The
EMDRIA Newsletter

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From the President:
Rosalie Thomas, RN, Ph.D.

In the words of one EMDRIA board member, we need to be sound and strong to meet internal and external challenges at this point in our development. As an organization, we need to negotiate the pressures of rapid growth. We need to continue to uphold standards of training and quality EMDR education while supporting research. Our organization must encourage and facilitate inquiry into the mechanism of action and appropriate application of EMDR while disseminating accurate and useful information to our members, other professionals, and the public.

The EMDR International Association has grown considerably since its formation in 1998. We now have approximately 4,000 members, along with governance that oversees the work of eighteen committees, and a staff of seven. Those of you familiar with systems theory know that growth brings increasing complexity, a need for differentiation, and flexible adaptation to change to keep the system working smoothly. Your EMDRIA Board also recognized this need and made a choice to interview professionals who could help evaluate our current performance and guide us through this period of growth.

In 2002, the EMDRIA Board hired experts from the American Society of Association Executives (ASAE) to conduct an independent review of the governance of the organization. In early December, three reviewers from ASAE met with EMDRIA officers, the Executive Director, and EMDRIA staff. They reviewed documents and conducted telephone interviews with key committee chairs. EMDRIA was evaluated on ten criteria considered to be central to the governance of healthy nonprofit organizations. Everyone involved was impressed with the expertise and thoroughness of the ASAE reviewers as they queried us regarding different aspects of the organization. As I write this article, the Board is anticipating the full report from ASAE and preparing for our Strategic Planning Meeting February 1st and 2nd. By the time you read this, your Board will be responding to the recommendations from the ASAE review and developing our goals and priorities for the next few years. We hope to develop a model of governance and operations that will strengthen us internally and help us involve and communicate better with the membership. We want to have a Strategic Plan that will keep us on course, and ensure that we are consistently working toward fulfillment of our mission statement.

We will be asking for more information and involvement from you, the membership. When you receive membership surveys, or read that EMDRIA is looking for more involvement from membership, please take the time to respond. We value your input and will use it to help guide the development of the organization. You can give input and track our progress by visiting the EMDRIA web site at www.emdria.org. Minutes of the EMDRIA Board Meetings will be posted in the secure "Members Only" area. We'll be continuing to develop the site as a communication tool within the organization.

External challenges are not new to individuals doing research to further understanding of how and why EMDR works, to teachers and trainers attempting to teach current and accurate information, or to clinicians trained in EMDR who are attempting to adhere to empirically validated protocols and areas of application. Challenges can help us to maintain clarity and quality in our work. To continue to support our members and to meet the professional standards in our various disciplines, the Conference Committee is now requiring all applications for presentations to indicate the level of evidence that supports the claims being made in the presentation. This follows recent requirements of the American Psychological Association (APA) that those presentations of new or innovative procedures that are seeking to provide Continuing Professional Education Credits through the APA be evidence based. We also need to continue to clarify and strengthen our standards for certification of training programs and instructors, and for our Certification and Approved Consultant programs. Finally, The Board has established a "Grants and Scholarship" committee that will allow specified donations to be used to support research and scholarships that advance the understanding and application of EMDR. We are also taking steps to strengthen our publications so that up-to-date information can be quickly and accurately reported to EMDRIA members.

Collectively, these measures will strengthen the organization internally, and help us all to meet the challenges we face.

Highlights

Inside

The EMDRIA Newsletter
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Newsletter deadlines for 2003 are as follows:

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

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

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FROM THE DESK OF THE EXECUTIVE DIRECTOR

Carol York, MSSW, LMSW-ACP
Executive Director

A Conversation with Dr. Francine Shapiro...

We are very fortunate to have Dr. Shapiro with us again at this year's Conference. As many of you know, she is a dynamic and motivating speaker who inspires all of us with her wisdom and vision. This year Dr. Shapiro is offering EMDR clinicians and researchers a unique opportunity. During her Plenary, she would like to address clinicians' and researchers' concerns. She will answer questions about theory, the practice, case conceptualization, and treatment of EMDR. She is asking that anyone wishing to have a concern addressed or have a question answered write to her at the EMDR Institute, Inc., P.O. Box 51010, Pacific Grove, CA, 93950. In case Dr. Shapiro needs to contact you directly to obtain more information, she is requesting that you include your email and phone number with your request.

We hope that you will take advantage of this golden opportunity by asking your questions and voicing your concerns. We also hope to see you in Denver for A Conversation with Dr. Francine Shapiro.

THE CONFERENCE CORNER...

Terri Curtis
Assistant Conference Coordinator

It is time to begin planning to attend the 2003 EMDR International Association Conference! Call for Papers submissions have been received! By the time you read this, the schedule will be set for the 2003 EMDRIA Conference to be held in Denver, Colorado, on September 19-21, 2003. There will be a Pre Conference Day held on Thursday, September 18, 2003.

The 2003 Conference Brochure is scheduled to be mailed out the first part of April. In the brochure, you should find all of the information you will need about the schedule and events. Information will also be posted on our website at, www.emdria.org, around the same time.

The Conference will be held at the Adam's Mark Hotel, which is located in downtown Denver. Denver boasts the 10th largest downtown in America. We hope that you will be able to take some time to stroll along the mile-long 16th Street Pedestrian Mall, which is located directly outside the hotel's front door. The Mall includes over 150 shops, restaurants, and entertainment establishments. A free shuttle service is also provided.

We hope that you will join us for another great Conference in Denver!

Don't Forget to...

Mark Your Calendars NOW!

2003 EMDR International Association Conference
to be held in

Denver, Colorado

at the Adam's Mark Denver Hotel (800) 444-2326

September 19-21, 2003 including a Pre Conference Day on September 18, 2003

Protocol for EMDR & Conjoint Couples Therapy

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"Marriage is the triumph of hope over experience"

__Oscar Wilde

INTRODUCTION:

The protocol presented in this article represents an integration of EMDR with conjoint couples therapy, i.e. with both partners present. The purpose is to provide couples with an active experience utilizing EMDR for rapid and focused processing of common emotional triggers ("small t" traumas). These triggers, frequently rooted in early attachment injuries (e.g., abandonment, betrayal, rejection…), often become part of the couple's problematic interactional systems (e.g., emotional contracts, styles of communication, and patterns of dyadic interaction).

Conjoint couples therapy

Treating couples focused on individual issues with the partner witnessing, is not a new development (Bowen, 1978; Chasin, Roth, & Bograd, 1989; Pesso, 1996; Roth & Chasin, 1994). EMDR Practitioners have reported working with couples conjointly (Preston, 2000; Litt,B. n.d.; Moses, 2001; Shapiro, 2001). In one of the only publications documenting the use of EMDR conjointly with couples, Protinsky, Sparks & Flemke (2001) conclude that "EMDR as an intervention seems to fit well within an emotionally and experientially based treatment approach and can increase its therapeutic effectiveness. " (p.163).

An experiential and affective focus

Most approaches to couples therapy still rely primarily on cognitive and behavioral methods, with the intent of teaching couples to relate in a more productive and caring manner through active listening, role changes, and reframing constructs (Atkinson, 1999). Outcome studies of couples therapy indicate that cognitive techniques alone do not produce sustaining change unless accompanied by an emotional, behavioral and experiential shift (Atkinson, 1999; Baucom, Shaham, Mueser, Daiuto, & Stickle, 1998; Johnson & Talitman, 1997).

Other models of couples therapy include an affective and/or body experiences that move the individuals, and ultimately the couple, beyond the cognitive (Chasin et al., 1989; Weeks & Treat, 2000; Hayden-Seman, 1998; Hendrix, 1988). The approaches of Psychodrama (Duhl, 1993), Gestalt Therapy (Hayden-Seman, 1998), Psychomotor Therapy (Pesso, 1996), and Emotionally Focused Therapy (Johnson & Greenberg, 1994; Greenberg, Watson & Lietaer, 1998); all attempt to facilitate a shift in core issues and themes by a profound, if not transformational, experience in therapy. Although using different theoretical underpinnings and terminologies, all appear to share the assumption that change occurs when there is an active experience that is affectively and viscerally altering.

These models share the intent of: 1) accessing and processing primary emotions (i.e. the deeper feelings: beneath the secondary emotions, for example: the primary sadness beneath the secondary expressed anger), 2) building mutual understanding and empathy, and 3) promoting healthy relationship intimacy, attachment and interactional patterns. The inclusion of action-oriented and emotionally-based techniques has facilitated fundamental shifts and enhanced sustaining change in observed outcome and follow up for couples (Atkinson, 1999; Baucom, et al., 1998; Duhl, 1993; Chasin et al., 1989; Hayden-Seman, 1998; Hendrix, 1988; Johnson, Millikin, & Makinen, 2001; Weeks & Treat, 2000;). EMDR integrates cognitive, affective and experiential components. The promising advantage of EMDR is its uniquely rapid processing. The goal in applying EMDR is to move the couple beyond their stuckness (impasses), freeing them to work in therapy toward sustaining improvement.

Targeting attachment injuries

The EMDR targets for processing are derived through the exploration of historic attachment injuries (from current relationship and/or family of origin), based on attachment theory of Bowlby (1973, 1988). Currently, Attachment Theory is viewed as one of the most cogent and researched explanations of adult love relationships (Johnson, et al., 2001; Shaver & Hazen, 1993). Bowlby conceptualizes that basic to healthy human attachments with a loved one (parent or partner) are *proximity* (contact), *a secure base* (security), and *a safe haven* (comfort and protection). Karpel (1994) summarizes the assumptions of attachment theory: "*The couple relationship inherits* the *legacy of attachment*, that is, not only the *universal inborn need* for attachment (which is transferred from original care-giver to adult partner) but also the partners' *particular experiences* in their respective relationships with their original care-givers, for better or for worse." Clinical practice reflects Bowlby's theory as couples present with underlying problems of: 'distance' ("We don't communicate", "We are drifting apart", or "I feel so lonely in this relationship"), 'insecurity' (" I don't know where I stand", or "we don't know if we will stay together"), and 'injury' ("I am so hurt by ____"). Bowlby's paradigm fits well with the ultimate goal of couples therapy to re-attach wounded, disconnected couples.

"Attachment injuries are characterized by an abandonment or betrayal of trust during a critical time of need" (Johnson, et al., 2001). They argue that attachment injuries can be at the core of the range of difficulties couples present with in treatment. These attachment injuries and related issues can be thought of as wounds or disappointments from early attachments with parents or other caregivers, or breaches in attachment from the couples' relationship history, which block connection in the current relationship. Common themes are abandonment, betrayal, rejection, non-validation, and non-responsiveness. These themes can also appear as therapeutic impasses or stuckness, impeding progress in couples therapy.

The EMDR protocol and the *Float Back Technique* (Zangwill, 2001) provide a powerful tool for targeting and processing such

emotionally charged material. Atkinson (1999) emphasizes that "Psychotherapists cannot afford to ignore the primacy of the limbic brain" if sustaining change is to occur. It is theorized with recent promising research, that EMDR effects the limbic region where past traumatic material seems to be stored and can be triggered. The nature of a couples relationship can be, and often is, a mutually triggering dynamic. As Shapiro (2001) states: "By using EMDR to defuse these earlier memories, the couple can achieve a healthier dynamic and give appropriate weight to present problems and disagreements".

Applying EMDR conjointly: processing attachment injury impasses

For the past several years at the Portsmouth Family Institute, we have experimented with the application of EMDR in couples therapy. Mistakes and discoveries have been made. The crafting of the present protocol is the result of trial and error. Through our clinical experience, we observed that when shifts occurred in fundamental attachment issues, interactional systems were often modified toward increased emotional intimacy and sustaining healthy attachment. The model presented here is an integration, elaboration and system for applying EMDR as an experiential technique within a conjoint couples therapy. As Protinsky, et al. (2001) we targeted essential attachment wounds and disappointments, and utilized EMDR as a brief intervention of rapid processing within the larger context of conjoint couples therapy. This may require uncovering and processing events of pre-relationship origin (usually family of origin), consistent with the EMDR approach (i.e. targeting 'earlier or earliest feeder memories'), and Attachment Theory.

Note that the use of EMDR is not intended here as comprehensive parallel individual therapy, but to target specific areas of stuckness and impasse, freeing the relationship therapy to progress. EMDR may be used once or several times as an intervention during the course of the couples treatment, as needed. We propose that EMDR could be applied to any model of conjoint couples therapy that accommodates and values an emotional and experiential focus. The intent of this article and protocol is to go beyond Protinsky, et al. (2001), by specifying practical detailed procedures, as well as indications and contraindications for applying EMDR to couples.

"*All experience is knowledge, everything else is information"* _____*Albert Einstein*

See Figure 1 "A MODEL FOR EMDR RAPID PROCESSING OF ATTACHMENT INJURIES TO MOVE BEYOND IMPASSES IN RELATIONSHIPS & COUPLES THERAPY" In APPENDIX

GUIDELINES FOR EMDR WITH COUPLES:

At present, cautions regarding risks of using EMDR with couples are more prevalently stressed (for the EMDR practitioner) than are guidelines for responsible use. Conjoint EMDR does indeed come with significant risk. Before proceeding with conjoint EMDR, it is imperative, that the therapist determines that both partners are sincere and well intended about working on the relationship. Good clinical judgment will be essential in determining the risks and benefits of proceeding. Shapiro (2001) punctuates this point by stating:

> Clinicians need to use their own best judgment about what will be beneficial to clients. For example, one EMDR-trained clinician reported trying the reprocessing sessions with the partner present because she thought the procedure would increase the bonding of the couple. When the wife abreacted while processing a memory, the husband was so touched by her level of pain and his own involvement that it became a very beneficial experience for both of them. However in the case of another couple, the husband fell asleep when the wife began to abreact, a response that needless to say, did not bring the two partners closer. Since many treatment outcomes are obviously possible, the clinician needs to evaluate the couple carefully before making a decision about whether single or joint EMDR sessions would be more effective. (p.289)

The Guidelines for the therapist to assure safe and responsible conjoint EMDR are based on the following three principles: **safety, balance,** and **containment.**

•**Safety- Safety *vs*. Risk**

The therapist must consider the following questions:

What are the risks and benefits of conjoint EMDR in the larger landscape of the relationship? Further, if the destructive patterns, lack of understanding and empathy, and underlying residuals continue, what is the prognosis for the relationship? The risk of vulnerability can increase intimacy, but only with the proper precautions and conditions.

The three **areas of safety are:**

a) Client stability: Both partners must have internal resources and the ability for calming themselves with a *safe place as* well as other ways of self-soothing. If internal resources are not apparent and stable, *resource development and installation* (Korn & Leeds, 2002; Leeds, 2001) is indicated as a first step.

b) Fidelity to structure and protocol: It is incumbent upon the therapist to orchestrate a clear structure (as represented in this protocol) and safe climate between the couple during the sessions. The climate must be primarily caring, committed and well intended.

c) Respect and adherence to boundaries between sessions: The couple agrees not to process the deeper material on their own, and certainly not use any shared material against the other. If any material is brought up between sessions, both must agree and have a structure for how to "dialogue" safely (e.g. Hendrix, 1988).

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•Balance-Balancing *vs.* Unbalancing

Experienced systemic couples therapists are keenly aware of the implicit instability of the triangle of couples therapy. Balancing and unbalancing can be crucial interventions contributing to the effectiveness of treatment (Weeks & Treat, 2000).

a) Fundamental to providing balance, both members should have an EMDR experience. For only one to experience EMDR might implicate him or her as "the patient" or having "more issues".

b) Unbalancing can also prove useful. For example, if one partner has been viewed, treated and perhaps diagnosed as "the patient" or "the sick one/having the problem", having the other partner share their vulnerability and issues in EMDR first could unbalance this dynamic to a more even playing field, promoting mutuality. Another example: If one partner's acting- out is destabilizing the relationship or jeopardizes the safety of their mate, then begin EMDR with that person first (Litt, B. n.d.). Respectfully negotiate the EMDR processing order.

•Containment-Containment *vs.* Expression

Containment of charged material is important both within and between sessions. To potentate safety and effectiveness, the therapist can facilitate containment and focus expression by:

a) Assessing internal and external resources of partners;
b) Developing and installing resources, if appropriate;
c) Coaching the *witnessing partner* to function as a containing resource, if wished, as directed by their mate. For example: the witnessing partner may sit by the *working partner* (i.e. EMDR receiving partner) holding their hand, or the *working partner* asks to be held;
d) Allowing sufficient time to come to session closure;
e) Limiting the respective EMDR processing sessions to two to three each on average, for the purpose of a focused and brief intervention. Of course, more sessions can be allotted if a respectful closure cannot be accomplished within this limit;
f) Being reasonably available for phone contact between sessions, if needed.

POTENTIAL BENEFITS:

- This protocol allows for structured vulnerability and sharing for the *working partner*, and potentiates intimacy development for the couple.
- The *witnessing partner* can be enlightened and empathically moved by their partner's work.
- The *witnessing partner* develops insight and compassion regarding their partner's struggle.
- The experience of witnessing creates an opportunity for a deeper understanding of their partner, and increases sensitivity to triggers, inviting in more considerate and respectful behavior.
- The *working partner* has their *witnessing partner* as a resource support person through what may be an intense primary emotional experience.

INDICATIONS & CONTRAINDICATIONS

Indications:

- For committed couples who lack mutual understanding, empathy, and sensitivity to emotional triggers related to attachment.
- For couples who find it difficult obtaining a "softening event" (Johnson & Greenberg, 1994), i.e. taking the risk of being vulnerable.
- For couples who have not progressed and seem stuck in treatment around traumatic (small t's) attachment themes from their past (For example: person avoiding intimacy in current relationship, fearing rejection…with a history of rejection from parent).
- For couples who need the safety of a structure to rapidly process the triggers from *attachment injuries* that block the closeness in the relationship.
- For couples who cannot get beyond personalizing or projecting their reaction.

Contraindications:

- When either partner has a complex or severe trauma history (big T's). If an exception is made, the therapist should be very cautious, assuring substantial resources and close coordination with a required primary individual therapist.
- When either partner significantly dissociates (i.e., "splitting off" from conscious awareness of some ordinarily familiar information, emotions, or mental function) (Maxmen, 1986).
- Reluctance to do EMDR, or inhibition to do EMDR with the partner witnessing.
- If there is a lack of commitment to the relationship by either partner.
- If the therapist is not able to control the conjoint sessions sufficiently to provide safety.
- If the hostility or conflict is too intense. In this case, the initial work must be focused on reducing this intensity.
- If the *witnessing partner* is likely to use the *working partner's* revelations against them (Litt, B. n.p.)
- If the *witnessing partner* is likely unable or unwilling to let the *working partner* have all the therapist's attention, or interrupts the process by talking or moving (Litt, B. n.d.).
- If either one of the partners cannot tolerate the intensity of the affect, i.e. their own or their mate's.
- If the therapist cannot tolerate the intensity of the affect.

THE PROTOCOL:

1) Assessment: An adequate assessment should include a good *trauma and attachment injury history*: A *genogram* (McGoldrick, Gerson, & Shellenberger, 1999) can be a useful tool in identifying transgenerational themes and patterns. The *D.E.S.* (Carlson & Putnam, 1993) should be part of all screenings, and certainly when a significant trauma history or any indication of dissociation exists**.** *Areas of stuckness* as well as *resources* within the relationship are valuable to establish. A useful option is determination of *Life Themes* or *Schema* (Young, 1995). Finally, a determination is made, based on the *indications and contraindications* as well as *guidelines*, about the couple's appropriateness for conjoint EMDR.

2) Instructions for EMDR are presented. The timing and anticipated procedure of EMDR processing sessions should be clarified. A limit is established of approximately two or three EMDR sessions each. If more is needed or requested, a referral will be negotiated for continuation in Individual EMDR treatment. Determination is made of the EMDR processing order (i.e., who goes first?).

3) Targeting an event or pattern that may be contributing to the stuckness in the relationship, often an *attachment injury*. This may occur:
1) When the emotional residual from an *attachment injury* emerges naturally as the couples treatment unfolds, and the therapist responds to primary emotions with an affect and somatic bridge (e.g., *Float Back Technique*) and proceed with EMDR. For example: When a situation is described as triggering powerful feelings from the current relationship, we might ask: "*Notice what feelings are coming up for you, where you are feeling them in your body, and just let your mind float back to an earlier time in your life—don't search for anything—just let your mind float back and tell me the first scene that comes to mind you had similar thoughts, feelings and sensations in your body."* (Young, Zangwill & Behary, 2002)*;* or
2) A metaphoric frame and modified *Float Back Technique* to induce an historic focus related to a current trigger in the relationship:

> *"Close your eyes and take a few deep cleansing breaths. We are all like trees, growing, shaped, and even twisted in unique ways ... all different. As trees may have encountered trauma of storms, disease and deprivation, so are we shaped by our experiences ...(pause)... Allow your mind to float back to a time before the relationship ... perhaps to a time when there were similar thoughts and feelings and sensations in your body that you feel now... Back to an earlier time, perhaps even your childhood, when a painful event, or ongoing distressing pattern wore on you ... an event or pattern that may have had a negative effect on you ... that when you think of it to this day, there still exists a strong upsetting reaction. Bring up a* ***picture*** *of that time, and any negative* ***words and thoughts*** *associated ... Notice* ***what feelings*** *are coming up for you,* ***where*** *you are feeling them* ***in your body,*** *and just let your mind float back to an earlier time in your life ... don't search for anything ... Just let your mind float back and focus on the first scene that comes to mind ... if you can; ...(pause.)... and breathe into it,* ***as if*** *you are there now. Let yourself experience this for as long as you need to ...(pause 1-2 minutes)... and when you are ready take* ***three*** *slow, deep breaths ...* ***one ...*** *allowing yourself to become more alert,* ***two...****perhaps having identified a formative event or pattern in your earlier life, and* ***three ...*** *fully present in this room."... (Pause)..."now share , each respectively, if you can, what you recalled."*

Note: This is not a time for comment or interpretation by the therapist, and certainly not by the *witnessing partner*. Emerging expressions are listened to, contained and identified as the material that will be focused on for the EMDR.

If possible, the therapist derives the following from both:
• Disturbing Image_____(target picture, therapist repeats)
• Thoughts of_____(negative cognition, therapist repeat)
• In your _____(places in body where they reported feeling. therapist repeats)
• Feelings of _____ (emotions, therapist repeats)

4) Instruction for partner: First the therapist decides who will go first (see unbalancing, above). Positioning of *witnessing partner* according to *working partner's* wishes is honored. Instructions are given to the *witnessing partner* for *compassionate witnessing:*
• Be still & silent;
• Look away during passes, do not track light or fingers (i.e. if EM s are used). Note that any form of dual attention stimulation may be used; and
• Do not respond until questioned.
5) Standard EMDR protocol (Shapiro, 2001): is administered.
• History • Preparation • Assessment • Desensitization • Installation • Body Scan • Re-evaluation
Note: contain and continue processing next session, if needed.

6) Reflections of partner: The following instructions are given:
"Without labeling, pathologizing, interpreting, or problem-solving; limit the focus on how you were emotionally impacted".

The therapist:
• Facilitates the *witnessing partner's* awareness to how they might have inadvertently triggered their partner in the relationship.
Ask: "*Reflect on any ways which you might unintentionally trigger your*

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partner around these issues in the relationship".

• Closes session by mutual expression of appreciation.

Ask: *"Share with one another one quality about the other, that you deeply or profoundly appreciated about the other in our time together today. Make contact with one another... at least eye contact, and I will simply be a witness."*

At this point, it is optional for the therapist to express appreciation to the couple for their "important" or "sacred" work/ progress, if appropriate. This can be reinforcing, as well as good modeling.

7) Tips for **<u>between sessions</u>**:

• Intentional processing between the couple should not continue, though individual processing may.

• If the *working partner* brings up material, their partner should be coached to be a *compassionate witness*, i.e. responding as a nonjudgmental, no interpreting, and caring listener.

8) <u>Switch</u> : During check-in for the next session, the therapist determines if other EMDR sessions are required for the first partner before shifting to their mate. Remember, this is intended to be a focused intervention around specific *attachment injuries* and not a comprehensive EMDR treatment. If more than a few sessions each are needed, a referral for individual EMDR therapy with another therapist can be offered and bridged. When ready, the partner has their turn with EMDR (follow steps 3-7).

<u>CASE ILLUSTRATION:</u>

See Figure 2 **<u>"GENNOGRAM: Greg & Meg</u>** in APPENDIX

<u>Presenting Problem</u>: Meg (age 30) and Greg (age 32) entered marital therapy in crisis related to Meg's affair with a business associate. This had been her third extramarital "encounter," (Meg's word) in their nine years of marriage. They had recently relocated to a new community for her career opportunities , distancing and isolating themselves from friends and family . Greg had become a "jealous and possessive husband," triggering the "trapped and suffocating" feelings reported by Meg. On a few occasions his anger nearly escalated to violence. Greg is a large and powerful man who works as a stonemason. Meg is a petite and poised woman with a guarded, yet intense manner. They had never been in therapy previously, and presented with a wish to "work things out and remain together," especially for their five year old daughter. They were seen for a total of twelve sessions. Midway in treatment they had four EMDR processing sessions.

<u>Assessment:</u> At intake, the assessment included: 1) interview of their marital history and wishes for the relationship, as well as expectations for therapy; 2) the D.E.S. to rule out dissociative disorder, 3) A thorough family history, including a genogram focused on attachment and relationship themes and patterns. Neither had any indication of a dissociative disorder. Both seemed committed to work on the relationship, although discouraged and unclear about what needed to change for them to repair the marriage. The degree of pain, guilt and discouragement was an obvious barrier between them. They were both trapped in a pattern of distancer (Meg) and pursuer (Greg).

<u>Presenting Problems</u>: 1) <u>Betrayal</u>: residual effects from affairs; 2) <u>Their Dance</u>: unsatisfying interactional patterns (e.g. distance and conflict, distancer and pursuer); 3) <u>Intimacy</u>: both blocked from early issues of attachment, resulting in empathic failure, distrust and ultimate limitations in emotional and physical intimacy.

<u>Outcome wishes:</u> Meg wants "more passion, freedom and independence." During the course of the relationship, her passion waned progressively at three nodal points: when having difficulty conceiving, in reaction to Greg's growing possessiveness, and since the birth of their daughter. "I felt trapped by all of the pressure, limitations and expectations. I feel numb and resentful in a passionless marriage." Greg wants "a best friend, someone who loves me as I do them, trust and security". Greg's fundamental insecurity and a belief of "not being good enough", escalated to a devastating reality, when he discovered Meg's unfaithfulness.

<u>Family History:</u> Meg was the oldest of three children. Her parents created a facade of a "fight-free, perfect marriage." However, she felt that her father was distant and her mother was critical and controlling of every aspect in her life. Meg felt displaced by her parents' exclusivity (i.e., they spent excessive time alone as a couple, separate from the children), and burdened by the responsibility expected of her to care for her younger sister and brother (six and seven years her junior). She sought comfort in the outside world as a teen through friendships, secretly breaking parental rules and restrictions. Her motto was and remains: "rules don't apply to me." Although shaped by a schema of not feeling validated, Meg found meaning in a rebellious identity. No history of serious trauma reported (i.e., .no physical or sexual abuse).

Greg was the only child of a conflictual marriage. His parents divorced when Greg was five, after his father had several extramarital affairs. His mother remarried to a man who provided for them, but never fully embraced Greg as a son. He watched his mother "living a compromise" in a limited marriage, as she never healed from the heartbreak of the betrayal. Greg's biologic father had infrequent and unpredictable contact with him. Greg knew him primarily as a very self-centered man. He identified with his mother's pain of betrayal and compromise. No history of serious trauma reported (i.e., .no physical or sexual abuse).

<u>Course of treatment</u>: The initial two sessions focused on joining, history taking and identifying interactional systems in the marriage (e.g., distancer and pursuer). The emotions were strong: anger and desperation for Greg, guilt and suffocation for Meg. The next four sessions

developed a frame of understanding, responsibility and foundation for forgiveness around the extramarital relationships . Two sessions of recommitment established enough of a foundation of trust and stability. The decision was made to introduce EMDR and work conjointly with each witnessing the other's work. After one session preparing them both for EMDR processing (introduction and resource assessment), Greg chose to experience the EMDR first.

Greg's processing:
Target memory=Parents divorce: abandonment by father
Picture (representing *attachment issue*) : at age eight, father coming to a little league game .
(the one and only game that his father ever attended) and shouting "that's my son," as his father pulled attention to him.

NC:"I am not important"
Emotions: anger, pain; Location: gut
SUDS: 8—neutralized to 0
PC: "I am important, lovable and worthwhile"
VOC: 3— raised to 7
Mode: lightstick for bilateral attention/ eye tracking

Greg positioned Meg next to him and held her hand. Meg complied as a silent, compassionate witness. First a *safe place* was established. As Greg began processing, the pain of his parents' divorce and the abandonment by his father was almost palpable. The desensitization was rapid. Related channels involved his anger toward his father for his self-centeredness and identification with his mother's compromise. There was a noticeable shift as his body relaxed, his SUDS neutralized and his belief in himself as "important, lovable and worthwhile" rose.

When Meg shared her experience as a witness, she shed tears of empathy for the boyhood pain Greg had endured. She offered:" I feel so badly for him. I never want to hurt him like that again." The session ended with expressions of mutual appreciation, and a silent, yet eloquent mutual gaze that had not been present for some time in their marriage. At check-in for the next session, Greg reported: "I am not angry anymore. I can sleep now, instead of jumping up in a cold sweat in the middle of the night." He appeared calm and pleased.

Meg's processing:
Target memory= Interaction with her critical and scrutinizing mother.
Picture (representing attachment issue): at age ten, kitchen scheme of mother critically inquiring about what she had done. The implication heard was that she had fallen short of her mother's expectations.

NC: "I am not good enough"
Emotions= frustration, sadness; Location: heart
SUDS: 8—neutralized to 0
PC: "I am good enough"
VOC: 5—raised to 7
Mode= lightstick for bilateral attention/ eye tracking

Meg also positioned Greg by her side and held his hand, at times squeezing it, as if he provided some important grounding. After establishing *safe place*, she visualized a typical mealtime scene in the kitchen growing up, distressed by her mother's judgments of her. She described her "heart beating fast" and an urge to "escape and have a secret life." Meg's processing was emotionally charged with tears and sobs, resulting in a neutralizing of her SUDS. She felt "release and relief." During the reprocessing, Meg accessed awareness that recently she has been "treated more like an equal" by her mother. She realized: "I can be happy" and a cognitive interweave of "my mother is not the authority of my worth" led to a confident: "I am good enough !" to a VOC of 7.

Greg, who had been steadfast by her side, shared: "I felt her hurt, about how she was treated in her childhood. I felt good for Meg when she finally said, 'I am a good person.' " When asked if he saw a link to the marriage and what he might be able to offer Meg, Greg shared: "If I disagree with Meg, I need to be thoughtful and careful in how I bring it up to her. I don't want to sound like her mother did." The session closed with deep mutual appreciation for each other. At follow up for our next session, Meg was thrilled with feeling affection toward Greg, and they had made love for the first time in 4 months: "It feels like a courtship". She had realized that her self blame and feeling of unworthiness had been blocking her feelings for Greg, as well as feeling deserving of happiness. Greg had not been suspicious or questioning of Meg, and was "more confident" regarding his standing with Meg.

Although this couple continued for several more sessions, building the trust and voicing what had been difficult to dialogue, they had moved from stuckness to progress. After a two-month break from treatment, they returned requesting to "work on a few sexual issues." Their emotional intimacy and mutual commitment had sustained. They were enjoying one another's company and now wanted to enhance the physical passion of their marriage. Five more sessions of focused work resulted in significant improvement in their sexual relationship. At a six-month follow-up session, Meg and Greg were still doing well.

COORDINATION WITH OTHER THERAPIES/THERAPISTS: *Do's & Don'ts*

***Do* coordinate treatment with the individual therapist(s)**
***Don't* inadvertently triangulate the treatment**

Cont. on Pg. 10

When one or both partners in a couple are in an individual (or group) therapy with another therapist, it may be advisable to inform them of your intention to use EMDR with the client in common. Although it may not seem necessary to alert or certainly obtain "permission" from the other therapist, the benefits can be: 1) Education of the other therapist unfamiliar with EMDR, and sharing information about the individual therapy (client's issues, resources, cautions...etc.) for a smoother coordination of treatment; 2) Dispelling any misinformation, unfounded fears, or misconceptions about EMDR—especially applied in this conjoint couples therapy mode; 3) Inclusion of the individual therapist as a resource to support the client if there is fallout from the EMDR. Although initially this bridge with the other therapist(s) may not seem necessary, at the very least it is courteous, responsible, and good practice.

Attention to some *don'ts may* avoid the risk of triangulation, an ever-present concern in any couples therapy. Inform both partners that you will not be their individual therapist, now or in the future. Many times the rapid shift, which can occur with EMDR, raises a wish on the client's part for the couples therapist to become their individual therapist (D. Korn, personal communication, 2000). If more EMDR sessions are advisable, a referral should be made. For multiple and complex trauma material, the depth and duration of EMDR will likely require more sessions in individual treatment. For a client who has not accessed this material before, the conjoint EMDR can be an important bridge to beginning individual treatment.

If Conjoint EMDR is not possible:

- Work individually with each, if congruent with therapist's orientation.
- If the therapist does not work individually with both, they should refer out for EMDR and possibly revisit the benefits and suitability for Conjoint EMDR in the future.

SUMMARY:

The integration of EMDR into conjoint couples therapy is not for every couple. Nor is this approach for every therapist, as "couples should be treated only by clinicians with a background in ... couples therapy" (Shapiro, 2001, p.313), as well as training and experience in EMDR. Due to its focused and brief nature in this specific application, the protocol presented must not be confused or approached as a comprehensive parallel individual EMDR treatment. The foundation for safety, resources and an adequate assessment can be accomplished through the couples sessions which precede the EMDR processing. Further, the partner can and usually does serve as a major resource in and outside of the EMDR sessions. Attention to indications and contraindications will facilitate a responsible decision to work conjointly or not. When precautions are taken the potential is great for a deeply productive experience, witnessed by the respective partners, *sensitizing* them by increasing understanding and empathy … while *desensitizing* and reprocessing attachment related triggers… resulting in a fundamental shift of the couple's relationship.

The crafting of the protocol presented in this article is clinically, as well as anecdotally derived. It is a work in progress. Feedback, as well as empirical investigation, is welcomed.

"All life is an experiment. The more experiments you make, the better."

_____ *Ralph Waldo Emerson*

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I wish to acknowledge and thank the faculty of the Portsmouth Family Institute and my EMDR colleagues for their contributions in formulating this protocol as well as editorial assistance in preparing this article: Ann Bliss, LCMHC; Katherine Driscoll, LCSW; Dr. Norm Ephraim; Pamela Henry, LCMHC; Barry Litt, MFT; Dr. Everett Moitoza; and Mary Satterthwaite, LCSW. The encouragement and valuable consultation from Dr. Deborah Korn brought this project to life. Finally, I am deeply & profoundly grateful to my wife, Tess Feltes Moses for her thoughtful editing and loving support.

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*Note that this protocol has been developed over the past several years from clinical experience at the Portsmouth Family Institute and anecdotal reports offered by EMDR Therapists internationally. The replication of positive results using this protocol is limited to circumscribed groups of clinicians and has thus far not been subjected to rigorous empirical tests. Feedback, clinical findings and empirical research are welcomed.

Cont. on Pg. 12

Have a question about EMDRIA Policy?

Want to express an opinion about a past article in the Newsletter?

Have a topic of interest to discuss?

EMDRIA would like to encourage discussion of topics of interest to members by continuing to publish the "Letters to the Editor" column. Letters can be sent via email to the editors at <info@emdria.org> . Please put the words "Letters to the Editor" in the "subject" line of the email and please limit responses to under 500 words. Opinions in the "Letters to the Editor" column are those of the writer and not endorsed by EMDRIA and/or it's Board of Directors or Officers.

APPENDIX
FIGURES

Figure 1

NOTE TO PRINTER:
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Figure 2

NOTE TO PRINTER: INSERT "FIGURE 2" FROM HARDCOPY PROVIDED

IN THE SPOTLIGHT:
John Hartung

By Marilyn Luber, Ph.D.

It was in the early days of EMDR that I first met John Hartung. He always had a sparkle in his eye and he was interesting and enthusiastic. Over the years I have found out what an amazing teacher and what a wonderful friend he is.

John is a man of quiet grace and fierce passions. Growing up on a farm in Minnesota (I knew I recognized that accent!), John's interest in cultural diversity was nourished by his fascination with the Mexican farm workers who had migrated to that state. He attended The St. Paul Seminary in St. Paul, graduating in 1964 with a BA in Philosophy and English. Several days before he completed his degree, John signed up for the Peace Corps where he served in St. Louis, MO, Puerto Rico, Barra Colorado and San Jose, Costa Rica, Texas, and Mexico. During that time, he was a Peace Corps volunteer in rural community development, a vocational instructor in a juvenile correctional facility, and a trainer for Peace Corps Volunteers. It was during his work in the Peace Corps that John discovered many of the principles that would inform the way that he worked with his fellow human beings.

He learned that the key to human harmony is to empower those you serve with what you know, and have them empower you with what they know. As John put it, "The trick is to get over giving something back because that ruins the experience for everybody". When we try to make something tangible in order "to leave something behind", we push people to build something that they are not ready to do, really, as a monument to ourselves rather than to fulfill their needs. The idea is "not to do things for people that they can do for themselves".

John loved the life of a traveler and decided to join the Agency for International Development in Costa Rica when he finished his term in the Peace Corps in 1967. He was the Program Chief for an Alliance for Progress Program associated with the Costa Rican Community Development Ministry. John developed a bi-lateral program between the United States and Costa Rica. He placed many Costa Ricans on the Board to promote their becoming organized in order to help themselves. Through this program, members of his team would help with the first project such as a new road, or bridge or electrification or pure water. His job was to help people coordinate the services, however, it was up to the people to contact the Ministry of Transportation and have it happen in a timely fashion. John thrived in an atmosphere where he could help create an environment from which people could develop their own power. Here, he continued what he had learned in the Peace Corps about human nature. When he came across a sign that read, "Brought to you by the goodness of the American people", he would dismantle it and replace it with a sign that said, "Developed by the efforts of the local people. And help from the people of the United States". He said that he took the first sign down because "it was unkind". People's efforts are their own and it is important to take pride in what they do.

A turning point came for John at a Community Meeting when the group was talking about building a bridge. When people looked at him for the answer, he realized that he did not yet understand group dynamics well enough. It was time to continue his education.

John returned to the United States to study Psychology at the University of Minnesota for 2 semesters in 1969 so that he could apply for graduate work in this field. From there, he was admitted to the MA program in Counseling Psychology at The Ohio State University at Columbus and completed this degree in December 1971. During that time, he worked for the Group for Behavior Study and Consultation where he was a health Planning Consultant to Southwestern Ohio communities. He went on at this University to complete the Ph.D. course work and Comprehensive Examinations.

Although John started several dissertation topics, it was not the right time to finish and he took off for the Indian Reservation where he worked at Children's Village/Family Service in Devils Lake, North Dakota. While he was there, he was the Agency Coordinator, a group and family psychotherapist, and team member of a pioneering Federal Human Services pilot program.

John's next adventure took him to Colorado Springs and Adult Forensic Services. This was a pioneering Community Corrections Program and John served as a Psychologist working with Outpatient and Residential offender-clients. He assisted with Program Planning and Staff Training. Also, after moving, in September 1977, he began his independent practice of Clinical and Consulting Psychology, offering customary assessment and treatment services, supervising doctoral-level psychology students, consulting with agencies and assisting in research.

Planning to stay in Colorado Springs, John attended the Psy.D. Program in Clinical Psychology at the University of Denver and was awarded his degree in August 1982. It was during this same year that John traveled to China and completed a photo essay on Mainland China that was published in the Colorado Springs Sun title Chinese Respect 'Personal Space'.

Since September 1983, John has been involved with The University of Colorado, Colorado Springs. For the first 10 years, he taught as an honorarium Psychology Professor and, currently, he is on the campus-based Trauma Treatment Center Board.

After several years of clinical work, John felt that something was missing. He took to his bicycle and made the grand tour of Europe.

In 1989, John was part of the Council for the International Exchange of Scholars of the Fulbright Commission and went to Lima, Peru where he was a Fulbright Senior Scholar at the Peruvian Universities of San Marcos, Cayetano Heredia, La Catolica and Andina. To put it in perspective, John told me that the University of San Marcos is as old as Harvard University.

When John returned from his Fulbright, he joined The Center for Creative Leadership. According to John, this was one of several experiences that changed and enriched his professional life. Coaching was a brand new field at that time and opened a door for John into the mysterious ways of the business world…a new frontier. John began to appreciate "the fascinating ways psychology can help to improve things in business." The Center is the world's largest institution devoted to leadership research and education. John is a member of the Adjunct Staff as an Executive Coach and Group Facilitator. Also, he consults with the Center's affiliate TEAM in Mexico City.

In 1992, EMDR inspired John to return to the clinical psychology world. He joined the EMDR Institute Staff in 1992 and went on to pioneer the EMDR Institute Spanish-speaking team as a Senior Trainer and conducts Standard Trainings in EMDR internationally. Both John and Francine Shapiro shared the dream of EMDR being taught by colleagues in their own countries and in their own languages.

Later in the 90's, John grew more interested in energy work as taught by Fred Gallo. He has taken training in this area and has incorporated this work into the whole of his process.

John's work in the Peace Corps and AID in Central America, on the Indian Reservation in North Dakota, in the communities of Ohio and Colorado Springs, in the University in Peru, Coaching for CCL and traveling the globe have all contributed to his exquisite understanding of how to support people, both individually and in groups, to reach their highest potentials. The work that he does now combines his many passions (Team building, EMDR and Energy work): "The unexpected piece was how the three could be combined. I have to say I combine them every day I train in Latin America. We do clinical work and team building. Every time we teach a course, we are developing a local team. It has been a lot of fun. If it were just clinical, I would just be training clinicians. If I were just training leaders, it would not be as motivating. But, training leaders to train about trauma! This has been an amazing synchronicity and very unexpected!"

When I asked John what he would like to say to the EMDR community, he responded with the following:
"What can you do to encourage people to be culturally sensitive? You must keep two things in mind. First continue to look for the principles and the ingredients that are applicable all over the world. Those are the unifying principles of human change. The second is to always look for ways that those principles need to be translated so that they can be received and adapted by these different cultural groups. The communalities are what keep us going as a gift to the world. The differences are what we keep examining. If we do not do that, we are not tailoring and personalizing what we do. The local groups are different by vocation, experience, and DSM terms that are not used in this country.

We spend much time selecting and preparing the students to make sure the foundation that we take for granted -like an understanding of trauma and dissociation- is in place. During the training, we have our manuals in binders so that we can easily change whatever needs to be changed. We change our teaching style and text to make it user friendly. Trainings are not effective when we impose our ways. Follow-up is crucial. We put money, time and energy into our team building and follow-up through on-going support".

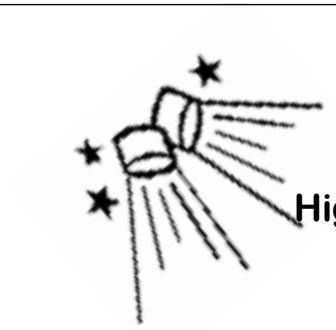
The interaction that John shares with his colleagues is a central focus for him. The dynamic that is created as he shares the building of the South and Central American teams to teach other health professionals about trauma is what makes the experiences worthwhile for him.

In June 2002, John founded the Colorado Center for Alternative Psychology. Through this Center, he teaches non-traditional and innovative psychotherapies to professionals and non-professionals in Europe, Asia and the Americas. John and Michael Galvin just completed their book, "Energy psychology and EMDR: Combining forces to optimize treatment" for Norton Professional Books. They are proud of the work that they are doing and look forward to further collaboration exploring these fascinating methods of working. John's writing continues in collaboration with Ligia Barascout de Piedra Santa and Esly Carvalho in their edited text: "El uso de EMDR en las Americas Latinas: casos clinicos e investigacion cientifica" (in preparation).

And then there is his passion for biking…John continues to bike as often as he can. In 1993, he and Michael Galvin rode from the beginning of the Santiago Trail in Paris to its completion in Spain. They wrote two articles on their experiences: "The Way: Pilgrims on tour in France" (Bike Report, 1993) and "Pilgrims on tour in Spain: A thousand miles, a thousand years" (The Bent Fork Chronicles, 2002, www.bikespring.org).

His relationship with his wife Nikki and his stepson and grandchildren, Cole and Natalie, wonderfully round out John's professional life. As John says about his grandchildren, "They are the centers of our lives."

John Hartung: teacher, team builder, bicyclist, clinician, and friend. We are glad that you are a vitally active part of our community.



Do You Know Someone Who Should be Highlighted in our "In the Spotlight" article?

If you know someone who you feel should be highlighted in our "In the Spotlight" article, please submit a letter to the Managing Editor, Jennifer Turner (TurnerBizSvs@aol.com). Please include their name, credentials, contact information, and a brief summary detailing why they should be interviewed.

EMDRIA Credit Schedule

as of February 1, 2003

Dates Location No. of EMDRIA Credits	Provider Name Title of Program	Presenter	Contact	Phone No.	Provider #	Program #
3/7-8/03 Ann Arbor, MI 13.5 Credits	Family Therapy Associates of Ann Arbor **Treating Core Attachment Issues in Adults and Families: Incorporating EMDR with Other Methods to Help Our Most Traumatized Clients**	Debra Wesselman, MS, LPC	Bennet Wolper Zona Scheiner	734-572-0882	01016	01016-02
3/21-22/03 Kansas City, MO 12 Credits	Shirley Jean Schmidt, MA, LPC **Developmental Needs Meeting Strategy for EMDR Therapists**	Shirley Jean Schmidt, MA, LPC	J. Lawrence Nieters	913-469-6069	00013	00013-11
3/28/03 St. Jacob's, ON CANADA 6 Credits	Jim Lichti, MSW **EMDR and Children**	Jan Yordy, M.Ed., MSW	Jim Lichti	519-884-8621	99002	99002-10
4/11-14/03 Niagara-on-the-Lake CANADA 20 Credits	Roger Solomon, Ph.D. **EMDR Supervision Retreat**	Roger Solomon, Ph.D.	Kathleen Martin	585-271-3050x7	00011	00011-04
5/3-4/03 Amherst, MA 12 Credits	Shirley Jean Schmidt, MA, LPC **Developmental Needs Meeting Strategy for EMDR Therpists**	Shirley Jean Schmidt, MA, LPC	Shirley Jean Schmidt	210-561-9200	00013	00013-12
5/30-6/1/03 Montauk, NY 10 Credits	William Zangwill, Ph.D. **Combining EMDR and Meditation**	William Zangwill, Ph.D.	William Zangwill	212-663-2989	02005	02005-03
6/13-14/03 Chicago, IL 12 Credits	Shirley Jean Schmidt **Developmental Needs Meeting Strategy for EMDR Therpists**	Shirley Jean Schmidt, MA, LPC	Shirley Jean Schmidt	210-561-9200	00013	00013-13
4/23-25/04 Lenox, MA 11.5 Credits	Gina Colelli, CSW **Transforming Trauma with EMDR—Advanced Clinical Workshop & Refresher Course**	Gina Colelli, CSW	Gina Colelli	212-866-0022	02007	02007-01

Regional Meeting Schedule

as of February 1, 2003

In an effort to support and facilitate the exchange of information related to EMDR within the mental health professional community, the Regional Coordinating Committee has elected to post information on upcoming Regional Meetings in the EMDRIA Newsletter. Please note that presentation/topic information will be included when available. These meetings may or may not offer EMDRIA credits. For credit information, please refer to the EMDRIA Credit Schedule located above. We encourage you to take advantage of the information that is available at these Regional Meetings and to offer your support and encouragement to the Regional Coordinators in your area.

Dates Location	Regional Meeting Name	Presentation/Topic	Presenter(s)	Contact	Phone Number
3/7/03 Birmingham, AL	Alabama EMDRIA Regional Meeting	EMDR Interventions with Panic, Phobias, & Obsessive-Compulsive Disorders	Marcia Whisman, LCSW	Janie Murray	205-999-0289
3/21/03 Clearwater, FL	Western Florida EMDRIA Regional Meeting	Case Discussion		Brenda Walters Hanke	727-799-3020
4/18/03 Clearwater, FL	Western Florida EMDRIA Regional Meeting	EMDR with OCD	Kate Posey	Brenda Walters Hanke	727-799-3020

Inquiring Minds: Questions for the Research Committee

As a practicing clinician, I am getting good results but do not have research expertise. What help is available so that I can collect data with my clinical practice that would be publishable?

EMDRIA's Research Committee (RC) can provide you with consultation on your research in many different ways, from the point where you are just thinking about the research right through to writing your results up for publication. This includes the following aspects of doing research, including:

- Refining your idea for research based on what you've observed in your practice, your client population, your practice setting, and the focus of your EMDR work.
- Choosing the appropriate research design, from single system designs through randomized group designs, and quantitative and qualitative methods.
- Selecting appropriate measures for gathering data. In the case of single system research (i.e., multiple single cases), this can involve helping you to measure client progress in ways that fit your clients and the constraints on your practice.
- Designing strategies to ensure fidelity to EMDR protocol and to test if there has been adequate fidelity in your study.
- Obtaining an EMDR treatment manual to serve as the treatment protocol manual for the study.
- Deciding on data analysis strategies and helping you make sense out of your data – sometimes we've been able to link people with others who will do the data analysis (sometimes for free, as a co-author, other times for a fee).
- Presenting your research results in a poster session for presentation at a conference (like the EMDRIA conference, or a conference for another professional association).
- Writing your results up for publication, including selecting the journal to which you will submit your article, making sense of reviewer feedback, etc.

In addition to helping you think through your research ideas, we provide a listserv to provide support to researchers or researchers-in-training. While the listserv disseminates information on resources for research and grant funding sources, it also offers an opportunity to discuss research ideas with other researchers. For example, some people have asked for input on some choices they had to make about how to design their studies. Others have received copies of client consent forms that have been used in other studies. You can find information on how to join this listserv on the EMDRIA website under "member services" and "research".

Your research idea doesn't have to be elaborate—data from single cases are needed to show the impact of the EMDR standard protocol for any problem besides PTSD. In addition, single case data on any of the new EMDR protocols (e.g., Resource Development and Installation, any of the addictions protocols, Affect Management Skills Training, Developmental Needs Meeting Strategy, any ego-state protocols, pain management, etc.). Single case data supporting EMDR can make the difference in getting grants on EMDR funded, and allowing people to use EMDR in settings where employers require some evidence of effectiveness. For this reason, a single clinician can make a big impact by collecting data on just a few cases, and a study group of clinicians, each collecting one or two cases could make a really substantial contribution to the EMDR knowledge base. So don't let your inexperience with research get in the way of trying something new—remember, there was a time when you knew nothing about EMDR, too, and now look at where you are!

To contact the EMDRIA Research Committee about obtaining consultation on your research, simply email a brief description of your ideas to Nancy Smyth (Chair) at njsmyth@buffalo.edu or call at 716-645-3381 x232.

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

EMDRIA COMMITTEE REPORTS

For information or assistance regarding any of EMDRIA's Committees, please contact the Administrative Office at (512) 451-5200 or info@emdria.org

Standards and Training

Jari Preston, M.Ed., Chair

The S&T Committee exists to serve the professional EMDR community, and the larger community of clients, by setting and maintaining standards for the training and practice of EMDR. This committee takes these responsibilities very seriously. We meet at least twice a month to review applications for Approved Instructors, Approved Consultants, EMDRIA Credits, and Certification in EMDR. We also regularly review the policies and procedures for these applications to keep them current with advances in EMDR, and with changes in general professional standards. We work with the EMDRIA office to help answer the many questions that come in weekly about these applications and other training and standards issues. We welcome your questions. We want to answer them. We are hoping this newsletter will be one place we can do that. In this article, we are going to answer the two most frequently asked questions.

1. ***Why can't I count the credits I receive by taking the basic training in EMDR, Part 1 & 2, as part of the hours necessary for Certification in EMDR?***

It may help to think of EMDRIA credits as continuing education credits. In any professional endeavor, one is trained in the methodology first, and then one takes continuing education credits to keep knowledge and skills updated. This practice is especially important with EMDR, because there is a constant flow of new information from the research being done on new applications of EMDR, and on how it works, as well as from anecdotal information from clinicians. EMDRIA Credits are the continuing education credits necessary for achieving Certification in EMDR and keeping it current. Certification requires work beyond the basic training. It requires advanced and specialty training in EMDR. It also requires a minimum number of hours of consultation and client hours in EMDR. Certification implies to the public that one is well qualified, and that one has educated oneself beyond the basic level. Therefore, credits for an advanced status must not include the basic course, which is already assumed to be necessary.

2. ***Do the consultation hours necessary for Certification in EMDR begin after Part 1 or Part 2?***

Certification in EMDR is an advanced designation. Therefore, the requirements for it demand advanced (beyond basic training) consultation. It is our hope that this offers clarification about these certification issues. We do not believe there are any dumb questions when it comes to these standards. If there is confusion, we want to make the information clear and understandable. Please do not hesitate to ask us.

Finally, the committee will be adding new members over the next few months. If you have been looking for a way to volunteer with EMDRIA, consider applying to join the Standards and Training Committee. The committee meets at least twice a month for a 1½ hour phone conference call. Often times there are additional meetings or duties during the month. We also meet face-to-face at the Conference each year. This is a busy, active committee, looking for members who can find the time and have the interest in our scope of activity.

Questions or interest in serving on the committee should be sent to Sarah Tolino at the EMDRIA Administrative Office (STolino@emdria.org, 512-451-5200).

Committee: Robyn Butler-Hall, MS; Mark Dworkin, MSW; Wendy Freitag, Ph.D.; Ginger Gilson, MA, MFT; Edwin Hallsten, Ph.D.; Andrew Leeds, Ph.D.; Dan Merlis, MSW; John Nash, Ph.D.; Shanti Shapiro, MSW, LICSW; David Sherwood, Ph.D.; and Bennet Wolper, MSW.

"Outstanding Regional Coordinator" 2002-2003 NOMINATIONS

The EMDRIA Regional Coordinating Committee is now inviting nominations from EMDRIA members for the "Outstanding Regional Coordinator, 2002-2003"

This award will be presented at the 2003 EMDRIA Conference in Denver, CO, to a Regional Coordinator who has demonstrated exceptional dedication, or innovation, or made other significant contributions to the Regional Coordination effort over the past year.

Nominations (a simple paragraph stating why your nominee deserves this award) should be submitted **NO LATER THAN May 1, 2003,** to: Regional Coordinating Committee c/o EMDRIA, Attn: Sarah Tolino Box 141925 Austin, TX 78714-1925 Fax: 512-451-5256 or e-mail Sarah Tolino: STolino@EMDRIA.org

Announcing...

Interested in Advertising in the EMDRIA Newsletter?

Contact Gayla Turner at the EMDRIA Administrative Office for details on submission guidelines and deadlines.
(GTurner@emdria.org or 512-451-5200)

2003 EMDRIA CONFERENCE

'CALL FOR POSTERS'

September 19-21, 2003 * Denver, Colorado

SUBMISSION DEADLINE
July 1, 2003

We are soliciting Abstracts for Poster Sessions for the 2003 EMDR International Association Conference.

What is a Poster?

A Poster is a visual presentation of your research or clinical project. Use schematic diagrams, graphs, tables and other strategies to direct the visual attention of the viewer, rather than writing text as you would for a journal article. At most professional conferences, Poster Sessions are the primary vehicle for the presentation of new research, case study applications, literature review summaries, and new assessment instruments. An award for the best poster will be given. If you would like more information on Poster Sessions and/or to receive submission information, please email Nancy Smyth, Ph.D., at njsmyth@buffalo.edu, or call Terri Curtis at our Administrative Office at (512) 451-5200.

EMDRIA Newsletter Submission Deadlines for 2003

January 20 for the March Issue

April 20th for the June Issue

July 20th for the September Issue

October 20th for the December Issue

DON'T BE CAUGHT OFF GUARD
EMDR MEDIA RESPONSE: GUIDELINES

If ever you have been called for an interview by the media, anticipate that you might in the future, or simply wish to be prepared for that possibility, the following guidelines may help you in providing clear and useful information about EMDR. The intent is to support the practitioners efforts in representing and explaining EMDR so that the information is accurate, ethical, and effective. We wish to avoid any overstatements of EMDR, provide the reporter with information about what EMDR is and is not, counter misinformation, and help the EMDR therapist find an approach that will inform the public.

Establish the Deadline:

First, an understanding of how a journalist works is essential. If the reporter works for a daily newspaper, he/she is under constant deadline pressure. If the story is tied to daily news events, you may be the only call the reporter makes about EMDR. The reporter is not going to have time to do extra research, read a number of articles, track down more sources, or spend as much time as he/she probably wants. So you may be the reporter's only source. Therefore, after establishing the organization the reporter represents, your first question should be: "What's your deadline?" If the reporter's deadline is 6 p.m. that day and it's already 4 in the afternoon, chances are slim that more calls are going to be made. This would change the way you approach the interview. You would want to keep your answers as uncomplicated as possible, trying to focus on a few key points that you want to get across. A reporter under deadline may talk to you for less than 15 minutes, which is certainly not much time to explain about EMDR.

Some stories you are interviewed for will be feature pieces with deadlines a week or even a month away. In that case, you will probably not be the only EMDR expert interviewed and so suggesting other contacts and research materials would be appropriate. A reporter working on a feature article could spend an hour on the phone with you. You will still want to focus on the key points, but without the pressure of a deadline, you have time to cite some examples and explain the process of EMDR more fully.

Establish the Focus:

Early in the conversation ask the reporter what the focus of the story is. Understand that the reporter may not tell you everything about other contacts or all the elements that may be incorporated into the story. The reporter and the news organization may already have a specific slant of a story in mind. They may be looking for a quick quote from you, or searching for another angle to "flesh out" the piece.

The story may be tied to a news event, for example, PTSD after the terrorist attacks, or the trauma experienced after a sexual attack which is making headlines because the trial is going on. In this case, the story is more deadline driven and your answers need to be succinct. Think in terms of sound bites on TV. A print reporter is looking for a good quote. The reporter is not necessarily there to present your side, although that seems to be the reason for the call. He/she wants to know how EMDR works, and how it might work in a particular case.

Here are some of the most likely questions you will be asked:

Anticipate Questions:

What is EMDR and how does it work? Don't assume the reporter has a clear idea. If the person is a science or medical specialty reporter, he/she may have read enough to have superficial knowledge. Be prepared to explain it by saying something to the effect that, "research shows that EMDR enables clients to access and process stored traumatic memories. The technique involves dual attention stimulation, which means using left-to-right stimulus, that is, by causing eye movements from left to right, or playing an audio tone from the left ear to the right ear, or even tapping one of the client's hands and then the other. This dual attention stimulation, in combination of techniques of other approaches of psychotherapy, are integrated into EMDR's 8-step protocol. The intent and frequent outcome is that the client is able to recall traumatic material that may be inaccessible through standard talk therapy."

You should emphasize that while it is not clear *exactly* how EMDR works, there are ongoing investigations of the possible mechanisms involved. What is clear is that present day occurrences can reactivate negative thoughts, emotions, and physical sensations that arise from earlier experiences that are disturbing. It appears that EMDR can change the association of those experiences, greatly decreasing the current distress about past and present events.

Several hypotheses have been proposed to explain how EMDR works:

A. The process of reciprocal inhibition, that is, pairing emotional distress with a "compelling relaxation response."
B. Bessel van der Kolk, M.D. of Boston University School of Medicine, postulates that EMDR helps the client differentiate between exposure to a real traumatic event and an associated memory of an old traumatic event by increasing the activity of the anterior cingulate gyrus and the left frontal lobe of the brain.
C. Another hypothesis proposed by Harvard researcher Robert Stickgold, Ph.D. is that EMDR turns on memory processing systems normally activated by REM sleep. The two systems involved in that process, the hippocampus and the neocortex are being stimulated to "communicate" with each other, and that the bilateral stimulation activates that communication. Dr Stickgold is currently conducting research to test his hypothesis.

Who does it work for? EMDR is known for it's positive effects in resolving Post Traumatic Stress Syndrome (PTSD). EMDR also seems to be effective at helping to resolve the symptoms of trauma such as anxiety, depression, complicated grief reactions, phobias, and self-esteem issues. EMDR is also used to help alleviate performance anxiety and to enhance the functioning of people at work, on the playing field, and in the performing arts. Although the results are not all conclusive, clinically the results are very promising and the research continues.

Can anybody do EMDR? A possible response: "No. You must be a licensed mental health practitioner to take the training. EMDR is one of many tools that a skilled therapist will utilize in the course of therapy to help clients resolve their psychological issues."

Are there any dangers to doing EMDR? Can a client be sent into shock remembering a very traumatic experience? A possible response: "EMDR should absolutely be used in the context of doing therapy responsibly. It is important that clients are thoroughly screened for EMDR treatment. There are many variables to be taken into account when considering EMDR treatment. The nature of the problem, the emotional stability of the client, the client's history, especially if there is trauma, the medical as well as clinical situation; all need to be evaluated. It is important that the clinician administering EMDR has been formally trained by an EMDRIA approved program, and is certified as a practitioner of EMDR by EMDRIA. With these precautions the chance of negative effects are greatly reduced, while the benefits are potentially great."

Address Skepticism and Misinformation:

What if asked: "Skeptics say EMDR is just hocus pocus, just another kind of therapy that is being marketed in a slick way." How do you react to that? Be prepared. A cynical reporter who has had time to do some background research will have found the articles that criticize EMDR, and you don't want this question or one like it to catch you off guard. What do you say? If you sense the reporter is more than skeptical and perhaps very negative about EMDR, don't panic. You could ask the reporter what they've read and point them in the direction of the best positive research about EMDR. The best research to cite is the Wilson, Becker, and Tinker studies. Give the reporter the highlights and tell him/her that the first study can be found in the Journal of Consulting and Clinical Psychology, 1995, Vol. 63, No. 6, 928-937, and the follow up study is in The Journal of Consulting and Clinical Psychology, 1997, Vol. 65, No. 6, 1047-1056. Suggest that the reporter review the EMDR Institute website at www.emdr.org, or as an EMDRIA member, you can call EMDRIA (512-451-5200) and have a press packet sent to the reporter.

For reporters on deadline, it will be most useful to help them get the most accurate and least complicated information as easily as possible. You might give an example of a client who responded well to EMDR treatment, always being professional in masking any identifying information to preserve confidentiality. By establishing the deadline, clarifying the focus, anticipating questions and being prepared for challenge; you will be better prepared to provide accurate information in an effective and professional manner.

EMDR EUROPEAN CONFERENCE

Rome, May 17-18, 2003

In recent years, there has been considerable interest in the impact of traumatic experiences on the development of mental disorders. This interest has stimulated academic discussion, controlled studies of psychotherapy outcomes and investigations of the neurophysiological mechanisms of traumatic experiences. EMDR has played a leading role in this research effort.

The 2003 European Conference will focus on the relationship between EMDR and neurophysiological research on post-traumatic disorders, on attachment issues and risk factors for PTSD. There will also be presentations exploring the connection between stress and other mental disorders commonly seen in clinical practice, for example anxiety, depression, somatic disorders, addictions, and sexual dysfunctions. Furthermore, research results and reports on intervention strategies will be presented.

The cross-cultural applicability of EMDR treatment is remarkable: EMDR has been embraced by practitioners who are leaders in all of the major theoretical backgrounds in the psychotherapy field. As such, EMDR is emerging as one methodology that successfully integrates many psychotherapy approaches. The 2003 Rome Conference, in a rich and exciting setting, offers sessions for both theoretical and practical learning as well as valuable opportunities for the discussion of EMDR protocols and outcomes on an international level.

There will be two pre-conference workshops on May 16,2003.

EMDR In The Treatment Of Adults Abused as Children will be presented by Laurel Parnell,Ph.D. Clinical Psychologist, EMDR trainer. The second workshop, Restore Joy to Childhood – Healing our Children with EMDR will be presented by Joanne Morris-Smith Chairman EMDR Europe Child Section Committee – EMDR Child Trainer

Four plenary sessions will take place on May 17-18, 2003.

- Clinical Relevance Of Biological Alterations In "PTSD": Rachel Yehuda, Director Traumatic Stress and Professor Department of Psychiatry Mount Sinai School of Medicine - New York
- Assessment of Adult Post-traumatic States: Complex Versus Simple Outcomes: John Briere, Associate Professor of Psychiatry and Psychology University of Southern California School of Medicine President of International Society for Traumatic Stress Studies (ISTSS)
- Healing The Attachment Wound: Debra Wesselmann, MS, LPC , Omaha, Nebraska
- Trauma Treatment: The State Of The Art: Besssel van der Kolk, Professor of Psychiatry- School of Medicine - Boston University Director of Trauma Center , Boston

The following Symposia have been scheduled: EMDR and critical incident response - EMDR, trauma and attachment - Sexual abuse treatment with EMDR - EMDR research - Integrating psychotherapy with pharmacotherapy - Integrating EMDR into specific therapeutical approaches- Eating disorders and EMDR - EMDR and addictions - EMDR and empowerment - EMDR as an assessment tool - Treatment of anxiety disorders with EMDR - Treating personality disorders with EMDR - Treatment of sexual dysfunctions with EMDR - Using EMDR with grief and mourning - EMDR with children and adolescents - Open communications.

For information and registration, contact: www.emdritalia.it or email: emdreuropeanconference@oic.it

Marilyn Luber, Ph.D.

Australia

Mark Grant writes from Australia that "A large number of our members offered free counseling for victims of the Bali bombing through the Red Cross, but most people have access to help through health insurance or government agencies so the take-up so far has been minimal". Mark noted that he had an item published in the Newsletter of the Australian Pain Society concerning his recently published study regarding EMDR and chronic pain. He reported "It attracted a very ill-informed negative critique (e.g.; all the studies which support EMDR are seriously flawed) which I then replied to. Feedback from clinicians is that they welcome any new treatment for pain, while the academics seem to struggle with accepting or understanding something so outside their paradigm. Hopefully further studies and continued scholarly debate will help shift attitudes at all levels".

Belgium

Ludwig Cornil notes that "the second part of the Standard Training took place in September with Arne Hofmann and David Servan-Schreiber for the first time in Belgium. In February 2003, there will be another EMDR training for the Flemish. The big news is that in April, the first complete standard training will be conducted for the French-speaking therapists with David." Ludwig adds that "For those who like history (or those who like ABBA) the training is going to be held in Waterloo (where Napoleon surrendered) with a French trainer... and it's absolutely no problem (thus possibly healing some old stuff within the collective unconsciousness)". In the latter half of 2003, the Belgian group is in the process of organizing training in the field of Psychotraumatology. "We're hoping to reach a high academic level by inviting experienced speakers, teaching at different universities, but also experienced clinicians, who can give hands on information". The Standard EMDR training will be incorporated in this curriculum".

Canada

David Hart writes in that "on November 29th, the EMDRAC Board met in Vancouver in conjunction with a workshop on Trauma, Neuroscience and EMDR by Ulrich Lanius. Ulrich described in clear and rich detail the recent neuroscientific discoveries relevant to understanding trauma and the effect of EMDR and put these in the context of basic neural structures and their function. At the Board meeting the results of the recent election were announced: Bill de Bosch Kemper moves from Treasurer to become President-Elect, Linda Hamm becomes Treasurer and Membership Secretary, and Linda Stieler joins the Board as the new Director. In order for a smooth flow of Office holders, Dennis Coates and David Hart continue for another year in their offices of President and Past-President. EMDRAC conducted its election largely by e-mail".

Ecuador

Esly Carvalho reports that there were three EMDR trainings in Quito, Ecuador "Under clouds and clouds of volcanic ash!" Trainer John Hartung and Esly as facilitator scratched their plans to fly to Quito and went by bus after the Reventador Volcano blew "tons and tons of ash over the city of Quito". The bus trip was an adventure as they traveled 9000 feet straight up the mountain over an 8-hour period of time. However, she said "It was worth it". Luckily, Quito's airport was opened for their return. Professionals who work with the government in helping abuse victims, especially children, attended the second half of the training. As often happens throughout the world, professionals from another area (in this case, Panama) come to the training (this time, in Quito) and then go on to plan an EMDR training in their own country. The Panamanian training will occur in 2003.

Germany

Helga Matthess writes in that there will be an EMDR-Europe meeting in Rome next year and the members of HAP-Germany would like to invite people who are in need of scholarship to the conference to contact Helga. If the funds are available, and, according to need, they will be awarded a scholarship for the conference.

Hong Kong

Udi Oren writes that he and Gary Quinn have just completed a Standard Training in Hong Kong. There were participants from Hong Kong, Korea, Cambodia, and Afghanistan.

Israel

Yvonne Tauber notes that Roger Solomon was in Israel doing the second half of a Standard Training and giving "a well attended grief workshop". The Israeli team has almost completed a first edition of a (possible) monthly Internet journal.

Italy

Isabel Fernandez wrote the following "In 2002, the Association for EMDR in Italy has been significantly involved on giving assistance to victims of mass disasters. On April 18th, a small plane hit one of the tallest buildings of Milan, killing 3 people but traumatizing hundreds, in particular, the children of an elementary school in front of the building. Due to the level of anxiety and stress reactions that they showed more than one month later, clinicians of our Association were called from the public services to work with 236 children applying the Butterfly hug version of EMDR. Children worked very naturally and effectively with the clinicians and following this method and showed significant improvement of emotional disturbances, as reported by schoolteachers. On October the 30th an earthquake destroyed a school in the south of Italy with 60 children and teachers and school personnel inside. As a consequence 27 children and one teacher died. After one month, clinicians from EMDR Italy were involved through public services to treat individually the survivors, especially the elementary school children and some middle school students who witnessed the disaster. The treatment is still in progress and we will conduct follow-ups at 6 months and one year. All results from this collective application of EMDR as early treatment will be presented at the EMDR European Conference. The conference will take place in Rome May 17th-18th. Further information can be found at the Association site: www.emdritalia.it"

Japan

Masaya Ichii writes about his friend and colleague, Eiko Sakai, "In Japan, our excellent facilitator, Dr. Eiko Sakio, suddenly passed away in October. It is a very big loss not only for EMDR society, but also for the potential clients she could have helped. She was a pediatric psychiatrist. She eagerly worked to introduce EMDR into the family therapy world. She emphasized using EMDR in the treatment of difficult somatic problems of children.

Kiwamu Tanaka, one of EMDR facilitators translated Dr. Maggie Phillips' book, "Finding the Energy to Heal" into Japanese. It was published in January.

Mexico

John Hartung writes about the EMDR training and support schedules in Mexico. There will be a Facilitator Day training on Feb. 27, June 19 and October 23 in Mexico City. For more information on this and other facilitators days (which double as EMDRIA approved credits presentations) contact Ignacio Jarero and Lucina Artigas at pericles@prodigy@net.mx. Trainings in Mexico City will occur in Mexico City 2/28-3/2 (first part), 6/20-22 (second part), and 10/24-26 (first part)

The Netherlands

Ad de Jongh reports that "The Dutch EMDR Association just reached 400 members. Other good news is that this month the second EMDR book in the Dutch language will appear: 'Handbook EMDR' written by Ad de Jongh and Erik ten Broeke. It is a comprehensive 'How-to-do-the-basic-protocol-right' book and meant to be standard part of the training material".

Poland

Michael Hase and Hans-Hennig Melbeck will be going to Poland in February to continue Supervision with their Polish colleagues. They are looking forward to contacting the Universities in this country with the purpose of organizing more seminars. They are grateful for the support of Helga Matthess of HAP-Germany and the dedicated translation by Lidia Popek, Joanna Oleksiewicz and Agata Szyszko.

Slovakia

Helga Matthess, in charge of Hap-Germany, notes that two Slovakians, Daniel Ralaus and Andrea Sevvikova, just finished their EMDR training in Cologne and are organizing a training in Slovakia for next year. Building on the German team's experience in China, they will start with a 4 day workshop on diagnostics and stabilization work in psychotraumatology and will only start training them in EMDR in the second and third seminars. Franz Ebner will be the trainer. Eva Muenker-Kramer from Vienna has been giving Supervision with EMDR-trained Slovakian colleagues.

South and Central America

John Hartung notes that there is tentative plan for a first training in Panama and Costa Rica in April and Guatemala City in June. To be announced are standard trainings in Caracas, Venezuela, Brazil and Managua, Nicaragua. There are further trainings in the planning stages in Lima and Cuzco, Pero, San Salvador, El Salvador and Cuba.

Sweden

Anne Martinell-Vestin –with great pride- announces that the 2004 EMDR European conference will be in Sweden.

Turkey

Jim Knipe reports that "In September, Emre Konuk and his research team completed an outcome study involving 45 subjects suffering from earthquake-related, diagnosed PTSD. These Ss received from 2-12 sessions of EMDR (mean:5.13) from Standard EMDR trained therapists. The goal of therapy for each client was "resolution" of the emotional disturbance from memories of the 1999 earthquakes. The full report of this research is currently being prepared for publication, but it can be said, briefly, that significant reductions in PTSD Symptom Scale-Self Report scores and SUD scores, and significant increases in VOC scores occurred between Pre-EMDR and Post-EMDR measures. These positive changes were maintained at the time of the Follow-up measure, 6 to 12 months following treatment. In addition, by the time of the Post-EMDR measure, all Ss were no longer suffering from diagnosable PTSD, as assessed by PSS - SR scores. The mean number of sessions/S was 5.13 (range: 2-12), and the mean number of traumatic images during these sessions was 2.16 (range: 1-6). It is clear that a large amount of suffering was alleviated for these 48 Ss, and, by implication, for many other earthquake survivors in Turkey".

Peggy Moore proudly writes in that "Benek Atilia –who was one or our main EMDR therapists in Turkey- is finishing her Ph.D. at the Colorado School of Professional Psychology in Colorado Springs. She is a great gal and is doing some EMDR research as part of her graduate work. Jim Knipe has made this all possible".

United Kingdom

Philip Dutton writes about some of what is happening in Scotland: "I am setting up a website dedicated to EMDR in Scotland and it is named www.emdrs.org.uk but is still under construction. At present it has reviews on all the equipment I have used for EMDR and is informational rather than advertising and hopefully people will contribute information for it to grow over time".

John Spector notes that he has an article on EMDR due out next week in a national newspaper (The Independent). The AGM of EMDR UK & Ireland will be on March 22nd. Professor Chris Brewer is the keynote speaker- a leading authority on PTSD who has also trained in EMDR. He notes that "Training applications for EMDR remain robust",

United States

California

I am happy to let you all know that John Marquis is on the mend and doing well at home.

New York

Carol Forgash Uri Bergmann, Barry Litt, Joanne Twombley , Fran Yoeli, and Tessa Pratos presented on aspects of EMDR treatment at the ISSD 2002 International Conference in Baltimore this year. The following are the presentations: "Integrating Ego State Therapy and EMDR in the Assessment and Treatment of Dissociative Disorders" by Barry Litt, Carol Forgash, Joanne Twombly; "Integrating EMDR with Energy Healing in the Treatment of DID" by Gary Peterson; "Benefits and Hazards of Introducing EMDR in Later Stages of Therapy" by Martha Schlesinger; "EMDR and the Creation of Hope Post 9/11", by Peggy Reubens; "Personality Disorder as Variants of Dissociative Phenomena: Treatment with an Integration of Ego State Therapy and EMDR," by Uri Bergmann; "Addressing Dissociation and its Negative Impact on the Physical Health of the Adult Sexual Abuse Survivor: an Integrated EMDR and Ego State Treatment Approach" by Carol Forgash. Carol also notes that in March she will present on EMDR and Ego State Work in Schaffhausen and Amsterdam. She will present "EMDR and 9/11 survivors" at the First International Ego State Congress in Bad Orb, Germany.

Maudie Ritchie writes that she helped Sandra Kaplan during her EMDR course this semester in the Psychology Department at Upstate Medical Center in Syracuse. She reports that Sandra and her husband are recovering well after their catastrophic motor vehicle accident last May. Also, Maudie is happy to tell that people in the Syracuse area are calling for therapy and specifically asking for EMDR treatment!

Oregon

David Baldwin reports on the latest changes and updates to his web-site "Among other changes and additions at the Trauma Information Pages website, my EMDR Bibliography has been updated for 2002. This listing of EMDR-related research published in peer-reviewed journals now covers 1989-2002 and includes about 280 citations, sorted by year. [Links to the PILOTS database provide abstracts for many of these references.] The specific URL for this resource is: http://www.trauma-pages.com/emdr-2002.htm. As more 2002 articles (published late in 2002) are indexed in the coming months, I'll add additional citations to the listing. If you notice any errors or omissions in this listing, please feel free to email me at: dvb@trauma-pages.com ".

Pennsylvania

Steve Silver reports in that "Steve Silver and Susan Rogers are compiling and analyzing data from clinicians who are working with clients having reactions from 9/11. Given the recent attacks by some on early psychotherapeutic interventions, as well as on EMDR, the data is particularly relevant. Clinicians are still sending in results but an initial examination of the data suggests that early interventions, such as EMDR, do show promise and, in particular, EMDR is having a great deal of success with clients regardless as to how long after the trauma they received treatment.

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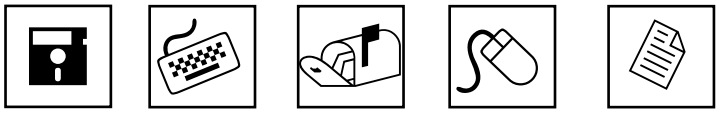

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The Thawing

By Brenda Segna

Left, ….., Left, …..,
The traumatic storm struck,
Freezing, frozenness,
Penetrating to nothingness.
Nerves, receptors, neurons,
the cells, the transmitters, the
receptors,
of feelings, of life, so that a part
of me, parts frostbitten, were left
blackened, glaciation.

Left, right, left, right,
And now, calmly, silently, gently,
tenacious, constant, unfaltering,
quietly, left, right, left, right,
sometimes, with trepidation,
I view the memories seeping
from my veins.
Slowly, tentatively, trembling,
at the things inside.
At the jagged ice teeth, the
piercing chill, sharp, raw,
destruction deeply stirred
inside.

Left, right, left, right,
the fire courses through,
melting my internal being.
When the remembrances passed
through my veins,
you were there, quietly,
persistently, inside.
Melting the tendrils, receptors,
neurons, nerve endings,
thawing life, cells again,
softening and loosening receptors.
Countering, gentling, tending,
resculpting the path of life
coursing that had once
been frozen.

Left, right, left, right,
sometimes, rounding a corner,
there you are quietly melting
the chunks of pain.
And you are always, steadily, there.
Quietly, warming.

Left, right, left, right…

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Email: vap@nycmail.com

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