Magna Cum Laude. She made recordings for the blind and tutored other students to make ends meet. After graduating, she taught in a high-school setting with severely traumatized students.



Once in Canada, she was unable to get a teaching job so she worked as an aide for autistic children. She audited the equivalent of a second MA in Counseling between 1974 and 1976 at Antioch's Campus in British Columbia (BC). She also started a small private counseling practice. In 1979, she and her husband moved to Portland so that he could become a Naturopath. She was hired as a teacher of autistic children and later became teacher-manager of several classrooms. While in Portland, she studied American Sign Language and remedial teaching methods, as well as American free-style karate.

how much the children moved around. A computer was compiling the data in another room of the house so that no human observers were necessary. Although her pilot project was successful, she was unable to get funding, and, did not finish her doctorate.

In 1985, she did qualify and register as a school psychologist. The Vancouver School Board recruited her that year to work with under-served gifted children who were from "the wrong side of the tracks." She also had a private practice for women who had been beaten and sexually abused and completed a two-year training program in Bowen Family Systems Therapy.

In 1992, when her stepson was doing well, she decided to travel around the world on \$15 per day. She belonged to a group of Vancouver women who had been asked to

help women's groups in Croatia. As part of her travels, she went into the former Yugoslavia during the 'civil wars' and helped train the social workers who worked with rape camp survivors. The lessons she learned about PTSD in the field were worth more than any university education.

Judith discovered EMDR in 1996 from a friend who also worked with severely traumatized clients. As soon as she completed the training, she got involved full force! Her work with her first client, who was dying of cancer, is recorded in the book, Dreamcatcher by Beth Hill, published in 1997.

She first heard about EMDR HAP from Steve Silver after hearing Jean Silver's poem she had written about her

husband's work in Sarajevo with HAP after the atrocities. Because of her own experiences, she was touched by Jean's poem and called Steve up after hearing about an earthquake in Mexico and wanting to go to help. Steve's reply was "Nothing is stopping you from going!" And nothing did! Judith joined Nacho Jarero and Luci Artigas' team. This is the group responsible for the Butterfly Hug and Judith's contribution was to include drawings. The protocol that came out of this experience is used around the world to work with survivors of man-made or natural disasters.

In 1997, she became a school trustee for her school district in Salt Island and ran successfully three times until she decided to retire and spend more time in warmer climates.

In 1999, she joined the EMDR HAP Board of Directors. By then, she was an EMDRIA Approved Consultant and an EMDR Institute Facilitator. She was on the EMDR HAP Board for eight years and the President of EMDR HAP for 4 years. Judith was impressed with the many practitioners who volunteered, the fine leadership and enormous growth that occurred. She also was elected to the EMDRIA Board in 2002. She found that her Salt Island School Board experience was helpful in understanding her role in this new Board. She was Chair of the Membership Committee and interested in diversifying the membership. In the beginning, there was some rivalry between EMDRIA and EMDR HAP while these new organizations were figuring out their missions and their roles. Judith thought it important to encourage cooperation between them. As she was on both the EMDR HAP and EMDRIA Boards concurrently, she felt she helped support the organizations cooperate.

She became a HAP trainer in 2004 and her training took her to Camp Pendleton, the Marine Base in San Diego. She was inspired by Trainer Susan Rogers, and Facilitator A.J. Popky. As a former 'Army Brat,' she was proud to help the American Military. She was also motivated by help she received from Roy Kiessling.

In 2007, Judith was the trainer for the first HAP training in Vancouver, BC for the BC Coalition of Violence Prevention Centers. Twenty-six women from all over BC were trained and given ongoing consultation. In 2009, the EMDR Association of Canada gave her an Honorary Lifetime Membership for her contributions in the field.

After the tsunami (12/26/2004), Judith was the trainer for the HAP team that went to India in 2005 and 2006 for a month in the spring and fall of both years. The following year, she went to the Philippines to train mental health professionals from a Social Service Agency, as well as clinicians at the University of San Tomas in Manila.

In 2010, she went to Chengdu in Szechuan Province, China where 32 practitioners completed the training under her leadership. Among the students was Dr. Liu,

the first psychiatrist to recognize PTSD in China after the Cultural Revolution. The Chinese trainees were dedicated, exceptional workers with great humor. The timing of the training was serendipitous as there were floods soon after in the same nearby area where severe earthquakes had occurred 2 years prior, with great loss of life and injuries.

Judith would like to say the following to the EMDR Community:

"Keep the faith. Stay true to the protocol. Don't be scared by your client's emotional reactions. Consult. Try to get enough dosage. Work on your own stuff if you start to get scared of

"I hope that people would consider finding a way to get a number of low fee patients, because they will be the best clients you have. They will be so glad to get an opportunity of affordable good therapy that they will go out and make a difference in the world."

your client's stuff. I hope that people would consider – depending on the funding structure you have to work with – finding a way to get a number of low fee patients because they will be the best clients you have. They will be so glad to get an opportunity of affordable good therapy that they will go out and make a difference in the world. It is the best way to stop the cycle of domestic abuse,

violence and incest. To get affordable therapy into the system, think systemically. If everybody took only two low fee patients, it would make a difference."

Judith is also a singer. She grew up with the joy of hearing her grandmother sing beautiful Norwegian songs while doing her housework or hearing her mother "singing away the blues" at the piano when the family faced difficulties. As a result, vocal music has been a joyful, inspiring and healing part of Judith's life. Whether she was singing in her church choir as a child, for her children during their car trips, for her mentally handicapped students, at political rallies in the 1960's, on street corners as a street musician, music has been Judith's ally in helping her through difficult times and communicating what she believes to be important to others. It also has been a way to connect with some of her clients in a way that is profoundly meaningful and relevant for both the client and the therapist.

Judith is a published poet. She will go to Buenos Aires for two months this year where she plans to dance the tango. She is an avid practitioner of Chi Kung and enjoys sharing her knowledge wherever she is. She works out in the gym, rides her bike, reads in English and Spanish and belongs to a Reader's Theater group.

Currently, she lives part-time on the West Coast of Mexico where she is "into health foods, fiestas and moving humbly." She is also a standup comic and is occasionally found in one of the restaurants holding forth about her travels. She is always available to help out if someone needs assistance. As Judith says, "In the end, the love you take, is equal to the love you make." We are all grateful for the love and help that she has given all of us in the EMDR community. ❖

RECENT ARTICLES on EMDR

BY ANDREW M. 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 related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: aleeds@theLeeds.net.

Note: a comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: <http://www.trauma-pages.com/s/emdr-refs.php>. Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=18>

Broom, & Brian, C. (2010). A reappraisal of the role of 'mindbody' factors in chronic urticaria. *Postgraduate Medical Journal*, 86(1016), 365. doi:10.1136/pgmj.2009.096446

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ABSTRACT Chronic spontaneous urticaria (CSU) is a very common skin condition that causes considerable suffering and is often poorly responsive to drug treatment regimens. Most clinicians accept that multiple factors play a role in the aetiology of CSU, but there is a widespread reluctance to accept a significant role for 'mindbody' factors, despite a large number of clinical reports and studies over many decades suggesting their relevance. This reluctance has multiple origins. A primary influence is the flawed dualistic model of mind and body relatedness underpinning much of modern medical care. In this view, if a pathophysiological mechanism can be discerned, then 'mind' factors can be largely ignored. Recent evidence demonstrating intimate structural and functional relations between peripheral nerves and mast cells, and local skin secretion of mast cell-influencing neuropeptides by nerves, provides an argument for discarding old 'organic' and dualistic conceptualisations of CSU. A sound, integrative, multifactorial approach requires a unitive 'mindbody' model in which physical and subjective dimensions of personhood are seen as coexisting and equally deserving of exploration and management. Another influence is the tendency for 'psychosomatic' research studies in CSU to focus on patient experience using broad group-based diagnostic categories, such as anxiety and depressive disorders, and generic measures of stress. Two case examples are given, illustrating that CSU arises in relation to highly individual and relevant 'stories', which would not usually be picked up by these generic measures. It is suggested that an appropriate 'mindbody' management programme leading to good clinical outcomes for CSU is dependent on clinicians discerning unique patient 'stories'. Finally, a lack of formal studies comparing drug and 'mindbody' treatment outcomes will continue to negatively influence the adoption of 'mindbody' approaches in CSU. There is an urgent need for properly structured comparative studies, and the essential elements of a suitable 'mindbody' approach appropriate to such research are briefly outlined.



Carinci, A. J., Mehta, P., & Christo, P. J. (2010). Chronic pain in torture victims. *Current Pain and Headache Reports*, 14(2), 73-79.

Adam J. Carinci, Division of Pain Medicine, Critical Care and Pain Medicine, Massachusetts General Hospital, Harvard Medical School, 15 Parkman St, Boston MA, 02114, USA. <acarinci@partners.org>

ABSTRACT Torture is widely practiced throughout the world. Recent studies indicate that 50% of all countries, including 79% of the G-20 countries, continue to practice systematic torture despite a universal ban. It is well known that torture has numerous physical, psychological, and pain-related sequelae that can inflict a devastating and enduring burden on its victims. Health care professionals, particularly those who specialize in the treatment of chronic pain, have an obligation to better understand the physical and psychological effects of torture. This review highlights the epidemiology, classification, pain sequelae, and clinical treatment guidelines of torture victims. In addition, the role of pharmacologic and psychologic interventions is explored in the context of rehabilitation.



Crumlish, & Niall. (2010). Post-Traumatic stress disorder: Present and future. *Irish Journal of Psychological Medicine*.

Niall Crumlish, Department of Psychiatry, TCD, Jonathan Swift Clinic, St. James's Hospital, Dublin, Ireland, 8, <niall.crumlish@tcd.ie>

ABSTRACT Post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) differ from almost every other psychiatric diagnosis in that they may only be diagnosed with reference to an aetiological event - an external traumatic stressor. ASD occurs immediately after the stressor and is comparatively short-lived, while PTSD is a prolonged abnormal response that may take months to develop. According to the DSM-IV, the stressor leading to PTSD or ASD may be (1) experienced directly, (2) witnessed, or (3) experienced by others and subsequently learned about. There are several replicated neuroimaging findings in PTSD. Probably most consistently, bilateral hippocampal volume in adults, but not children, is reduced. The first line treatment of PTSD, according to the National Institute for Clinical Excellence (NICE), is psychological therapy. Trauma-focused CBT (TF-CBT) and eye movement desensitization and reprocessing (EMDR) were the treatments

of choice in these guidelines. It should be noted the proposed revision of diagnostic criteria for the DSM-V does not indicate any fundamental alterations to the diagnosis, other, arguably, than the removal of criterion A2, removing the requirement for "fear, helplessness or horror". facilitating healing from trauma with IDD clients.



Cohen, J. A., Bukstein, O., Walter, H., Benson, R. S., Chrisman, A., Farchione, T. R., et al. (2010). Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder [Abstract]. *J Am Acad Child Adolesc Psychiatry*, 49(4), 414-430.

Full text available at: http://www.aacap.org/galleries/PracticeParameters/JAACAP_PTSD_2010.pdf

ABSTRACT This Practice Parameter reviews the evidence from research and clinical experience and highlights significant advances in the assessment and treatment of posttraumatic stress disorder since the previous Parameter was published in 1998. It highlights the importance of early identification of posttraumatic stress disorder, the importance of gathering information from parents and children, and the assessment and treatment of comorbid disorders. It presents evidence to support trauma-focused psychotherapy, medications, and a combination of interventions in a multimodal approach.



Cukor, J., Olden, M., Lee, F., & Difede, J. (2010). Evidence-Based treatments for PTSD, new directions, and special

challenges. *Annals of the New York Academy of Sciences*, 1208, 82-9. doi:10.1111/j.1749-6632.2010.05793.x

Judith Cukor, Department of Psychiatry, Weill Cornell Medical College of Cornell University, New York, New York 10065, USA. <juc2010@med.cornell.edu>

ABSTRACT This paper provides a current review of existing evidence-based treatments for posttraumatic stress disorder (PTSD), with a description of psychopharmacologic options, prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing, especially as they pertain to military populations. It further offers a brief summary of promising treatments with a developing evidence base, encompassing both psychotherapy and pharmacotherapy. Finally, challenges to the treatment of PTSD are summarized and future directions suggested.



Engelhard, I. M., van Uijen, S. L., & van den Hout, M. A. (2010). The impact of taxing working memory on negative and positive memories. *European Journal of Psychotraumatology*, 1(0). doi:10.3402/ejpt.v1i0.5623

Full text available at: http://www.eurojnlpsychotraumatol.net/index.php/ejpt/article/view/5623/pdf_68

Iris M. Engelhard, Clinical and Health Psychology Utrecht University, PO Box 80140 NL-3508 TC, Utrecht The Netherlands. <i.m.engelhard@uu.nl>



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ABSTRACT Background: Earlier studies have shown that horizontal eye movement (EM) during retrieval of a negative memory reduces its vividness and emotionality. This may be due to both tasks competing for working memory (WM) resources. This study examined whether playing the computer game “Tetris” also blurs memory. Method: Participants recalled negative and positive memories in three conditions: recall only, recall with concurrent EM, and recall with playing Tetris. Before and after these conditions, vividness, emotionality, and physiological startle responses during recall were measured. Results: A reaction time task showed that EM and Tetris both draw on WM, compared to no dual-task. Compared to recall only, EM and Tetris decreased reported emotionality and startle responses. Conclusions: The effects of EM and Tetris did not differ, even though the tasks differed in the degree of taxing WM. This suggests that taxing WM and its effects on emotional memories may not be linearly related. Potential clinical implications are discussed.



Engelhard, I. M., van den Hout, M. A., & Smeets, M. A. (2011). Taxing working memory reduces vividness and emotional intensity of images about the queen’s day tragedy. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(1), 32-7. doi:10.1016/j.jbtep.2010.09.004

Iris M. Englehard, Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC, Utrecht, The Netherlands. <i.m.engelhard@uu.nl>

ABSTRACT Eye movements during exposure to distressing mental images reduce their vividness and emotional intensity, which may be due to both tasks competing for working memory (WM) resources. WM theory predicts an inverted U-shaped relationship between degree of taxing and beneficial effects: greater taxing of WM will more greatly reduce vividness/emotionality, but extremely taxing tasks prevent holding the image in mind, thereby reducing benefits. This study examined whether mental arithmetic (subtraction) tasks during visual imagery reduce image vividness/emotionality ratings, and taxing WM and reduced vividness/emotionality show the predicted quadratic relationship. A non-clinical sample retrieved a distressing image of the Queen’s Day tragedy (which occurred 1-3 months earlier in the Netherlands), and rated it for vividness and emotionality. Participants were assigned to one of four conditions: exposure alone or exposure with concurrent ‘simple’ subtraction, ‘intermediate’ subtraction, or ‘complex’ subtraction. Afterwards, vividness and emotionality were rated again. A reaction time task showed that the subtraction tasks increasingly taxed WM. Consistent with WM theory, exposure with subtraction reduced image vividness and emotionality compared to exposure alone. The expected inverse U-curve relationship was found for emotionality, but not for vividness: simple or intermediate subtraction had more beneficial effects than no dual-task or complex subtraction. Clinical implications are discussed.



Falzon, L., Davidson, K. W., & Bruns, D. (2010). Evidence searching for evidence-based psychology practice. *Professional Psychology: Research and Practice*, 41(6), 550. doi:10.1037/a0021352

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Note: In its “An Applied Example” section (pp. 553-554), this article explores how to use widely accessible databases to answer the question: “In people with PTSD, is eye movement desensitization and reprocessing (EMDR) more effective than cognitive-behavioral therapy (CBT) to improve symptoms and prevent recurrence?”

ABSTRACT There is an increased awareness of evidence-based methodology among psychologists, but little exists in the literature about how to access the research. Moreover, the prohibitive cost of this information and limited time are barriers to the identification of evidence to answer clinical questions. This article presents an example of a question worked through in an evidence-based way. Methods are highlighted, including distinguishing background and foreground questions, breaking down questions into searchable statements, and adapting statements to suit both the question being asked and the resource being searched. A number of free, evidence-based resources are listed. Knowing how and where to access this information will enable practitioners to more easily use an evidence-based approach to their practice.



Glombiewski, J. A., Sawyer, A. T., Gutermann, J., Koenig, K., Rief, W., & Hofmann, S. G. (2010). Psychological treatments for fibromyalgia: A meta-analysis. *Pain*, 151(2), 280-295.

Julia A. Glombiewski, Philipps-University Marburg, Clinical Psychology and Psychotherapy, Gutenbergstrasse 18, 35032 Marburg, Germany. <julia.glombiewski@staff.uni-marburg.de>

ABSTRACT The aims of the present analysis were to investigate the short- and long-term efficacies and treatment moderators of psychological interventions for fibromyalgia. A literature search using PubMed, PsychINFO, the Cochrane Library, and manual searches identified 23 eligible studies including 30 psychological treatment conditions and 1396 patients. Meta-analytic integration resulted in a significant but small effect size for short-term pain reduction (Hedges’s $g=0.37$, 95% confidence interval (CI): 0.27–0.48) and a small-to-medium effect size for long-term pain reduction over an average follow-up phase of 7.4 months (Hedges’s $g=0.47$, 95% CI: 0.3–0.65) for any psychological intervention. Psychological treatments also proved effective in reducing sleep problems (Hedges’s $g=0.46$, 95% CI: 0.28–0.64), depression (Hedges’s $g=0.33$, 95% CI: 0.20–0.45), functional status (Hedges’s $g=0.42$, 95% CI: 0.25–0.58), and catastrophizing (Hedges’s $g=0.33$, 95% CI: 0.17–0.49). These effects remained stable at follow-up. Moderator analyses revealed cognitive-behavioral treatment to be significantly better than other psychological treatments in short-term pain reduction (Hedges’s $g=0.60$, 95% CI: 0.46–0.76). Higher treatment dose was associated with better outcome. Publication-bias analyses demonstrated that the effect sizes were robust. The results suggest that the effects of psychological treatments for fibromyalgia are relatively small but robust and comparable to those reported for other pain and drug treatments used for this disorder. Cognitive-behavioral therapy was associated with the greatest effect sizes.



Hechler, T., Dobe, M., Damschen, U., Blankenburg, M., Schroeder, S., Kosfelder, J., & Zernikow, B. (2010). The pain provocation technique for adolescents with chronic pain: Preliminary evidence for its effectiveness. *Pain Medicine*, 11(6), 897-910. doi:10.1111/j.1526-4637.2010.00839.x

Tanja Hechler, Vodafone Foundation Institute and Chair for Children's Pain Therapy and Paediatric Palliative Care, Children's and Adolescents' Hospital Datteln/Witten/Herdecke University, Dr.-Friedrich-Steiner Str. 5, 45711 Datteln, Germany. <T.Hechler@kinderklinik-datteln.de>

ABSTRACT Objective: This study aims to investigate the effectiveness of the "pain provocation technique" (PPT)—a focused treatment strategy incorporating interoceptive exposure (i.e., imagining increases in pain intensity), bilateral stimulation (tactile stimulation), and implementation of pain-related coping to decrease pain intensity—for adolescents suffering from chronic pain. Design: Prospective observational comparative study. Methods: Adolescents utilizing PPT (19 boys and 21 girls) within multimodal inpatient treatment were compared with adolescents in standard multimodal inpatient treatment matched for age, gender, and diagnosis. Core outcome variables (pain intensity, disability, emotional distress) were assessed at admission and 3 months posttreatment. Results: Adolescents in the PPT group demonstrated a sharper decrease in pain intensity and school aversion. Both groups demonstrated significant reductions in disability and emotional distress. Conclusions: Results are discussed in terms of the importance of focused treatment strategies such as interoceptive exposure for adolescents suffering from disabling chronic pain. Future studies are warranted to carefully investigate the effectiveness and possible process of change during the PPT such as sensory, cognitive, emotional, and memory aspects.



Hechler, T., Blankenburg, M., Dobe, M., Kosfelder, J., Hübner, B., & Zernikow, B. (2010). Effectiveness of a multimodal inpatient treatment for pediatric chronic pain: A comparison between children and adolescents. *European Journal of Pain*, 14(1), 97.

Tanja Hechler, Vodafone Foundation Institute for Children's Pain Therapy and Paediatric Palliative Care, Clinic for Children and Adolescents Datteln, University of Witten/Herdecke, Germany. <T.Hechler@kinderklinik-datteln.de>

ABSTRACT Objectives: To evaluate short and long-term treatment outcome of children (7–10 years) in comparison to adolescents (11–18 years) with disabling chronic pain following multimodal inpatient pain treatment. Patients and methods: Thirty-three children and 167 adolescents underwent multimodal inpatient pain treatment. Standardized assessment of pain-related variables, disability, coping, and use of analgesics was performed at admission, 3- and 12-month follow-up. Results: Children and adolescents displayed similar pain-characteristics at admission. Adolescents demonstrated significantly higher disability and passive pain coping. Children relied more on others when in pain. All core variables (i.e., pain intensity, pain-related disability, school absence and pain-related coping) decreased significantly in both children and adolescents after 3 months. Both groups maintained this decline 12 months later. More than half of the children and adolescents demonstrated a 50%-reduction in pain intensity after 3 months, and almost 60% after 12 months. Use of analgesics was significantly reduced at 3-month follow-up with no additional changes after 12 months. While age did not exert any impact on results, there were significant gender differences in pain intensity and school absence. Girls demonstrated higher pain intensity and higher school absence 1 year following treatment. Conclusions: Children display similar pain-characteristics to adolescents when entering inpatient treatment. A multimodal inpatient program appears to stop the the long-term vicious cycle of disability and pain for both children and adolescents. The demonstrated gender differences raise issues for further research and the possibility of additional pain management strategies for girls.



Hendriks, L., de Kleine, R., Rees, M. V., Bult, C., & Minnen, A. V. (2010). Feasibility of brief intensive exposure therapy for PTSD patients with childhood sexual abuse: A brief clinical report. *European Journal of Psychotraumatology*, 1(0). doi:10.3402/ejpt.v1i0.5626

Lotte Hendriks, Overwaal, Centre for Anxiety Disorders, Nijmegen, The Netherlands.

Full text available at: http://www.eurojnlpsychotraumatol.net/index.php/ejpt/article/viewArticle/5626/html_57

ABSTRACT Despite the strong empirical support for the effectiveness of exposure-based treatments in ameliorating posttraumatic stress disorder (PTSD), improvement of treatment is wanted given relatively high dropout rates and challenges of treating patients with high comorbidity and treatment-interfering stressors. The purpose of the current paper is to introduce an intensive exposure treatment program, illustrated by four case descriptions of PTSD patients, who suffered multiple (sexual) traumas in childhood, had high levels of comorbidity and psychosocial stressors, and failed to improve during "regular" trauma-focused treatment programs. The program consisted of psychoeducation, prolonged imaginal exposure, exposure in vivo, exposure by drawings combined with narrative reconstructing, and writing assignments about central trauma-related cognitions. The treatment included 5 working days with individual sessions (in total 30 h of treatment) provided by a team of four therapists. The PTSD



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symptoms of all patients decreased substantially and the effect sizes were large (Cohen's *d* resp. 1.5 [pre-post], 2.4 [pre-FU1 month], and 2.3 [pre-FU3 months]). Also, none of the patients showed symptom worsening or dropped out. The evaluation of these four pilot cases suggests that it is possible to intensify exposure treatment, even for multiple traumatized PTSD patients with high comorbidity. We concluded that the first results of this new, intensive exposure program for PTSD patients with childhood sexual abuse are promising. creates a moral dilemma: Is it ethical for therapists to mislead patients to help them? Pragmatic justification of a successful practice is a way out of this dilemma. Therapies should be evaluated that deal with expectations directly by promoting positive thinking or by fostering non-expectancy.



Kuiken, D., Chudleigh, M., & Racher, D. (2010). Bilateral eye movements, attentional flexibility and metaphor comprehension: The substrate of REM dreaming? *Dreaming*, 20(4), 227. doi:10.1037/a0020841

Don Kuiken, Department of Psychology, P-217 Biological Sciences Building, University of Alberta, Edmonton, AB T6G 2E9 Canada. <dkuiken@ualberta.ca>

ABSTRACT Explanations for the effects of the rapid eye movements induced during Eye Movement Desensitization Reprocessing (EMDR; Shapiro, 2001) have drawn upon an analogy with the eye movements of REM sleep (Kuiken, Bears, Miall, and Smith, 2002). An extension

of that analogy posits two orienting systems, one involving threat-fear related mnemonic contextualization and another involving loss-pain related monitoring of conflicting response alternatives. In a study involving individuals who had recently experienced significant loss or trauma, we found that experimentally induced saccadic eye movements decreased reaction times to unexpected stimuli among those reporting traumatic distress (characterized by hyperarousal and intrusive thoughts) and increased reaction times among those reporting separation distress (characterized by vivid reminiscences and the sense of a foreshortened future). Also, we found that saccadic eye movements increased the perceived strikingness of metaphoric sentence endings among those reporting amnesia for events related to either loss or trauma. The eye movements of both EMDR and REM sleep may differently affect the attentional and cognitive reorienting activity of those living with the consequences of loss or trauma. These differences may be evident in their waking reflections and in their dreams.



Marques, L., Weingarden, H. M., LeBlanc, N. J., & Wilhelm, S. (2010). Treatment utilization and barriers to treatment engagement among people with body dysmorphic symptoms. *Journal of Psychosomatic Research*, In Press, Corrected Proof, -. doi:10.1016/j.jpsychores.2010.10.002

Luna Marques, Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA. <lmарques@partners.org>

ABSTRACT Objectives: Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with an imagined or minor appearance flaw. Many aspects of BDD remain unknown, such as rates of treatment utilization, types of treatment sought, and barriers to treatment. The present study sought to examine rates and patterns of treatment utilization as well as barriers to treatment among individuals with body dysmorphic symptoms. Methods: The present study consists of 401 individuals with symptoms consistent with a diagnosis of BDD who completed self-reported measures of treatment utilization and barriers to treatment in an internet survey. Results: Consistent with past research, results showed that individuals with probable BDD reported seeking non-mental health treatments for BDD (e.g., plastic surgery). Additionally, an examination of treatment barriers demonstrated significant barriers for the sample for the three domains examined: logistic and financial; stigma, shame, and discrimination; and treatment skepticism. Secondary analyses revealed a differential endorsement of treatment barriers across ethnic groups for all three barrier domains. Conclusion: These data suggest that BDD is still an underrecognized disorder with marked barriers to treatment. Increased education and dissemination efforts are warranted.



Miller, R. (2010). The feeling-state theory of impulse-control disorders and the impulse-control disorder protocol. *Traumatology*. doi:10.1177/1534765610365912

Robert Miller, Private Practice, 575 Plymouth Road, San Marino, CA, US, 91108, <rmiller626@earthlink.net>

ABSTRACT Impulse-control disorders such as pathological gambling, sexual addiction, and compulsive shopping cause enormous suffering in people's lives. The feeling-state theory of



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postulates that these disorders are created when intense positive feelings become linked with specific behaviors. The effect of this linkage is that, to generate the same feeling, the person compulsively reenacts the behavior related to that original positive-feeling event, even if detrimental to his or her own well-being. This reenactment creates the impulse-control disorder. The therapy described in this article is the Impulse-Control Disorder Protocol (ICDP), which uses a modified form of eye movement desensitization and reprocessing (EMDR) to address these fixations. A case study of an individual with pathological gambling illustrates the application of ICDP.



Nardo, D., Högberg, G., Looi, J. C. L., Larsson, S., Hällström, T., & Pagani, M. (2010). Gray matter density in limbic and paralimbic cortices is associated with trauma load and EMDR outcome in PTSD patients. *Journal of Psychiatric Research*, 44(7), 477 - 485. doi:10.1016/j.jpsychires.2009.10.014

Davide Nardo, Neuroimaging Laboratory, Santa Lucia Foundation, Rome, Italy. <davidenardo@gmail.com>

ABSTRACT There is converging evidence of gray matter (GM) structural alterations in different limbic structures in Post-Traumatic Stress Disorder (PTSD) patients. The aim of this study was to evaluate GM density in PTSD in relation to trauma load, and to assess the GM differences between responders (R) and non-responders (NR) to EMDR therapy. Magnetic Resonance Imaging (MRI) scans of 21 subjects exposed to occupational trauma, who developed PTSD (S), and of 22 who did not (NS), were compared by means of an

optimized Voxel-Based Morphometry (VBM) analysis as implemented in SPM. Within S, further comparisons were made between 10 R and 5 NR. A regression analysis between GM density and the Traumatic Antecedents Questionnaire (TAQ) was also performed on all 43 subjects. Results showed a significantly lower GM density in S as compared to NS in the left posterior cingulate and the left posterior parahippocampal gyrus. Moreover, NR showed a significantly lower GM density as compared to R in bilateral posterior cingulate, as well as anterior insula, anterior parahippocampal gyrus and amygdala in the right hemisphere. Regression analysis showed that GM density negatively correlated with trauma load in bilateral posterior cingulate, left anterior insula, and right anterior parahippocampal gyrus. In conclusion, a GM lower density in limbic and paralimbic cortices were found to be associated with PTSD diagnosis, trauma load, and EMDR treatment outcome, suggesting a view of PTSD characterized by memory and dissociative disturbances.



Sánchez-Meca, J., Rosa-Alcázar, A. I., & López-Soler, C. (2011). The psychological treatment of sexual abuse in children and adolescents: A meta-analysis. *International Journal of Clinical and Health Psychology*, 11(1), 67-93.

Julio Sánchez-Meca, Dept. Psicología Básica y Metodología. Facultad de Psicología. Campus de Espinardo. Universidad de Murcia. 30100-Murcia (Spain). <jsmeca@um.es>

Full text is available from: http://www.aepc.es/ijchp/articulos_pdf/ijchp-371.pdf

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ABSTRACT By means of a meta-analytic review, the current study investigated the efficacy of the psychological treatment of children and adolescents that have suffered sexual abuse. Thirty-three articles met our selection criteria and, using the group as the analysis unit, the meta-analytic database was composed of 44 treatment groups and 7 control groups. The effect size index was the standardized mean change between the pretest and the posttest means, and it was separately applied for different outcome measures (sexualised behaviours, anxiety, depression, self-esteem, behaviour problems, and other outcomes) and assessment methods (child self-reports, parent reports, and clinician assessments). For all of the outcome measures, the mean effect size for the treatment groups was statistically and clinically significant, whereas the control groups did not achieve a significant improvement. Significant differences among the various psychological treatment approaches were found for the global outcome measure, sexualised behaviours, and behaviour problems. In general, trauma-focused cognitive-behavioural treatments combined with supportive therapy and a psychodynamic element (e.g., play therapy) showed the best results. Finally, the implications for clinical practice and for future research of the results in this field are discussed.



Schubert, S. J., Lee, C. W., & Drummond, P. D. (2011). The efficacy and psychophysiological correlates of dual-attention tasks in eye movement desensitization and reprocessing (EMDR). *Journal of Anxiety Disorders*, 25(1), 1 - 11. doi:10.1016/j.janxdis.2010.06.024

Sarah J. Schubert, Murdoch University, School of Psychology, South Street, Murdoch, Western Australia 6150, Australia. <s.schubert@murdoch.edu.au>

ABSTRACT This study aimed to investigate the psychophysiological correlates and the effectiveness of different dual-attention tasks used during eye movement desensitization and reprocessing (EMDR). Sixty-two non-clinical participants with negative autobiographical memories received a single session of EMDR without eye movements, or EMDR that included eye movements of either varied or fixed rate of speed. Subjective units of distress and vividness of the memory were recorded at pre-treatment, post-treatment, and 1 week follow-up. EMDR-with eye movements led to greater reduction in distress than EMDR-without eye movements. Heart rate decreased significantly when eye movements began; skin conductance decreased during eye movement sets; heart rate variability and respiration rate increased significantly as eye movements continued; and orienting responses were more frequent in the eye movement than no-eye movement condition at the start of exposure. Findings indicate that the eye movement component in EMDR is beneficial, and is coupled with distinct psychophysiological changes that may aid in processing negative memories.



Shapiro, F., & Liliotis, D. (2010). EMDR and the adaptive information processing model: Integrative treatment and case conceptualization. *Clinical Social Work Journal*, 1-10-10. doi:10.1007/s10615-010-0300-7

Deany Liliotis, EMDR Institute, 3825 Morrison St., NW, Washington, DC 20015, USA. <info@deanyliliotis.com>

ABSTRACT EMDR is a comprehensive psychotherapy approach that is compatible with all contemporary theoretical orientations. Internationally recognized as a frontline trauma treatment, it is also applicable to a broad range of clinical issues. As a distinct form

of psychotherapy, the treatment emphasis is placed on directly processing the neurophysiologically stored memories of events that set the foundation for pathology and health. The adaptive information processing model that governs EMDR practice invites the therapist to address the overall clinical picture that includes the past experiences that contribute to a client's current difficulties, the present events that trigger maladaptive responses, and to develop more adaptive neural networks of memory in order to enhance positive responses in the future. The clinical application of EMDR is elaborated through a description of the eight phases of treatment with a case example that illustrates the convergences with psychodynamic, cognitive-behavioral, and systemic practice.



van den Hout, M. A., Engelhard, I. M., Rijkeboer, M. M., Koekebakker, J., Hornsveld, H., Leer, A., Toffolo, M. B. and Akse, N. (2010). EMDR: Eye movements superior to beeps in taxing working memory and reducing vividness of recollections. *Behaviour Research and Therapy*. doi:10.1016/j.brat.2010.11.003

Marcel A. van den Hout, Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC Utrecht, The Netherlands. <m.vandenhout@uu.nl>

ABSTRACT Posttraumatic stress disorder (PTSD) is effectively treated with eye movement desensitization and reprocessing (EMDR) with patients making eye movements during recall of traumatic memories. Many therapists have replaced eye movements with bilateral beeps, but there are no data on the effects of beeps. Experimental studies suggest that eye movements may be beneficial because they tax working memory, especially the central executive component, but the presence/degree of taxation has not been assessed directly. Using discrimination Reaction Time (RT) tasks, we found that eye movements slow down RTs to auditory cues (experiment I), but binaural beeps do not slow down RTs to visual cues (experiment II). In an arguably more sensitive "Random Interval Repetition" task using tactile stimulation, working memory taxation of beeps and eye movements were directly compared. RTs slowed down during beeps, but the effects were much stronger for eye movements (experiment III). The same pattern was observed in a memory experiment with healthy volunteers (experiment IV): vividness of negative memories was reduced after both beeps and eye movements, but effects were larger for eye movements. Findings support a working memory account of EMDR and suggest that effects of beeps on negative memories are inferior to those of eye movements.



Vanderlinden, J. (2010). Do different psychopathological pathways into eating disorder necessitate different therapeutic goals and/or approaches? *European Eating Disorders Review*, 18(3), 161-164. doi:10.1002/erv.1022

Johan Vanderlinden, University Psychiatric Center KULeuven, Campus Kortenberg, KULeuven, Belgium. <johan.vanderlinden@psy.kuleuven.be>

ABSTRACT This paper presents a plea for a more flexible therapeutic approach which focuses not only on the underlying cognitions, behaviours and emotions related to the eating disorder, but an approach that adapts its focus depending also on the psychopathological pathway which has led to the development of the eating disorder. ❖



AFRICA

SOUTH AFRICA

Reyhana Ravat reports: "Right now we are continuing with trainings in EMDR and we invited Michael Keller to present two specialty workshops in July on Depression and Anxiety."

ASIA

EMDR ASIA

Sushma Mehrotra reports: "The draft of Mou of EMDR Asia is awaiting the approval of the membership. Pamela Brown has also prepared a draft proposal for training standards in Asia; this draft is also awaiting the approval of the membership. In April 2011, EMDR Asia will have regular news updates on its revived website. EMDR Asia has received a generous donation of EMDR books by Francine Shapiro and some have already been shared with members during Thailand and China trainings. EMDR Associations are being formed in the Philippines and Sri Lanka along with humanitarian projects being conducted in Indonesia, Thailand, Myanmar and Cambodia."

CHINA

Sushma Mehrotra reports: "Two Part 2 Trainings were held in China during January 2011."

HONG KONG

Atara Sivan reports: "The Hong Kong Association continues to provide Group Sharing and Case Consultation sessions to its trainees by the Association's Facilitators. Twelve sessions of two hours each have been offered already and 12 more sessions are offered till the next training. The e-Forum, which is opened to members of the Association, continues

to be an additional useful platform for sharing. Preparations are underway for the Association's next training to be held in June. The Association is anticipating between 70 and 80 trainees for both Part 1 & Part 2. A Trainers' course for three of the Association's Facilitators will be held in conjunction with the trainings."

INDIA

Sushma Mehrotra writes: "Rosalie Thomas will do EMDR Basic Trainings in New Delhi (North), Mumbai (West), and Chennai and Bangalore (South) in September 2011. There are inquiries about EMDR training from Nepal and the North East of India. Four Indian Trainers in Training participated in the Trainers' Trainings in Thailand this past year and the beginning of this year. In 2010, there were regular supervision meetings and case discussions with trainees of trainings. Andrew Leeds is providing consultation to nine members of EMDR India. Helene Dellucci will present a three-day training on "EMDR Using Gear Box Techniques and Letters."

Rani Raote reports: "I use EMDR with my clients and provide consultation for four EMDR clinicians, as well as encouraging other clinicians from my study group. I have benefited from consultation with Dr. Andrew Leeds. We had a presentation by H. Ducello on EMDR in February."

Parul Tank reports: "Deepak Gupta and I presented a workshop on "EMDR: A Promising Psychotherapeutic Intervention" at the Indian Psychiatric Association's Annual Meeting in Delhi. Deepak spoke on "Children and EMDR" and I presented on "EMDR, the Protocol, AIP model, Mechanisms of Action and Effectiveness with Many Disorders." We made a big impact on the psychiatric community and we are planning to hold a Part 1 training in Delhi."

JAPAN

Shigeyuki Ota reports: "The EMDR Annual Conference in Japan is growing every year. This year, we will have 16 professional presentations on EMDR with the various contents and one symposium on "EMDR and Children." Joan Lovett is one of the invited speakers. We are expecting to have more than 200 participants attend the one-day conference."

Richard Smith writes from the Atsugi Naval Base: "Most of the folks who completed Weekend I in June have completed the

required consultation hours. We are meeting for biweekly consultation now. I have been working on case studies of soldiers for a publication that Mark Russell will publish."

PAKISTAN

Sushma Mehrotra reports: "The EMDR Pakistan Association provided psychosocial services to flood affected survivors."

THAILAND

Sushma Mehrotra reports: "Germany's Trauma Aid conducted a Basic Training in Thailand in September 2010 and January 2011. The participants came from Thailand, Cambodia, Burma, Indonesia and Rwanda. Trainers-in-training also came from India, China and Kenya a Trainers' Training that was held."

EUROPE

FRANCE

Erik de Soir announces the publishing of his book, "Gérer le trauma. Un combat quotidien", by the publisher, De Boeck (www.deboeck.com).

ISRAEL

Udi Oren, Elan Shapiro, Gary Quinn and Marilyn Luber conducted a Part 1 and 2 Consultants' training for EMDR Consultants from all over Israel.

TURKEY

Emre Konuk reports: "We organized a project to train EMDR therapists and Consultants in Portugal, Bulgaria, Greece and Turkey. In Turkey, we will be training the therapists of the Child Protection Agency with funds from EU (Leonardo Project)."

Marilyn Luber presented a two-day seminar on "EMDR Scripted Protocols: Basics and Special Situations and Special Populations" in January.

UNITED KINGDOM

Michael Paterson reports: "I have taken over the role from John Spector of running EMDR Institute trainings in UK and Ireland. In May, Keith Piper and I will go to Bosnia and Herzegovina to teach a Weekend 2 Institute course for HAP (UKI)."

NORTH AMERICA

CANADA

MONTREAL

Judith Black reports: "Philippe Gauvreau, who is an EMDRIA-Approved Trainer, has been giving trainings in French. Last October, I organized another advanced training with Jim Knipe on 'Using EMDR In Special Situations'. We offered simultaneous French Translation with 80 participants."

DOMINICAN REPUBLIC

Ignacio Jarero reports: "This March the first EMDR training was held in this beautiful country."

MEXICO

Ignacio Jarero reports: "I will initiate the second stage of my pro-bono workshop named 'Psychological and Emotional Self Care for Narco-Violence Victims' Helpers'. Between January and April 2011, I will give this workshop in 10 more cities affected by the narco-war in Mexico. Last year, and for the first time, a group of psychiatrists from the Mexican Department of Defense trained in EMDR and are pleased with the results. In 2011, we expect to train another group from this important agency. Susana Uribe and Gabriela Ruiz obtained their full EMDR Institute Trainer Status. Congratulations!"

PANAMA

Ignacio Jarero reports: "Maria Sang and her team are working very hard in the EMDR-Iberoamerica-Panama legal organization and will have basic and updated trainings this May."

PUERTO RICO

Ignacio Jarero reports: "There are plans to have the first EMDR training in June of this year."

UNITED STATES

ARIZONA

Ana Gomez reports: "I toured South and Central America for a month and was hosted in Guatemala by Ligia Barascout and Alma Guisela Duarte; in Ecuador by Santiago Jacome; in Chile by Carmen Casado; and in Brazil, by Esly Carvalho. In September 2010, Kathleen Reay invited me to teach two workshops on "EMDR With Children With Complex Trauma" in Canada and I will conduct two more in April. Gina Sanchez from Colombia has published my book for

children about trauma and EMDR in Spanish and Esly Carvalho has published it in Portuguese. In 2010, I went to nine cities in the USA and five countries to teach workshops and do presentations on the use of 'EMDR with Children and Adolescents'. I will also be in Spain in June, Brazil in September and Mexico City in October."

CALIFORNIA

Sue Goodell reports: "The San Diego EMDR Study Group is a free and volunteer-driven group and going strong since the early 1990s, when the late Liz Snyder started it. The attendance varies from between 20 to 40 per meeting. The format offers case consultation at most meetings and many include full presentations. It also affords members the opportunity to present and refine their material. The Study Group developed a Steering Committee that includes Approved Consultants and Facilitators that meets 1-2 times per year. We meet the first Saturday of the month. We send out mailings with links to any forms or other materials the participants may need. We have a creative list developer and manager that maintains the group e-mailing process and allows people to access the information, manage their own accounts and download posted documents."

Catherine Butler is a licensed MFT in La Mesa working on her Ph.D. dissertation and is conducting research on EMDR and PTSD with Veterans. She is a veteran herself and also the spouse of a veteran. Her hope is to recruit a team of therapists who have a passion and heart for the veteran population and are willing to be part of a groundbreaking protocol when the need is so great for our veterans and their families.

Julie Stowasser reports: "Susan Brown, Jamie Zabukovec and I are presenting 'The Crucible of Trauma: Domestic Violence, Substance Abuse, and the Military' at the 2011 EMDRIA Conference. Last August, Sandra Kremer sponsored my two-day workshop on 'Domestic Violence, and Integrating EMDR into the Treatment of Domestic Violence' in Asheville, NC. In April, I'm scheduled to do a combined children's training in Tulare, California with Peggy Moore. 'Eye Movement Desensitization and Reprocessing (EMDR): Mental Health-Substance Use', a new book chapter by Brown, S.H., Stowasser, J.E., and

Shapiro, F. was published in February in Cooper, D.B. (Ed.), 'Intervention in Mental Health-Substance Use'. Oxon/USA: Radcliffe Publishing Ltd. This chapter discusses and illuminates how to integrate EMDR into the treatment of substance abusers using a phased treatment approach."

Dana Terrell reports: "A free quarterly email newsletter recently launched from San Diego confidentially shares clients' EMDR testimonials. It focuses on EMDR, rather than on the EMDR therapist. This makes it much easier to encourage people to receive the newsletter, and/or contribute to it, because there is no implied pressure to do something that benefits one's therapist. It is designed to both encourage current EMDR clients and to allow them to forward it to that person they know who has been struggling, unaware of EMDR. The newsletter is called "Spread the Word – EMDR Transforms Trauma and Performance." All EMDR therapists are invited to subscribe by going to "MyTraumaTherapy.com" and clicking on the Orange "Sign Up" Arrow in the Right Sidebar. Please feel free to invite your clients to subscribe as well."

FLORIDA

Carl Ahonen reports: "Kate Cohen-Posey presented at the Regional Meeting and 28 participants went home with a bag of "golden nuggets" of applicable learning." Carol Crow reports: "The Insight Counselors and I are hosting an EMDR Institute Weekend 1 in Tampa, February 11-13 and Weekend 2 in Tampa, July 8-10. I will be the Trainer for a HAP Weekend 1 in Tampa June 10-12, sponsored by our local Crisis Center. Kathy Steele and Roger Solomon will be in Tampa to present 'Phase-Oriented Treatment of Individuals with Complex Developmental Trauma Disorders: An EMDR and Structural Dissociation Perspective' in a two-day workshop June 3-4."

ILLINOIS

Leah Schaut reports: "EMDR is the cornerstone of John's and my practice along with family systems and spirituality woven in. I have a practice and a sizable amount of consultees (some are seeking Certification). EMDR has been very useful with issues of adoption and learning differences, along with using it for siblings and parents of special children. I am happy to share all of this good news and I am so grateful to have this valuable

Around the World [continued]

KANSAS

Sue Thompson reports: "We just had an EMDR Institute training last weekend and are looking forward to a Part 2 HAP training March 25-27, with Robbie Adler Tapia at Synergy Services. Larry Nieters is bringing Carol Forgash on March 18-19 for 'EMDR and Medical Conditions'."

MINNESOTA

Sue Evans reports: "Our most fun was having the EMDRIA conference here in Minneapolis. Karen Alter-Reid, Susan Schaefer and I presented our research at the conference on the work we did in New Orleans HAP Therapy for Therapists Project (offering EMDR to 22 New Orleans/Mississippi clinicians on their own trauma issues 3 years after Katrina). I organized a committee of The Trauma Recovery Network to plan a HAP training focused on therapists who work with clients of color and/or bilingual. We trained 72 Latino, African American, Hmong, Native American and Caucasian clinicians in Weekend 1 and 2 ending February 2010. An outgrowth of that was a recent HAP training for an additional group of 25 Latino/African American clinicians that finished up Weekend 2 January 2011. The MN Regional Coordinators (Susan Schaefer, Jill Strunk, Beverly Johnson and myself) have started a monthly study/consultation group for HAP trained/non-profit clinicians. We also offered a day-long Trauma Treatment and Resourcing workshop (after Weekend1) for free for those involved in the HAP training/and at minimal cost for the general EMDR community. We also have had two workshops for the EMDR community, one on Eating Disorders and the other on Resourcing Techniques in the last year. I am involved in HAP Training for Trainers that started in April 2010 so I have been pretty busy with that (my New Orleans buddies, Karen Alter-Reid and Katy Murray are also in training so we've got built-in support.)"

NEW JERSEY

Maria Masciandaro reports: "In January, 40 EMDR therapists attended a meeting at Care Plus NJ, Inc. in Bergen County where NJ EMDRIA Regional Coordinators, Sheila Bender, Victoria Britt and I presented Elan Shapiro and Brurit Laub's R-TEP Protocol. Elan and Brurit were very generous with their guidance about this event. The feedback from the participants was wonderful. We hope they will contribute to research efforts to demonstrate the effectiveness of this approach by filling out the questionnaires Elan supplied and return them to him."

NEW YORK

Carol Forgash reports: "I have a new EMDRIA approved workshop: 'The EMDR Treatment of Health Related Problems'. I presented it in Phoenix, in Kansas City in March and in Irvine, CA in May."

Phoebe Kessler reports: "Our next EMDRIA Regional Meeting will take place in March at the Hofstra University Club featuring, 'EMDR and Eating Disorders' by Janet McGee."

OHIO

Barbara Hensley reports: "The EMDR Primer had been translated into Spanish!"

PENNSYLVANIA

Andrew Seubert reports: "The Courage to Feel" is in eBook format and an audio book version is in the works. I am beginning

to write about EMDR, Attachment, and Ego States in Eating Disorder Treatment. I am now a HAP Facilitator and gave a two-day workshop, 'EMDR: Renewal and Beyond' in King of Prussia, PA in March."

NORTH CAROLINA

Celia Grand reports: "Our regional meetings are now 10 years old with EMDRIA Credit presentations twice a year. We provide meetings where low cost CE's and EMDR education is a priority. We launched a website and are currently building it so it can include a directory and EMDR happenings. Two local EMDRIA Approved Consultants, John O'Brien and Nancy Abel, were published in the EMDR Journal last year. In November, I was interviewed by a college radio show about EMDR and Trauma. The word is getting out about the healing through EMDR! Our goal is to create an EMDR network of therapists, keeping them nourished with great local presentations and networking."

SOUTH AMERICA

COLUMBIA

Ignacio Jarero reports: "Thanks to Gina Sanchez's (EMDR-IBA-COLOMBIA President) efforts we have 100 clinicians trained in Colombia. Gina and her team are working on the First Regional Conference that will take place in Bogota in October 2011."



Carol J. Crow, LMHC, NCC, BCETS
EMDR/IA Approved Consultant and Workshop Presenter
Diplomate, American Academy of Traumatic Stress

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EMDR WITH CHILDREN & ADOLESCENTS

SAVE THE DATE | MAY 20-22, 2011

We hope you will save the date for our Annual SIG Conference. This year we will feature Robert Tinker, Ph.D. and Sandra Wilson, Ph.D., authors of the book *Through the Eyes of the Child*. The conference will occur on May 20-22 in Colorado Springs, CO. Our presenters will focus on how the standard EMDR protocol can be used with children of all ages with appropriate developmental modifications. Bob and Sandra have presented world wide and they will show video tapes of using EMDR with children of different ages, with a variety of problem issues. Their videotapes are truly inspiring and show how the EMDR standard protocol can easily be adapted. May 22 will be specifically devoted to the use of EMDR with groups of children.

NEW & RETURNING CHAIRS

We are pleased to welcome David Fentress, Ph.D. who will be heading up Special Projects. His efforts will be directed toward developing a flyer on EMDR for school personnel. Barbara Peck, LPC has taken over as Training Chair and Maureen Clancy, LCSW returns as Communications Chair. Laurie Donovan, LMFT, LCSW remains as Membership Chair and Ann Waldon, LCSW as Budget Chair.

VACANCY

The Publications Chair remains vacant and we welcome anyone who would be interested in assuming this position. If you are interested please contact me at marslh@aol.com. Volunteers to work with any Chair or on any project are always welcomed!

LISTSERV

We are trying to explore having "guest" moderators that would present a topic for discussion that fits within their particular area of expertise. We are pleased that there has been more activity of our members presenting cases and hope others of you have found it helpful and will present your own cases, questions, and thoughts about how to successfully use EMDR with children.

SIG WEBSITE

An updated and more extensive Child SIG website is really in the works. Currently the design is to have a general section for anyone who wants to learn more about the Child SIG, and then to have a Members Only section.

To view a list of EMDRIA Approved Distance Learning Workshops, please go here: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=101>
(As of February 11, 2011)

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
10008-04 6 Credits <i>Attachment-Focused EMDR Healing Relational Trauma</i>	R. Cassidy Seminars Laurel Parnell, Ph.D.	Clare Campbell	707.235.3100	March 11, 2011 Seattle, WA
03002-10 12 Credits <i>Creative Interventions and Strategies: The Integration of DBT and EMDR for Complex Trauma</i>	Rocky Mountain EMDR Training Institute Olga Vera-NeSmith, Ph.D.	Barb Maiberger	303.875.4033	March 12-13, 2011 Durango, CO
00007-08 12 Credits <i>EMDR Treatment for Health-Related Conditions</i>	Larry Nieters, Ph.D. Carol Forgash, MSW, LCSW, BCD	Larry Nieters	913.469.6069	March 18-19, 2011 Kansas City, MO
01001-10 12 Credits <i>Review of the Eight Phase EMDR Protocol</i>	Jari Preston, M.Ed. Jari Preston, M.Ed	Jari Preston	206.527.8696	March 25-26, 2011 Kirkland, WA
10011-02 6.5 Credits <i>Contain the Case - Set a Clear Path to Recovery</i>	Barbara Horne, MASc, RMFT Barbara Horne, MASc, RMFT	Barbara Horne	985.687.6865	March 28, 2011 Thunder Bay, ON CANADA
99003-53 14 Credits <i>Beyond Trauma Resolution: EMDR and the Growth of the Relational Self</i>	EMDR Institute Barry Litt, MFT	Robbie Dunton	831.761.1040	April 1-2, 2011 San Diego, CA
10006-03 14 Credits <i>Treatment of Attachment Trauma and Dissociative Sequelae through the Life Span</i>	Laurie Tetreault, MA, LMFT Robbie Adler-Tapia, Ph.D.	Laurie Tetreault	928.717.4901	April 1-2, 2011 Tucson, AZ
09003-010 12 Credits <i>Mindfulness, Meditation, and EMDR</i>	Awake Mind, LLC Julie Greene, MA, LPC	Julie Greene	303.544.4705	April 1-2, 2011 Arlington, MA
RC00005-37 VARIES <i>Western Mass. EMDRIA Regional Network All Day Event</i>	Western Mass. EMDRIA Regional Network Various Presenters	Jane Laskey	413.534.1888	April 2, 2011 Amherst, MA
01008-53 12 Credits <i>Treating Problem Behaviors</i>	Trauma Institute/Child Trauma Institute Ricky Greenwald, Psy.D.	Karen Steward	413.774.2340	April 6-8, 2011 Greenfield, MA
99003-54 14 Credits <i>Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD</i>	EMDR Institute Jim Knipe, Ph.D.	Robbie Dunton	831.761.1040	April 9-10, 2011 Memphis, TN
04003-24 22.5 Credits <i>EMDR Advanced Clinical Workshop and Refresher</i>	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Esalen Institute	831.667.3000	April 10-15, 2011 Big Sur, CA
01008-54 12 Credits <i>Child/Adolescent Trauma Treatment Intensive</i>	Trauma Institute/Child Trauma Institute Ricky Greenwald, Psy.D.	Karen Steward	413.774.2340	April 11-15, 2011 Greenfield, MA
03002-09 12 Credits <i>Deepening Awareness through Somatic Interventions: An Advanced EMDR Course</i>	Rocky Mountain EMDR Training Institute Barb Maiberger, MA, LPC	Barb Maiberger	303.875.4033	April 30 - May 1, 2011 Boulder, CO
99020-08 12 Credits <i>Healing the Wounds of Attachment</i>	Wendy Freitag, Ph.D. Deany Laliotis, LICSW	Wendy Freitag	414.777.1757	May 6-7, 2011 Milwaukee, WI
03012-51 12 Credits <i>Treating Highly Traumatized Clients with EMDR</i>	EMDR Canada Gerald Puk, Ph.D.	Colette Pelletier	514.544.5092	May 14-15, 2011 Montreal, QB CANADA
03002-11 12 Credits <i>Creative Interventions and Strategies: The Integration of DBT and EMDR for Complex Trauma</i>	Rocky Mountain EMDR Training Institute Olga Vera-NeSmith, Ph.D.	Barb Maiberger	303.875.4033	June 25-26, 2011 Denver, CO

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
04003-25 22.5 Credits <i>EMDR Advanced Clinical Workshop and Refresher</i>	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Omega Institute	877.944.2002	July 31-August 5, 2011 Rhinebeck, NY
06003-25 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.271.3050 x7	October 8-11, 2011 Venice, ITALY
03002-12 12 Credits <i>Building an EMDR Toolkit: Advanced Skills for Working with Complex Trauma</i>	Rocky Mountain EMDR Training Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC, BMP	Barb Maiberger	303.875.4033	October 29-30, 2011 Boulder, CO

EMDRIA Regional Meeting

(As of February 11, 2011)

SCHEDULE

These meetings may or may not offer EMDRIA Credits. For Credit information, please refer to the EMDRIA Credit Program Schedule located on the previous page. For the most current information, go to <http://www.emdria.org/calendar.cfm>

Location Regional Meeting	Regional Meeting Schedule	Regional Coordinator Contact Information
ARIZONA Southern Arizona EMDRIA Regional Meeting	April 21, 2011 May 19, 2011 June 16, 2011	Linda Bowers lindamimi@earthlink.net
CALIFORNIA Northern CA EMDRIA Regional Meeting	April 2, 2011	Phil Manfield emdrdr@gmail.com
CONNECTICUT New Haven, CT EMDRIA Regional Meeting	April 16, 2011 May 21, 2011	Lynn Persson lkpersson@aol.com
MASSACHUSETTS Western Mass EMDRIA Regional Meeting	April 2, 2011	Jane Laskey janelaskey@gmail.com
MICHIGAN / OHIO SE Michigan & NE Ohio EMDRIA Regional Meeting	May 20, 2011	Deb Kennard debbiekennard@hotmail.com
NORTH CAROLINA North Carolina EMDRIA Regional Meeting	April 13, 2011 May 11, 2011 June 8, 2011	Jan Brittain janbritta@aol.com
NEW YORK Buffalo, NY EMDRIA Regional Meeting	April 29, 2011	Kriss Jarecki harmonyhearth@aol.com
OREGON Central Oregon EMDRIA Regional Meeting	April 12, 2011 May 10, 2011 June 14, 2011	Karen Forte kforte@bendcable.com
Portland EMDRIA Regional Meeting	March 25, 2011 April 22, 2011 May 27, 2011 June 24, 2011	David Manfield manfield@comcast.net
PENNSYLVANIA Southwestern PA EMDRIA Regional Meeting	April 16, 2011	Earl Grey swpaemdria@gmail.com
TEXAS Central Texas EMDRIA Regional Meeting	May 13, 2011	Carol York corkmssw@aol.com
WASHINGTON Southwest WA EMDRIA Regional Meeting	May 7, 2011	Susan Kravit sekravit@yahoo.com
Western WA EMDRIA Regional Meeting	April 30, 2011	Sonja Rudie sonjarudiema@earthlink.net

New 2011 EMDRIA Members

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

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Liz Adkins, Ph.D.
Julie Albert, LCSW
Pamela M. Aldinger, MS
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Gillian Ashley-Martz, MA
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Wendy Baker, LICSW
Mireille Bardy, MSW, LICSW
Dinah D. Bartley, Psy.D.
Flavie Beaudet, MA
Bonnie L. Beebe, MC, LPC
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Pardeep Chatha, M.Ed.
Beatrice Chorinsky, Psy.D.
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Nicholas F. Cimorelli, LCSW
Tamara Clement, Ph.D.
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The Board anticipates we will be true to our promise to provide both General Research and Dissertation Awards this year. Several proposals were submitted by the February 1 deadline and the review process is underway. However, the Board is learning that the research community also needs others types of support, in addition to financial support. One form of support needed is finding well-trained EMDR therapists willing to participate in research studies. The Foundation is looking at ways we can be a conduit between researchers and well-trained therapists with willing and appropriate clients. As well, assistance of experienced or experts in research is also in high demand to provide guidance with such issues of research design and statistical analysis. As this guidance is only possible through experienced researchers, with spare time, there is a significant deficit in this vital resource and support. The Foundation continues to consider how we can provide support in all these areas.

The EMDRIA Foundation continues our branding and marketing efforts in 2011 with the addition of our new logo. As well, we are going SOCIAL....social media that is. We believe that a presence in the social media arena is a great fundraising tool and, of course, is the easiest way to get and stay connected. However, the public exposure of the EMDRIA Foundation also helps us achieve another aspect of our mission; this is to inform both mental health professionals and the public about the

range of effectiveness of EMDR to enable the best decisions regarding evidenced-based treatment options. Our presence in the social media arena can certainly foster that. We would love to 'friend' you and we look forward to linking 'in.' Visit www.emdriafoundation.org for more details on getting connected.

As always, I appreciate this opportunity to share our successes, our serious considerations, as well as our actions, all in the name of our mission. We continue to be grateful for your support in 2011.

To accomplish great things, we must not only act, but also dream; not only plan, but also believe.
- Anatole France ❖

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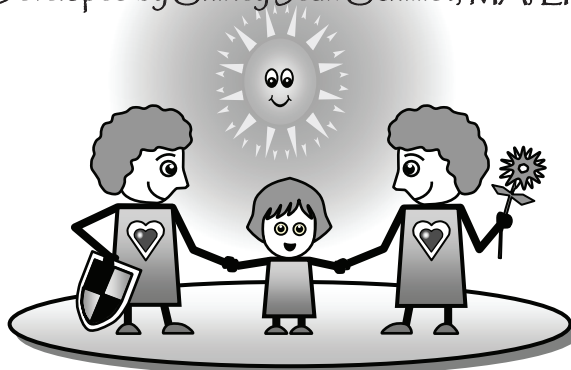
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For more information

call 210-561-7881

e-mail dnms@dnmsinstitute.com

or visit www.dnmsinstitute.com

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– Joan Bacon, Psychologist, EMDRIA Instructor & Consultant



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