EMDRIA

September 2014 The Information Resource for EMDR Therapists Vol 19 Issue 3

# EMDR: Celebrating 25 Years of Healing Trauma

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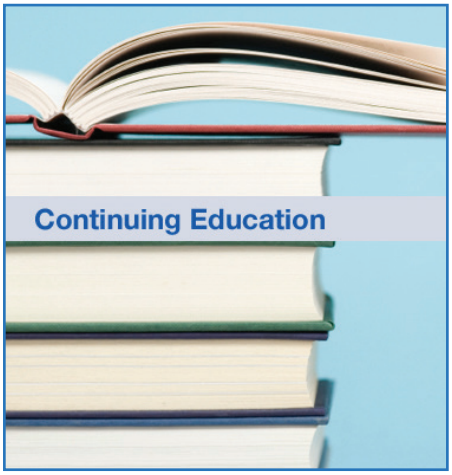
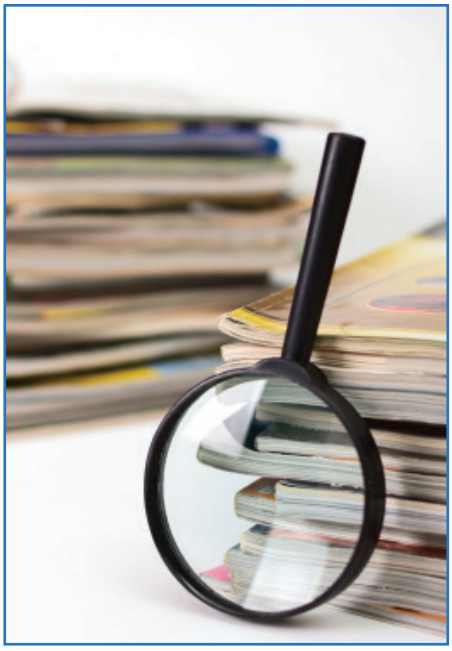


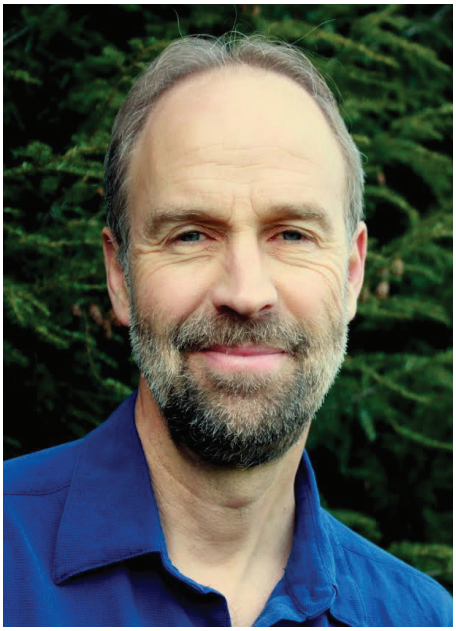




## Articles & Information

# A word from the President...



**Mark Nickerson, LICSW**
**EMDRIA President**

This spring the EMDRIA Board initiated a survey of EMDRIA members. As you know, increasing our membership is a primary goal for EMDRIA as we believe more members will turbocharge all of our activities and services. In the past year since the goal was set, membership has increased almost20%.

As our numbers increase, we want to be sure that we continue to effectively serve the needs of our members. Hence our survey asked you what member benefits you most value, and to what degree. With an average membership retention rate of 85%, we had reason to assume membership satisfaction but we wanted to learn more.

We were delighted that 560 of you completed the survey, a solid response rate which enhances the meaning of the results. Listed below is your feedback regarding some of the specific membership benefits we asked about. Categories are listed in the order of what you most value.

As you can see, virtually all benefits were rated as very important or important.

Highest on the list of "extremely important" categories was the EMDRIA website, our hub of information. As most of you know by now, in August we debuted a new look to the website. What you may not know is that many of the new website features only noticeable once you have logged in. A year ago, EMDRIA decided to invest money and significant staff effort into converting our entire database software system including components of the website to be more responsive.

These changes include a significantly improved "Find a Therapist" feature. Our survey ranks this as the third most important EMDRIA service. Please log in and update your listing, which now also includes the ability to list Insurances Accepted and an area to list your Educational Background. Previously available, but seemingly under-utilized by members, was also the ability to list Specialties, Populations Served, and Languages Spoken. Our "Find a Therapist" feature is a membership benefit that costs less than many "Find a Therapist" commercial listing services.

Ranked second by you is the ongoing desire to have a variety of effective EMDR workshops and trainings. EMDRIA continues to encourage and foster basic and cutting edge learning opportunities while maintaining quality control. New educational options, including more distance learning programs, are being approved. Listed fifth in the survey is the value of other types of professional development. In addition to increasing membership, the Board's other prioritized strategic goal is for "EMDRIA to be an indispensable resource for member networking and professional development" so we seem to be on target with what you want.

I was particularly pleased to see the high regard for the category "Campaigns to increase broader recognition of EMDR" as well as support for "Advocacy for EMDR with special populations" such as military personnel. Your responses indicate a long-sighted

**Membership Benefits Survey**

**Current Membership Benefits**

| Answer Options | Extremely Important | Important | Neutral | Unimportant | Extremely Unimportant | Response Count |
|---|---|---|---|---|---|---|
| EMDRIA Website | 367 | 146 | 38 | 5 | 0 | 554 |
| Advanced Workshops and Trainings | 348 | 193 | 17 | 0 | 0 | 557 |
| Online Member Directory | 300 | 186 | 63 | 8 | 0 | 557 |
| Campaigns to increase broader recognition of EMDR | 290 | 209 | 50 | 4 | 0 | 548 |
| Prof. Development (eg CT Status, SIGs) | 280 | 208 | 58 | 8 | 1 | 553 |
| Journal of EMDR Practice and Research | 262 | 237 | 50 | 7 | 1 | 556 |
| Advoc- EMDR with spec. populations (eg, military) | 262 | 225 | 59 | 7 | 0 | 553 |
| Annual EMDRIA Conference | 253 | 221 | 65 | 13 | 1 | 552 |
| Support for research in EMDR | 247 | 244 | 57 | 2 | 6 | 553 |
| Access to Francine Shapiro library | 189 | 226 | 104 | 18 | 8 | 545 |
| Regional Meetings | 165 | 231 | 137 | 14 | 5 | 550 |
| Quarterly Newsletter | 108 | 283 | 140 | 15 | 1 | 547 |
| Discounted Credit Card Processing | 59 | 120 | 227 | 95 | 49 | 549 |

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understanding of the need for ongoing EMDRIA efforts to continue to build and secure the place of EMDR Therapy.

Also highly valued but a bit lower on the list of priorities for some are the Journal of EMDR Practice and Research, the Annual Conference, support for research and access to the Francine Shapiro Library. While we understand that these benefits may appeal to some more than others, the Board sees their critical value and these resources and events will continue to be staples of EMDRIA focus.

A bit surprising, though still important for most, was the lower rating for Regional Networks. While we are exploring what this means, our initial impression is that it reflects the untapped the potential of Regional Networks. If you are fortunate enough to live in an area with an active local network, you know how important this can be to supporting robust EMDR practices. However, many members are geographically beyond an active Regional Network. Promoting and supporting Regional Networks will continue to be a Board and staff direction.

In a lower spot on the survey is the quarterly membership Newsletter. This is understandable given everyone's busy lives and limited reading time. But I point out a certain irony, were it not for the Newsletter, you wouldn't know what you just read!

The survey also asked about specific additional member benefits that are being considered including various ways to make EMDR educational experiences accessible and affordable. Our inquiry received many narrative responses offering praise for EMDRIA's work, constructive suggestions and new ideas. Please know that all responses are being reviewed carefully and will be invaluable as EMDRIA moves forward.

Thanks again for all who participated in the survey. This and other ongoing feedback will keep EMDRIA responsive to member needs. ❖

# Announcements

### 2015 Board of Directors Election Results

The EMDRIA Board of Directors congratulates the following individuals on their election to the Board: Ken Kernagis, MA, LPCC; Jorge Torres-Saenz, Psy.D.; and Evelyn Wright, LCSW. They officially begin their four-year terms on January 1, 2015. Full members of EMDRIA interested in running for the board in the next election are encouraged to contact Mark G. Doherty, CAE, Executive Director of EMDRIA at mdoherty@emdria.org.

### General Membership Meeting at 2014 Conference

Each year at the annual Conference, EMDRIA holds its General Membership Meeting. We encourage all members to attend so that they can address the EMDRIA Board to provide feedback, share input and ask questions. Please join us on Saturday, September 20th at 5:45pm. For more information and room location, please see your onsite Conference Program.

### EMDRIA Office Closed

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

- Monday, September 1st for the Labor Day holiday.
- Monday, September 15th through Friday, September 26th for the 2014 EMDRIA Conference. Please Note: Any orders placed for EMDRIA Products, such as brochures, etc., during this two week period will not be processed until the week of September 29th.
- Thursday, November 27th and Friday, November 28th for the Thanksgiving Holiday.

### 2015 Call for Presentations

You are invited to apply to present at the 2015 EMDR International Association Conference. Material should be relevant to the EMDR field and be an original contribution. Members and non-members of EMDRIA are invited to submit. Share your best practices and new techniques with other therapists in the industry, helping them to understand the new research and clinical practices in EMDR and how to help treat all types of trauma. For more information and to submit your presentation, please visit www.emdria.org and click on the Conference > 2015 Call for Presentations tab and follow the link. Please email us at info@emdria.org with any questions.

### NEW University Special Interest Group Forming

Join us at the EMDRIA Conference September 20th from 12:45 - 1:45p.m. Please see on-site Conference Program for room location.

The goal of the University SIG is to provide a forum and support for collaboration and networking for faculty who wish to teach EMDR in the University setting. The dissemination of EMDR in University settings is important in order to train clinicians early in their career as well as to integrate and cultivate EMDR research in the University settings in the United States. Resources are shared and topics related to developing criteria, academic excellence, curricular issues, and pedagogical methods for the delivery of various levels of EMDR training are discussed. The chair of the SIG will track projects and facilitate communication amongst the members of the SIG through the SIG's listserv. The specific pursuits of the University SIG will be determined by the interests and needs of its members.

To join this Special Interest Group, please contact Carol Miles at cmiles@tulane.edu.

### Consultation Services during the 2014 EMDRIA Conference

If you are seeking EMDR Consultation services during the 2014 EMDRIA Conference, September 18-21, 2014 in Denver, Colorado please visit www.emdriaconference.com and click on the Consultation Services Available tab under Continuing Education to view the current Consultation Services List. Several printed lists will also be available for reference during the Conference.

# Executive Director's Message

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

At the time of writing this column, there are already over 1,000 registrants for the 2014 EMDRIA Conference, which is September 18 – 21, 2014 in Denver, Colorado. Our theme is "EMDR: Celebrating 25 Years of Healing Trauma". The Pre-Conference workshops offer full day sessions on addictions and compulsive behaviors, helping children with trauma, and treatment of military veterans. Dr. Francine Shapiro will open the EMDRIA Conference by moderating a panel presentation celebrating the growth and development of EMDR around the world at Thursday's Opening Address. Regional Associations from EMDR Asia, EMDR IberoAmerica, EMDR Europe and EMDRIA will be represented. Dr. Shapiro will also be featured at Friday's Plenary Session, where she will present "EMDR Therapy Update – Theory, Research and Practice". Dr. Christine Courtois will speak on Saturday morning on the treatment of complex trauma and on Sunday Mr. Rolf Carriere will address healing wounded memories worldwide. In addition, we have many sessions spanning a wide variety of EMDR-related topics. The Conference not only provides EMDRIA Credits, but offers continuing education credits through many accrediting agencies. To register, go to: www.emdriaconference.com and join us in celebrating the 25th anniversary of EMDR therapy. I look forward to seeing you there.

We underwent a big change with our membership system and website, www.emdria.org at the end of July. Hopefully, the new look is attractive and user-friendly. The vendor we have been using for the last 8 years was acquired by a larger company and its software discontinued. This forced us to move to a new association management system and its accompanying website. With any change such as this, there are various glitches that arise. We appreciate your patience with us during this exciting transformation. We hope these changes enhance your experience.

Another rather large change is that all EMDRIA Listservs will be discontinued as of August 31st. A new community feature in the new database/website will enable us to have EMDRIA Groups. If you were on a Special Interest Group (e.g., Child/Adolescent, Military, First Responders) Listserv, Committee Listserv (e.g., Advocacy, Membership, Conference), a community listserv (e.g., EMDRIA Approved Consultants), or Board Listserv, a Group page has already been set up for you and you have been added to that Group. Within the Group you can contact other members via your designated Forum. You will be able to adjust your settings to receive instant emails once someone posts or receive the posts in a digest form via email. You will need to login to the EMDRIA site to have access to these group pages. More information can be found on the homepage of each of your EMDRIA Groups.

The improved "Find a Therapist" search now has a radius search to locate clinicians in and around a zip code or city. To truly take advantage of this function, I encourage each of you to examine your profile in the membership database. You should complete fields like "Specialty Areas", "Populations Served", "Languages" and "Insurance" to assure that you are providing up to date information that other therapists and the general public might search when using "Find a Therapist". And don't be afraid to add a picture of yourself. We have noticed a number of members updating their profiles in the new system. We encourage everyone to put their best foot forward.

The trend among professional societies is to secure more functionality behind the firewall of membership. Yes, it's an extra step to sign in, but one that provides members with access to anything that they need. In time, we will have additional benefits that will be just for members and increase the value of belonging to EMDRIA.

If you have questions or need assistance with the new membership system, email us at info@emdria.org or call 512-451-5200 and one of us will assist you. We appreciate that things are changing. We hope that in time, you will see the advantages as we build our EMDR community. And don't forget to register for the 2014 EMDRIA Conference! ❖

# Conference Corner


The Conference Committe, along with the EMDRIA Board of Directors and staff are excited for you to help us celebrate 25 years of healing with EMDR in Denver! This is a tremendous opportunity to hear the leaders in our field as they discuss the growth, accomplishments, and future challenges for EMDR Therapy. Over 1,000 attendees have already registered!

Dr. Francine Shapiro, the originator and developer of EMDR, will open the EMDRIA Conference on Thursday afternoon by moderating a panel presentation celebrating the growth and development of EMDR around the world. Each region will share information about strengths, challenges, breakthroughs, and current projects in their area. The Regional Associations will be represented by Dr. Jinsong Zhang (EMDR Asia), Esly Carvalho (EMDR IberoAmerica), Dr. France Haour (EMDR Europe) and Mark Nickerson (EMDRIA).

We're eager to hear Dr. Francine Shapiro speak again on Friday morning, as she gives an update on EMDR theory, research, and practice. Dr. Christine Courtois will discuss the practice guidelines for treatment of complex trauma on Saturday and internationally known Rolf Carriere will speak of the challenges and rewards in addressing the global impact of trauma on Sunday. And that's just the plenary addresses! You'll hear top-notch presenters in areas of addictions, military trauma, attachment, dissociation, neurobiology, research, and many more! Please join us as we celebrate 25 years of growth, and more importantly, as we work together to explore the possibilities and to shape the future of EMDR Therapy.

### Registration Information

The deadline to send in your registration form via fax or mail is September 10, 2014. After this date, you must register online at www.emdriaconference.com or register on-site. If you register on-site there will be an additional $25 fee. Please note that if you register on-site or after August 29th you will NOT be able to attend the Awards Dinner on Friday, September 19th.

All Cancellations must be in writing and requests for refunds must be received no later than 30 days following the Conference. A $30 processing fee will apply to all cancellations postmarked before August 15th. A refund of one half of the paid registration fee will be given for all cancellations made after August 15th. All refunds will be issued after the Conference.

### Hotel & Transportation Information

*Need a Roommate?* As in years past, we are helping to match up attendees who are staying at one of the Conference hotels as roommates at the Conference. If you are interested in finding a roommate, go to www.emdriaconference.com and go to the "Hotel & Travel" tab and click on the Find a Roommate link and add yourself to the roommate list. You can also view the Roommate List to contact someone who has already reserved a room.

**Conference Hotel Address**
Hyatt Regency Denver at Colorado Convention Center
650 15th Street | Denver, Colorado 80202
Tel: 303.436.1234

The Hyatt Regency Denver (and other Conference hotels) are accessible to Denver International Airport (approximately 26 miles, 30 minute drive) via several modes of transportation. All ground transportation services at Denver International Airport are located in Jeppesen Terminal, Level 5. For information, call 303.342.2000 or visit the Denver International Airport website and click on Ground Transportation.

**Super Shuttle:**

- Cost is approximately $22 per person each way; $40 round trip
- Shuttles run 5:15 AM to 5:30 PM approximately every 15 minutes
- We recommend allowing an hour for transportation from Hyatt Regency Denver to Denver International Airport
- Shuttle ticket counters are located on Terminal Level 5, across from the rental car agencies
- Reservations are not required
- For ticket information and reservations, call 800.258.3826 or 303.316.3865
- Super Shuttle features blue vans with SUPER SHUTTLE printed on the side

**Car Service:**

Cab Service - approximate cost is $54 to airport from downtown and $58 from airport to the hotel
Limo Service - approximate cost is $60 to $120 (one way, dependent upon company and number of passengers)

# Thank You to our 2014 EMDRIA Conference Exhibitors

**Exhibit Hours:**
Thursday, September 18th | 7:00AM – 6:30PM
Friday, September 19th | 7:30AM – 6:00PM
Saturday, September 20th | 7:30AM – 7:45PM
Sunday, September 21st | 7:30AM – 2:00PM

Alpha Health Systems
Auro Photo & Coaching
Bennington School
The BioMat Store
Celtic Art Therapy
Convention Media
Courage to Change Addiction Recovery
Earth Wisdom
EMDR Consulting: Roy Kiessling
EMDR Research Foundation
HeartMath
In Light Wellness Systems
Life Healing Center of Santa Fe
Mentor Books
Miranda Palmer, LMFT of ZynnyMe
NeuroTek Corp
Pieces of Bali Jewelry
PRIDE Institute
SENSE TECH by IA Technology, Ltd.
Tal Croitoru
The Ranch
Timberlawn Mental Health Systems
Trauma and Resiliency Resources, Inc.
Trauma Institute & Child Trauma Institute
Trauma Recovery / EMDR HAP
Young Living Essential Oils

# EMDR RESEARCH FOUNDATION

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

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

## 2014 - Nostalgia (Past), Celebration (Present) & Promotion (Future)

Like many of you, the EMDR Research Foundation (ERF) Board members are gearing up for our trip to the EMDRIA Conference this month. The Conference is such a great opportunity to catch up with old friends, make new ones and be once again inspired by the knowledge, skills and energy of our esteemed colleagues. For the ERF Board members, it is our once-a-year opportunity to meet our donors face-to-face and personally thank them for their loyal support of EMDR Research.

This year's EMDRIA Conference is not just another Conference, but a very special one indeed. It will be a celebration of **"25 years of EMDR Research."** I am sure each Conference event will be an opportunity to celebrate our history and this important milestone. There is sure to be a nostalgic feel as well, as the community reminisces about EMDR's evolution from 1989 to the present.

Celebrating this achievement also provides the opportunity to look ahead as to what is to come in the next 25 years. Planning and strategizing about the ERF's future will be a main topic for our annual meeting in Denver this year. In my humble opinion, I think one of the most important goals is to promote and increase the use of research findings in clinical practice and clinical decision-making. The ERF's *"Translating Research into Practice"* (TRIP) article in the *EMDR Journal of Practice and Research*, and the first tier *"Advance Evidence-Based Practice,"* of our three-tiered research priorities, both address this goal. However, the first step to promoting research findings in clinical decision-making is the research findings themselves. Just as more EMDR research is needed in general, the ERF needs more grant application submissions for our funding program. The ERF is willing and able to do our part in this endeavor, we just need more grant applications for consideration. It is our hope that this year's $25,000 Research Grant Award, the regular awards (i.e., Research, Dissertation, Consultation and Travel) we offer, and the new research priorities will help to increase the number of grant applications we receive. We encourage everyone doing EMDR research to strongly consider submitting a grant application. We also urge you to spread the word to others who might benefit from our grant funding programs. Your help in disseminating this information would be most appreciated.

In talking about our funding programs, I am very excited to announce the first recipient of our new Research Dissemination Travel Award. This travel award was created this year to support the dissemination of EMDR research findings at local, national and international non-EMDR professional meetings. The first travel grant was awarded to Lindsay M. Bira, M.S. who will be presenting her dissertation paper, *"Determining Person-Treatment Fit for Brief Treatment of Trauma in a Community Setting: Which Interventions are Best for Whom?"* at The International Society for Traumatic Stress Studies (ISTSS) Conference in November. The study was part of a larger NIH-funded investigation. The ERF also provided funding in 2011 for a six month follow-up study, from which Lindsay's data was taken. For more information on the results to be presented, please see the details on our website. **Congratulations, Lindsay!**

Also on our website you will find the link to the 25th Anniversary EMDR Quiz that we encourage you to take—multiple times, if you so desire. Test your knowledge or perhaps learn a few things about the history of EMDR research with the chance to win a grand prize of $500. The questions cover topics about specific research studies and findings, the history of EMDR therapy and the ERF. This was the brainchild of our creative Board member, Barb Hensley, who has also very generously donated the prize money. There will be one grand

**The EMDR Research Foundation**

**E**nvisions
**M**aking a difference by
**D**emanding high quality
**R**esearch .... Now and for years to come!

*Celebrating*

25 years *of EMDR Research*

*Stay tuned for our "25 years of EMDR Research" campaign*

*www.emdrresearchfoundation.org*

prize with additional financial and other EMDR-related materials as prizes for those who answer the most questions correctly in the shortest amount of time. The winners will be announced at the 2014 EMDRIA Conference on September 19th. All of the details are on our website. **Good Luck!**

This leads me back to where I began, the celebration at the EMDRIA Conference. Of course the ERF will have a booth in the Exhibit Hall again this year. We will distribute the badge ribbons for our donors, and a separate one for the Visionary Alliance members, to wear with pride and satisfaction throughout the Conference. As part of our **"25 Years of EMDR Research"** fundraising campaign it is our goal to sign up 25 new Visionary Alliance members this year. If you are already a monthly donor, you might consider raising your pledge TO or BY $25. This will not only help our bottom line it will make more of those $25,000 grant awards possible. Another way to participate in our anniversary fundraising campaign is to consider a tribute gift of $25, $250 or $2,500 in the name of a loved one, friend or colleague, or simply in the name of EMDR Research. Additionally, this just might be the right time for you to consider your planned giving arrangements. There are many options to choose from such as an Endowment Gift, where the funds are used annually in perpetuity or you can name the ERF as a beneficiary in your Will or Trust. As EMDR ages, unfortunately so do we!

We have other fun activities planned and I hope you visit our booth to find out how you can participate. I look forward to seeing all of you in Denver.

***"While we are living in the present, we must celebrate life every day, knowing that we are becoming history with every work, every action, every deed." - Mattie Stepanek*** ❖

# TRAUMA RECOVERY/EMDR HAP UPDATE

***BY CAROL R. MARTIN** - EXECUTIVE DIRECTOR, TRAUMA RECOVERY/EMDR HAP*

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

Trauma Recovery
EMDR HUMANITARIAN ASSISTANCE PROGRAMS

## Approaching 20 Years: Past, Present and Future

The 2014 EMDRIA Conference will kick off a year of celebrations! We are all looking forward to celebrating the 25th Anniversary of EMDR at the Conference. Trauma Recovery, EMDR Humanitarian Assistance Programs will be recognizing our 20th year at the 2015 EMDRIA conference in Philadelphia.

I'd like to share with you some of our past, our present and our future in this article. There will be many more stories to share over the next year. I hope you will share yours!

As many of you know, Trauma Recovery/ EMDR Humanitarian Assistance Programs (HAP), formerly known, affectionately, as EMDR HAP, was established in 1995 by EMDR clinicians who offered pro bono care and training for therapists in Oklahoma City in the wake of the bombing. Thus, began the HAP's mission to bring EMDR therapy to communities that were underserved or that had suffered disasters.

From its beginning, we approached humanitarian aid on a joint track: by offering EMDR therapy training to local clinicians who would provide services for years to come and by providing clinical services for those individuals and groups experiencing acute stress or PTSD.

Some envisioned HAP to be a mental health "doctors without borders" travelling throughout the world providing a mental health response to tragedies. There may be some of you who are reading this article that were a part of these efforts that extended from 1995 – 2005. Some of these include:

**THE FIRST DECADE**

| | |
|---|---|
| 1995 | Oklahoma City |
| 1997-98 | Bangladesh, Indonesia, and Mexico |
| 1999 | Marmara, Turkey |
| 1999 | Columbine, Colorado |
| 2001 | Gujarat, India |
| 2001 | 9/11, New York City |
| 2004 | Chennai, India |
| 2004 | Thailand, Tsunami |
| 2005 | Louisiana and Mississippi, Katrina |
| 2005 | India, Thailand, Sri Lanka |
| 2006 | Indonesia |

What did we learn in the first decade of our work? We found that:

- EMDR Therapy is an effective treatment, both early and later in disaster environments
- Training clinicians in the midst of disaster conditions is costly and often ineffective.
- Delivering treatment is costly and unpredictable unless there are established routines and relationships with other parts of
- emergency response systems.

We believe that mental health response to disasters is a humanitarian imperative, both domestically and throughout the world. It was with this in mind that the Trauma Recovery Network was established. The essence of the TRN is to integrate the skills and volunteer aspirations of EMDR therapists with existing emergency management processes. And in the last three years, that aspiration has exceeded even the most ambitious expectations! In 2010, there were three TRN Chapters (TRNCs) throughout the country; there are currently 25 established TRNCs, with more than that number emerging.

Why do we think this happened? The number of disasters in the last four years provided "The Perfect Storm".

**OUR RECENT RESPONSE**

| | |
|---|---|
| 2010 | Haiti |
| 2011 | Tuscaloosa, Alabama |
| 2011 | Joplin, Missouri |
| 2012 | Hurricane Sandy, New York, New Jersey and Connecticut |
| 2012 | Newtown, Connecticut |
| 2013 | Boston, Massachusetts Marathon |
| 2013 | Prescott, AZ |
| 2013 | Moore, Oklahoma |
| 2013 | Philippines, Typhoon |
| 2014 | Oso, Washington |

Increased capacity for response based on the number of EMDR trained clinicians throughout the U.S. (HAP has trained more than 10,000 clinicians in the past decade); a perceived extreme need for response; increased public awareness of trauma and PTSD, and higher provide for EMDR therapy provided the backdrop for this amazing volunteer response.

We were amazed and overwhelmed by the interest and extent of this response from our volunteers and local clinicians. Over the past year, key volunteers and staff have developed strategies for better communication with new and existing TRNCs. These are based on the following core principles:

- Groups of volunteer EMDR therapists form local chapters linked to a national network
- Created and prepared *before* disasters occur IDEALLY
- Working from shared information and a shared vision COLLABORATION AND SHARING OF BEST PRACTICES SPAWNS GROWTH
- Each chapter coordinating with local emergency planners to meet local need

Our Trauma Recovery/HAP TRNC volunteers and staff will be sharing this at the EMDRIA meeting. Please visit us at our booth, if you wish to learn more. ❖

# In the Spotlight: Bessel van der Kolk, M.D.

***BY MARILYN LUBER, PH.D.***

How does one choose one's way in life? Bessel van der Kolk believes that *"Lives are accidental and unexplainable. Stuff happens and then life is never the same, and you can't explain why. We are subject to the whims of the universe."* Even though he grew up in the aftermath of war torn Europe, the fact that he would later devote himself to understanding, researching, and treating trauma was by no means inevitable. None of his brothers or sisters followed in the same path.

What has defined Bessel van der Kolk's life has been his quest to understand how people deal with and survive the horrifying actions that people perpetrate on each other and the amnesia of both victims and perpetrators. Bessel was born during World War II and grew up in its aftermath in the coastal town of Scheveningen, Netherlands. Among his earliest memories, Bessel recalls the holocaust survivors who were his neighbors, the returning family members who had been in German and Japanese concentration camps, the legacy of Nazi brutality all around, bombed out cities and the reality of poverty and deprivation after the war. Yet, he also lived in a community of people who spoke about what was happening to them, in contrast to other communities who silenced their experiences of ruthlessness and terror.

As Bessel entered middle childhood, he had a close friend who was the son of a Schutzstaffel (SS) General. Through this connection, he was privy to the loving aspects of this German family that was in direct contrast to how Germans treated his relatives and neighbors during the war. At this early age, Bessel was exposed to how complex human behavior can be: loving kindness living side by side with cruelty. He thought, "How does this happen?"

He attended the Gymnasium in The Hague where he had a rigorous education, including instruction in Latin, Greek, four other foreign languages, and a deep immersion in science. This education in both the glories of the humanities and the rigors of science was a prelude to his later career. By the late 1950's, Bessel was travelling through Europe. He hitchhiked through France and was drawn to music of the monastic Taizé Community and their life dedicated to kindness and simplicity. Here, he found a group life style that emphasized dedication, immersion, meditation, and chanting, and he seriously considered their offer to join them.

However, in 1962, when his uncle who had survived WWII as a slave laborer on the famous River Kwai, invited him to join him in Hawaii, Bessel eagerly accepted. He studied at the East West Center of the University of Hawaii, where he was awarded his B.A., and in 1970, he received his M.D. from the University of Chicago Pritzker School of Medicine. He decided on psychiatry and did his residency and early faculty years at Harvard.

He feels like his "real career" began in 1978 when he joined the Veterans Administration Outpatient Clinic in Boston, four years after the end of the Vietnam War. Working with combat soldiers, Bessel began working with his first patient, Jack. He was sure he could provide him with a quick solution to his nightmares, upon completion of his work with Ernest Hartmann on rapid-eye-movement (REM) sleep and pharmacology. Jack proved a much bigger challenge especially when he told him, "I need to have my nightmares, lest the death of my friends would have been in vain." Bessel realized the complexity of this man's trauma as it related to his need to be worthy of his father's affection and follow in his footsteps. This was true especially after he was exposed to events as a soldier so close to his father's that "it altered his view of his world, his biology, his conceptions of himself, and his capacity to engage with the next generation." Bessel was riveted by what he was learning and it was then he thought he would devote his professional life to understanding and treating trauma.

Eager to help his combat veteran patients, he was surprised that there were no books on war trauma in the hospital library. Eventually, he found Abram Kardiner's, *"The Traumatic Neuroses of War"* (1941) and a series of articles by Henry Krystal, *"Trauma and Affects,"* that talked about how traumatization is often followed by loss of language and the somatization of experience.

He started to study the nightmares of Vietnam Vets and found that when they went into REM sleep, they woke themselves up. Bessel's colleagues Ramon Greenberg and Chester Pearlman labeled this *REM-interruption insomnia*. Was this responsible for the vets' inability to consolidate the remainders of the trauma memories into episodic memory? Using the Rorschach test to understand the perceptual processing that can occur in traumatic stress, fellow researcher, Charles Ducey and he found that the traumatized vets either overlaid their trauma onto the cards or saw nothing at all. In fact, the only time that they seemed to come alive was when talking about their Vietnam experiences. Later, on reflection and continuing to amass knowledge on trauma through observation, clinical work, research

and interactions with other colleagues, he realized how stuck in the past these vets were, and that they used very risky behavior to pull themselves into the present, such as riding their motorcycles at high speeds. When he used the "talk therapy" he had learned during his residency, it made for a good therapeutic relationship, but it did not seem to resolve the traumatic stress.

In 1984, Bessel organized the American Psychiatric Association's first symposium on PTSD, in which he was joined by Lawrence Kolb and Henry Krystal.

Soon after, Bessel started to wonder if his patients with borderline personality disorders (BPD) became that way as a result of early childhood trauma. As Bessel said, "In their case, however, the battlefield had not been overseas but in their own homes." Were they re-enacting their early childhood traumas in a similar way as the Vietnam Vets were re-enacting their trauma in their family lives? He started a study group on BPD that resulted in clinicians being fascinated with this new perspective on treating what had been considered one of the most difficult groups of patients to treat. By the late 1980s, Judy Herman, Chris Perry and Bessel had documented that a majority of patients with BPD had histories of severe childhood trauma and neglect, starting prior to age 7. Could neurobiological shifts in traumatized children have a major effect on their capacity for self-regulation?

As the result of this early research, Bessel was invited to the American College of Neuropsychopharmacology meeting in 1983 where Steve Meier introduced him to the animal model of inescapable shock. Bessel wondered if this was relevant to traumatized people as well and it resulted in his paper, *"Inescapable Shock, Neurotransmitters, and Addiction to Trauma,"* the first theoretical paper on the neurobiology of PTSD. In 1987, this work led to the first symposium on the biology of traumatic stress at the World Congress on Biological Psychiatry, in Jersusalem. With Roger Pitman, Ariel Shalev and Frank Putnam, they presented on the neurobiology of trauma. Later that evening, they were joined by Onno van der Hart at dinner, who introduced them to the work of Pierre Janet and his theory of the psychology of action that addressed dissociative phenomena in traumatized individuals. Through Janet's contributions, one of the things Bessel learned was how trauma returns to patients' minds through isolated images, smells, physical sensations and sounds and this later led to three studies on the nature of memory in traumatized people who had the experience of "awareness" during anesthesia.

Bessel co-directed the DSM IV PTSD field trial group with Dean Kilpatrick that put together a more complex adaptation to trauma that they called disorders of extreme stress not otherwise specified (DESNOS), or Complex PTSD. Their study found that people with early childhood interfamilial abuse and neglect, in addition to PTSD symptoms, had many problems in the areas of self-regulation, attention, self-esteem, intimacy and somatization. Even though his committee overwhelmingly voted for inclusion of this new diagnosis, the leadership of the DSM decided against inclusion. Tragically, an important opportunity to actually capture the effects of chronic abuse and trauma over children's development and thereby make accurate diagnoses and develop effective treatments was lost.

By the early 1990s, the issue of trauma had entered the cultural arena. The False Memory Debate spurred a great deal of research in the nature of traumatic memory. Bessel was struck by how little attention was paid to the differences between the quality of memories of trauma vs. everyday life. His team conducted studies with people with childhood trauma and later with rape victims and victims of car accidents and patients who experienced "awareness" during surgical procedures. They found that memories of trauma mainly consist of "implicit" memories "in the form of physical sensations, images, physical hyperarousal, and physical reliving." What caused these implicit memories to not be translated into narratives of past events and instead be split off? More importantly, how can you put them back together and help them become a narrative of a distant past?

Increasingly, Bessel and his colleagues were demonstrating what went wrong in trauma and the types of psychophysiological reactions and neuroendocrine responses that were occurring for people with PTSD. However, he had yet to find an effective treatment that would minimize the time spent reliving the past and experiencing its concomitant emotional devastation and help patients to live fully in the present, without the residual dissociation and hyperarousal, characteristic of PTSD (van der Kolk, 2002).

Around 1994, two clinicians in his Trauma Center in Boston, Patti Levin and Libby Call told Bessel about their experience with EMDR. His first response was to tell them, in no uncertain terms, "Stop doing that!" However, still being curious, he accepted the invitation of his friend and colleague, Steve Lazrove, to show him two videotapes of Steve using EMDR to treat patients with PTSD. After he witnessed the intense physiological reactions and psychological distress of the people talking about their trauma disappearing after several sessions of EMDR, Bessel decided to take the EMDR training. The three subsequent impressions that he had about EMDR were the following:

- EMDR seems to loosen up free associative processes, giving people very rapid access to memories and images of their past and possibly allowing them to, in some way, associate current painful life experiences with previous life events that have been successfully mastered.
- EMDR seems to be able to accomplish its therapeutic action without forcing people to articulate in words the source of their distress.
- EMDR may be beneficial even in the absence of a trusting relationship between the patient and therapist (van der Kolk, 2002, p. 72).

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Bessel later confirmed these three impressions through his personal experience. In addition, he found the following:

- EMDR is capable of softening the pain of past experiences while it can also enhance feelings of pleasure and serenity associated with others (van der Kolk, 2002, p.72).

Bessel recounts that his introduction to EMDR was "the opening of my world," marking the first time that he learned something that really could treat PTSD effectively, with a method that departed sharply from conventional therapeutic approaches.

In 1996, Bessel and Scott Rauch et al. conducted the first neuroimaging study of PTSD to visualize what happens in the brain when people have flashbacks. This showed that when people relive their trauma, Broca's area (the speech center in the brain), shut down. They had managed to visualize what happens to people who are dumbfounded by speechless terror. Later, Bessel and his colleagues at the Trauma Center did a pilot study of treatment outcomes using EMDR and used changes in brain function as one of the outcome measures. Some findings of the pilot study of 12 subjects were the following: 8 participants had a 30% decrease in their Clinician Administered PTSD Scale scores after three sessions and a decrease in physiological reactivity to a personalized trauma script; several subjects had an increase in prefrontal lobe activation; and the narratives of the trauma had a more symbolic quality than before. These were encouraging findings. Shortly after, he was asked to present how we can visualize mental states in a brain scanner at the first US Body Psychotherapy Conference, where another world opened up. There he met three of the leaders in this field who offered to teach him about body states: Albert Pesso, Pat Ogden and Peter Levine.

In 1999, under the auspices of the Cummings Foundation, Bessel was responsible for convening leading child psychiatrists, psychologists, and policy makers from the Justice Department, the Department of Health and Human Services and congressional staffers to look at the state of trauma treatment for children. They came together at the Brain Center on Cape Cod and decided that there was a need to set up a national center for the study of childhood trauma. Six months later, Congress passed the bill that authorized the establishment of a National Center for Child Traumatic Stress. UCLA and Duke University became the lead agencies of this new network.

One of the most important experiences for Bessel was his involvement with the Truth and Reconciliation Commission in South Africa. This Commission was convened by Nelson Mandela to address Bessel's fundamental question about the nature of man's brutality to man. However, here was a new possibility, an answer to his question. As Bessel writes in the "Acknowledgments" section in, *"Traumatic Stress: The effects of overwhelming experience on mind, body and society,"* (van der Kolk, McFarlane & Weisaeth, 1996):

> *Mandela became president of his country knowing trauma and the havoc it wreaks in people's souls. In articulating his vision of how his people should overcome their legacy of trauma. Mandela has put into action a program that is based on hope for understanding, instead of vengeance; for reparation, rather than retaliation; for Ubuntu, not victimization. Believing that only a True Memory Society can guarantee dignity, peace and stability, Mandela, after 27 years of being imprisoned for his beliefs, proposes that before perpetrators can be forgiven, there first needs to be an honest accounting and a restoration of honor and dignity to victims; the facts need to be fully acknowledged in order to heal the wounds of the past. Only then can there be genuine forgiveness. Despite all the contrary lessons from history, we fervently hope that Mandela's dream will be fulfilled. We believe that the spirit of squarely facing the facts as a prelude to healing should guide both our clinical and research work with victims of trauma and violence. (p.xxi)*

In 2006, Van der Kolk et al. did the first, and thus far only, National Institute of Mental Health funded EMDR study. *"A Randomized Clinical Trial of EMDR, Fluoxetine, and Pill Placebo in the Treatment of Posttraumatic Stress Disorder: Treatment effects and long-term maintenance,"* comparing the efficacy of EMDR and Prozac. This study was significant because it is the only National Institute of Mental Health study of EMDR and PTSD, and the first comparison of EMDR with Prozac. This study found that patients with adult-onset PTSD recover with a short period of intense, exposure-type treatment, with lasting positive results. Just paying attention to the patients' symptoms in the placebo condition, as well as treating patients with SSRIs, was found to be helpful, especially when they were suffering from childhood-onset trauma. However, those treated with EMDR remained asymptomatic while the majority of those taking Prozac reverted back to most of their PTSD symptoms. The study showed that acute trauma can be treated with short periods of trauma processing, a trauma processing method that does not rely mainly on words and understanding and does much better than the pharmacology agent. After painstakingly trying to accumulate research funding over a ten year period, Bessel and Ruth Lanius are currently studying what happens in the brains of traumatized individuals who process their trauma with EMDR in an fMRI scanner.

Bessel has never been interested in just studying one particular treatment method. As a true scientist, his understanding of the nature of traumatic stress has led him to explore a range of interventions. Currently, Bessel is studying theater and neurofeedback for treating PTSD, and this past June he published the first scientific study to show the effectiveness of Yoga in treating chronic PTSD in a major psychiatric journal.

As Bessel opened to the possibility of EMDR, he remembered Kardiner's caveat that "the nucleus of neurosis is physioneurosis," and he began to ask new questions concerning how treatments for PTSD could help with the self-regulation of the body. His new book, *"The Body Keeps the Score"* (Viking, 2014) is testimony to his pursuit for a way to treat and understand how brain and body are transformed by trauma and how they can be restored to functioning with treatment modalities such as EMDR, Somatic Therapies (Sensory Integration and meditation/mindfulness), Internal Family Systems Therapy, Movement and action (yoga and martial arts), Neuro-feedback and Theater.

Perhaps, this new chapter of changing the effects of trauma through physical self-regulation and the nurturing of joy and delight is a new chapter in Bessel's quest to find out why people do such horrible things to each other and how they can be restored to health and well-being. In 2012, during a meeting, Bessel asked the Dalai Lama the question that has been important to his understanding the nature of humanity, "How is it that the last three genocides have been in Buddhist countries?" The Dalai Lama had no easy answer and Bessel concluded that, "We still have not found a way to stop man's inhumanity to man."

For now, he is exploring the body-based therapies as a way of changing the body's response to traumatic stimuli. As Bessel says, "Anything that makes the brain calm puts the mind in the opposite of what it does when it is hyper-aroused. Anything that enables the brain to calmly observe should be effective." By working with the body, he has begun to change his own life, and the work that he is doing with his patients and what he is teaching us.

Through Bessel's persistence, the world has come to better understand the nature of trauma. He has travelled and succeeded in teaching mental health practitioners the importance of this ubiquitous human experience. He and his colleagues have been shining the light on this problem for more than 40 years. It is time for us to take up the baton and to raise the funds to support the research of more randomized controlled studies of EMDR therapy in a variety of different populations, present our findings at meetings and conferences, and write the articles in peer-reviewed journals that are crucial for the forward movement of EMDR Therapy and its very existence. He implores EMDR therapists to donate 10% of their income to the research that will benefit the world, our community, and ourselves.

Let's not let him down.

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# CELEBRATING OUR 1st ANNIVERSARY!

## ( August 2013 to August 2014)

June 23, 2013 - EMDRIA Approved our EMDR Basic Course
August 2, 2013 - We conducted our first Basic Training!

Thanks to our participants and staff, by August 2014, we:

- completed 14 Basic Trainings (Part 1 & 2)
- had 345 participants attend our EMDR Basic Training Part 1
  - 98% completed both Parts 1 & 2 of the Basic Training
  - over 75% completed their 10 hrs of required consultation
    - the remaining 25% are currently completing their consultation sessions (consultation fees are included as part of our training fee!)
- had 28 EMDR clinicians attend Part 1 to up-date their EMDR skills
- added 25 EMDRIA Approved Consultants or Consultants-in-Training to our coaching staff

## GOALS for 2015

We're aiming for the bullseye! Our targets are to:

1. help you provide safe, effective and efficient EMDR treatment to a broader range of clients
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3. help you build your local EMDR community

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Founder & Director

# RECENT ARTICLES ON EMDR

***BY ANDREW LEEDS, PH.D.***

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

Note: a comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://emdr.nku.edu/

A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43

Amano, T., & Toichi, M. (2014). Effectiveness of the on-the-spot-EMDR method for the treatment of behavioral symptoms in patients with severe dementia. *Journal of EMDR Practice and Research*, 8(2), 50-65. doi: 10.1891/1933-3196.8.2.50

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**ABSTRACT**

Although the main symptoms of dementia consist of neuropsychological impairment, particularly long-term memory, dementia often involves severe behavioral and psychological symptoms of dementia (BPSD). There are quite a few patients whose BPSD are untreatable with medication. Such BPSD often have some characteristics similar to traumatic symptoms and appear related to the recollection of disturbing past traumatic events. Because the standard protocol of eye movement desensitization and reprocessing (EMDR) is not directly applicable to patients with dementia, we developed a modified protocol, the on-the-spot-EMDR method. This study describes the protocol and evaluates its application to three patients with moderate to severe dementia. Clear therapeutic effects were evident, and all three individuals showed pronounced improvement in BPSD, with results maintained at 6-month follow-up. The relevance of these findings is discussed and suggestions made for future research.

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Beaumont, E. (2014). Healing the wounds of trauma, shame and grief. *Healthcare Counselling & Psychotherapy Journal,* 14(2), 14-19.

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**ABSTRACT**

The article discusses how counsellors and therapists can heal the wounds of trauma, shame, and grief through compassion-focused eye movement desensitisation and reprocessing (EMDR). According to the author, Shapiro's adaptive information processing model (AIP)2 indicates that the body and mind possess a natural processing system and that traumatic events can overwhelm the nervous system and lead to repression and negative emotions.

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Clark, L., Tyler, N., Gannon, T. A., & Kingham, M. (2014). Eye movement desensitisation and reprocessing for offence-related trauma in a mentally disordered sexual offender. *Journal of Sexual Aggression: An International, Interdisciplinary Forum for Research, Theory and Practice*, 20(2), 240-249. doi:10.1080/13552600.2013.822937

Lauren Clark, Kent Forensic Psychiatry Services, Kent & Medway NHS & Social Care Partnership Trust, Hermitage Lane, Maidstone, UK.

**ABSTRACT**

Research demonstrates a high incidence of offence-related trauma in mentally disordered offenders convicted of violent and sexual offences. The adaptive information processing (AIP) model offers a theoretical framework for understanding the hypothesised relationship between offence-related trauma and reoffending. Evidence suggests that for a sub-population of offenders presenting with offence-related trauma: (1) therapy may retraumatise them, and (2) unresolved trauma severely blocks the positive benefits of talking therapies. Thus, it is postulated that traumatised violent and sexual offenders may be released into the community when they are still at risk of reoffending. A single case study is presented, which describes the application of eye movement desensitisation

and reprocessing (EMDR) for a sexual offender presenting with offence-related trauma, whose offences occurred in the context of serious mental disorder. The identification of offence-related trauma and subsequent resolution of trauma symptomatology are discussed in regard to effective offender rehabilitation. Furthermore, the idiosyncratic nature of offence-related trauma and the application of the standard EMDR protocol for a single traumatic event are considered.

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Cottraux, J., Lecaignard, F., Yao, S. N., De Mey-Guillard, C., Haour, F., Delpuech, C., & Servan-Schreiber, D. (2014). [Magneto-encephalographic (MEG) brain recordings during traumatic memory recall in women with post-traumatic stress disorder: A pilot study.]. *L'Encephale*. doi:10.1016/j.encep.2014.03.002

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This work is dedicated to the memory of our friend David Servan-Schreiber (1961-2011).

## ABSTRACT

**Aim of the study:** The experiment studied the effects of a short duration exposure to traumatic memories using magneto-encephalography (MEG).

**Patients:** Nine right-handed DSM-4 PTSD patients were recruited from a unit for anxiety disorders and an organisation supporting victims of violence. In order to have a homogeneous sample, we included only women who suffered from civilian PTSD. Exclusion criteria were co-morbid major medical illness, metallic dental prostheses that would interfere in the magnetic measurement, and current drug treatment. All participants were free from neurological disease and had normal hearing. They signed a written informed consent form. An ethics committee accepted the study.

**Method:** A tape-recorded voice administered a script-driven imagery. The patients had to imagine, successively, a neutral image, a traumatic memory and rest, while MEG measured brain activities across delta, theta, alpha and beta bands. Each condition lasted three minutes. Heart rate (HR), anxiety and the vividness of mental images were recorded at the end of each phase. MEG power analysis was carried out with Statistical Parametric Mapping (SPM) 8. The signals were averaged for each of the three conditions of three minutes duration. The dependent variable was a subtracted value: (trauma – rest) − (neutral – rest). The significance threshold was set at $P < 0.01$.

**Results:** Anxiety and HR significantly increased during the trauma condition and returned to the neutral level during rest. The vividness of the mental imagery remained stable across the three conditions. The left-brain demonstrated a statistically significant power decrease in the secondary visual cortex (BA 18-19) in the delta band, the insula (BA13) in the beta band, the insula (BA13), premotor cortex (BA 6), Broca area (BA 44), and BA 43, in the alpha band.

**Discussion:** The symptom provocation protocol was successful in eliciting subjective anxiety and HR response in relation to traumatic memories. Our MEG results are in keeping with previous neuro-imagery studies showing decreased activities in the insula and Broca area during PTSD symptom provocation. However, we did not replicate the activation in the amygdala and the cingulate and prefrontal cortex found in some studies. Moreover, the within-group design, the small sample, and the inclusion of only female patients with milder dissociative symptoms limit our conclusions. The MEG protocol we used may also explain some partial discrepancies with previous MEG studies. However, our aim was to provoke a specific autobiographic recall of a traumatic event unfolding several sequential mental images along three minutes as in exposure therapy for PTSD.

**Conclusion:** Despite its limitations, this pilot study is the first to provide MEG data during trauma recall. It suggests that recalling a specific traumatic event along three minutes results in hypo-activations of the brain regions regulating language and emotions. This paves the way to recording whole sessions of specific therapies for PTSD, with MEG using the millisecond resolution. MEG might be of interest to study the suppression of traumatic memories and their activation and habituation through prolonged graduated exposure in imagination across several sessions. MEG could also be used to study the effects of medication on PTSD symptoms. A controlled replication in a larger sample including male and female patients with various traumatic experiences is needed.

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de Castro Lopes, C., Carvalho, S. C., & Barbosa, M. R. (2014). Tratamento de fobia específica por dessensibilização e reprocessamento por meio dos movimentos oculares/ treatment of specific phobia through eye movement desensitization and reprocessing. *Psicologia: Teoria E Prática*, 1(1), 31-42. doi:10.15348/1980-6906/psicologia.v16n1p31-42

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## ABSTRACT

The specific phobia is characterized by a persistent and recurring fear that is excessive and irrational to a specific object or situation, triggering a strong anxiety reaction. Several studies have been conducted in order to assess the effectiveness of eye movement desensitization and reprocessing (EMDR) and it has been proven to be a successful method for the treatment of specific phobias, anxiety, depression, trauma and somatic complaints. The case of

this article describes the therapeutic work done with a forty-two years old' woman that has phobia to dentures using the intervention of EMDR. At the end of the intervention, the patient lost the fear of prosthetics, no longer revealing responses of anxiety and discomfort and remained stable during the follow-up one month after the intervention. These results had an impact on improving their quality of life, in terms of her personal, social and professional life.

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Diehle, J., Opmeer, B. C., Boer, F., Mannarino, A. P., & Lindauer, R. J. (2014). Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: What works in children with posttraumatic stress symptoms? A randomized controlled trial. *European Child & Adolescent Psychiatry*. doi:10.1007/s00787-014-0572-5

Julia Diehle, Department of Child and Adolescent Psychiatry, Academic Medical Centre, Meibergdreef 5, 1105 AZ, Amsterdam, The Netherlands, E-mail: j.diehle@amc.uva.nl

## ABSTRACT

To prevent adverse long-term effects, children who suffer from posttraumatic stress symptoms (PTSS) need treatment. Trauma-focused cognitive behavioral therapy (TF-CBT) is an established treatment for children with PTSS. However, alternatives are important for non-responders or if TF-CBT trained therapists are unavailable. Eye movement desensitization and reprocessing (EMDR) is a promising treatment for which sound comparative evidence is lacking. The current randomized controlled trial investigates the effectiveness and efficiency of both treatments. Forty-eight children (8-18 years) were randomly assigned to eight sessions of TF-CBT or EMDR. The primary outcome was PTSS as measured with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Secondary outcomes included parental report of child PTSD diagnosis status and questionnaires on comorbid problems. The Children's Revised Impact of Event Scale was administered during the course of treatment. TF-CBT and EMDR showed large reductions from pre- to post-treatment on the CAPS-CA (-20.2; 95 % CI -12.2 to -28.1 and -20.9; 95 % CI -32.7 to -9.1). The difference in reduction was small and not statistically significant (mean difference of 0.69, 95 % CI -13.4 to 14.8). Treatment duration was not significantly shorter for EMDR ($p = 0.09$). Mixed model analysis of monitored PTSS during treatment showed a significant effect for time ($p < 0.001$) but not for treatment ($p = 0.44$) or the interaction of time by treatment ($p = 0.74$). Parents of children treated with TF-CBT reported a significant reduction of comorbid depressive and hyperactive symptoms. TF-CBT and EMDR are effective and efficient in reducing PTSS in children.

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**ABSTRACT**

**Context:** The necessity of specific intervention components for the successful treatment of patients with posttraumatic stress disorder is the subject of controversy.

**Objective:** To investigate the complexity of clinical problems as a moderator of relative effects between specific and nonspecific psychological interventions.

**Methods:** We included 18 randomized controlled trials, directly comparing specific and nonspecific psychological interventions. We conducted moderator analyses, including the complexity of clinical problems as predictor.

**Results:** Our results have confirmed the moderate superiority of specific over nonspecific psychological interventions; however, the superiority was small in studies with complex clinical problems and large in studies with noncomplex clinical problems.

**Conclusions:** For patients with complex clinical problems, our results suggest that particular nonspecific psychological interventions may be offered as an alternative to specific psychological interventions. In contrast, for patients with noncomplex clinical problems, specific psychological interventions are the best treatment option.

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Hughes, M. (2014). EMDR as a therapeutic treatment for complex regional pain syndrome: A case report. *Journal of EMDR Practice and Research*, 8(2), 66-73. doi:10.1891/1933-3196.8.2.66

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**ABSTRACT**

Complex regional pain syndrome (CRPS) is characterized by ongoing pain, swelling, and stiffness following an acute injury. CRPS is difficult to diagnose, significantly impacts functioning, and is frequently incurable. Current treatments are pharmacotherapy, surgery, and physiotherapy. This case report describes the use of eye movement desensitization and reprocessing (EMDR) in the psychotherapeutic treatment of a woman diagnosed with CRPS in 2009 as a result of injuries sustained during an assault in 2004. This article reports on EMDR treatment provided 1–2 years after her diagnosis. At initial assessment, the client was debilitated and suicidal, unable to work or care for her children, and dependent on her family for financial support because of CRPS. Two phases of 7 EMDR sessions were provided; the first focused on past traumatic experiences; the second addressed her pain with Grant's (2009) EMDR chronic pain protocol. At the end of treatment, the client reported decreased pain, decreased substance dependence, improved mood and outlook, and was able to resume part-time work. Results were maintained at 8-month follow-up and suggest that EMDR was helpful for this client in reducing the symptoms associated with CRPS.

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Jarecki, K. (2014). The seed-to-weed technique: Graphically illustrating symptom etiology, treatment, and resolution. *Journal of EMDR Practice and Research*, 8(2), 90-100. doi:10.1891/1933-3196.8.2.90

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**ABSTRACT**

This Clinical Q&A article explains the seed-to-weed technique. This strategy offers an opportunity to help a client understand the problem and treatment approach and the ability to see progress in treatment. These crucial areas are important to treatment engagement and success, whether working with children or adults. An illustrated garden metaphor is used to guide a client to look at his or her life experiences and gain an understanding of how events have contributed to the problems and concerns that bring them into therapy. The seed-to-weed technique provides a graphic means of presenting trauma, a treatment plan, introducing eye movement desensitization and reprocessing (EMDR), and tracking treatment progress. This article introduces and demonstrates the seed-to-weed technique.

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Leer, A., Engelhard, I. M., & van den Hout, M. A. (2014). How eye movements in EMDR work: Changes in memory vividness and emotionality. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(3), 396-401. doi:10.1016/j.jbtep.2014.04.004

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**ABSTRACT**

**Background and Objectives:** Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR). Experimental studies have shown that EM reduce memory vividness and/or emotionality shortly after the intervention. However, it is unclear whether the immediate effects of the intervention reflect actual changes in memory. The aim of this study was to test whether immediate reductions in memory vividness and emotionality persist at a 24 h follow up and whether the magnitude of these effects is related to the duration of the intervention.

**Methods:** Seventy-three undergraduates recalled two negative autobiographical memories, one with EM ("recall with EM") and one without ("recall only"). Half of participants recalled each memory for four periods of 24 s, the other half for eight periods of 24 s. Memory vividness/emotionality were self-rated at a pre-test, an immediate post-test, and a 24 h follow-up test.

**Results:** In both duration groups, recall with EM, but not recall only, caused an immediate decrease in memory vividness. There were no immediate reductions in memory emotionality.

Furthermore, only the 'eight periods' group showed that recall with EM, but not recall only, caused a decrease in both memory emotionality and memory vividness from the pre-test to the follow-up.

**Limitations:** Only self-report measures were used.

**Conclusions:** The findings suggest that recall with EM causes 24-h changes in memory vividness/emotionality, which may explain part of the EMDR treatment effect, and these effects are related to intervention duration.

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Mosquera, D., Leeds, A. M., & Gonzalez, A. (2014). Application of EMDR therapy for borderline personality disorder. *Journal of EMDR Practice and Research*, 8(2), 74-89. doi:10.1891/1933-3196.8.2.1

Dolores Mosquera, INTRA-TP, Instituto para el Es-tudio del Trauma y los Trastornos de la Personalidad, General Sanjurjo 111, 5° 15006, A Coruña, Spain. E-mail: doloresmosquera@gmail.com

## ABSTRACT

There is a growing interest in the use of eye movement desensitization and reprocessing (EMDR) therapy beyond posttraumatic stress disorder (PTSD) where its application is well established. With strong scholarly consensus that early traumatic and adverse life experiences contribute to the development of borderline personality disorder (BPD), EMDR would appear to offer much to the treatment of persons with BPD. However, given the specific characteristics of these clients, the application of EMDR therapy to their treatment can be challenging and necessitates several minor adaptations of the standard EMDR procedures for PTSD. This article provides an orientation to principles and strategies for safely and effectively preparing clients with BPD for EMDR therapy and for accessing and reprocessing the traumatic origins of BPD. Clinical examples are provided throughout.

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Novo, P., Landin-Romero, R., Radua, J., Vicens, V., Fernandez, I., Garcia, F., . . . Amann, B. L. (2014). Eye movement desensitization and reprocessing therapy in subsyndromal bipolar patients with a history of traumatic events: A randomized, controlled pilot-study. *Psychiatry Research*, 219(1), 122-128. doi:10.1016/j.psychres.2014.05.012

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## ABSTRACT

Traumatic events are frequent in bipolar patients and can worsen the course of the disease. Psychotherapeutic interventions for these events have not been studied so far. Twenty DSM-IV bipolar I and II patients with subsyndromal mood symptoms and a history of traumatic events were randomly assigned to Eye Movement Desensitization and Reprocessing therapy (n=10) or treatment as usual (n=10). The treatment group received between 14 and 18 Eye Movement Desensitization and Reprocessing sessions during 12 weeks. Evaluations of affective symptoms, symptoms of trauma and trauma impact were carried out by a blind rater at baseline, 2 weeks, 5 weeks, 8 weeks, 12 weeks and at 24 weeks follow-up. Patients in the treatment group showed a statistically significant improvement in depressive and hypomanic symptoms, symptoms of trauma and trauma impact compared to the treatment as usual group after intervention. This effect was only partly maintained in trauma impact at the 24 weeks follow-up visit. One patient dropped from Eye Movement Desensitization and Reprocessing group whereas four from the treatment as usual group. This pilot study suggests that Eye Movement Desensitization and Reprocessing therapy may be an effective and safe intervention to treat subsyndromal mood and trauma symptoms in traumatized bipolar patients.

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Raboni, M. R., Alonso, F. F., Tufik, S., & Suchecki, D. (2014). Improvement of mood and sleep alterations in posttraumatic stress disorder patients by eye movement desensitization and reprocessing. *Frontiers in Behavioral Neuroscience*, 8, 209. doi:10.3389/fnbeh.2014.00209

Deborah Suchecki, Departamento de Psicobiologia, Universidade Federal de São Paulo, Rua Napoleão de Barros, 925, Vila Clementino - São Paulo, 04024-002, Brazil e-mail: deborah.suchecki@ gmail.com

## ABSTRACT

Posttraumatic stress disorder (PTSD) patients exhibit depressive and anxiety symptoms, in addition to nightmares, which interfere with sleep continuity. Pharmacologic treatment of these sleep problems improves PTSD symptoms, but very few studies have used psychotherapeutic interventions to treat PTSD and examined their effects on sleep quality. Therefore, in the present study, we sought to investigate the effects of Eye Movement Desensitization Reprocessing therapy on indices of mood, anxiety, subjective, and objective sleep. The sample was composed of 11 healthy controls and 13 PTSD patients that were victims of assault and/or kidnapping. All participants were assessed before, and 1 day after, the end of treatment for depressive and anxiety profile, general well-being and subjective sleep by filling out specific questionnaires. In addition, objective sleep patterns were evaluated by polysomnographic recording. Healthy volunteers were submitted to the therapy for three weekly sessions, whereas PTSD patients underwent five sessions, on average. Before treatment, PTSD patients exhibited high levels of anxiety and depression, poor quality of life and poor sleep, assessed both subjectively and objectively; the latter was reflected by increased time of waking after sleep onset. After completion of treatment, patients exhibited improvement in depression and anxiety symptoms, and in quality of life; with indices that were no longer

different from control volunteers. Moreover, these patients showed more consolidated sleep, with reduction of time spent awake after sleep onset. In conclusion, Eye Movement Desensitization and Reprocessing was an effective treatment of PTSD patients and improved the associated sleep and psychological symptoms.

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Shapiro, F. (2014). EMDR therapy: A brief overview of trauma research, clinical practice and propose neurobiological mechanisms. *Trauma Psychology*, Spring, 2014, 5-8. doi:10.1037/e514232014-001.

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Tsoutsa, A., Fotopoulos, D., Zakynthinos, S., & Katsaounou, P. (2014). Treatment of tobacco addiction using the feeling-state addiction protocol (FSAP) of the eye movement desensitization and reprocessing (EMDR) treatment. In *Tobacco induced diseases* (Vol. 12, p. A25). BioMed Central Ltd. doi:10.1186/1617-9625-12-S1-A25

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## ABSTRACT

**Background:** Compulsions and cravings for smoking have been the subject of behavioral treatment. EMDR [1] is an established, effective treatment of trauma-based disorders [2]. Its use in the treatment of addictions and compulsions is relatively new. Although there are ways of targeting irrational positive affect via EMDR [3]. Merging the Feeling-State Theory of Compulsions and EMDR, the Eye Movement Compulsion Protocol (EMCP) was developed. EMCP is used for fading both feelings and un-wanted behavior related to smoking. The FSAP hypothesizes that the pleasure during smoking is imprinted in the brain generating feelings like comfort, contentment and happiness [4].Thus, when craving resurges, the Feeling-State (FS) behavior is re-enacted. The EMCP incorporates the standard eye movement technique of EMDR to reduce the FS associated with impulsion to smoke. This study aims to assess the efficacy of the FSAP in the treatment of tobacco addiction of elapsed smokers with persistent compulsions to smoke.

**Materials and methods:** We studied 2 groups (12 smokers in each), that relapsed (at least 1 m after smoking cessation). Smokers were matched for age, sex, Fagerstrom Test for Nicotine Dependence & pack/d.

**Results:** The FSAP although brief, results in profound changes in behavior [4]. Consequently, the 1st group was administered 6 sessions of the FSAP protocol. The 2nd group had 6 sessions of Cognitive Behavior Therapy. The 2 groups were compared for smoking cessation (self-reported questionnaire, CO-measurements). The 1st group had a succession rate of 50% vs the second that had only 25%.

**Conclusion:** Thus, we conclude that EMDR could be a very helpful tool in managing smoking relapses. ❖


## AFRICA

Merrill Powers reports: "I'm in Kampala, Uganda, as facilitator for trainer Rosemary Masters. Other facilitators are Josie Juhasz, Kirsten Young (Facilitator-In-Training) and Betsy McConnell. The entire team is working as volunteers. We're providing Part I and Part II Basic Training over a six-day period. The training is a joint pilot project of The Ugandan Counseling Association and The Institute for Contemporary Psychotherapy in New York. The therapist trainees are remarkable. They are working with refugees and victims of war and horrible abuse. The training is designed to be culturally appropriate and understandable. On day one we covered a thorough education on trauma and resourcing. On day two they had a practicum on safe/calm place and target set up. On day three they processed their targets. The Ugandan culture is Christian, which is pervasive throughout their lives and a source of sustenance. The training day is opened and closed with joyful prayer and singing. It is truly inspiring and honoring to be training this highly intelligent, welcoming and warm population. Unfortunately, many of the trainees cannot afford Part II, but we plan to raise scholarship funds for next year. Meanwhile, they will have the opportunity to continue with free consultation by Skype and are encouraged to join EMDRIA. Although the challenges in providing a culturally sensitive and adaptable training have been daunting, the therapists are joyful, grateful and enthusiastic."

## ARGENTINA

Susana Buscaglia reports: "We are pleased to send you a summary update of activities carried out by EMDR LATINO AMERICA in Argentina during 2014. We have monthly seminars where clinical cases and theoretical material are presented and which turn into a dynamic involvement by all participants. Each speaker presents a summary of his/her work, later published by us on our website to be read by the whole community. Each presentation is filmed and later sold as a CD for all those interested in the subject. We offer two supervision modalities: trainees practice the EMDR model and are divided into groups of six trainees, each group supervised by an EMDR Institute facilitator from the USA; and supervision of clinical cases brought by already graduated therapists supervised by an EMDR Institute facilitator from the USA. The setting up of the Assistance Center continues to be a successful, open extension to the community (pro bono) for low-income persons, where newly graduated therapists can have clinical training under the supervision of Nora Benenti, Psychologist and Director of the Assistance Center."

## BRAZIL

Esly Carvalho reports: "Uri Bergmann's book on Neurobiology just came out in Portuguese! More translations are on the way. Some colleagues have set up a research project for people who are morbidly obese and are on the waiting list for bariatric surgery at an important Hospital in Sao Paulo. Initial pilot studies have already produced weight loss!"

## ISRAEL

Elan Shapiro and Gary Quinn report: "We organized a Refresher Day for Early EMDR Intervention in mass disaster situations in August. There is a pool of volunteers who made themselves available. We are proposing a project in Ashdod/Askqualon where large populations have been under frequent rocket attack. One of our consultants is the head of the mental health service in the area."

## NEW ZEALAND

Astrid Katzur reports: "Since the mid-nineties, EMDR training has been provided in New Zealand by trainers mostly from Australia and recently from the United Kingdom. While there have been numerous clinicians trained (about 300), New Zealand's small size meant that developing EMDR further, including forming a national association, developing standards for accreditation has been difficult until very recently. This has impacted the availability of local consultants and progressing the "art" of EMDR towards treating more complex trauma. Besides EMDR Basic Training, we had an EMDR Master Class conducted, for the first time, by a senior EMDR trainer in New Zealand last year. This class will be repeated in 2015. The EMDR Basic training has been available yearly and can now be supported by 5 New Zealand consultants/facilitators. We have one person locally working towards being the first New Zealand based trainer. In December of 2013, our EMDR New Zealand association was formally established. We currently have over 40 members. Just having finished a successful Part I training in Auckland, we now are preparing for our first national EMDR "Study Day" in November. We are

not quite ready to call it a conference, but we will draw on our growing local expertise and already have a number of speakers on a range of topics. At the same time we will hold our AGM and hope to finalize the accreditation criteria for EMDR therapists, Consultants and Trainers/Training in New Zealand."

## THE PHILLIPINES

Lourdes Medina reports: "EMDR Philippines is planning another EMDR Training hopefully this October or early January next year. EMDR is gaining much popularity here. Our membership has jumped from 33 (which we had for a few years) to almost 150 in just a few months."

## SCOTLAND

Robin Logie reports: "950 delegates came to Edinburgh, the historic capital of Scotland, for the 15th EMDR Europe Conference hosted by the UK and Ireland EMDR Associations. Francine Shapiro, Ph.D. made one of her rare trips across the Atlantic for a characteristically inspiring keynote speech. Delegates were moved to tears by a first-hand account by Sally Dowler about how EMDR helped her start her recovery from the murder of her daughter and the well-publicised newspaper phone-hacking scandal that followed. With seven parallel sessions, attendees were complaining that there was too many choices! However, the party with haggis and traditional Scottish dancing, were most of the Europe Board members (including the UK and Europe Presidents) were sporting kilts, helped to take people's minds off the horrors of choosing whether to attend Allergies, Attachment or Addictions the next morning!"

## TAIWAN

Sigmund Burzynski reports: "I am excited to announce that I have just completed the very first ever EMDR Training in Taiwan. I was invited there by Professor Pei-li Wu and conducted the EMDR Institute Weekend I training on May 31 – June 2 this year in Taipei. Professor Wu is also head of the team that has translated Dr Shapiro's seminal text into Mandarin, as well as Dr Robbie Tapia-Adler's book on EMDR with children."

Pei-Li Wu reports: "In 2007, the Taiwan EMDR Association (TEMDRA) was established. I was elected the first president and helped to set the groundwork of introducing EMDR to Taiwan and also in popularizing EMDR therapy among the mental health professions. Currently, there are 50 members of the association. TEMDRA has been actively involved with EMDRIA. Members have attended the annual EMDRIA Conferences and also won the best poster award of 2011 titled, *"The Use of EMDR to the Middle-Aged Men in Taiwan: A Case Study*." In 2008, my book, *"Crisis Intervention and Trauma Therapy"* included a chapter on EMDR. I have trained more than 100 professionals in EMDR from 2010-2014."

## UNITED STATES

### California

Susan Brown reports: "I'm having some fun doing two-day Addiction Workshops here and there, attempting to synthesize all the gifted contributors such as AJ Popky, Jim Knipe, Michael Hase and Robert Miller. We've come so far since that early Drug Court pilot project done with Sara Gilman, using EMDR to treat this confounding and complex population. Once hopelessly mired in relapse episodes, standard EMDR and the modifications that have been offered up by the gifted individuals cited above, have brought "hope to the hopeless" and led to healing at a level formerly unknown with this population."

### Florida

Linda Tepper reports: "The South Florida EMDRIA Regional Network is steadily growing. This past spring Roy Kiessling did a Basic Training at The Faulk Center for Counseling, a community mental health facility in Boca Raton that I have been volunteering my services at for the last seven years. I have been advocating for EMDR therapy since I have been supervising graduate students at this wonderful non-profit center. Senior staff and some graduate students (as well as clinicians from the community) participated in Roy's training and got to see how they can more effectively work with the ever more complex problems that our clients are struggling with. I am happy to provide on-going support and consultation to newly trained clinicians as well as those in my area that have been trained before. I offer a monthly no fee study group that has been open to anyone in the area who has completed the basic training. Over the years, this has become a network of therapists who can consult and refer to each other as we have become aware of how each one of us works with clients. I have found that the more I teach, the more I learn! We have already planned another Basic Training here in Spring of 2015."

### Massachusetts

Stephanie Baird and Farnsworth Lobenstine report: "The Western Massachusetts EMDRIA Regional Network and accompanying Steering Committee of nine members continues to foster an extensive EMDR community with 22 EMDRIA Approved Consultants, many consultation groups and opportunities, an interactive website www.wmassemdria.com, an online and print directory of approximately 75 EMDR clinicians, an annual Fall meeting with case presentations and our annual Spring conference (now 10 years old) which draws 200 clinicians from 10 states and Canada. Our Fall meeting is planned for October 10, 2014 at 6:00 p.m. at the Friends Meeting House in Northampton. Feel free to contact sbaird43@gmail.com for more presentation details or watch for developing information on the Western Mass EMDRIA Google Listserv. Our 2015 Spring Conference will be March 28, 2015 at UMass Amherst. George Abbott, Ph.D. will be giving the 90-minute

morning keynote presentation on "Adaptive Information Processing and the Body/Mind Connection," kicking off the theme of "The Body/Mind Connection." Please go to our website at www.wmassemdria.com for more information."

David Dockstader reports: "The Boston Area Trauma Recovery Network (TRN) has responded to requests for pro bono services for over 75 survivors of the Boston Marathon bombings and aftermath. We have coordinated our efforts with the Boston Public Health Commission and the Massachusetts Office for Victim Services. The TRN's clinicians have been generous with their time and have done remarkable work using EMDR to assist these people in their healing process. Over 85 clinicians have taken the Recent Traumatic Episode Protocol (R-TEP) training with us and most have joined in the work of the Boston Area TRN. The Boston TRN is now part of the Boston Public Health Commission's All-Hazards Psychological Trauma Coordination Network that was created to respond to traumatic events in the various neighborhoods of Boston. As the network gets mobilized, the TRN will be part of a broader team responding to tragedies as they unfold in the city."

Dr. Patti Levin reports: "The Greater Boston EMDRIA Regional Network has an executive committee comprised of our co-chairs, Barbara Gold Marks and Sheryl Knopf, as well as committee members Lori Miller-Freitas, Susan Zeichner and myself. In the past year, there have been two EMDR Institute trainings and we are fully supporting the "new" Boston Area TRN, co-coordinated by David Dockstader and Rebecca Rosenblum, who hosted an R-TEP training in April. We did an online survey to determine the wants and needs of our community regarding workshop topics and other learning possibilities. We had a half-day Case Consultation and Networking Opportunity with a panel of four EMDRIA Approved Consultants in May that was well-attended and well-received. Our next workshop will feature George Abbott presenting on the Dissociative Conference Table on November 14, 2014."

## Washington

Sandra Paulsen reports: "I taught the first advanced EMDR workshops in Russia this April, with the *"Looking Through the Eyes: Ego State and Dissociation"* workshop in Moscow and the Early Trauma workshop, *"When There Are No Words,"* in St Petersburg. For the third year in a row, I taught the Ego State workshop in Glasgow, Scotland, and did a day-long advanced workshop on *"Applying the Early Trauma Protocol to Complex Trauma."* I also taught *"The Embodied Self"* workshop in Minneapolis. All three workshops have been videotaped and will be available online. The co-edited book *"The Neurobiology and Treatment of Traumatic Dissociation: Toward an Embodied Self,"* by Lanius, Paulsen & Corrigan (2014) has been published by Springer Publishing. The treatment section incorporates ego state work, stabilization methods, somatic elements and the early trauma protocol in working with complex trauma and dissociation." ❖

# EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit www.emdria.org and click on Calendar of Events under the Get Involved tab.

| PROGRAM # / EMDRIA CREDITS / TITLE | PROVIDER NAME / PRESENTERS | CONTACT | PHONE | DATES / LOCATION |
|---|---|---|---|---|
| 13008-03<br>12 Credits<br>*Applications of Mindful Resonance to EMDR* | Irene Siegel, Ph.D., LCSW<br>Irene Siegel, Ph.D., LCSW | Irene Siegel | 631.547.5433 | September 6-7, 2014<br>Huntington, NY |
| 06003-50<br>7 Credits<br>*Working with Complex Trauma & Dissociation in EMDR: Treating "Parts"* | Kathleen Martin, LCSW<br>Kathleen Martin, LCSW | Susan Staples | 585.473.2119 | September 9, 2014<br>Reykjavik, Iceland |
| 12002-28<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Abuse* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | Sept. 13-14, 2014<br>Hempstead, NY |
| 99003-104<br>3 Credits<br>*EMDR Institute Trainer Meeting* | EMDR Institute<br>Francine Shapiro, Ph.D. | EMDR Institute | 831.761.1040 | September 17, 2014<br>Denver, CO |
| 99003-105<br>3 Credits<br>*EMDR Institute Facilitator Meeting* | EMDR Institute<br>Francine Shapiro, Ph.D. | EMDR Institute | 831.761.1040 | September 17, 2014<br>Denver, CO |
| 00000<br>Various Credits<br>*EMDR: Celebrating 25 Years of Healing Trauma* | 2014 EMDRIA Conference<br>Various Presenters | EMDRIA | 512.451.5200 | Sept. 18-21, 2014<br>Denver, CO |
| 07003-12<br>12 Credits<br>*Advanced Seminar of the Integration of Ego State Therapy with EMDR (10 part series)* | Farnsworth Lobenstine, LICSW<br>Farnsworth Lobenstine, LICSW | Farnsworth Lobenstine | 413.256.3637 | September 19, 2014<br>- June 19, 2015<br>Amherst, MA |
| 10012-08<br>1.5 Credits<br>*Treating Trauma with EMDR* | Carrie Cherep, LCPC<br>Carrie Cherep, LCPC | Carrie Cherep | 708.448.7848 | September 25, 2014<br>Oaklawn, IL |
| 10002-05<br>6.5 Credits<br>*EMDR and Mindfulness* | Jamie Marich, Ph.D., LPCC-S, LICDC<br>Jamie Marich, Ph.D., LPCC-S, LICDC | Carol Ackley | 952.936.0304 | September 26, 2014<br>Minnetonka, MN |
| 03002-29<br>12 Credits<br>*EMDR Toolkit for Complex PTSD* | Maiberger Institute<br>Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC | Barb Maiberger | 303.834.0515 | Sept. 27-28, 2014<br>Wichita, KS |
| 12002-29<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | Sept. 27-28, 2014<br>Blue Ash, OH |
| 12009-17<br>6.5 Credits<br>*EMDR & Mindfulness* | PESI Inc.<br>Carrie Cherep, LCPC | PESI | 800.844.8260 | September 29, 2014<br>Appleton, WI |
| 12009-18<br>6.5 Credits<br>*EMDR & Mindfulness* | PESI Inc.<br>Carrie Cherep, LCPC | PESI | 800.844.8260 | September 30, 2014<br>Madison, WI |
| 12009-19<br>6.5 Credits<br>*EMDR & Mindfulness (Simultaneous Live Webinar available)* | PESI Inc.<br>Carrie Cherep, LCPC | PESI | 800.844.8260 | October 1, 2014<br>Milwaukee, WI<br>& Webinar |

# EMDRIA Credit Programs

| PROGRAM # / EMDRIA CREDITS / TITLE | PROVIDER NAME / PRESENTERS | CONTACT | PHONE | DATES / LOCATION |
|---|---|---|---|---|
| 12002-26<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | October 4-5, 2014<br>Seattle, WA |
| 10008-18<br>12 Credits<br>*Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children* | R. Cassidy Seminars<br>Laurel Parnell, Ph.D. | IAHB | 800.258.8411 | October 10-11, 2014<br>Wheeling, IL |
| 00017-36<br>12 Credits<br>*Moment to Moment Decision-Making: The Art & Science of EMDR Therapy* | Deany Laliotis, LICSW<br>Deany Laliotis, LICSW | Christina Zavalij | 607.222.5623 | October 11-12, 2014<br>Bloomington, MN |
| 10008-19<br>12 Credits<br>*Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children* | R. Cassidy Seminars<br>Laurel Parnell, Ph.D. | IAHB | 800.258.8411 | October 13-14, 2014<br>St. Louis, MO |
| 06003-46<br>20 Credits<br>*The Art of EMDR* | Kathleen Martin, LCSW<br>Roger Solomon, Ph.D. | Kathleen Martin | 585.473.2119 | October 17-20, 2014<br>Halifax, Nova Scotia |
| 08009-04<br>13 Credits<br>*Integrative Treatment of Complex PTSD and Dissociative States* | Nancy Newport & Tracy Ryan-Kidd<br>Joanne Twombly, LICSW | Tracy Ryan-Kidd | 703.281.9313 x2 | October 18-19, 2014<br>Sterling, VA |
| 12002-33<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | October 18-19, 2014<br>Brampton, ON |
| 99019-59<br>13 Credits<br>*Defense and Affect Restructuring with EMDR Therapy* | Andrew Leeds, Ph.D.<br>Andrew Leeds, Ph.D. | Andrew Leeds | 707.579.9457 | October 18-19, 2014<br>Alameda, CA |
| 01016-14<br>13.5 Credits<br>*EMDR in the Treatment of Complex Trauma with Symptoms of Addictive and Compulsive Behaviors* | EMDR Resource Center of Michigan<br>Susan Brown, LCSW, BCD | Zona Scheiner | 734.572.0882 x3 | October 24-25, 2014<br>Ypsilanti, MI |
| 01007-24<br>13.5 Credits<br>*Integrative Team Treatment for Attachment Trauma in Children: EMDR & Family Therapy Model* | Debra Wesselmann, MS, LIMHP<br>Debra Wesselmann, MS, LIMHP | Debra Wesselmann | 402.981.3160 | October 28-29, 2014<br>Morristown, NJ |
| 12012-08<br>8 Credits<br>*The Body's Melodies & Narratives: EMDR Therapy & Somatic Interventions with Children* | Karen Alter-Reid, Ph.D.<br>Ana Gomez, MC, LPC | Karen Alter-Reid | 203.329.2701 | November 1, 2014<br>Stamford, CT |
| 12001-27<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | November 1-2, 2014<br>Dallas, TX |
| 10008-20<br>12 Credits<br>*Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children* | R. Cassidy Seminars<br>Laurel Parnell, Ph.D. | IAHB | 800.258.8411 | November 6-7, 2014<br>Atlanta, GA |
| 12005-06<br>6.5 Credits<br>*Treating Chemical Dependency and Impulse Control Disorders Using EMDR* | Hope Payson, LCSW, LADC<br>Hope Payson, LCSW, LADC & Kate Becker, LCSW | Regina Morrow | 407.876.2078 | November 7, 2014<br>Orlando, FL |

# EMDRIA Credit Programs

| PROGRAM # EMDRIA CREDITS TITLE | PROVIDER NAME PRESENTERS | CONTACT | PHONE | DATES LOCATION |
|---|---|---|---|---|
| 10006-12<br>14 Credits<br>*EMDR and the Art of Psychotherapy with Children* | Laurie A. Tetreault, MA, LMFT<br>Carolyn Settle, LCSW | Laurie Tetreault | 925.771.9422 | November 7-8, 2014<br>Phoenix, AZ |
| 07005-34<br>12 Credits<br>*Summit of Complex Trauma, Dissociative Symptoms & EMDR Therapy* | Ana Gomez, MC, LPC<br>S. Paulsen, C. Forgash, J. Knipe & U. Bergmann | Jim Mason | 602.803.1797 | Nov. 7-15, 2014<br>Live Webinar |
| 03002-31<br>12 Credits<br>*Play Therapy & EMDR for Children* | Maiberger Institute<br>Arielle Schwartz, Ph.D. & Lisa Dion, LPC | Barb Maiberger | 303.834.0515 | November 8-9, 2014<br>Boulder, CO |
| 01007-25<br>14 Credits<br>*Defense & Affect Restructuring with EMDR Therapy* | Debra Wesselmann, MS, LIMHP<br>Andrew Leeds, Ph.D. | Debra Wesselmann | 402.981.3160 | Nov. 14-15, 2014<br>Omaha, NE |
| 14006-01<br>24 Credits<br>*Integrating Somatic Psychotherapy into the EMDR AIP Model* | Craig Penner, MFT<br>Craig Penner, MFT | Stasia Owen | 406.600.8092 | Nov. 14-17, 2014<br>Bozeman, MT |
| 99003-95<br>14 Credits<br>*The Use of EMDR with Complex Trauma & Dissociative Symptoms* | EMDR Institute<br>Curt Rouanzoin, Ph.D. | EMDR Institute | 831.761.1040 | Nov. 15-16, 2014<br>Dallas, TX |
| 99003-99<br>14 Credits<br>*Integrating Performance Enhancement with Your Current EMDR Clients* | EMDR Institute<br>Jennifer Lendl, Ph.D. | EMDR Institute | 831.761.1040 | Nov. 15-16, 2014<br>Burlingame, CA |
| 01005-21<br>13 Credits<br>*EMDR Treatment of Health Related Problems* | AEP/Carol Forgash<br>Carol Forgash, LCSW | Kriss Jarecki | 716.913.2832 | Nov. 15-16, 2014<br>Buffalo, NY |
| 03002-30<br>12 Credits<br>*Compassion Fatigue and Vicarious Traumatization Prevention for Therapists* | Maiberger Institute<br>Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC | Barb Maiberger | 303.834.0515 | Nov. 15-16, 2014<br>Boulder, CO |
| 12002-30<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | Nov. 15-16, 2014<br>Charlotte, NC |
| 06005-16<br>14 Credits<br>*What You Need to Know About Successful Treatment of Complex PTSD & Dissociative Disorders* | Jill Strunk, Ed.D., L.P.<br>Joanne Twombly, LICSW | Jill Strunk | 952.936.7547 | Nov. 15-16, 2014<br>Minnetonka, MN |
| 99002-22<br>12 Credits<br>*Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children* | Jim Lichti, MSW, RSW, RMFT<br>Laurel Parnell, Ph.D. | Jim Lichti | 519.884.8621 | Dec. 6-7, 2014<br>Toronto, Ontario |
| 1008-21<br>12 Credits<br>*Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children* | R. Cassidy Seminars<br>Laurel Parnell, Ph.D. | IAHB | 800.258.8411 | January 9-10, 2015<br>Scottsdale, AZ |
| 12002-31<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | Jan. 17-18, 2015<br>Orlando, FL |

# EMDRIA Credit Programs

| PROGRAM # / EMDRIA CREDITS / TITLE | PROVIDER NAME / PRESENTERS | CONTACT | PHONE | DATES / LOCATION |
|---|---|---|---|---|
| 09003-21<br>12 Credits<br>*Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion* | Awake Mind, LLC<br>Julie Greene, LPC | Julie Greene | 303.641.4997 | Jan. 30-31, 2015<br>San Diego, CA |
| 05007-09<br>12 Credits<br>*EMDR Boot Camp* | DaLene Forester, Ph.D.<br>DaLene Forester, Ph.D. | DaLene Forester | 530.245.9221 | February 6-7, 2015<br>Redding, CA |
| 12002-32<br>13 Credits<br>*The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP* | Robert Miller, Ph.D.<br>Robert Miller, Ph.D. | Robert Miller | 626.429.4945 | February 7-8, 2015<br>Phoenix, AZ |
| 03002-32<br>12 Credits<br>*Attachment and EMDR: Adults* | Maiberger Institute<br>Barb Maiberger, MA, LPC & Arielle Schwartz, Ph.D. | Barb Maiberger | 303.834.0515 | March 7-8, 2015<br>Boulder, CO |

# EMDRIA Regional Meetings

| LOCATION / REGIONAL NETWORK | 2014 DATES | REGIONAL COORDINATOR / CONTACT INFORMATION |
|---|---|---|
| ARIZONA | | |
| Central & Northern Arizona | November 21 | Robbie Adler-Tapia \| 480.753.1655 |
| CALIFORNIA | | |
| Greater Sacramento (Rocklin, CA) | September 13, November 8 | Merrill Powers \| 530.852.5066 |
| Greater Sacramento (Elk Grove, CA) | October 10, December 12 | Merrill Powers \| 530.852.5066 |
| San Diego County | October 3, November 7, December 5 | Sue Goodell \| 619.997.5333 |
| Superior Northern CA | September 5, October 3, November 7, December 5 | DaLene Forester \| 530.245.9221 |
| KANSAS | | |
| Southcentral Kansas | September 6 | Carol Hammon-Paulson \| 316.832.2340 |
| MONTANA | | |
| Montana | September 27, October 4 | Renee Sanchez \| 406.491.4976 |
| NEW YORK | | |
| Westchester County | September 12 | Robin Gibbs \| 914.686.9361 |
| OREGON | | |
| Eastern Oregon-Idaho | October 3 | Mary Ann Herzing \| 208.336.3217 |
| Central Oregon | September 9, October 14, November 11, December 9 | Karen Forte \| 541.388.0095 |
| TEXAS | | |
| Central Texas | November 7 | Carol York \| 512.451.0381 |
| North Texas | September 5 | Jordan Shafer \| 972.342.2448 |

# Welcome New EMDRIA Members

Lorna Fisher Acuna, MA, LMFT Associate
Louis H. Adams, MA, LISAC
Holli M Adsit, LMSW, LISAC
Afroza Ahmed, M.A.
Nina P Akin, PhD
Karby K. Allington-Goldfain, MA, LPC
Victoria E Anderson, M.S., LMFT
Maria G. Anzalone, Mental Health Counselor
Jeanette S Arnold MA, LMFT
Erika Arnold-McEwan, LICSW
Keith D Attardo, MS Psychology
Deborah Augenbraun, PsyD
Talitha Susan Bachmann, LPC
Armin Richard Baier, LCSW
Gary Bernard Bailey, MA, MSW, LCSW, CEAP, DAPA
Lisa M Baker, PhD
Maria Lynn Ballard
Roger Ballou, Ph.D.
Linda J. Bannerman, MA
Mireille Anne Bardy, MSW, LICSW
Dominique D. Barritt, MA, LMHC, NCC
Shelda Bartels, MA
Liliana Baylon, MS
Nancy J Beach, LPC, RN
Valerie P Begovich, LPCA
Torrie Lynn Benson-Pryor, LCSW
Julles Berky
Mamta Bhargava, MSC, NCC, LPC
Holly Biscotti, MA
Lisa Blackwood, MS MA LPC-S LCDC
Catherine MacDonald Blake, MA, LPC
Molly Lynn Bove, LMHC
Liz Brenneman
Anne E Brown, M.S., L.P.C.
Angela B. Burks, LCMFT
Kathleen A Bush MA, LCPC
Paul T. Callister, Clinical Mental Health Counselor
Gary Campbell
Cathy Canfield, MSW, LCSW, LICSW
Stephanie Anne Carey, LCPC
Kelly B Carlson, MC LPC
Cheryl Carroll, LBSW, LPC
Cheryl R. Case, LICSW
Deborah Cavanaugh, MS, LPC
Spencer D. Cawley, LCMHC
Nancy A Celio, BSN, MA, MFT
Leon Mark Chamberlin, LPC-S
Louise Chaplin, MA, LPC
Barbara-Rose Chateaubriand, MA Psych. LMHC
Ann Chavez, LCSW
Tom C Cheney, LMFT
Myra D. Clark, MA, PCC-S
Tamara L. Clemmons, LSCSW, LCAC
Carey Cloyd, MA, MFT
Laura Cohen-Herzog, M.Ed. in Counseling Licensed Professional Counselor
John James Collins, LCSW
Sharon K Compono, LCSW
Lindsey Renee Corey, M.A, N.C.C., L.P.C
Jim Costello
Danielle Cote, LMHC
Sally Crowe
A. "Jack" Crowley, LCSW, CSAT, CMAT
Schuyler C Cunningham, MSW/LICSW
Kimberly Dawn Curtis, MSW, LSW
Eileen Kates Dancis, MSW/LCSW
Lesley Davis, PsyD, MFT
David L Deaver, PhD
Marcia E. Delafield MSW, LCSW
Jennifer Melanie Delgado-Cheers, MA/LPCC
Bruce E. Deveau, MSW/LICSW
Vernon Dietz, LCSW
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Polly S. Douglass, MA
Daniel F. Doyle, M.A., LMFT
Anne Lise Dube, Psychologue
Amanda Jane Duddleson, MSW, LCSW
Diane Eberle, LCSW
Colleen M Edwards, LCSW-R
Michelle L Emery, MA, LPCi
Michele J Engle, MA, CMHC, NCC
Elisabeth Eros, Marriage & Family Therapist
Etta Ettlinger, LCSW
Jessica Farrulla, MA
Jill Fishburn, MAPC, LPC
Dalia Fox, LCSW
Barbara L Fraser, MA
Tracey L. Frederiksen, MC, LPC, NCC
Katie Freeman, MA, LSW
Susan Friedberg, LCSW
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Don M Gershberg, MA LMFT
Adriana Glusman, Masters in Clinical Psychology
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William E Gonzalez, MSW
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Linda Ann Harris, BHS(hons)Occupational Therapy
Brittany Harris
Michelle Harwood, ACMHC
Shannon Healy, Licensed Mental Health Counselor
Hilary Henson, MA, MFT
Ellyn Herb, Ph.D.
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Marcia Lite-Braus
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Jennifer L Makadok, LCSW
Lori A. Makos, LCSW
Melissa Mann, LPC
Tara May, Ph.D.
Arleen Erland Mazzella, LCSW
Sandra L McCluskey, MA, LPCC-S
Heather McDermott, PSYD

# Welcome New EMDRIA Members

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Christy Modine, LCSW
Karen Morken
Tori Louisa Morris, MA, MFT
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Hilber Nelson, LCSW
Kellie W NeSmith, LPC-MHSP
Mara Newbart, LCSW
Wendy Newman, LCSW
Vida Nikzad, PsyD
Virginia Oedekoven, LPC
Carole C Olson, Psy.D.
Lorelei O'Neill
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Helya Ortiz, LMHC
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Diana Rigdon, LPC
Dianne M. Rogers, Psy.D.
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Joyce Selenkow, MA, LPC
Karen S. Severns, LCSW, ACADC
Nancy Shah, Psy.D.
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# JOURNAL OF EMDR PRACTICE AND RESEARCH

# CALL FOR PAPERS

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

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## Manuscript Preparation and Submission

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

Thank you in advance for your participation.

**Louise Maxfield, Ph.D., CPsych**
Editor, *Journal of EMDR Practice and Research*

## Need Submission Ideas?

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

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

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

### Review articles
- Summarize literature and research in a particular domain

### Theoretical reviews
- Summarize research and propose hypotheses

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