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JUNE 2012

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President's Message

From the Board Room



BY WARREN FABER, PH.D.
EMDRIA PRESIDENT

On behalf of the EMDRIA Board, it is my distinct honor and privilege to announce EMDRIA's new Executive Director, Mark Doherty. We are excited and pleased that Mark will be leading us at this important time in our organization's growth and development. Mark has been a senior non-profit executive and has a background working with

international, professional, scientific, technical and medical organizations. He is recognized as an insightful, innovative, entrepreneurial and decisive leader. Additionally, he is known to provide effective strategic directions and creative tactics, is able to partner closely with leadership and knows how to manage business to support an organization's mission and vision. Mark has expressed his dedication to working for EMDRIA and moving the organization forward. He began working in the EMDRIA office on May 21.

Flying home from a Board meeting in February, I plunked down in my aisle seat looking forward to a much needed nap on my way home to Cleveland. The woman who sat next to me arrived carrying a huge bouquet of flowers. Upon inquiry, she said that she was an event planner for a non-profit organization that provided services to abused and traumatized children and families. When I asked her if the organization had heard of EMDR, she knowingly reported that it is the main psychotherapy treatment they provide. So much for a nap! Our conversation continued for the next two hours and it was impressive to me how informed she was about EMDR and how excited she was by the results.


Some of you may have had similar serendipitous encounters with individuals who have heard of, read about and/or have knowledge of EMDR. What a treat to experience these encounters as becoming more the rule these days than the exception!

As information regarding EMDR spreads by word of mouth, news media, magazine and book publications and blogs, the general public is becoming more knowledgeable, and as a result consumers are investigating and checking out EMDR therapy as an option. To keep up with a savvy general public, it helps as EMDR practitioners to continue to sharpen our skills through reading the current EMDR literature, attending advanced EMDR training courses, becoming an EMDRIA Approved Certified Therapist, participating in regional EMDR meetings and attending the 2012 EMDRIA Conference "EMDR & Attachment: Healing Developmental Trauma" held October 4 – 7 in Washington, D.C.

In the March 2012 Newsletter, I referred to Constantine Cavafy's, Ithaca, as a poem that has meaning for me. We've all had encounters and experiences with nay-sayers and critics, who like the Lestrygonians and the Cyclops, possess narrow views of the world and desire to dash EMDR with rocks from the cliffs. Cavafy refers to the adversities one encounters on a journey:

The Lestrygonians and the Cyclops,
the angry Poseidon—do not fear them:
You will never find such as these on your path,
if your thoughts remain lofty, if a fine
emotion touches your spirit and your body.
The Lestrygonians and the Cyclops,
the fierce Poseidon you will never encounter,
if you do not carry them within your soul,
if your soul does not set them up before you.


Fortunately for us, we have embraced an approach to psychotherapy that facilitates the integration and transmutation of disturbing life experiences. We all have at one time or another been witness to the incredible healing possibilities of EMDR in our clients or in ourselves. Many of us are extending our clinical practice careers beyond anticipated retirement age in order to continue to do this work. To the new and younger generation, I hope this dedication and possibility serves as an inspiration to you. ❖



Carol J. Crow, LMHC, NCC, BCETS
EMDRIA Approved Consultant and Workshop Presenter
EMDR HAP Trainer

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ANNOUNCEMENTS

Your Vote Counts...

The EMDRIA Board of Directors Online Election is now open. You should have received an email containing a link to the ballot. All Full Members who renew or joined by May 23rd are eligible to vote. You can access the ballot directly from the link in the email or by visiting the Members Only Area of the EMDRIA website and clicking "Vote Now". You will also have the option to call EMDRIA and request a paper ballot be mailed to you if you prefer to vote by mail. If you have not provided an email address to EMDRIA, a paper ballot will be sent to you automatically.

EMDR & Diversity Panel Transcript Now Available...

The issue of Diversity and Public Practice continues to be addressed in EMDRIA and at the Annual Conference. At the 2010 EMDRIA Conference, there were two workshops representing the Diversity/Public Practice track. *EMDR and Diversity: A Panel Discussion*, is contained in written form. To view these publications, please click on the banner on the EMDRIA website homepage.

Regional Coordinator DVD Lending Program: New DVDs Now Available...

Several new programs have been added to the Regional Coordinator DVD Lending Program. To view a description of these new DVDs, access the lending agreement request forms and see a list of all the DVDs that are part of this program, please visit <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=160>. This program is only available to EMDRIA Regional Coordinators. If you are interested in becoming a Regional Coordinator please contact Sarah Tolino at stolino@emdria.org.

Call for Questions...

Our Conference will end with an insightful presentation from the originator and developer of EMDR, Dr. Francine Shapiro, titled "EMDR Therapy Update: Theory, Research and Practice." Dr. Shapiro will not only bring us up to date on the latest information about EMDR, but also will be answering a few attendee questions during this Plenary session. If you plan on attending the Conference and wish to submit a question that Dr. Shapiro could answer during her session, please visit <https://m360.emdria.org/admin/forms/ViewForm.aspx?id=22873>.

Memorial Scholarship Fund...

EMDRIA is seeking contributions for this year's Memorial Scholarship Fund. The Memorial Scholarship Fund was established in 2004, in memory of long time EMDRIA member, Elizabeth Snyder, for the purpose of expanding professional development opportunities for members who would otherwise not be able to attend the annual EMDRIA Conference. Since 2004, this Fund has provided assistance to more than 50 EMDR clinicians. To donate, please click on the link on the homepage at www.emdria.org.

Would you like to be considered for a scholarship to help with funds to attend the 2012 Conference? The Memorial Scholarship Application is available. Please visit www.emdriaconference.com and click on the link on the homepage to access the application.

EMDR Therapy featured by the New York Times...

This is a compendium of all the research evidence and will provide you with a needed resource for yourself, clients and colleagues. Make sure to check it out today! 2012 EMDRIA Conference Plenary Speaker and EMDR pioneer, Francine Shapiro, addresses reader questions about the current state of research on EMDR therapy. To view The Evidence on E.M.D.R. By THE NEW YORK TIMES, please visit <http://consults.blogs.nytimes.com/2012/03/02/the-evidence-on-e-m-d-r/>.

EMDR Conferences Around the World...

EMDR Europe will hold its 13th Annual EMDR European Association Conference in Madrid from June 15-17. For more information, visit www.emdr2012.eu/.

Online Version of the Journal Now Available...

Volume 6, Number 2 of the Journal of EMDR Practice and Research is now available online. To access the Journal online at any time, just login to the Members Only Area of the website. Hard copies of the Journal were mailed at the beginning of the month.

EMDRIA Office Closed...

Please be aware that the EMDRIA office will be closed on July 4th for Independence Day.

Approved Consultants & Consultants-In-Training...

EMDRIA would like to remind Approved Consultants and Consultants-in-Training that one of the requirements for Certification is 20 hours of consultation after the completion of an EMDRIA Approved Basic Training. At least 10 of these hours must be obtained through individual, EMDR-focused consultation. The remaining hours may be obtained through group consultation. In the documentation where you verify these hours for your consultee, please remember to designate how many hours were provided in each form (individual or group), even if all were individual.

Executive Director's Message

As your new Executive Director, I want to thank EMDRIA's 2012 President Warren Faber along with the Board of Directors for entrusting me with an exciting opportunity to work with them, other volunteers, the membership, and staff to move EMDRIA forward. I want to express my sincere thanks to Gayla Turner who acted with great commitment, energy, and knowledge serving as EMDRIA's Interim Executive Director. Gayla put forth extraordinary effort to carry out essentially two jobs at once and did both remarkably well. My hat is off to her and I'm glad that she is remaining at EMDRIA to work with and guide me as I get started.

Having been involved in running professional organizations for most of my career, I never cease to be amazed by wisdom, good will, and time commitment given freely by so many members of an association. People want to help out their professional society and to make a difference. Already I'm experiencing that same commitment by EMDRIA members.

There is much to learn about EMDRIA and so much activity going on. Getting to know the staff and leadership is one aspect of my new job. Exploring and learning about all the committees, task groups, and the EMDR Research Foundation let alone the business activities makes for a steep learning curve. I'm sure it won't be long before I become comfortable with all the moving pieces. However, all this is pretty normal when stepping into a new leadership role in an association, and in a matter of time, I hope to be up to speed in helping EMDRIA.

In my previous organization, I worked a great deal with the military and know all too well the effects of PTSD. There are large numbers of veterans returning home, many after multiple deployments, who could benefit from the healing

BY MARK G. DOHERTY, CAE
EXECUTIVE DIRECTOR



possibilities of EMDR. As I continue to learn more about this psychotherapy approach and its uses, I am certain there are other populations that would benefit too.

One of my interests is publishing. In a professional society setting, publishing is an ideal way to document research as well as to illuminate the direction the profession is moving. Being able to translate research into practical application is essential for a profession to develop and expand its sphere of influence. I want to work with our Journal of EMDR Practice and Research to see how I can assist by putting my publishing experience to use.

The 2012 EMDRIA Conference in the Washington, DC area October 4th – 7th is a well-planned and thought out educational event that promises great sessions and highly respected guest speakers. Having just left the DC area after 16 years, it seems ironic for my first EMDRIA Conference to be in my old hometown, but I'm grateful to be returning for a visit there.

I look forward to learning more about EMDRIA in my new position as Executive Director. My first day was May 21st and here I am writing my first column for the June Newsletter. My message is that I'm here to work with and assist you in moving EMDRIA into the future. Feel free to contact me at mldoherty@emdria.org or by phone at 512.451.5200, ext. 202. I look forward to hearing from you. ❖

HAVE YOU CONSIDERED BECOMING AN EMDRIA VOLUNTEER?

Participation by members like you helps keep EMDRIA strong. If you have a special skill, talent, or interest in a particular area you think would be useful or beneficial to EMDRIA, please complete the Volunteer Form on our web site. Log in and then go to the Members Only section. There, you will find a section called Volunteer Opportunities. You can view each Committee to see who the current members are and the purpose of each Committee. Once you determine your area of interest, please complete the Volunteer Form and Annual Statement of Disclosure. If you prefer, you can call our office Toll Free at 866.451.5200, and we can send you the information via fax, mail or email.

The excitement is growing for the 2012 EMDRIA Conference: "EMDR & Attachment: Healing Developmental Trauma". Come and be a part of the largest and most anticipated EMDR event in the United States. Join us October 4-7, 2012 at the Crystal Gateway Marriott in Washington, D.C.

The schedule of events, speaker biographies, workshop descriptions, hotel information and sponsorship and exhibitor opportunities are available on our Conference website. Visit www.emdriaconference.com today!

REGISTRATION INFORMATION

Registration is now open! Here are two good reasons why you should register today:

- 1) Get the workshops you want! Workshops are assigned according to the date registrations are received and meeting space may be limited.
- 2) Save money! If you register by August 1, 2012 you will receive the Early Bird registration fee. Fees will go up after August 1st and if you wait to register on-site, there is an additional \$25 fee.

Your registration includes: Attendance at all plenaries, workshops, continental breakfast each day, two coffee breaks each day, dinner (Friday only), Opening address and reception, networking reception and access to the Exhibit Hall.

Visit www.emdriaconference.com to register online or to download the printable registration form. In addition to this, you should have also received the printed Conference brochure in the the mail. For more information or questions regarding Conference registration, please contact Lynn Simpson at lsimpson@emdria.org.

HOTEL & TRAVEL INFORMATION

All sessions for the Conference will be held at the Crystal Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, VA 22202.

For overnight accommodations, a special group rate of \$179 per single/double has been contracted at the Crystal Gateway Marriott. For reservations, call 703.920.3230 and ask for the EMDRIA rate or go to www.emdriaconference.com to make reservations online. Rooms at this rate are selling quickly!

As in years past, we are helping to match attendees who are staying at the Crystal Gateway Marriott up as roommates at the Conference. If you are interested in finding a roommate, go to the EMDRIA Conference website and go to the "Hotel & Travel" tab and click on the Find a Roommate link, and add yourself to the roommate list.

AIR TRAVEL DISCOUNTS

American Airlines

American Airlines is offering a 5% discount to EMDRIA Conference attendees for travel to Washington National (DCA), Washington Dulles (IAD) and Baltimore (BWI) between October 1 and October 10, 2012. Mileage members can receive credit for all American miles flown to attend this conference. The promotional code you will need to use is: **44H2BV**. To book your discounted ticket online go to www.aa.com and use the discount reference number above as the www.aa.com promotion code. Itineraries involving any Oneworld or codeshare partner airline must be booked through the AA Meeting Services Department at 800.433.1790 if calling from the US and Canada. International attendees should call their local American Airlines reservations number with the above Promotion code. A service charge of \$25.00 USD per ticket will apply for tickets purchased through American Airlines Reservations.

Delta Airlines

Delta is offering discounts (5% restricted flights – no upgrades and 10% non-restricted – this includes first class and business class) to EMDRIA Conference attendees for travel to Washington National (DCA), Washington Dulles (IAD) and Baltimore (BWI) between September 28 and October 13, 2012. Miles may be earned. SkyMiles travel award options are not permitted. The meeting event code is **NMAG5**. Reservations and ticketing is available via www.delta.com or by calling the Delta Meeting Network Reservations at 800.328.1111. Please note that a Direct Ticketing Charge will apply for booking by phone. When booking online, select Meeting Event Code and enter the meeting eventcode listed above in the box provided on the Search Flight page. You must search by "Fare Class" and not "Cabin". This discount does not apply toward U, L and T class fares. Select Economy E (or higher) to view the lowest price available.

WANT TO GET NOTICED? EXHIBIT, SPONSOR & ADVERTISE!

Don't sit on the sidelines...be a part of the buzz! Sign up to be an exhibitor, sponsor or advertiser. This is a great way to get your message in front of EMDR therapists! EMDRIA offers a wide variety of Exhibit and Sponsorship opportunities that are all designed to help you promote your product or service to EMDR therapists.

Most of the sponsorships opportunities include Exhibit Booth space, allowing you to get the largest advertising value for your dollar. Sponsorships allow for more opportunities to increase awareness of your company name, your brand and your products and services.

There's a sponsorship opportunity for every budget level, from a highly visible booth in the Exhibit Hall to your company's name

on important Conference materials. Act quickly - these opportunities fill up fast! Exhibit, Sponsorship and Advertising opportunities will be granted on a first-come, first-serve basis.

Highlight your presence by advertising in the 2012 EMDRIA Conference Program. Advertising is an easy and affordable way to promote your company, program or institution to a targeted professional audience. We also have a "Free Take One" table available where you can place a brochure or flyer for Conference attendees to pick up. Details, including fees and deadline for submissions, are available on the Conference website.

If you are interested in any of these opportunities, please contact Lisa Gallo at lisa.gallo@horizonmeetings.com or 512.336.9029 and she will send you the Application & Payment Form.

IMPORTANT ANNOUNCEMENTS

Memorial Scholarship

The Memorial Scholarship Application is available. Visit our website and download the application form if you would like to be considered for a scholarship to help with funds to attend the Conference. The deadline to submit the scholarship application is July 30, 2012.

Call for Questions

Our Main Conference will end with an insightful presentation from the originator and developer of EMDR, Dr. Francine Shapiro, titled "EMDR Therapy Update: Theory, Research and

Practice." Dr. Shapiro will not only bring us up-to-date on the latest information on EMDR, but also will be answering a few attendee questions during this Plenary session. If you plan on attending the Conference and wish to submit a question that Dr. Shapiro could answer during her session, please visit www.EMDRIAConference.com and fill out the Call for Questions Form. The deadline to submit your questions is August 1, 2012.

Conference Certificates

We will be using software that allows you to print your certificates just two weeks after the Conference by going to our Conference website. This process allows you to receive your certificates faster. This means that we will NOT be sending certificates in the mail this year. Please contact our office if you will require special assistance in printing your certificates.

Session Handouts

A few weeks before the Conference, EMDRIA will email you an electronic copy of the handouts for the sessions you registered for. You may choose to keep these in electronic form or print them out and bring them with you to the Conference. When checking in at registration to pick up Conference materials, you'll be given a CD that will include all session handouts from participating presenters. If you forget to print them, there will be a 24-hour Business Center at the hotel where you can print them off of the CD using your credit card.

We hope you'll join us in Washington, D.C. for another great EMDRIA Conference! Please visit the Conference website for more information at www.emdriaconference.com. ❖



Ricky Greenwald, PsyD
Executive Director

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BY WENDY FREITAG, Ph.D.
EMDR RESEARCH
FOUNDATION PRESIDENT

Before I launch into the business of the Foundation, I want to offer a warm welcome to Mark Doherty, CAE, the new EMDRIA Executive Director. With Mark's impressive resume and background, we look forward to his wisdom and expertise and all that he has to offer

EMDRIA. On behalf of the Foundation Board, I welcome you and look forward to our work together for many years to come.

The EMDR Research Foundation Board has had a busy Spring. As always we are looking for, and taking advantage of, every fundraising opportunity that comes along to continue supporting EMDR Research. Also we are putting programs in place to offer non-financial support to both researchers and clinicians. As well we are working towards our goal of increasing the knowledge of EMDR to all mental health professionals, mental health consumers and the public.

The first funding cycle in 2012 yielded one recipient. Catherine Butler of the Educational Psychology Program at Argosy University in San Diego has received a \$5000 Dissertation Award. Her dissertation project is working with veterans, which is one the Foundation's funding priorities. Ms. Butler's dissertation, "An Evaluation of the Efficacy of Eye Movement Desensitization and Reprocessing (EMDR) as Compared to Treatment as Usual for Veterans with PTSD" is a comparison of EMDR and Treatment as Usual (talk therapy) for veterans with military related PTSD

over a 12 session course of treatment in a pre-, post, and follow up design. Future studies will replicate this project in order to 1) increase the pool of subjects, 2) establish the effectiveness of EMDR over a prolonged amount of time, and 3) continue to evaluate the decrease or eradication of PTSD symptoms in veterans. We are grateful for the work Catherine is doing and congratulate her on the Award. The submission deadline for the next funding cycle is July 1st. For more information on the RFPs, please visit our website at www.emdrresearchfoundation.org/research.

The EMDR Research Foundation is committed to providing support for unbiased research in EMDR, with the ultimate goal of improving the quality of client care and the transformation of lives. Funding high quality research is of utmost importance, but is not enough. The results of the research must be available and accessible to EMDR therapists in a way that is relevant to their work. Therefore the Foundation is launching the "Translating Research Into Practice" column, which premieres in the next edition of the Journal of EMDR Research and Practice. This will be an exciting forum for both researchers and therapists to share clinical experiences. It will bring research alive and make research findings relevant in a therapist's day-to-day practice. It will also support researchers in disseminating their findings and provide a critical link between research and practice. The Board is currently soliciting clinical case examples inspired by or supported by clinical research for the "Translating Research to Practice" column. If you have been involved in a research study and would like to share clinical examples that illuminate your findings, please submit a case summary to share with your clinical colleagues. Or, if you have read a research article that stimulated your thinking, inspired your work with a client, or made a difference in your work with a consultee, please share your experience by writing a brief case description to share with others. By sharing our clinical experiences that are inspired or supported

The EMDR Research 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 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:

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

Contributions can also be made online at:
www.emdrresearchfoundation.org

Take a moment to donate now! Remember, your donations are tax-deductible! Please check the EMDR Research Foundation website 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 EMDR Research Foundation.

EMDR Research Foundation

by solid research, it will allow all of us to bring Evidence-Based Practice to life. If you would like to contribute a case summary for the "Translating Research Into Practice" column, please email Katy Murray at katymurraymsw@comcast.net.

Another program the Foundation is launching is the development of a clearinghouse for researchers. This clearinghouse will reside on our website and will be an active list of EMDR therapists willing to participate in ongoing research projects. The Foundation Board has decided to take on this responsibility because we are frequently asked by research teams for names of therapists willing to participate in data collection. It also meets with one of our strategic goals of providing non-financial support to EMDR researchers. Please watch for an email blast asking EMDR therapists to register and be placed on the list of interested participants in high quality research.

The Foundation Board continues to look for opportunities to invite the EMDR community members to volunteer in one of the newly formed committees. As the Foundation's activities grow, so do the opportunities for YOU to get involved. The old saying, "the more the merrier" is not only true but necessary. By offering your skills and time on a committee such as Communications, Research or Fund Development, you can help us move our mission forward. It will also expose you to the workings of the Foundation and provide us expertise in an area of your interest and preference.

Regarding the Foundation's fundraising activities, we have two new exciting opportunities for your involvement. The first is the promotion of Francine Shapiro's "Getting Past Your Past." We are promoting the book, because Dr. Shapiro has graciously chosen the Foundation and EMDR HAP to share all the proceeds from the sale of the book. At the same time, "Getting Past Your Past" also provides information about EMDR to the public and mental health consumers. Therefore this fundraising activity raises money and works towards the goal of increasing public awareness of EMDR. If you want to become involved in this fundraising effort, please contact the Foundation at info@emdrresearchfoundation.org for an electronic copy of the flyer, which can be reproduced and displayed in your waiting rooms, at EMDR trainings and EMDR specialty workshops.

Secondly, I want to tell you about a wonderful opportunity made possible by Barbara Hensley, Ed.D, a Foundation Board Member. A beautiful quilted wall hanging, (34" X 34") was created in 2005 to honor the spirit of EMDR. Designed and crafted by Anneke Van Hoecke, a Belgian EMDR therapist, the wall hanging was auctioned in a spirited transatlantic auction as a fundraiser for HAP Europe. The bidding came down to two—the then EMDRIA President Barb Hensley and a European. After an exhilarating bidding contest, and with a very generous donation to HAP, the wall hanging was claimed by Barb. She brought it to the US and it was proudly displayed at the 2005 EMDRIA Conference in Seattle, Washington. Seven years later, Barb has graciously donated this wonderful piece of art to the



Quilted EMDR Wall Hanging

Foundation. As a fundraising opportunity, the wall hanging is being raffled off on the Foundation's website. There are only 200 chances at \$50 each to win this meaningful creation! You can read about the wall hanging and see pictures of it's creation by clicking on the banner on the bottom of www.emdrresearchfoundation.org. The creator (Anneke Van Hoecke) tells her story of how it came to be. The "guardian" (Barbara Hensley) tells why she bought it then and why now she gives it up to provide a new home for this meaningful piece of art. Barb encourages everyone who appreciates the creative beauty of the wall hanging and wishes to contribute to the future of EMDR research to buy one or more chances in the raffle. Once again Einstein can be a source of support to the EMDR Community!

Lastly, I want to thank both our Visionary Alliance members for their continued monthly support and our annual donors. The Foundation's 2012 goals are to increase both the number of Visionary Alliance members as well as annual donors. If you are interested in becoming a Visionary Alliance member or to make a donation, please go to www.emdrresearchfoundation.org/donatenow. At that page, you will see the elite company you will keep with your esteemed colleagues who are already donors.

As I ponder my closing, I am struck by the significant evolution of the EMDR Research Foundation over the past year. It was this time last year, when we righted our ship with a clear and concise Strategic Plan and a renewed sense of purpose and mission. Given our active donor base and the EMDR community's excitement about the Foundation's activities, our strategies seem to be working. I am grateful for the continued support of our donors and for the Foundation Board members who are giving selflessly of their time, effort and money. The future looks bright and the possibilities are limitless!

"Once we accept our limits, we go beyond them."

~ Albert Einstein

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



BY CAROL R. MARTIN
EXECUTIVE DIRECTOR
EMDR HAP

In late December, 2004, shortly after the catastrophic tsunami that devastated Sri Lanka, the HAP staff started to plan training programs for counselors in areas affected by the tsunami and to network with other service organizations. Over the next three years, a group of dedicated HAP

volunteers worked to train and to mentor 30 Sri Lankan counselors. EMDR e-mail consultation with the trainees and the HAP volunteers was provided between and after the three HAP visits. The trainees who had internet access were willing to share access and their computers with those without access. Thanks to Nancy Errebo and Karen Forte, EMDR consultation continues to be provided by e-mail today, several years after HAP's last visit. The group of 30 clinicians persisted but no new counselors had been trained. It was the efforts of Nancy, Karen and Sister Janet Nethisinghe, President, Sri Lanka EMDR Association (SEA) that the next part of Sri Lanka's story can be told.

Why do I share this story now? Where is Sri Lanka now? The need for trauma treatment that had been recognized after the tsunami continues. Without additional resources, further training in Sri Lanka had come to a standstill. According to Sr. Janet, "Our country is still severely traumatized with 30 years of war. Though it is more than two years since the end of the war, healing has not taken place because of government interference. There are thousands of people who need healing especially in the north of the country. But the South is no better. People here also experienced trauma in a big way due to violence and bomb blasts all over. As a result there is so much violence, rape, child abuse, murders, kidnappings, etc. The victims are many. So, whoever does counseling is exposed to these problems and must deal with them. In short, the whole country is traumatized. There is so much healing to be done.

We have formed Sri Lanka EMDR Association of which I am the current President. We get together periodically just to keep in touch and share our experiences. As I mentioned, HAP training has helped all those who participated in the training to use it in their work. And all vouch to the efficacy of the method. Sometimes it is almost miraculous! We need more trained counselors."

And, there will be more trained counselors! In the beginning of July, 25 Sri Lankan counselors will attend both a traumatology stabilization workshop and Part I training. A review (specialty workshop) will be offered for those previously trained.

This is funded by a grant secured by HAP from the International Relief Team, matched by fundraising efforts.

HAP also can continue their training efforts in Ethiopia because of a generous grant from Kent Richard Hofmann Foundation coupled with significant gifts from private donors. Dorothy Ashman has helped us in our commitment to Ethiopia, partnering with Hope for Children, an NGO that provides essential services to children who have lost their parents to HIV/AIDS. So far, we have trained more than 100 clinicians in Ethiopia. These funds will allow us to train 30 people in Part I, 25 in Part II and 50 in specialty training.

Our work in Ethiopia and Sri Lanka mirrors the way that HAP has worked throughout the world. We are asked by local partners (often partners who are familiar to our volunteers), we try to determine whether we can help to create a sustainable capacity in that community and we seek funds to make this happen. Over the years, you have heard about HAP's work in Kenya, Palestine, India, China, and Haiti among the 28 countries where we have worked. In many places, the seeds that were planted there have grown so that they can be better nurtured locally and HAP and our volunteers watch this with pride. In future issues of this newsletter, you will hear more about HAP's events throughout the world as they will be included in Marilyn Luber's column, EMDR Around the World.

HAP will also be helping clinicians from Palestine and from Cuba to attend the EMDRIA Conference this year, thanks to generous funding from private donors. Yes, there have been changes at HAP in the last year and the commitment to our volunteers, our domestic and international programs, agencies and NGOs continues.

HAP is waiting to hear from the United Nations as to whether we will be awarded U.N. Consultative status. This will allow HAPs around the world to participate in certain U.N. events and to be kept apprised of the U.N. dialogue around mental health.

After nearly seven years, Hope Payson will leave her position as Clinical Director at HAP and she will stay on as a volunteer and consultant. She is succeeded by Nancy Simons. Nancy is an EMDR clinician and an active member of the Western Massachusetts HAP Trauma Recovery Network and is on the steering committee of the Western Massachusetts EMDRIA Regional Network. During Hope's tenure at HAP much has been accomplished. Working with our faculty, she honchoed the change that took consultation out of our trainings and created a consultation directory that allows our participants to easily locate EMDR "HAP friendly" clinicians.

Working with Jack McCarthy (Jack also conducted the first training in Zambia this summer) and Kathy Davis, Hope updated our Traumatology Stabilization workshop. This workshop is now ready for use. Consultants and others who are interested in teaching this workshop please let us know.

Nearly 7,000 clinicians at hundreds of agencies were trained during Hope's time at HAP. She also nurtured and supported our faculty, volunteers and staff. We will miss her at the HAP office and we are pleased that she will continue to share her wisdom with us and those that we serve!

The Trauma Recovery Network (TRN) continues to grow. A TRN in Stamford, CT emerged as the result of a Christmas morning fire that killed three young children and their grandparents; the mother survived. The fire had a devastating effect on everyone involved, not least the 700 firefighters who had to deal with the tragedy on several levels. Michael Crouch and Karen Alter-Reid were among those who responded immediately and subsequently to help the firefighters deal with the trauma of what they'd seen. There were simply no other mental health practitioners to help in the disaster as it happened on a holiday. Out of this experience emerged a new TRN.

Another TRN has been created in Arizona. There were nearly 75 local EMDR clinicians who have attended two events that were organized by the AZ TRN leaders. A committed group of Arizona clinicians led by Bev Chasse organized a training in January for those who were interested in being a part of this important local disaster recovery initiative enabling TRN volunteers to learn about the various therapeutic approaches for managing recent trauma. HAP also worked with the AZ TRN to bring R-TEP training to Arizona. Elan Shapiro and Brurit Laub, the developers of R-TEP, gave a two day training

about this therapeutic approach. HAP will continue to provide R-Tep trainings throughout the year.

HAP also welcomes three new members to their Board of Directors, Howard Lorber, Susan Shrier and Cynthia Carr. They join Bill Stadlander, President of the Board, Robbie Dunton, Robin Shapiro, Gary Scarborough, Stephanie Leibowitz, Lyndell Wheatley and Francine Shapiro, President Emeritus. In our next edition, I will introduce you more fully to these new members of the Board as well as describe some of the initiatives that the Board so fully embraces.

HAP has always been most successful when it sought partners; EMDRIA, EMDRIA regional groups, TRNs, foundations, dedicated volunteers and others allowing us to advance our mission. This year has been no exception – we continue to depend on the dedication and support of our volunteers and supporters. We welcome efforts by these most important partners to help us expand our reach through education, outreach and caring. ❖

Revised EMDRIA Definition of EMDR

The EMDRIA Definition of EMDR has been revised and clarified to resolve an inaccuracy that was identified after the revision of the approved Definition appeared in the September 2011 EMDRIA Newsletter. The new paragraphs will read as follows:

BIVav. In the Installation Phase (Phase 5), the therapist first asks the client to check for a potential new positive belief related to the target memory. The client selects a new belief or the previously established positive cognition. The clinician asks him/her to hold this in mind, along with the target memory, and to rate the selected positive belief on the VOC scale of 1 to 7. The therapist then continues alternating bilateral stimulation until the client's rating of the positive belief reaches the level of 7 (or an ecologically valid rating) on the VOC Scale.

Statement deleted: In the event that disturbing material emerges, the clinician guides the client back to the desensitization Phase (Phase 4).

BIVavi. In the Body Scan Phase (Phase 6), the therapist asks the client to hold in mind both the target event and the positive belief and to mentally scan the body. The therapist asks the client to identify any positive or negative bodily sensations. The therapist continues bilateral stimulation when these bodily sensations are present until the client reports only neutral or positive sensations.

Statement deleted: In the event that disturbing material emerges, the clinician guides the client back to the desensitization Phase (Phase 4).

The Board agreed to this change because it more accurately reflects the EMDR procedure. The Definition is not a manual and cannot cover every eventuality that might occur during processing.

When you first meet Regina D. Morrow you immediately notice her heart and capacity for joy. She embodies the best of the legacy of her family.

Harold Forbes Davis and Rebecca Nan Stringer Davis were both from Thomasville, GA and met at Mercer University. Harold was a creative thinker and researcher who, with his three brothers, built their father's water meter business into the Davis Water and Waste Company. The company concentrated on anything that had to do with the treatment of water. His main focus was working to make something better and in an ecological manner. His generosity resulted in his making friends wherever he traveled. He traveled throughout the South as he sold pipes, pumps and sewage plants and

told them. She was also influenced by "good losses." She had time to reflect with her grandmother during the course of a catastrophic illness and support her father. He passed surrounded by all of his family at their favorite place in the world on the Ichetucknee River outside of Gainesville. These experiences helped shape Reg's professional path.

In college, Reg took the Strong Inventory to help her figure out her professional path. While the test did not provide the answer, the questions were invaluable. She wanted a financially viable career that would allow for her independence, self-directedness and develop her interest in families and the stressors that affected them. In 1985, she graduated from the University of Florida, Gainesville with

IN THE SPOTLIGHT:

REGINA D. MORROW

BY MARILYN LUBER, Ph.D.

helped people with the implementation of these products. He passed down his generosity, creativity, resourcefulness and concern for the environment to his daughter, Regina (Reg).

Nan was a homemaker who opened her door to family, friends and exchange students. She would always look for the good in people and early on taught Reg to rethink and redirect any negative comment she might have about someone. This perspective has become a part of Reg and no matter how many issues clients have, she is always able to point out the good and "hang in there" with them. Reg was the middle child with an older and younger brother.

Reg and her family moved to Florida from Georgia when she was in first grade, but mainly lived in Sarasota. She worked in the lab of the family business in High School and learned how to be more scientific, even when using unusual measures that might be considered "weird and different". According to her father, "If it got results, go for it!" It was assumed that Reg would go into the family business and become an engineer. However, she had other interests in mind.

She was influenced by an encounter with a man who tried to force entry into her home. Although she prevented it with "brute force and my fear," the experience stayed with her – especially the fear her parents and boyfriend had when she

a BS in Psychology and later, in 1987, with a M.Ed. and an Ed.S. in Mental Health Counseling with a specialization in Marriage and Family Therapy. During her studies, she had experience as a Crisis Counselor Volunteer at the Alachua County Crisis Center, an Addictions Specialist and then Counselor at the Little House Adolescent Substance Abuse Program, and as an Intern at the Seminole Community Mental Health Center and then with Behavioral Health Associates. She noted that family and group therapy often stirred the adolescents up, so instead she tried reaching them while taking them running or camping and had much better results. She established a local American Association of Marriage and Family Therapy in 1986-1987 and in 1992 became the President of the Central Florida AMFT.



After graduate school she married Michael Morrow and they moved to Orlando where he worked with Earth Resources. His job was to figure out how to clean up toxic chemicals that had contaminated the earth and then organize the cleanup. In 1992, in order to travel less and reduce exposure to toxic chemicals, Mike worked for Disney where his job was to make sure that there were no toxic chemicals on Disney property. He was also asked to implement an Emergency Response Team (ERT); that is how Reg learned how an ERT functions.

Reg's first job after graduate school was as a Behavioral Health Therapist with Behavioral Health Associates, a division of Physician Associates of Florida where she had the opportunity to work with couples, children, adolescents

and facilitate groups on depression management, anxiety mastery, surviving childhood abuse and ADHD parent training. It was an ideal position. In the company of 22 therapists, Reg was able to be innovative in supporting the care and recovery of patients. Unfortunately, with the advent of Managed Care, this climate changed and she moved on to her own private practice. From 1997-2003, Reg worked as a part time School Counselor for Central Florida Prep School where she provided counseling for students in grades K-12, consultation with staff on classroom management and team development and provided counseling services for the staff.

As a Consultant for Behavioral Health Associates, Dr. Carl Nickeson introduced Reg and her colleagues to EMDR. She was first trained in EMDR in 1995 by Steve Silver, and with the encouragement of Cathy Strand, they practiced on a weekly basis supporting and critiquing each other by sitting in on each other's sessions. They continued this strategy after their Part 2 training with Francine Shapiro and training and attending Carl's no fee study group. By 2000, Reg became a Facilitator and also an EMDRIA

Approved Consultant. The Red Badge experiences during the process of becoming a facilitator were encouraging and supportive. Each mentor brought a different perspective to the table and increased the ways Reg viewed EMDR. She also recognized the depth of talented EMDR professionals in California and New York. It became important to build depth in Florida. This was the beginning of the urge to bring more EMDR to Orlando. She wanted to create an EMDR community in Orlando. Upon Carl's urging, Reg picked up the responsibilities of an EMDRIA Regional Coordinator and began organizing and providing EMDR trainings in Orlando. Carol Crow shared this same desire to grow Florida and alternated trainings between Tampa and Orlando with Reg.

During the journey to become a facilitator, Reg met Deborah Kennard. They became great friends, attending conferences, consulting about their experiences and later did the Trainer's Training together. Deb's enthusiasm for EMDR, facilitating and training buoyed Reg's courage to keep it up! From Marilyn Luber she learned the skills needed to do logistics for training, adding to her already excellent people skills, team building and ability to support practitioners and EMDR staff. Marilyn's warmth and focus on the mission left a powerful impact on Reg.

During one of Francine Shapiro's Plenary addresses as EMDR HAP was beginning to grow, Francine spoke about how treating trauma in the world can end the violence. It was at this moment that Reg was truly inspired and became excited about the idea of training others. She had already become the EMDRIA Regional Coordinator for Orlando in 2005, complementing the work that Carl was doing with the no fee study group. She began to facilitate for HAP and

spent time with Roy Kiessling, getting involved with the process of making the training simpler and more efficient. She liked watching the light bulbs going on during the training as people struggled and then got what was taught. She appreciated Roy's mentorship and encouragement to find her own voice. He was the one who suggested she become an EMDR HAP trainer. She agreed and she began in 2007 and completed in 2008. Reg was thankful for what an amazing mentor he was.

In 2009, she began the first formal recruitment for the EMDR HAP Trauma Recovery Network (TRN). She was inspired by Mike's work with Disney and felt that there should be a response by the mental health community. She encouraged colleagues to join and has a steering committee of four who are actively engaged in Orlando's TRN. They have had trainings in Elan Shapiro and Brurit Laub's Recent Traumatic Episode Protocol (R-TEP), to help therapists know what to do in case of emergency.

This project stimulated Reg's creative thinking about the kind of EMDR clinician she wanted in her community. She wanted therapists to actively advance in EMDR and "get it in every cell of their bodies". Reg says, "When I think of growing an EMDR Clinician, I want them to desire to bring more to their community. When Marina Lombardo was getting certified, her graduation project was to write the 'Infertility Protocol for EMDR.' The Regional Meetings have become a wonderful venue to showcase the developing talent in our community and stimulate friendships and peer relationships. The Regional Meetings are successful due to the contributions of members and participants offer to help grow it in many ways. I think that encouraging this type of extra activity for a consultee is a way of integrating their expertise into the community. One of my latest certified practitioners is in the Christian Community on a lecture circuit talking to her community. Christian Counseling is one of her areas of expertise. Now, she can take her expertise into the community. She is explaining trauma on their terms, helping them see the importance of treatment and encouraging them to promote EMDR. The goal is to find whoever really cares and keep them invested through community commitment and elevating their expertise. Then, it is hard to back out!"

It is not surprising that Reg won the EMDRIA Award for Outstanding Regional Coordinator in 2010, as she has given her heart and soul to this calling.

Upon reflecting on her journey to become a therapist, it was the talented mentors in Reg's life that have made a huge impact. Reg carefully sought out many of the mentors who were known to be encouraging and focused on their craft. Others seemed to somehow just pop up. Mentoring well "pays it forward", improves the world and in our case as EMDR therapists, will contribute to easing suffering. It is a

continued...

"When I think of growing an EMDR Clinician, I want them to desire to bring more to their community. The goal is to find whoever really cares and keep them invested through community commitment and elevating their expertise. Then, it is hard to back out!"

In the Spotlight continued...

gift to develop a relationship with a good mentor and a life changing experience to receive it and to give it.

Continuing in this spirit, Reg has this to say to our community:

"If you are mentoring somebody, help him/her build a root to be good at something to allow EMDR to grow. Whether it is a protocol, a regional group, a study group, a research project, a TRN, volunteering for HAP, giving lectures and/or public talks, it is important that somehow clinicians participate in building the roots of EMDR in their community. Their community can be their county they live in or their country, or a specialty population such as working with perpetrators, whatever it is that is their community or population. I love their enthusiasm for EMDR and establishing a path beyond just being a good EMDR therapist. They want to help grow EMDR and help relieve the suffering. I want them to go back to their community and grow EMDR in it."

Reg is an active speaker in her communities of Orlando, CFAMFT; EMDRIA; Regional Meetings; MFT graduate students; Mental Health Counselor's Association; Central Florida Prep School Staff; and Florida Council on

Family Relations. She speaks on subjects ranging from Neuroecology, to attachment styles and the therapeutic relationships, trauma, core tasks of expert therapist, family therapy, parent-teacher partnership and EMDR and related topics.

She has written a book review in the Journal of EMDR Practice and Research and an article on "EMDR Target Tracking." She has co-authored the article "Infertility Protocol with EMDR" with Marina Lombardo in EMDR Scripted Protocols: Special Populations.

When not working in her practice or with EMDR, Reg is archiving family videos, gardening, sailing and traveling and interacting with her children, Becca and Michael.

Regina is a talented woman who has brought her gifts of heart, intelligence, innovation and dedication to our EMDR Community. We are lucky that we have her among us. ❖

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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=43>.

Cotraccia, A. J. (2012). Adaptive information processing and a systemic biopsychosocial model. *Journal of EMDR Practice and Research*, 6(1), 27-36. doi:10.1891/1933-3196.6.1.27

Anthony J. Cotraccia, 207 East Court Street, Ithaca, NY 14850. E-mail: <cotracc@twcny.rr.com>

ABSTRACT Shapiro's (2001) adaptive information processing (AIP) model portrays an innate healing system hypothesized to be composed of neurophysiological mechanisms of action causally related to the resolution of disturbing life experiences. The author expands the model to include psychosocial mechanisms and suggests that a model of a biopsychosocial system can best depict causal properties related to positive outcomes of eye movement desensitization and reprocessing (EMDR). Teleofunctionalist and evolutionary perspectives are applied: the first, to explain the inclusion of the psychological and social features highlighted in the updated model; the second, to support the hypothesis that AIP is a goal of the human attachment system. It is posited that bonding, following a disturbing life experience, facilitates the access of information related to previous states, thus allowing an update of self/world models. These interactions are analogous to psychotherapeutic encounters, with multiple levels of information processing at subpersonal, personal, and interpersonal levels. Analysis of the causal properties of personal and interpersonal levels supports a broader understanding of AIP's scope in conceptualizing psychopathology and informing treatment applications and research.



Fleming, J. (2012). The effectiveness of eye movement desensitization and reprocessing in the treatment of traumatized children and youth. *Journal of EMDR Practice and Research*, 6(1), 16-26. doi:10.1891/1933-3196.6.1.16

Jocelyn Fleming, 7A The Terrace, Barnes, London SW13 0NP. E-mail: <jossfleming@blueyonder.co.uk>

ABSTRACT This article provides a summary of all the studies that have investigated eye movement desensitization and reprocessing (EMDR) treatment of traumatized children and adolescents. The effectiveness of the treatment is revealed in more than 15 studies. This article considers the differences between Type I and Type II traumas and specifically examines the effects of EMDR on traumatic stress experienced by children and youth following Type I and Type II traumas. There is a considerable body of research evaluating

EMDR treatment of Type I traumas, showing strong evidence for its efficacy, but there are few studies that have specifically investigated EMDR treatment of Type II traumas. The effect of EMDR on various symptoms and problem areas is also examined. Recommendations are made for the clinical application of EMDR and for further research.



Goodson, J., Helstrom, A., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Powers, M. B. (2011). Treatment of posttraumatic stress disorder in U.S. Combat veterans: A meta-analytic review. *Psychological Reports*, 109(2), 573-99.

Jason Goodson, Philadelphia VAMC, University of Pennsylvania, USA.

ABSTRACT Among U.S. veterans who have been exposed to combat-related trauma, significantly elevated rates of posttraumatic stress disorder (PTSD) are reported. Veterans with PTSD are treated for the disorder at Veterans Affairs (VA) hospitals through a variety of psychotherapeutic interventions. Given the significant impairment associated with PTSD, it is imperative to assess the typical treatment response associated with these interventions. 24 studies with a total sample size of 1742 participants were quantitatively reviewed. Overall, analyses showed a medium between-groups effect size for active treatments compared to control conditions. Thus, the average VA-treated patient fared better than 66% of patients in control conditions. VA treatments incorporating exposure-based interventions showed the highest within-group effect size. Effect sizes were not moderated by treatment dose, sample size, or publication year. Findings are encouraging for treatment seekers for combat-related PTSD in VA settings.



Hagenaars, M. A., & Arntz, A. (2012). Reduced intrusion development after post-trauma imagery rescripting; an experimental study. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(2), 808-814. doi:10.1016/j.jbtep.2011.09.005

Muriel A. Hagenaars, Department of Clinical, Health and Neuropsychology, Leiden University, PO Box 9555, 2300 RB Leiden, The Netherlands. Email: <mhagenaars@fsw.leidenuniv.nl>

ABSTRACT Background & Objectives: Contemporary theories predict PTSD development after trauma if trauma information is not adequately processed or negatively appraised. Mental imagery and emotional processing seem to be strongly related and evidence-based treatment strategies such as imaginal exposure and EMDR indeed include imagery as a main component. Moreover, imagery rescripting of traumatic memories is an effective treatment for PTSD.

Methods: The present study combined these lines of research and investigated the impact of early imagery rescripting on intrusion development after an aversive film. Seventy-six participants were randomly allocated to one of three conditions: imagery rescripting (IRS), imagery reexperiencing (IRE) and positive imagery (PI). All participants watched an aversive film, had a 30-min break and then received a 9-min intervention (IRS, IRE or PI). They indicated subjective distress during the intervention, recorded intrusive memories of the film for 1 week and completed the Posttraumatic Cognitions Inventory (PTCI) and a cued recall test one week later.

Results: The IRS group developed fewer intrusive memories relative to the IRE and PI groups, and less negative cognitions than the IRE group, while cued recall was enhanced in IRS and IRE groups compared to the PI group. IRS and PI groups experienced less distress during the intervention than the IRE group.

Limitations: This is an analogue design and results should be replicated in clinical samples.

Conclusions: The results suggest that IRS might be an adequate technique to change memory consolidation at an early stage and therefore a powerful and non-distressing strategy to prevent PTSD symptoms.



Kurth, R.A., H. Gerhardt, & I. Schäfer. (2012). Posttraumatische und psychotische symptome bei schwer traumatisierten patienten: Eine darstellung anhand von 3 fallvignetten. [Post-traumatic and psychotic symptoms in severely traumatised patients: Three case reports.] Fortschritte Der Neurologie, Psychiatrie. doi:10.1055/s-0031-1281801

R. A. Kurth, Behandlungszentrum für Folteropfer Ulm (BFU), Innere Wallstr. 6, Ulm, Germany, 89077, Email: <r.kurth@reha-verein.de>

ABSTRACT Background: Severely traumatised patients may show a variety of impairments, including psychotic symptoms. The therapist's specific professional background (e. g., trauma-focussed psychotherapy or general psychiatry) may impede adequate diagnosis and treatment of these patients.

Methods: Three case reports show the development and change of post-traumatic and psychotic symptoms over time and the influence of specific interventions.

Conclusions: It is important not to jump to conclusions and interpret perceptual disturbances (flashbacks, dissociative or psychotic ones) too quickly in an one-sided way. Further scientific investigations are mandatory in order to understand and treat patients in an adequate way.



Lombardo, M. (2012). EMDR target time line. Journal of EMDR Practice and Research, 6(1), 37-46. doi:10.1891/1933-3196.6.1.37

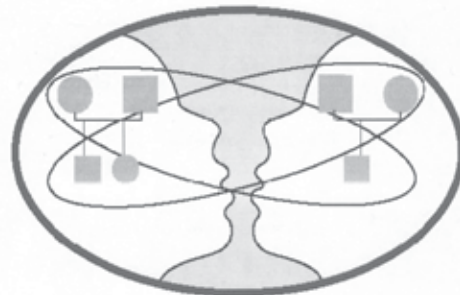
Marina Lombardo, 1151 Blackwood Ave., Suite 120, Orlando, FL 34761. E-mail: <Marinalcsw@yahoo.com>

ABSTRACT This Clinical Q&A section responds to a question about organizing a client's historical information into a targeting sequence within a treatment plan that is consistent with Shapiro's (2001) three-pronged protocol. The procedures for identifying and prioritizing treatment eye movement desensitization and reprocessing (EMDR) targets are reviewed in the context of Shapiro's theoretical model, and various time line models are summarized. The author then presents her EMDR Target Time Line, which provides a practical simple visual tool for documenting past, present, and future aspects of the presenting problem. It allows the therapist to note if disturbing past experiences present around a core theme, such as negative cognitions, physical symptoms, or situations/persons/circumstances. Three clinical cases are used to illustrate the form's application with various types of treatment targets.



Marr, J. (2012). EMDR treatment of obsessive-compulsive disorder: Preliminary research. Journal of EMDR Practice and Research, 6(1), 2-15. doi:10.1891/1933-3196.6.1.2

John Marr, Finchale Training College, Durham, Country Durham, DH1 5RX, United Kingdom. E-mail: <johnmarr@finchalecollege.co.uk> or <g4wui@kelloe.plus.com>



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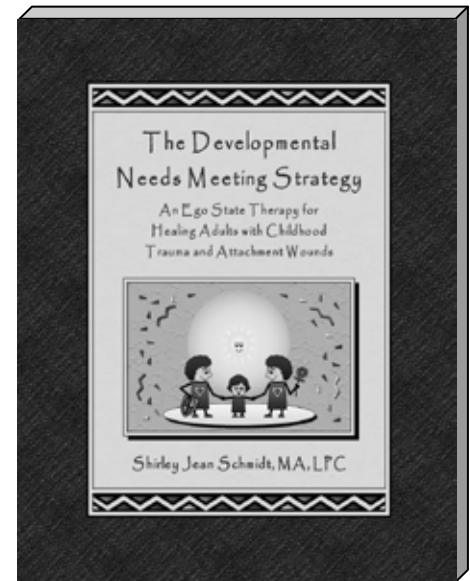
As the maker of BioLateral Sound recording CDs, let me endorse the TheraTapper. It's well made, durable, and the best product of its kind. I've been buying it since it first came out and I endorse it heartily. - David Grand, PhD, New York City

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Have clients with unmet developmental needs?

The Developmental Needs Meeting Strategy (DNMS) is a therapy model for remediating unmet developmental needs. It was developed by EMDR therapist Shirley Jean Schmidt to target and heal *attachment wounds* as systematically as EMDR targets *trauma wounds*. As with EMDR therapy, alternating bilateral stimulation is a key feature in the model.

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For more information, or to read therapist reviews of the book, go to www.dnmsinstitute.com

The DNMS is extremely effective in treating a full range of complaints, regardless of client ego strength. I am particularly impressed with how well it helps heal my most wounded clients - such as those with attachment issues and dissociative disorders.

- Joan Bacon, Psychologist, EMDRIA Instructor & Consultant

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ABSTRACT This article reports the results of two experiments, each investigating a different eye movement desensitization and reprocessing (EMDR) protocol for obsessive-compulsive disorder (OCD) and each with two young adult male participants with long-standing unremitting OCD. Two adaptations of Shapiro's (2001) phobia protocol were developed, based on the theoretical view that OCD is a self-perpetuating disorder, with OCD compulsions and obsessions and current triggers reinforcing and maintaining the disorder. Both adaptations begin by addressing current obsessions and compulsions, instead of working on past memories; one strategy delays the cognitive installation phase; the other uses mental video playback in the desensitization of triggers. The four participants received 14-16 one-hour sessions, with no assigned homework. They were assessed with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), with scores at pretreatment in the extreme range (mean = 35.3). Symptom improvement was reported by participants after 2 or 3 sessions. Scores at posttreatment were in the subclinical/mild range for all participants (mean = 8.5). Follow-up assessments were conducted at 4-6 months, indicating maintenance of treatment effects (mean = 7.5). Symptom reduction was 70.4% at posttreatment and 76.1% at follow-up for the Adapted EMDR Phobia Protocol and 81.4% at posttreatment and at follow-up for the Adapted EMDR Phobia Protocol with Video Playback. Theoretical implications are discussed, and future research is recommended.



Nijdam, M. J., Gersons, B. P., Reitsma, J. B., de Jongh, A., & Olff, M. (2012). Brief eclectic psychotherapy v. Eye movement desensitisation and reprocessing therapy for post-traumatic stress disorder: Randomised controlled trial. *The British Journal of Psychiatry : The Journal of Mental Science*, 200, 224-31. doi:10.1192/bjp.bp.111.099234

Mirjam J. Nijdam, MSc, Centre for Psychological Trauma, Department of Psychiatry, Academic Medical Centre at the University of Amsterdam, Meibergdreef 5, 1105 AZ Amsterdam, The Netherlands. E-mail: <m.j.nijdam@amc.uva.nl>

ABSTRACT Background: Trauma-focused cognitive-behavioural therapy (CBT) and eye movement desensitisation and reprocessing therapy (EMDR) are efficacious treatments for post-traumatic stress disorder (PTSD), but few studies have directly compared them using well-powered designs and few have investigated response patterns.

Aims: To compare the efficacy and response pattern of a trauma-focused CBT modality, brief eclectic psychotherapy for PTSD, with EMDR (trial registration: ISRCTN64872147).

Method: Out-patients with PTSD were randomly assigned to brief eclectic psychotherapy (n = 70) or EMDR (n = 70) and assessed at all sessions on self-reported PTSD (Impact of Event Scale - Revised). Other outcomes were clinician-rated PTSD, anxiety and depression.

Results: Both treatments were equally effective in reducing PTSD symptom severity, but the response pattern indicated that EMDR led to a significantly sharper decline in PTSD symptoms than brief eclectic psychotherapy, with similar drop-out rates (EMDR: n = 20 (29%), brief eclectic psychotherapy: n = 25 (36%)). Other outcome measures confirmed this pattern of results.

Conclusions: Although both treatments are effective, EMDR results in a faster recovery compared with the more gradual improvement with brief eclectic psychotherapy.



Oren, U. (2012). Obituary. David Servan-Schreiber (1961-2011). *Journal of EMDR Practice and Research*, 6(1), 47-48. doi:10.1891/1933-3196.6.1.47

ABSTRACT In June 2007, Dr. David Servan-Schreiber, psychiatrist, researcher, EMDR (eye movement desensitization and reprocessing) trainer, and one of the best speakers I have ever met, was giving the keynote address to the 900 participants at the EMDR Europe Association annual meeting that took place in the School of Medicine of the University of Paris. He was talking about his new understanding regarding cancer research that would later become part of his best-selling book *Anticancer*.

The point I remember most clearly was a slide showing a graph of the length of survival after being diagnosed with cancer. It was the classic upside down U shape of most statistical distributions, with some people dying very early on, many surviving a few months and a few surviving for longer periods of time. So what's new? Well, David was pointing to the fact that some people continued living against all odds. Since some people succeeded in doing this, the question in his mind was how did they do it? How does one continue living in the face of the biggest challenge? How does one use all the knowledge that has been gathered by science and by human wisdom to win the battle? The statement I remember him stressing on the podium was clear: The median is NOT the message!



Scott, G. G., O'Donnell, P. J., & Sereno, S. C. (2012). Emotion words affect eye fixations during reading. *Journal of Experimental Psychology. Learning, Memory, and Cognition*. doi:10.1037/a0027209

Sara C. Sereno, Institute of Neuroscience and Psychology, 58 Hillhead Street, University of Glasgow, Glasgow G12 8QB, Scotland, United Kingdom. E-mail: <Sara.Sereno@glasgow.ac.uk>

ABSTRACT Emotion words are generally characterized as possessing high arousal and extreme valence and have typically been investigated in paradigms in which they are presented and measured as single words. This study examined whether a word's emotional qualities influenced the time spent viewing that word in the context of normal reading. Eye movements were monitored as participants read sentences containing an emotionally positive (e.g., lucky), negative (e.g., angry), or neutral (e.g., plain) word. Target word frequency (high or low) was additionally varied to help determine the temporal locus of emotion effects, with interactive results suggesting an early lexical locus of emotion processing. In general, measures of target fixation time demonstrated significant effects of emotion and frequency as well as an interaction. The interaction arose from differential effects with negative words that were dependent on word frequency. Fixation times on emotion words (positive or negative) were consistently faster than those on neutral words with one exception-high-frequency negative words were read no faster than their neutral counterparts. These effects emerged in the earliest eye movement measures, namely, first and single fixation duration, suggesting that emotionality, as defined by arousal and valence, modulates lexical processing. Possible mechanisms involved in processing emotion words are discussed, including automatic vigilance and desensitization, both of which imply a key role for word frequency. Finally, it is important that early lexical effects of emotion processing can be established within the ecologically valid context of fluent reading.

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Stramrood, C. A., van der Velde, J., Doornbos, B., Marieke Paarlberg, K., Weijmar Schultz, W. C., & van Pampus, M. G. (2012). The patient observer: Eye-Movement desensitization and reprocessing for the treatment of posttraumatic stress following childbirth. *Birth* (Berkeley, Calif.), 39(1), 70-76. doi:10.1111/j.1523-536X.2011.00517.x

C.A.I. Stramrood, MD, Department of Obstetrics and Gynecology, CB 21, University Medical Center Groningen, PO Box 30001, 9700 RB Groningen, The Netherlands.

Full text available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1523-536X.2011.00517.x/abstract>

ABSTRACT Background: No standard intervention with proved effectiveness is available for women with posttraumatic stress following childbirth because of insufficient research. The objective of this paper was to evaluate the possibility of using eye-movement desensitization and reprocessing treatment for women with symptoms of posttraumatic stress disorder following childbirth. The treatment is internationally recognized as one of the interventions of choice for the condition, but little is known about its effects in women who experienced the delivery as traumatic.

Methods: Three women suffering from posttraumatic stress symptoms following the birth of their first child were treated with eye-movement desensitization and reprocessing during their next pregnancy. Patient A developed posttraumatic stress symptoms following the lengthy labor of her first child that ended in an emergency cesarean section after unsuccessful vacuum extraction. Patient B suffered a second degree vaginal rupture, resulting in pain and inability to engage in sexual intercourse for years. Patient C developed severe preeclampsia postpartum requiring intravenous treatment.

Results: Patients received eye-movement desensitization and reprocessing treatment during their second pregnancy, using the standard protocol. The treatment resulted in fewer posttraumatic stress symptoms and more confidence about their pregnancy and upcoming delivery compared with before the treatment. Despite delivery complications in Patient A (secondary cesarean section due to insufficient engaging of the fetal head); Patient B (second degree vaginal rupture, this time without subsequent dyspareunia); and Patient C (postpartum hemorrhage, postpartum hypertension requiring intravenous treatment), all three women looked back positively at the second delivery experience.

Conclusions: Treatment with eye-movement desensitization and reprocessing reduced posttraumatic stress symptoms in these three women. They were all sufficiently confident to attempt vaginal birth rather than demanding an elective cesarean section. We advocate a large-scale, randomized controlled trial involving women with postpartum posttraumatic stress disorder to evaluate the effect of eye-movement desensitization and reprocessing in this patient group.

● ● ●
van den Hout, M. A., Rijkeboer, M. M., Engelhard, I. M., Klugkist, I., Hornsveld, H., Toffolo, M. J., & Cath, D. C. (2012). Tones inferior to eye movements in the EMDR treatment of PTSD. *Behaviour Research and Therapy*, 50(5), 275-279. doi:10.1016/j.brat.2012.02.001

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

ABSTRACT Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder (PTSD). During EMDR, patients make eye movements (EMs) while recalling traumatic memories, but recently therapists have replaced EMs by alternating beep tones. There are no outcome studies on the effects of tones. In an earlier analogue study, tones were inferior to EMs in the reduction of vividness of aversive memories. In a first EMDR session, 12 PTSD patients recalled trauma memories in three conditions: recall only, recall + tones, and recall + EMs. Three competing hypotheses were tested: 1) EMs are as effective as tones and better than recall only, 2) EMs are better than tones and tones are as effective as recall only, and 3) EMs are better than tones and tones are better than recall only. The order of conditions was balanced, each condition was delivered twice, and decline in memory vividness and emotionality served as outcome measures. The data strongly support hypothesis 2 and 3 over 1: EMs outperformed tones while it remained unclear if tones add to recall only. The findings add to earlier considerations and earlier analogue findings suggesting that EMs are superior to tones and that replacing the former by the latter was premature.



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AFRICA

CAMEROON

Michelle Depré reports: "A new French organization, EMDR AID PROGRAM (EAP), was created to promote EMDR in Africa. EAP is a part of HAP EUROPE and operates in relationship with NOG EPITACLE, a Cameroon-based organization. Udi Oren, Isabel Meignant and I have been conducting trainings and supervision. For more information, please contact michelledepre@gmail.com."

TOGO & BENIN

Michelle Depré reports: "EAP is working in Togo/Benin and trainings are planned for 2013."

ZAMBIA

Jack McCarthy reports: "Peggy Bacon and I had a successful HAP training trip to Zambia in February. We provided a two-day training, "Managing the Alleviation of Stress and Trauma", for nine participants and a Part 1 training for 10 participants. Two of the Part 1 trainees were from Zimbabwe. This was the first updated version of EMDR HAP's "Traumatology and Stabilization" workshop. The trainings were received enthusiastically. We hope for a solid EMDR presence in Zambia and a vibrant collaboration between these new practitioners and those from other African countries."

ASIA

JAPAN

Masaya Ichii reports: "We began JEMDRA HAP in May 2011. We offered consultation in Sendai (the tsunami area) in October and had continuing education on R-TEP for tsunami survivors, as well as a Part 2 training, in November. A Part 1 training also took place in March in Kobe. Soon

JEMDRA HAP will begin to sell t-shirts, pins and badges to support current and future projects. Our 7th Annual EMDR Conference took place in May and Joan Lovett presented a two-day workshop on "EMDR and Children". JEMDRA HAP is off to a good start and we are thankful for the help everyone has provided."

PHILLIPPINES

Lourdes Medina reports: "Cagayan de Oro and Iligan were devastated by Typhoon Sendong. Thousands died and many are missing as well as in need of food, shelter and psychological support. A month after the tragedy we have done EMDR with as many survivors as we can – and it's not enough. We are appealing for support and need help from our EMDR colleagues, not only for the victims and survivors, but also the responders, social workers and debriefers. Please contact me at lcm50us@yahoo.com if you can help. We have been using EMDR for torture victims and are pleased to report they are recovering quickly. I presented our work to the NGO Board who provides help with these survivors. They were so pleased with the results of when EMDR was used with caregivers that they want to use EMDR for this population. Another project I am beginning is "EMDR for Perpetrators" (who are victims themselves) in collaboration with a Bible Study Group, whose members visit prisoners, conducts bible studies and feed them nutritious food. As President of EMDR Philippines, I try my best to share the benefits of EMDR to as many of my traumatized countrymen as I can."

AUSTRALIA

Zara Yellin reports: "EMDR in Australia is struggling to get the acceptance we need to integrate it into mainstream therapy. I organized a SIG within the Australian Psychology Society and over 20,000 psychologists now have access to the group. We currently have State Groups operating monthly meetings with great speakers, resulting in our being more visible within the therapeutic community. The Melbourne Group organized a seminar by Carol Forgash and a video conferencing workshop with Jim Knipe. We have many dynamic people here and we hope that many will go to Spain for the EMDR Europe Conference."

EUROPE

FRANCE

Isabelle Meignant reports: "Three days after the March 19th shooting in Toulouse,

where three Jewish school students and a rabbi were killed in front of their school, the EMDR Emergency Action Group mobilized and coordinated our activities with CUMP 31 (Mental Health authorities). Niclas Desbiendras, Zeev Maoz and I conducted individual and group EMDR early interventions at the school for teachers and students. Nicolas Desbiendras will lead an EMDR practitioners group that will provide individual and group EMDR/R-TEP sessions in cooperation with local authorities. I will also be providing EMDR supervision and training.

On March 16th, eighty practitioners attended the 5th Annual EMDR Toulouse Study Day. This year's topic was "EMDR and Health" to open research opportunities for EMDR clinicians. Sandrine Cayrou, Sandrine Rivière, Christel Mahieu Thibault and Gilbert Meunier presented their preliminary data on case studies using EMDR for patients with Multiple Sclerosis, dermatological problems, allergy, asthma and aging problems. Julien Lignon, Nicolas Desbiendras and I also did a public conference showing "The Legend of EMDR", Michel Meignant's movie. Derek Farrell gave a didactic workshop about "How to do and Publish Research in EMDR when you are an EMDR Europe Practitioner".

ICELAND

Robbie Adler-Tapia reports: "Laurie Tetreault and I did a Part 2 HAP training in Iceland in January. We also provided consultation for Iceland's first EMDR Approved Consultant who is becoming a HAP facilitator. In addition, I presented at the National Women and Children's Conference and provided an advanced training on "EMDR with Children".

NORTH AMERICA

UNITED STATES

ARIZONA

Robbie Adler-Tapia reports: "There is a lot going on in Arizona with our lively group. Laurie Tetreault, Carolyn Settle and I took over the responsibility for the EMDRIA Regional Network for Central and Northern Arizona joining Linda Bowers in Southern Arizona. Robbie Dunton and I submitted the application for "EMDR with Children" to the National Registry for Evidence Based Programs and Practice (NREPP) in February and are waiting to see if we need to go through the entire NREPP/SAMHSA process or if they evaluate this as just a modification of EMDR with adults, which has already been approved. Acceptance would mean bringing EMDR to the poorest

and most vulnerable clients - especially children in the child welfare system. In June, I presented at the EMDR Child SIG Conference in New Jersey and my new book "Integrating Developmental Theory into Clinical Practice" came out, including a section on a developmentally grounded approach to EMDR."

Ana Gomez reports: "My new book "EMDR Therapy and Adjunct Approaches with Children: Complex Trauma Attachment and Dissociation" will be released in July."

Laurie Tetrault reports: "There are many trainings being offered in Arizona throughout the year. Barry Litt presented on Couples in February and R-TEP in April (part of the HAP-TRN program), Mark Nickerson presented on Anger and Violence in June and Ana Gomez plans to present in September. In November, we have our Regional Network with Carolyn Settle presenting on Anxiety and OCD, with time for networking, lunch and general fun as our group grows! Robbie Adler-Tapia will present her new 2-day workshop on "Treating First Responders with EMDR" in December."

CALIFORNIA

Susan Goodell reports: "In October 2011, I became the San Diego County EMDRIA Regional Coordinator. I combined my no-fee study groups and the networking meetings to create the "San Diego County EMDRIA Networking Meetings." In January 2012, Sara Gilman and I facilitated a planning/organizing meeting. Most of the 13 Approved Consultants in the county attended. We are the "Leadership Committee" and discussed goals and planned a rough draft agenda for our countywide meetings for the year that occur on the first Saturday of most months. We listed the tasks and responsibilities required to maintain consistency and open communication and responsibilities were delegated to maximize participation and efficiency. We send out a monthly announcement to a large listserv concerning the meeting details. Participants are invited after completing an EMDRIA-Approved EMDR Basic Training program. Periodically, we offer CA Board of Behavioral Sciences and EMDRIA CEU's for our programs. Usually, we meet for 1 1/2 hours and often, afterwards, go out to lunch for informal case consultation. Our core group -of dedicated and talented EMDR therapists- is committed to EMDR and participates in the monthly meetings, making our organization a successful one."

FLORIDA

Reg Morrow reports: "In March, the second Orlando EMDRIA Regional Network meeting occurred and we

listened to an audio/PowerPoint program on Positive Affect Tolerance and we had small group discussions and a practicum to practice the PAT protocol. In May, Marina Lombardo presented her material on organizing a case in "EMDR Target Line" just published in the EMDRIA journal. The Orlando Trauma Recovery Network is seeking more volunteers to develop a strong preplanned system for the greater Orlando community in case we ever face a disaster."

NEW YORK

Uri Bergmann reports: "My book, Neurobiological Foundations for EMDR Practice, by Springer was released in May. The book introduces the most current research about the neural underpinnings of consciousness and EMDR, in regard to attachment, traumatic stress, and dissociation. It is the first book to comprehensively integrate new findings in information processing, consciousness, traumatic disorders of information processing, chronic trauma and autoimmune compromises and the implications of these data on the Adaptive Information Processing (AIP) model and EMDR treatment. The voice of the book is, both, technical and yet fully explicated in layered detail, rendering it fully understandable by all (see <http://www.springerpub.com/product/9780826109378>.)

Carol Forgash reports: "I am the co-author of a chapter in the following newly published online book: Monahan, K., & Forgash, C. (2012). Childhood Sexual Abuse and Adult Physical and Dental Health Outcomes. In E.A. Kalfoglou & R. Faikoglu (Eds.), Sexual Abuse - Breaking the Silence (pp.137-152). Croatia: InTechOpen. Link to online access: <http://www.intechopen.com/books/sexual-abuse-breaking-the-silence>"

WASHINGTON

Mark Russell reports: "Earlier this year I initiated the establishment of a Center for the Study of War Stress Injury and Social Justice at Antioch University in Seattle, whose aim is to investigate the current military mental health crisis and prevent its recurrence for future generations. Along those lines, we are attempting to generate public awareness and congressional pressure on the DoD and VA to research EMDR and for the VA to add EMDR to PE and CBT as PTSD treatments available for all war veterans. This would require the National Center for PTSD to amend its 2008 Handbook and start to provide EMDR trainings to VA clinicians, as well as encourage its use. To accomplish this, one strategy is for Antioch doctoral students and me to

publish EMDR case studies regarding treatment of domestic violence, traumatic grief, compassion fatigue, prevention of suicide, and interpersonal violence in military populations. We also are working off an Institutional Review Board (IRB) whereby Richard Smith's clinic at the Atsugi Naval Base is collecting treatment information from military clients and family members treated with EMDR compared to consecutive clients treated without EMDR. We are looking to submit this information to peer reviewed journals this year. In addition, James Cole, Sue Butkus, and I have met with a lobbyist, and contacted Senator Patty Murray's staff regarding the VA's exclusion of EMDR as a treatment option for VA clients, as well as the DoD and DVA's refusal to research EMDR. I submitted written testimony to this effect at an April 4, 2012 Senate Field Hearing conducted in Tacoma, WA."

SOUTH AMERICA

BRAZIL

Eslly Carvalho reports: "On November 15-18, 2012, EMDR Brazil will hold the 2nd Brazilian Conference. We look forward to hearing from speakers, Karen Lansing (USA), Ignacio Jarero and Lucina Artigas (Mexico), and Santiago Jácome (Ecuador). The official language is Portuguese. In December 2011, a new Board was elected to lead the Brazilian Association of EMDR: Silvia Guz (President), Eslly Carvalho (Vice-President), Adriana Kortlandt (First Secretary), Alice Skowronski (Second Secretary), and Luisa Goes (Treasurer). We are excited about the new plans for Brazil! Silvia Guz from Brazil was certified as a new EMDR Trainer for Brazil and has begun training Brazilian colleagues. We now have three trainers, working in 15 cities and we graduate an average of 300 new EMDR therapists every year, with over 95% of our participants finishing the full Basic Training course. Alice Skowronski was promoted to Senior Facilitator and helps train new Facilitators. We presently have 10 individuals in various stages of preparation. We graduated our first blind EMDR therapist in Anapolis, Brazil with the help of many. Someone translated the manual into Braille and an organizer sat beside her and read the subtitles on the video clips. Her practicum group and Facilitator really helped her have a good first experience as a therapist and by the Intermediate module she had the worksheet down pat. She used tapping and not eye movements. What she cannot see, she makes up for with sensibility and auditory acuity."

My book, *Healing the Folks who Live Inside: How the new psychotherapies can heal our inner gallery of roles,* that was published in Portuguese last year will be out in Spanish in June. It includes a chapter on how traditional EMDR can be applied to heal the inner roles that all of us carry around. The book will be translated into English soon. My presentation at the II Ibero-American EMDR Conference in Quito on, "Difficult Cases" is available on DVD with English and Portuguese subtitles (audio is in Spanish), and brings a live demonstration of how EMDR can heal the inner roles. By having therapist role-reverse into the roles of their clients, and healing the touchstone events with EMDR, therapists received a new understanding of how to handle these situations."

CHILE

Santiago Jácome reports: "We trained 110 psychologists and psychiatrists from Arica in the north to Punta Arenas in southern Chile, following EMDRIA-EMDRIBA standards. Many belong to the Mutual de Seguridad Hospital, the largest health and trauma organization in Chile that gives attention to workers: bus and metro drivers in Santiago, and also many miners. This hospital adopted EMDR as its model of intervention. Our

team of EMDR IBA colleagues, from Ecuador, Mexico, Costa Rica, Argentina and Uruguay trained by John Hartung, support the development of EMDR here. Nacho Jarero assisted us in the last earthquake."

COSTA RICA

Esly Carlvaho reports: "Gabriela Segura was certified as an EMDR Trainer last year. She is the coordinator for the 2013 EMDR IBA Conference where Francine Shapiro will be the Keynote speaker."

ECUADOR

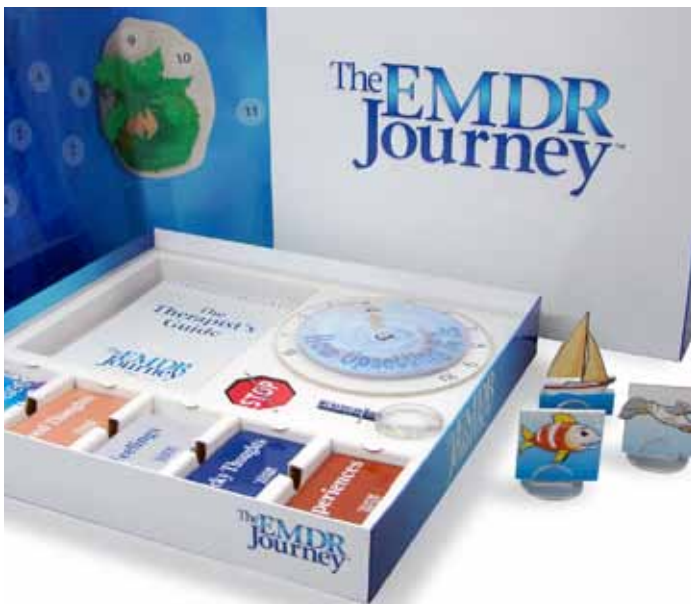
Esly Carvalho reports: "Santiago Jácome continues to teach a growing contingent of EMDR therapists in Chile with over 200 therapists now trained under his tutelage."

Santiago Jácome reports: "EMDR ECUADOR is training psychologists working with juvenile offenders and their families in Quito, Guayaquil, Ambato, Loja, Cuenca, Riobamba and Esmeraldas. The Program for the Prevention and Treatment of Violence and Sexual Abuse support these trainings. This program is financed by UNICEF and developed by Fundación Salud Alternativa para el Desarrollo (Alternative Health Foundation for Development) and the Ecuadorian Ministry of Justice and Human Rights."

URUGUAY

Myriam Calero and Ivonne Spinelli report: "In April and May we held EMDR Basic Trainings. The Center for the Treatment of Patients with Complex Trauma with EMDR is running for its 3rd year at the Psychiatric Hospital in Montevideo for people with very low incomes. EMDR Uruguay has organized several advanced courses for the EMDR community. We are training professionals working at the Institute of Adoption of the Institute of the Child and the Adolescent of Uruguay (INAU) and professionals who work with policemen and firefighters at the Police Hospital."

Esly Carvalho reports: "There is now a new EMDR trainer in Uruguay, Myriam Calero, a recipient of the Francine Shapiro Award for research in 2010."



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Orlando FL	Aug 17-19	Feb 1-3, 13
Los Angeles CA	Sep 7-9	Mar 8-10, 13
Chicago IL	Sep 14-16	Mar 8-10, 13
St Louis MO	Sep 21-23	Feb 22-24, 13
Portland OR	Oct 19-21	Apr 5-7, 13
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Minneapolis MN	Nov 2-4	Apr 12-14, 13
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Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
04007-08 12 Credits <i>EMDR Case Conceptualization for the Treatment of Attachment Trauma & the Dissociative Sequelae</i>	EMDRIA Child & Adolescent SIG Robbie Adler-Tapia, Ph.D.	Barbara Peck	724.437.0729	June 8-9, 2012 Montclair, NJ
12002-01 7 Credits <i>Feeling-State Theory of Addictions and The Feeling-State Protocol</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	June 9, 2012 Berkeley, CA
07003-06 14 Credits <i>Complex PTSD, Attachment and Dissociative Symptoms: Treating Children with Pervasive Emotion Dysregulation</i>	Farnsworth Lobenstine, LICSW Ana Gomez, MC, LPC	Farnsworth Lobenstine	413.256.3637	June 9-10, 2012 Amherst, MA
RC12102-01 1.5 Credits <i>Integrating EMDR & Neurobiology: Part 2 (DVD Presentation)</i>	Central Oregon EMDRIA Regional Network Dean Dickerson on DVD	Karen Forte	541.388.0095	June 12, 2012 Bend, OR
03002-17 12 Credits <i>EMDR Toolkit for Complex PTSD</i>	Maiberger Institute Barbara Maiberger, MA, LPC and Katie Asmus, MA, LPC, BMP	Barb Maiberger	303.875.4033	June 16-17, 2012 Denver, CO
12001-01 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Diane Clayton	239.851.4438	June 23-24, 2012 Nashville, TN
10006-07 14 Credits <i>EMDR and Treatment for Problematic Anger, Hostility and Violent Behavior</i>	Laurie Tetreault, MA, LMFT Mark Nickerson, LICSW	Laurie Tetreault	928.771.9422 x3	June 29-30, 2012 Phoenix, AZ
RC12103-01 1.5 Credits <i>Integrating EMDR & Neurobiology: Part 3 (DVD Presentation)</i>	Central Oregon EMDRIA Regional Network Dean Dickerson on DVD	Karen Forte	541.388.0095	July 10, 2012 Bend, OR
RC12104-01 1.5 Credits <i>Integrating EMDR & Neurobiology: Part 4 (DVD Presentation)</i>	Central Oregon EMDRIA Regional Network Dean Dickerson on DVD	Karen Forte	541.388.0095	July 10, 2012 Bend, OR
99003-72 12.5 Credits <i>EMDR and the Art of Psychotherapy with Children</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	July 13-14, 2012 Cheyenne, WY
12001-02 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.415.0823	June 23-24, 2012 Melbourne, FL
04003-28 22.5 Credits <i>EMDR Advanced Clinical Workshop and Refresher (Part 3)</i>	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Omega Institute	800.944.1001	July 29 - August 3, 2012 Rhinebeck, NY
01018-47 11 Credits <i>Module 2 - Assessment and Diagnosis of Complex Developmental Trauma</i>	Carol J. Crow, LMHC Katherine Steele, MN CS and Carol Crow, LHMC	Cheryl Lee	813.915.1038 x1	August 3-4, 2012 Tampa, FL
12004-01 14 Credits <i>Healing the Heart of Trauma with EMDR and Ego State Therapy</i>	UAB Advanced Workshops Carol Forgash, LCSW	Kelli Briggs	205.975.9730	August 4-5, 2012 Birmingham, AL
12001-03 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.851.4438	August 11-12, 2012 Columbia, SC
99003-66 12.5 Credits <i>EMDR and the Art of Psychotherapy with Children</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	August 25-26, 2012 Overland Park, KS

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
01007-15 9.5 Credits <i>Integrating EMDR Into Team Treatment for Attachment Trauma in Children</i>	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP and 3 other presenters	Debra Wesselmann	402.981.6130	September 7-8, 2012 Arlington Heights, IL
99003-65 14 Credits <i>Treatment of Attachment Trauma & The Dissociative Sequelae Through the Life Span: EMDR & Case Conceptualization</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	September 8-9, 2012 Raleigh-Durham, NC
07005-21 13 Credits <i>Healing the Caregiving System: Using EMDR Therapy, the Adult Attachment Interview (AAI) and Attachment Theory</i>	Ana M. Gomez, MC, LPC Ana M. Gomez, MC, LPC	Ana Gomez	602.803.4601	September 14-15, 2012 Phoenix, AZ
12001-04 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.851.4438	September 15-16, 2012 Deerfield Beach, FL
04003-29 22.5 Credits <i>EMDR Advanced Clinical Workshop and Refresher (Part 3)</i>	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Hollyhock	800.933.6339	Sept 28 - Oct 3, 2012 Cortes Island, BC CANADA
RC12106-03 2 Credits <i>EMDR and Panic Disorders (DVD Presentation)</i>	Idaho EMDRIA Regional Network Carl Nickeson on DVD	Mary Ann Herzing	208.336.3217	October 5, 2012 Boise, ID
99003-73 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	October 12-13, 2012 Bloomington, MN

EMDRIA Regional Meeting

(As of April 30, 2012)

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
CALIFORNIA Greater Sacramento EMDRIA Regional Network	June 8, 2012 July 13, 2012 August 10, 2012 September 14, 2012	Merrill Powers 530.852.5066 merrill@powerstherapist.com
San Diego County EMDRIA Regional Network	July 7, 2012 August 4, 2012 September 1, 2012	Sue Goodell suegoodell@sbcglobal.net
IDAHO Idaho EMDRIA Regional Network	October 5, 2012	Mary Ann Herzing 208.336.3217
NORTH CAROLINA North Carolina EMDRIA Regional Network	June 13, 2012 July 11, 2012	Jan Brittain 704.376.0068 janbritta@aol.com
OREGON Central Oregon EMDRIA Regional Network	June 12, 2012 July 10, 2012 September 11, 2012	Karen Forte 541.388.0095
TEXAS Central Texas EMDRIA Regional Network	August 3, 2012	Carol York cyorkmssw@aol.com
North Texas EMDRIA Regional Network	June 22, 2012 July 27, 2012 August 24, 2012 September 28, 2012	Jordan Shafer 972.342.2448 jshafer@compassionworks.com

WELCOME New EMDRIA Members

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

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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



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