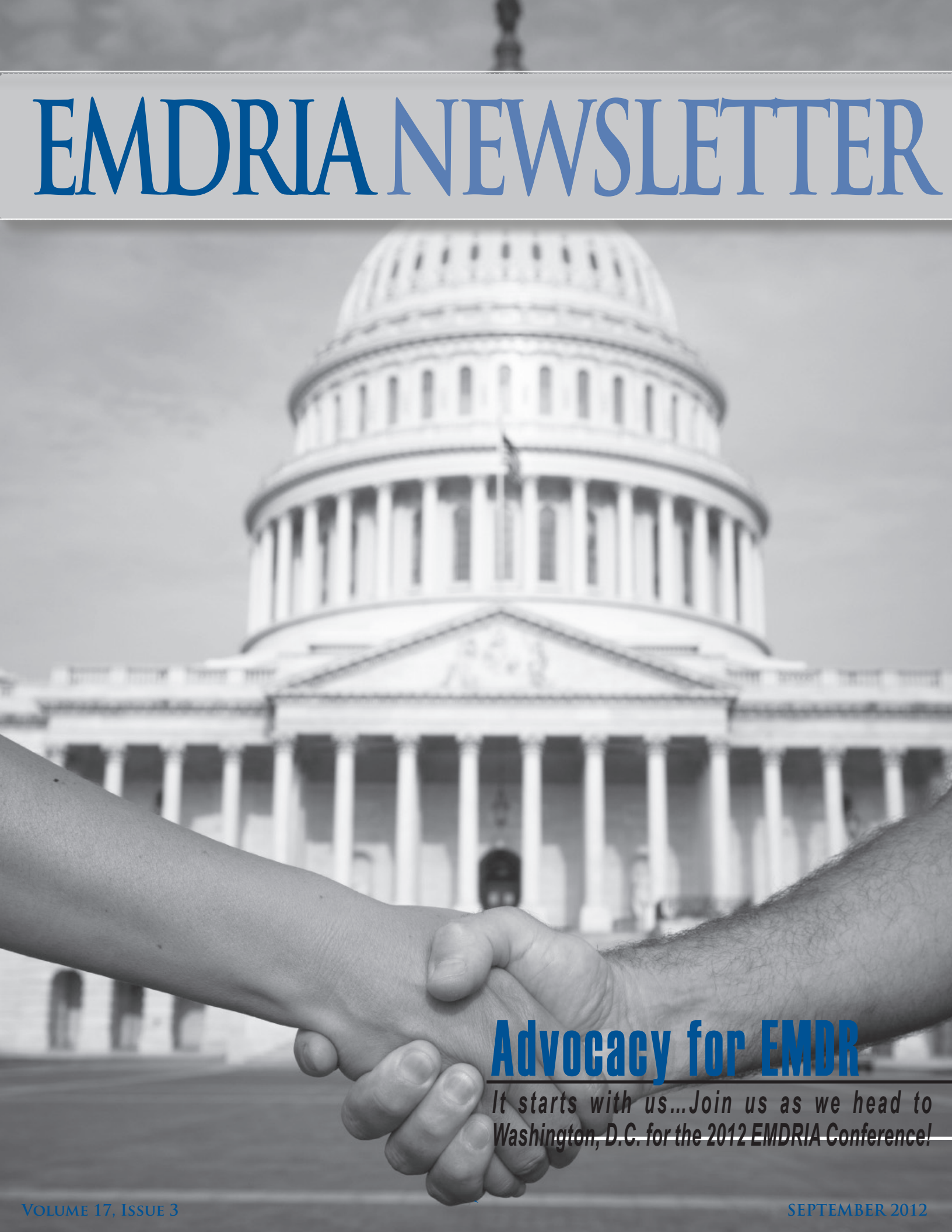
EMDRIA NEWSLETTER



Advocacy for EMDR

It starts with us...Join us as we head to Washington, D.C. for the 2012 EMDRIA Conference!

Volume 17, Issue 3 SEPTEMBER 2012

CONTACT EMDRIA

EMDR International Association
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785
Tel: 512.451.5200 Fax: 512.451.5256
TOLL Free: 866.451.5200 (U.S.& Canada)
Email: info@emdria.org
Web site: www.emdria.org

Office Hours
Monday - Thursday, 8am to 5pm CT
Friday, 8am to 4pm CT

SEPTEMBER 2012

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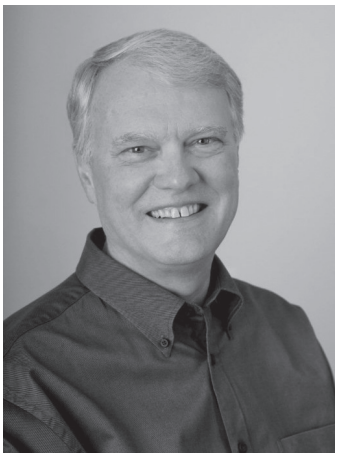

BY WARREN FABER, PH.D.
EMDRIA PRESIDENT

I am a little more than half way through my term as President and want to assure you that EMDRIA is in good hands with our new Executive Director, Mark Doherty. In July, Mark had his first opportunity to participate and interact with the full Board. Clearly, Mark is a "fast learner" and with the skillful mentoring of our Deputy Executive Director, Gayla Turner, is soaring. His first administrative report expertly communicated information helpful to the Board as we develop strategic thinking and goals to move EMDRIA forward. In the next six months there is agreement to focus on three key areas: to increase membership, to increase diversity in membership and to promote the advocacy of EMDR in our military.

Participating on the Board with other bright, responsible, dedicated and hard working fellow directors has provided an opportunity for all of us to develop and fine-tune our leadership skills enabling us to be more visionary, as we develop policies and strategies to guide EMDRIA and to position EMDR as the premier, evidenced based therapy addressing trauma and other diagnostic categories.

It won't be long until we, as an EMDRIA community, will gather together in Washington D.C. on October 4-7, to make new friends, renew old friendships, learn new skills, obtain deeper knowledge, and to have fun with a community of kindred spirits dedicated to alleviating human suffering in the world.

As we approach the October Conference, I am reminded again of Constantine Cavafy's, Ithaca, a poem I have referred to in previous newsletters.

Pray that the road is long.
That the summer mornings are many, when,
with such pleasure, with such joy,
you will enter ports seen for the first time;
stop at Phoenician markets,
and purchase fine merchandise,
mother-of-pearl and coral, amber and ebony…
to learn and learn from scholars.

As you think about developing your own journey for personal and professional growth, I invite you to consider getting involved with EMDRIA through participation in Special Interest Groups, Administrative Committees, Regional Committees and even the EMDRIA Board. What you receive in the way of "fine merchandise" to feed your heart and soul is far greater than you can imagine.

I look forward to seeing you at the 2012 Conference in Washington D.C. ❖

ANNOUNCEMENTS

2013 Board of Directors Election Results...

The EMDRIA Board of Directors congratulates the following individuals on their election to the Board: John "Jack" Carlson, Ph.D. (2013-2015); Carrie Ann Cherep, MA, LCPC (2013-2014); Diane DesPlantes, LCSW (2013-2016); Dean Dickerson, Ph.D. (2013-2016); and DaLene F. Forester, Ph.D. (2013-2016). These new board members officially begin their terms as of January 1, 2013. 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 2012 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, October 6th at 5:45pm.

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

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

Call for Questions...

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

EMDRIA Office Closed...

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

- Monday, September 3rd for the Labor Day holiday.
- Monday, October 1st through Friday, October 12th for the 2012 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 October 15th.*
- Thursday, November 22nd and Friday, November 23rd for the Thanksgiving holiday.

EMDR Journal...

As an EMDRIA member you have the benefit of access to the current and past issues of the Journal of EMDR Practice and Research. Go to the EMDRIA website (www.emdria.org) and click "Members Only Area", enter your username and password, and click on the photo of the Journal cover. You will then have access to the current issue and past issues.

Are you an Approved Consultant? Consider joining the EMDRIA Approved Consultant (EAC) Listserv...

The purpose of the EMDRIA Approved Consultant (EAC) listserv is to provide a forum for EMDRIA Approved Consultants to discuss topics related to consultation such as treatment planning, law and ethics, research, educational focuses, and ways to teach EMDR related information. Consultants' own thoughts, feelings, and processes as they relate to providing consultation can be explored when requested. Challenging and successful consultation concerns can be explored here, as well. The aim of this listserv is to promote professional and collegial discussions related to providing EMDR consultation. To join the EMDRIA Approved Consultant Listserv, email Jennifer Olson at jolson@emdria.org. You must be a current EMDRIA Approved Consultant to participate.

New Staff Member...

EMDRIA is pleased to welcome Clara Bensen as a part-time Administrative Assistant. Clara has several years of experience in the areas of administration, development and customer service. She graduated with a BA in International Studies from the University of North Texas. When she is not at EMDRIA, Clara can often be found writing, reading and trying to make things grow in her garden.

Executive Director's Message

By its very nature, EMDRIA exists as an advocate for EMDR. We associate as a collective body to guide the instruction, training, continuing education, and development of EMDR. Our focus tends to be inward among those of us who are like-minded. We think in terms of using EMDR to help alleviate human suffering. We are comfortable with each of us who thinks along similar lines.

We are, however, at a point in time where our perspective of advocacy needs to shift in part from our internal focus to more of an external emphasis. It's so easy and comfortable to work with each other. We have our differences, but there is collegiality. Now we need to think in terms of how we reach out to those who may have distinctly different views about or no knowledge of EMDR.

Professional organizations like EMDRIA tend to be reluctant or accidental advocates to the outside world. It's more of a happenstance that we get involved in advocacy. Something happens and we decide to take action, which is really a reaction. Then we might become more proactive by conducting research and/or developing position papers on issues of importance. EMDRIA is joining coalitions to create strength in numbers and an awareness of the bigger picture. We may even start a grassroots effort that encourages members to contact their political representatives with our message supporting a specific outcome, which is a classic next step in advocacy involving the membership. It's all about crafting a message, getting the word out, and applying pressure in a variety of forms.

Well it's time for us to undertake the role of being a proactive advocate for EMDR. I view this as the natural extension of how strong the membership feels about EMDR and the good it does in healing people. We as a nation are also facing a crisis of major proportion when we consider the large number of military members and veterans that are suffering the effects of PTSD. Suicide accounts for 20 percent of the deaths in the military. Every day a U.S. soldier commits suicide and more have killed themselves than have died in fighting in Afghanistan. If we believe that EMDR can help, then we need to be an advocate to get the message out and make sure that our voice is heard and our service men and women have treatment options that will benefit their mental health.

We have started with a small group of volunteers in Washington State making contact with Senator Patty Murray who is Chair of the Senate Veterans' Affair Committee. We prepared materials for her staff to ask questions of the Department of Veterans' Affairs and the Department of Defense dealing with access to top-rated, evidence-based PTSD treatments and training for their mental health practitioners in various approved therapies. While the responses weren't quite what we hoped for, we are continuing to pursue other avenues with and through the Senator's staff.

BY MARK G. DOHERTY, CAE
EXECUTIVE DIRECTOR

On another front, we have made contact with the Institute of Medicine of The National Academies. They recently released a report on "Treatment for PTSD in Military and Veteran Populations", which is available on their website: http://www.nap.edu/catalog.php?record_id=13364. This initial assessment relied on old information to conclude that the evidence was inadequate to determine the efficacy of EMDR in the treatment of PTSD. The study director indicated to me that it would help to have input from outsiders as they begin Phase 2 of the study. In addition, they are willing to take suggestions for reviewers of the Phase 2 report. So, the door is cracked open and we need to respond in a positive, scholarly manner coupled with clinical experience to get our points across.

It's up to us to advocate publicly for EMDR. And I need your help to do so. Contact me at mdoherty@emdria.org to find out how you can make our advocacy work. You can also look me up at our Annual Conference October 4 – 7, 2012 in the Washington, D.C. area. Advocacy is a marathon, not a sprint. But we have to start and now is as good a time as any. ❖

The Conference Corner

Don't miss this year's EMDRIA Conference! Join us October 4-7, 2012 at the Crystal Gateway Marriott in Washington, D.C.

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

REGISTRATION INFORMATION

The deadline to send in your registration form via fax or mail is September 15, 2012. 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, you will NOT be able to attend the Awards Dinner on Friday, October 5th.

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 on or before August 31, 2012. For all cancellations received after August 31, 2012, a refund of one half of the paid registration fee will be given. All refunds will be issued after the Conference.

HOTEL & TRANSPORTATION INFORMATION

Crystal Gateway Marriott
1700 Jefferson Davis Highway
Arlington, Virginia 22202

This year's Conference will be held at the newly renovated Crystal Gateway Marriott, in Arlington, Virginia. The hotel's offerings include exceptional accommodations, complimentary Wi-Fi in the lobby and multiple dining options.

Premium shopping and dining is just minutes away at the Crystal City Shops and The Fashion Centre at Pentagon City.

The Crystal City Metro stop is accessible from the hotel lobby which can take you to the best museums, monuments and attractions in the area.

A complimentary airport shuttle service to the hotel from Reagan National Airport (DCA) is available. To find out shuttle times call 703.417.8000. When arriving, please make sure you are going to the Crystal Gateway Marriott and not the Crystal City Marriott. For more information on transportation to/from the Crystal Gateway Marriott, please visit www.emdriaconference.com and click on the Hotel & Travel tab.

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

EXHIBITOR / ADVERTISING OPPORTUNITIES

Exhibit Booths are still available, but won't last much longer! Don't miss out on the opportunity to meet more than 1000 leading EMDR professionals and promote your service or product!

Have a lower budget? Highlight your presence by taking advantage of our Take One Exhibit Opportunity. This is a perfect way for a non-exhibitor to disseminate information to Conference attendees. Take One exhibits are pamphlets, brochures, cards, leaflets, magazines or similar materials that will be displayed prominently, so that those visiting the Exhibit area can help themselves.

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

IMPORTANT ANNOUNCEMENTS

Continuing Education & Conference Certificates

Please be aware that all credit hours will be awarded according to the individual requirements of each continuing education agency. We will be using software that allows you to print your certificates just two weeks after the Conference by going to our Conference website. This process will allow you to receive your certificates faster.

We will NOT be sending certificates in the mail. Please go to our Conference website under the Quick Links section, click on Continuing Education Information. **It is imperative that you scan in and out of every session you attend, as you will not be able to obtain credits if you do not. You must attend each workshop you sign up for, in its entirety, to receive credit for it. NO EXCEPTIONS.** Please plan your travel schedule accordingly.

Session Handouts

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

If you have any questions, please contact the EMDRIA office at info@emdria.org or Toll Free at 866.451.5200 or 512.451.5200. ❖

EMDR Research Foundation President's Message

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

It is hard to believe this year's EMDRIA Conference is right around the corner. It is such a great time for all of those in attendance to see old friends, meet new ones and to attend informative meetings to enhance our EMDR practice. It is also a great time to consider your commitment to the Foundation, whether that is increasing your monthly or yearly donation or contributing for the first time. The Foundation Board looks forward to this opportunity to meet and talk with our donors. Many of you are now becoming a familiar face and your dedication to our mission is vital. If you are not a donor yet, it is a great time to learn more about who we are, what we stand for and how YOU can be part of the SOLUTION. For the first time, the Foundation will have donor ribbons for our constituents to proudly wear on their conference badge. Please come to our booth for your ribbon to let your colleagues know that YOU are part of the SOLUTION by investing in the future of EMDR and donating to high quality research. We look forward to seeing you in Washington, D.C.!

As many of you know, one crucial goal of the Foundation is to increase the number of high quality research studies published in peer-reviewed journals. This is central to increasing the understanding of what happens during EMDR, as well as increasing the awareness of its effectiveness. As a donor, YOU can be part of the SOLUTION and help to achieve this goal. In the second 2012 funding cycle, the Foundation Board was thrilled to receive four research grant proposals. These proposals are now under review and the award recipients will be announced in September. In the last funding cycle, along with the dissertation award, a $10,000 grant was awarded to the research team of Bessel van der Kolk, M.D. and Ruth Lanius, M.D., Ph.D. The research study "Functional Neuroanatomy of Bilateral Eye Movements During Trauma Script Imagery," will make a significant contribution to the body of science regarding EMDR. Here is the abstract:

Despite substantial evidence of its effectiveness in treating posttraumatic stress disorder (e.g., Bisson et al., 2007; Bradley, Greene, Russ, Dutra, & Westen, 2005, van der Kolk et al, 2005), eye movement desensitization and reprocessing (EMDR) remains a controversial treatment. Most of this controversy has centered on the necessity and function of the eye movements or other bilateral stimulation techniques in promoting symptom reduction and integration of traumatic memories. Although several possible mechanisms of action have been proposed, the functional neurobiology has not yet been elucidated (see reviews Gunter & Bodner, 2009; Maxfield, 2008). At present, few studies have attempted to directly study the functional neuroanatomy of EMDR. Thus, we propose a mechanistic fMRI study to examine the neurobiological mechanisms underlying horizontal saccadic eye movements during exposure to trauma script imagery. The proposed study aims to systematically test the hypothesis of increased thalamic activation and connectivity during EMDR through visualization of functional neurological activity during trauma script imagery with and without horizontal or vertical eye movements. We will use concurrent fMRI, EEG, heart-rate variability (HRV), and skin conductance measurements throughout the protocol, in order to correlate the various measures of psychophysiological functioning and attempt to provide information to assist with integrating previous

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

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

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

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

Take a moment to donate now! Remember, your donations are tax-deductible! Please check the EMDR Research Foundation website for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDR Research Foundation.

research findings with varied measurements. We plan to recruit 40 participants: 20 participants without a history of psychiatric disorders and 20 participants with PTSD.

We know EMDR works, we know what we can accomplish and how to do EMDR, but we don't know why it works. Think of what a definitive statement about the mechanisms of action underlying EMDR will do for the future of EMDR. It will be amazing….YOU can be part of the SOLUTION!

Although the Foundation Board is always pleased to offer funding to all qualified recipients, we also recognize that most high quality research requires so much more funding than we are able to offer at this time. As the Foundation is the only funding source for EMDR research at present, we have very big shoes to fill. The need to award more financial support per study is imperative. This year, our fundraising campaign has targeted two areas for growth. The first goal is to increase the number of one-time annual donors by 50%. The second goal is to increase the number of Visionary Alliance members to 200. As you know, the Visionary Alliance is the program that offers our donors the opportunity to make a sustaining pledge by automatic monthly donations. This predictable, continuous stream of income offers the Foundation leverage when we pursue funding from larger organizations, granting agencies and foundations. It will also offer us the opportunity to increase the amount we can give to researchers on a regular basis. YOU can be part of the SOLUTION!

There are many, many questions to be answered, which only high quality EMDR research can answer. The Foundation Board is excited to have this opportunity and to meet this need. WE are happy to be part of the SOLUTION and hope YOU join us in the effort.

"Dreams come a size too big, so we can grow into them."
~ Josie Bisset ❖

Ricky Greenwald, PsyD
Executive Director

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

BY CAROL R. MARTIN
EXECUTIVE DIRECTOR
EMDR HAP

In the last edition, I promised to introduce you to our newest HAP Board members. At that time, there were three new members: Cynthia Carr, Susan Shrier and Howard Lorber. As of today, there are four! We are happy to welcome, Ron Smith as the newest member of the Board.

Along with our other dedicated and caring Board members, these newest members add an enthusiasm, depth of experience and commitment to HAP's work that I know will serve us well as we grow and further define the ways in which that growth will take shape. The Board has sought not only to expand the number of members but to carefully consider the complementary skills that each member provides.

It was important when considering the configuration of the HAP board that the members thought about our strategic goals. It is these goals and the work needed to accomplish these goals that laid the groundwork for the skills and experiences that we were looking for in our members.

Some of the goals in the strategic plan that HAP is working toward include:

- Increasing the number of Basic EMDR Workshops and Specialty training events.
- Expanding the awareness and use of EMDR in special populations.
- Building the Trauma Recovery Network (a local team of EMDR clinicians working together in preparation of traumatic events in their communities).
- Promoting general public awareness of trauma, PTSD and treatment.
- Continuing efforts to develop mental health systems in third world countries and throughout the United States.

Along with our wonderful volunteers and supporters, our Board members can help us to accomplish these goals. Let me introduce our newest members.

HOWARD LORBER
Howard Lorber joins the board as a psychotherapist trained in EMDR working in New York City and Hastings-on-Hudson, NY. He is also the President of Practice Development Associates, LLC, a company that designs practice promotion plans for independent professionals.

Before starting his private practice, Howard worked for two agencies in the NYC area; The Queens Family Court Probation Department and the Volunteer Counseling Service, where he worked with victims of violence in a variety of settings. He was also the State Chair of the NewYork State Society for Clinical Social Work Referral and Information Service, providing leadership on budget and financial management for that organization.

Howard was originally trained as an anthropologist, at Northwestern University and then at the New School for Social Research. He brings this cultural sensitivity to his work as a clinician and his HAP board work.

"I believe that developing effective mental health programs cross-culturally will improve our chance of survival as a species. My work has been treating domestic violence sufferers and perpetrators…those affected by PTSD, acute trauma, mood disorder and anxiety. After 9/11 and then the Tsunami, I wanted to help develop means to provide relief to a broader spectrum of populations, both in the U.S. and abroad. HAP will allow me to be a part of that effort."

Another passion that Howard brings to the Board is his love of gardening. He has honed his gardening skills and his work is described in his publication, "The Use of Horticulture in the Treatment of Post-Traumatic Stress Disorder in a Private Practice Setting."

HAP is fortunate that Howard decided that he could find an organization where he could volunteer his abundant skills such as marketing, clinical work and caring for the underserved by joining our Board. Howard is a member of HAP's Finance and Marketing Committees.

SUSAN SHRIER
When asked why she would want to serve on HAP's Board, Susan Shrier, replied,

"EMDR is a powerful tool that can not only impact the lives of individuals, but greatly impact their families and communities with healing and hope. Throughout our world there are people suffering the effect of PTSD as a result of abuse, war, natural disasters and abusive regimes. HAP's mission and its work is one that I can articulate with passion within my community."

In some measure, Susan acquired that passion and knowledge of the way that EMDR can change lives by observing the work of her husband, Larry, who is a certified EMDR practitioner. She heard the many success stories from his practice, helping those who previously could not be.

Susan has lived in Palm Beach Gardens, FL for more than 30 years and has an impressive business background in financial planning and business consulting. She is the Principal for Susan Shrier Consulting Services, providing management and marketing services, including coaching, recruiting and budgeting. Susan described this as an ideal time to join the HAP board as she backed off from her full-time work and has the time and commitment to work on HAP initiatives.

She is the Chair of the newly organized Marketing Committee for HAP, working with other members to develop ways to enhance our communication within and outside the EMDR world about trauma and its effects. Her work has already made significant contributions toward that effort.

CYNTHIA CARR
Cynthia Carr joins us with more than 20 years experience working with non-profit organizations as a General Counsel. She is currently the Director of International Legal Affairs at Yale University. She provides legal support and advice to the international activities of the University including research, collaborative academic activities and student/ faculty exchanges. She has also been Associate General Counsel at Yale.

Cynthia returned to Yale after nearly 11 years at Save the Children as General Counsel and Vice-President for Human Resources, an international development and relief organization. Save the Children has programs in health, education, livelihoods and HIV/AIDS in more than 50 countries and 17 states.

It has been her training, as a Harvard educated attorney and her passion to help those less fortunate throughout the world, that has forged her career. Perhaps her work in the Peace Corps in Cambodia with refugees urged her to devote her time and talents to those who need an advocate. When asked why she is interested in serving on HAP's Board of Directors, Cynthia answered that,

"I want to continue to be aware of and contribute to the improvement of the lives of individuals less fortunate than I and would like to be involved with an organization that has significant capacity to grow, and am persuaded by Carol Martin's commitment and capability that HAP will flourish under her leadership."

I have known Cynthia for nearly 23 years, working with her at Yale University and again at Save the Children. I know that I will strive to live up to her commitment in our organization and in my leadership.

Cynthia is currently the Secretary of HAP's Board and is also providing leadership on issues of board governance.

RON SMITH
Ron Smith is the most recent member of the HAP Board. He will be attending his first Board meeting in October at the EMDRIA Conference. Ron already has the inside track about HAP. His wife, Carolyn Settle, is an EMDR therapist, approved consultant and HAP trainer.

Ron's knowledge of HAP and the populations that we serve goes beyond that introduction. He is the CEO of Choices Network of Arizona, responsible for all operations of this publicly funded non-profit provider network organization overseeing 385 employees providing services for persons with serious mental illness. He has an impressive record as a leader of complex mental health organizations working for the underserved in Arizona.

At the organizations where Ron has led, he has invited HAP to conduct EMDR training for his clinical staff. He saw first hand how EMDR changes his clients' lives, providing hope and relief.

Ron has been a licensed clinical social worker for more than 20 years. He hopes to contribute to the success of HAP by *"supporting the leadership of HAP through an efficient and effective Board for HAP. I believe in the mission of HAP and want to assist and support the EMDR community and HAP in its mission."*

HAP is very fortunate to have such committed and talented people in our ranks. The Board joins the many volunteers who already work diligently for HAP as trainers, facilitators and consultants.

I often think that we must have one of the most educated volunteer groups in the country. And, most importantly, a group with caring, commitment and compassion making a difference to those in this country and throughout the world who are suffering from trauma. For that I am grateful! ❖

IN THE SPOTLIGHT:

DEREK FARRELL

BY MARILYN LUBER, Ph.D.

Derek Farrell is an accomplished and principled man. He has the capacity to fight when he needs to as well as engage in diplomacy, which is his preference.

Maureen Fieldstead and Tom Farrell, Derek's parents and role models, met on a ballroom dance floor in Liverpool, England. His mother was a secondary school teacher of English Literature and his father was a tailor. Derek is the second of four children.

Derek learned to appreciate the rewards and perils of principled action from his mother. Living in an area where the Catholic Church controlled the educational system, Mrs. Farrell tested the limits in her community by sending her 2 eldest children to a non-Catholic school. As a result, she was black listed from teaching and was never able to obtain a secure job – only substitute work. Derek recognized the strength of his mother, but also learned first-hand how abusive the Catholic Church could be.

By contrast, his father was a diplomat and was often described by others as "the nicest person I ever met." He stayed quietly in the background as his wife made her point and often facilitated a resolution where there looked to be none. Derek has emulated his father's style by becomimg a mediator himself. From age 14, he learned about the work ethic while working alongside his father on Saturdays at the tailor shop. He also learned about the power of faith through his father's lifelong devotion and recent recovery from radical surgery. Although the Farrell family was not wealthy financially, their love of life and sense of humor created an important impact on their children.

Even with his mother's sacrifice, the state school Derek attended was poor. To compensate, he took up music, by learning to play the clarinet and joining a brass band and an orchestra that he is still involved with today. He also taught himself to play piano and guitar.

Originally wanting to be a mental health nurse, Derek did a three year training program at West Cheshire Hospital. This is where he learned that what he truly wanted was to be a psychologist. During that time, he set up a survivors' network for adult females after sitting for eight hours with a client who had set herself on fire. Because of his care and concern for her, she told him about her childhood abuse. To Derek's surprise, the psychiatrist involved was antagonistic and did not see the connection between her behavior and the abuse. He later created a network for male abuse survivors with the Bernardo Charity for Children in the 1990's. He completed his nursing training and took psychotherapy trainings in psychodynamic, humanistic and cognitive behavioral psychotherapies.

With his friend and colleague, Paul Keenan, Derek set up a psychotherapy department in the Department of Community Psychiatry in Mercyside for the National Health Service (NHS). In 1990, a client's narrative about her rape by a priest moved him and he began a lifelong interest in sexual abuse by clergy. In 1994, he was awarded an MA for Counseling Studies at Keele University and his thesis was on this subject. Later, during his Ph.D. work at Manchester Metropolitan University (2003), he did his dissertation on "Idiosyncratic Trauma Survivors of Sexual Abuse by Clergy" and he has written many articles on this topic. He raised the question "Why was sexual abuse by clergy different?" and found that the survivor's symptoms included spiritual, existential and theological domains. For instance, dying petrified his client, as she thought if her abuser repented what would god do? If god accepted him, the priest would be allowed into heaven and that would mean she was not safe because her perpetrator would be there. These were significant issues to address.

He obtained medico-legal contracts across the United Kingdom, with a leading Irish firm carrying out psychological assessments for survivors of sexual abuse by clergy, utilizing self-designed psychometric measures established in his dissertation that were specific to this type of trauma. He also created a Psychological Assessment and Treatment service on behalf of BUPA Occupational Healthcare, Manchester for railway personnel.

In 2000, he decided to end his National Health Service career as he could no longer tolerate the lack of support dealing with difficult cases, and he began his job at the University of Birmingham where he is a Lecturer in Health Sciences. Derek

is a Chartered Psychologist with the British Psychological Society and an Accredited Psychotherapist with the British Association of Cognitive & Behavioral Psychotherapies (BABCP). He is an External Examiner of Psychotherapy and Psychological programs for universities in the United Kingdom and has been successful in acquiring funding for his projects. From 2001-2004, he was a Consultant Psychotherapist with the Police Rehabilitation and Retraining Trust in Belfast, Northern Ireland.

Before he began his doctoral work, Derek did his EMDR Basic Training in 1996, followed by Facilitator training. The effect of EMDR on his work was pivotal and he decided to develop EMDR training in the university. He created the first EMDR University Training in Europe validated by the University of Birmingham and EMDR Europe. He is now planning a new professional doctorate program that will include teaching and learning along with research and development that would include EMDR.

"EMDR does not cure malaria and does not eradicate world poverty but what it can do is to make a significant difference in dealing with some of the world's problems. As a therapist, EMDR never ceases to amaze me. No other therapy comes close to touching it."

Since then, Derek has been a strong spokesperson for EMDR. He is President of the EMDR Europe Humanitarian Assistance Program, a member of the EMDR Europe Science and Research Committee, Co-Chair of the EMDR Europe Practice Sub-Committee and is a member of the EMDR Europe Board. He serves on the EMDR Asian Scientific Committee for EMDR Asia. He is a Past President of EMDR UK & Ireland, the Chair of EMDR UK & Ireland Accreditation Committee and the Chair Conference Organizing Committee for EMDR Europe's 2014 Edinburgh Conference, as he was for the 2008 London Conference. He is an EMDR Europe Approved Trainer and Consultant. Recently, the UK Ministry of Defense employed him to train mental health military personnel in EMDR.

Another seminal time in Derek's life occurred when he joined the EMDR HAP response to the Marmara Earthquake. In 1999, with many other EMDR professionals, he participated in training Turkish colleagues in EMDR. What he was not ready for was the effect of going into the refugee camps. He had never seen a camp before and the effect of seeing people who had been well-to-do in this awful situation was indelible, such as when UN trucks arrived with mattresses and people fought over them. He also was affected by seeing the miles and miles of devastation. He believes that all those involved returned with PTSD yet no one spoke about it. This bothered him.

Derek has gone on to participate in projects in India, Pakistan and Bethlehem. The link between them is the overwhelming vastness of the trauma. The effect of talking to people from different perspectives was profound and Derek found it upsetting and hard to comprehend the senselessness of many of the man-made acts of war.

Derek has been involved in a long-term project in Pakistan developing mental health psychological services mainly around the intervention of EMDR. He has been there 14 times and has become acutely aware of the complexity of the nature of the problems there, as there was also domestic and military violence to attend to. Originally, in response to a Pakistani Psychiatrist in Ireland who appealed to Desmond Poole for help, he went to Abbotobad, a city closest to the epicenter of the earthquake. They raised funds through charity events to go on this trip. They trained 25 civilian and military psychiatrists and then did another round in Rawalpindi. After that the Pakistani Navy invited him to Karachi to train a group there where they were under a high alert and the danger was so real that it felt surreal. Derek found himself working with survivors of the earthquake, domestic violence, child abuse, acid attacks and people afraid of religious extremists and suicide bombers. In Karachi, there was a large influx of Pashtuns and they had a great deal of fear and trepidation because many younger people were being groomed by the Taliban. During training, Derek and his team worked with the military psychiatrists and their wives, many of whom were social workers, creating a greater insight into Pakistani culture and society.

Another of Derek's many passions is the training of EMDR practitioners. He has devoted a great deal of time in his work to evaluating the teaching and learning of EMDR. He did a Q methodology to evaluate EMDR HAP Europe's Facilitator training in Pakistan and then went on to do the Delphi Study which is an exploration of future research priorities in promoting the development of the teaching and learning of EMDR. Currently, he is the program Director of the MRes Health Research and EMDR in the management of psychological trauma module programs. In 2011, Dunne and Derek's article on "An Investigation into Clinicians' Experiences of Integrating EMDR into their Clinical Practice" appeared in the Journal of EMDR Practice and Research. If there is anyone who is going to come up with the best way to teach EMDR to his populations, Derek will be that person!

To the EMDR Community:

> *"EMDR does not cure malaria and does not eradicate world poverty but what it can do is to make a significant difference in dealing with some of the world's problems. As a therapist, EMDR never ceases to amaze me. No other therapy comes close to touching it."*

Derek is avid about triathlons, competing in 3-4 a year. He loves to sail and play music. He recently celebrated 25 years of marriage and has a teenage daughter and son.

Derek Farrell brings his vision of EMDR to us through his work with clients, trainees, students and colleagues near and far. His dedication and commitment to his craft, as well as his expertise, are the hallmarks of his contributions to us all. His abilities as facilitator and diplomat are priceless. ❖

RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

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

Note: A comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=43.

Arnone, R., Orrico, A., D'aquino, G., & Di Munzio, W. (2012). [EMDR and psychopharmacological therapy in the treatment of the post-traumatic stress disorder]. Rivista Di Psichiatria, 47(2), 0. doi:10.1708/1071.11732

Raffaele Arnone, ASL Salerno 1 Nocera Inferiore (SA), E-mail: <raffaele_arnone@libero.it>

ABSTRACT Aim. This study evaluates the efficacy of two different treatment for post-traumatic stress disorder (PTSD): the psychopharmacological therapy, with a SSRI drug, and EMDR.

Method. Two independent groups have been administered two different treatments: the treatment with sertraline to the group for psychopharmacological therapy; the treatment with one-week sessions of EMDR to the other group. For the evaluation of the symptoms of PTSD has been used the Clinician-Administered PTSD Scale (CAPS). The inclusion of the subjects in the two groups has been absolutely random.

Results. The results confirm previous studies available in literature, pointing out the efficacy of EMDR and of sertraline in improving the post-traumatic symptomatology and the levels of subjective sufference. But the number of subjects which at the end of the study didn't satisfy any more the criteria for PTSD has been absolutely greater in the group treated with EMDR.

Conclusions. The study confirms the hypothesis of EMDR as a more efficacious treatment for PTSD compared to psychopharmacological therapy. This result could be a stimulus for further research with greater groups to investigate also the long term efficacy.

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Bae, H., & Kim, D. (2012). Desensitization of triggers and urge reprocessing for an adolescent with internet addiction disorder. Journal of EMDR Practice and Research, 6(2), 73-81. doi:10.1891/1933-3196.6.2.73

Daeho Kim, Department of Psychiatry, Hanyang Univer-sity Guri Hospital, Guri, Gyeonggi, 471-701 South Korea. E-mail: <dkim9289@hanyang.ac.kr>

ABSTRACT This case study reports the successful treatment of Internet addiction in a 13- year-old male using four 45-minute sessions of the desensitization of triggers and urge reprocessing (DeTUR) protocol—an addiction protocol of eye movement desensitization and reprocessing (EMDR; Popky, 2005). This protocol uses EMDR procedures to process current triggers and positive future templates, but it does not identify or directly address any past trauma. At baseline, the participant showed a moderate level of Internet addiction (scoring 75 on Young's Internet Addiction Test [IAT]) and moderate depression (26 on the Beck Depression Inventory [BDI]). During assessment, he identified 7 triggers for Internet gaming and rated the associated urge to engage in the activity with scores of 3-9 on the level of urge scale (0 = lowest, 10 = strongest). Using the DeTUR protocol, the level of urge for each trigger was reduced to 2, which the participants defined as “not being able to think about or crave for the game.” After treatment, his symptoms had declined to nonclinical levels (38 on IAT and 6 on BDI) and he was able to restrict his time on the Internet to an hour per day. These therapeutic gains were maintained at 6- and 12-month follow-up. The DeTUR may be a good treatment option for Internet addiction and further controlled studies are needed.

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Bossini, L., Casolaro, I., Santarnecchi, E., Caterini, C., Koukouna, D., Fernandez, I., & Fagiolini, A. (2012). [Evaluation study of clinical and neurobiological efficacy of EMDR in patients suffering from post-traumatic stress disorder]. Rivista Di Psichiatria, 47(2), 12-5. doi:10.1708/1071.11733

Letizia Bossini, Dipartimento di Neuroscience, Sezione di Psichiatria, Università di Siena, E-mail: <letizia.bossini@gmail.com>

ABSTRACT Strong evidences support use of EMDR in patients suffering from post-traumatic stress disorder (PTSD).

Aim. To evaluate clinical and neurobiological-structural efficacy of EMDR on drug-naïve PTSD without comorbidity.

Materials and methods. We made clinical evaluation and hippocampal volume measurement by MRI on 29 subjects suffering from PTSD and on 30 healthy control-subjects. Then, patients were treated with EMDR and after three months of psychotherapy the clinical evaluation and the MRI exam were replied.

Results and discussion. Our results demonstrated that the diagnosis

of PTSD was no more possible on all the patients who terminated the psychotherapy (n=18). At the same time, all the patients showed an average increase of 6% in hippocampal volumes.

Conclusions. Our research suggests that EMDR treatment correlates not only with a significant improvement of symptoms of PTSD, but also with a significant increase of hippocampal volumes effect size. Effect sizes were not moderated by treatment dose, sample size, or publication year. Findings are encouraging for treatment seekers for combat-related PTSD in VA settings.

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Cook-Vienot, R., & Taylor, R. J. (2012). Comparison of eye movement desensitization and reprocessing and biofeedback/stress inoculation training in treating test anxiety. Journal of EMDR Practice and Research, 6(2), 62-72. doi:10.1891/1933-3196.6.2.62

Raymond J. Taylor, Counseling Services of Houston, Texas, P.O. Box 9023, Pueblo, CO 81008. E-mail: <rtmtrt@ aol. com>

ABSTRACT Eye movement desensitization and reprocessing (EMDR) and Biofeedback/Stress Inoculation Training (B/SIT) treatment and no treatment (NT) were compared in reducing test anxiety. Thirty college students with high test anxiety were randomly assigned to each condition. Pre-post assessments were conducted using the Test Anxiety Inventory (TAI), State-Trait Anxiety Inventory (STAI), Rational Behavior Inventory (RBI), and Autonomic Perception Questionnaire (APQ). Treatment therapists were licensed professionals with at least 2 years experience in their respective modality. Statistical analysis using a two-way analysis of variance with repeated measures found significant interactions between time (pre-post) and treatment conditions for all measures except the RBI. Post hoc Newman-Keuls analyses were conducted on the change scores, indicating that both EMDR and B/SIT significantly reduced test anxiety. EMDR generally outperformed B/SIT.

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Engelhard, I. M. (2012). Making science work in mental health care. European Journal of Psychotraumatology, 3. doi:10.3402/ejpt.v3i0.18740

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

ABSTRACT There is increasing attention for embedding research in mental healthcare. This involves a linkage between scientific research and routine practice, where research is fed by questions from practice and scientific insights are implemented better and faster in clinical practice. This paper illustrates bridging the gap, by focusing on eye movement desensitisation and reprocessing (EMDR), and provides arguments why it is relevant to connect research and practice. It also discusses why experimental psychopathology may have a substantial contribution.

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Faretta, E. (2012). [EMDR and cognitive-behavioural therapy in the treatment of panic disorder: A comparison]. Rivista Di Psichiatria, 47(2), 19-25. doi:10.1708/1071.11735

Elisa Faretta, Psicologa, Psicoterapeuta, Responsabile Centro Psicoterapia Integrata Immaginativa ad Espressione Corporea, E-mail: <e.faretta@piiec.com>

ABSTRACT Aim. A comparison between two treatments used in the Panic Disorder: EMDR, an evidence-based method for PTSD, and Cognitive Behavioural Therapy (CBT), which is nowadays considered the most effective psychotherapeutic approach for this disorder.

Method. In order to evaluate any improvement obtained from the adopted treatment, a descriptive analysis through the use of the SPSS software has been carried out, on a sample of 20 subjects, divided in two groups (EMDR and CBT).

Results. From the data obtained, a tendency to improve is already clear from the first evaluation (after 12 sessions), in all the proposed tests. The symptomatic progress turned out to be quite similar in the two compared groups. EMDR treatment however seems to have a faster progress in symptom reduction which is maintained over time, as evidenced at follow-up.

Conclusion. From the showed results, it is possible to confirm that both treatments are effective for the resolution of a Panic Disorder, even if some differences between the two therapies are clear, both from a symptomatic and a timing point of view. So, it is suggested to carry on the research in this area of interest.

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Fernandez, I., & Giovannozzi, G. (2012). [EMDR and adaptive information processing. Psychotherapy as a stimulation of the self-reparative psychological processes]. Rivista Di Psichiatria, 47(2), 4-7. doi:10.1708/1071.11731

Isabel Fernandez, Psicologo, Psicoterapeuta, Presidente della Associazione per l'EMDR in Italia, Centro Ricerca e Studi in Psicotraumatologia, Milano, E-mail: <isabelf@tin.it>

ABSTRACT Based on the concept of traumatic event, the model of the adaptive information processing is described to illustrate how EMDR is applied to reprocess the trauma and resolve post-traumatic psychopathology. The eight phases of the EMDR treatment are presented together with the way an EMDR session is conducted and the contribution and innovation that EMDR represents in the field of therapy of post-traumatic states and its applicability in other symptomatic conditions.

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Haugen, P. T., Evces, M., & Weiss, D. S. (2012). Treating posttraumatic stress disorder in first responders: A systematic review. Clinical Psychology Review, 32(5), 370-380. doi: 10.1016/j.cpr.2012.04.001

Peter T. Haugen, World Trade Center Health Program NYU School of Medicine Clinical Center of Excellence at Bellevue Hospital Center, Bellevue Hospital Center, Room A720, 462 First Ave., New York, NY 10016, USA. Tel.: + 1 212 562 6148. E-mail: <peter.haugen@nyumc.org>

ABSTRACT First responders are generally considered to be at greater risk for full or partial posttraumatic stress disorder (PTSD) than most other occupations because their duties routinely entail confrontation with traumatic stressors. These critical incidents typically involve exposure to life threat, either directly or as a

witness. There is a substantial literature that has examined the risk factors, symptom presentation, course, and comorbidities of PTSD in this population. However, to our knowledge, there are no systematic reviews of treatment studies for first responders. We conducted a systematic review of the PTSD treatment literature (English and non-English) in order to evaluate such treatment proposals based on what is known about treating PTSD in first responders. We especially sought to identify randomized controlled trials (RCTs) whose primary outcome was PTSD. Our search identified 845 peer-reviewed articles of which 0.002% (n = 2) were bona fide RCTs of PTSD treatment in first responders. Both studies tested a psychosocial treatment. We did not locate a single psychopharmacologic RCT for PTSD in first responders. An additional 2 psychosocial studies and 13 case or observational studies comprised the remaining extant literature. Though both RCTs showed significant large treatment effects (d = 1.37; h = 0.92), the literature is startlingly sparse and is not sufficient for evidence-based recommendations for first responders.

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Jarero, I., & Uribe, S. (2012). The EMDR protocol for recent critical incidents: Follow-Up report of an application in a human massacre situation. Journal of EMDR Practice and Research, 6(2), 50-61. doi:10.1891/1933-3196.6.2.50

Igancio Jarero and Susana Uribe, Boulevar de la Luz 771, Jardines del Pedregal, l Álvaro Obregón, Mexico City, 01900. E-mail: <nacho@amamecrisis.com.mx>

ABSTRACT This article reports the follow-up results of our field study (Jarero & Uribe, 2011) that investigated the application of the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI) in a human massacre situation. A single individual session was provided to 32 forensic personnel of the State Attorney General in the Mexican state of Durango who were working with 258 bodies recovered from clandestine graves. Pre-post results showed significant improvement for both immediate treatment and waitlist/delayed treatment groups on the Impact of Event Scale (IES) and Short PTSD Rating Interview (SPRINT). In this study, we report the follow-up assessment, which was conducted, at 3 and 5 months posttreatment. Follow-up scores showed that the original treatment results were maintained, with a further significant reduction of self-reported symptoms of posttraumatic stress and PTSD between posttreatment and follow-up. During the follow-up period, the employees continued to work with the recovered corpses and were continually exposed to horrific emotional stressors, with ongoing threats to their own safety. This suggests that EMDR-PRECI was an effective early intervention, reducing traumatic stress for a group of traumatized adults continuing to work under extreme stressors in a human massacre situation. It appears that the treatment may have helped to prevent the development of chronic PTSD and to increase psychological and emotional resilience.

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Kliem, S., Kröger, C., Sarmadi, N. B., & Kosfelder, J. (2012). Wie werden verbesserungen nach typ-II-traumata infolge unterschiedlicher traumabearbeitender interventionen eingeschätzt? Eine re-analyse der umfrage unter psychotraumatologisch erfahrenen psychologischen psychotherapeuten. [How are improvements due to trauma-processing interventions after type-II-trauma rated. A re-analysis of a survey of licensed psychotherapists with psychotraumatological experience.]. Zeitschrift Für Klinische Psychologie Und Psychotherapie: Forschung Und Praxis, 41(1), 30-37. doi:10.1026/1616-3443/a000117

Sören Kliem, Technische Universität Braunschweig.

ABSTRACT Background: For the treatment of Post-Traumatic Stress Disorder (PTSD) following type-II-trauma, different trauma-processing methods are currently used in clinical practice. Objective: To determine how the improvements in several symptom clusters (intrusion, avoidance, hyperarousal, dissociation, additional complaints) are retrospectively rated by practitioners as a function of using different trauma-processing interventions. Method: In a survey of licensed psychotherapists (N = 272), those cases were included in which the therapists (1) reported an event that could be assigned to type-II-trauma, and (2) identified specific trauma-processing interventions according to Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), or Psychodynamic Imaginative Trauma-Therapy (PITT) (n = 37). Additionally, therapists retrospectively rated the improvements on the symptom clusters at post-treatment. Results: More than 40% of therapists reported using imaginative techniques for dissociation and emotion regulation, as well as processing the perpetrator's introjects sensu PITT, followed by trauma-processing interventions of either TF-CBT (35.1%) or EMDR (21.6%). Those therapists who reported using interventions of the latter two methods rated the patient's improvements higher in all symptom clusters than therapists who reported using trauma-processing interventions of PITT. Conclusion: The retrospective ratings of improvements are in line with the recommendations of guidelines for the treatment of PTSD.

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Lipke, H. (2012). Comment on Dunne and Farrell (2011). Journal of EMDR Practice and Research, 6(2), 82-82. doi:10.1891/1933-3196.6.2.82

Howard Lipke, Rosalind Franklin University of Health Sciences, 1078 Pear Tree Lane, Wheeling, IL 60090. E-mail: <HLipke@aol.com>

ABSTRACT I was quite pleased to see Dunne and Farrell (2011) intelligently and usefully address clinician experience incorporating eye movement desensitization and reprocessing (EMDR) into practice. I was also pleased that they could find some use for the data I accumulated in 1992 from the 443 responders to the questionnaires sent to the first 1,295 EMDR Institute trainees for whom I was able to obtain current addresses (Lipke, 1995).

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Mevissen, L., Lievegoed, R., Seubert, A., & De Jongh, A. (2012). Treatment of PTSD in people with severe intellectual disabilities: A case series. Developmental Neurorehabilitation, 15(3), 223-32. doi:10.3109/17518423.2011.654283

Liesbeth Mevissen, Clinical Psychologist, Accare, Centre for Child and Adolescent Psychiatry, Diepenveenseweg 169, 7413 AP, Deventer, the Netherlands. E-mail: <l.mevissen@accare.nl>

ABSTRACT Objective: There is a dearth of information regarding the treatment of PTSD in people with severe intellectual disabilities (ID). The purpose of the present case studies was to assess the applicability and effects of an evidence-based treatment method for psychological trauma with this population. Methods: The treatment of four single cases with Eye Movement Desensitization and Reprocessing (EMDR) was evaluated. Participants included adults and children with a variety of symptoms, as well as different histories of negative life events. Results: In all cases PTSD symptoms decreased. In all but one case, the gains were maintained at 15.5 months to 2.5 years following treatment. Depressive symptoms and physical complaints diminished and social and adaptive skills improved. Conclusion: EMDR seems to be an applicable treatment method for clients with severe ID. Reduction and maintenance of PTSD symptoms in individuals with severe ID appears to be both desirable and obtainable.

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Mosquera, D., & González-Vázquez, A. (2012). [Borderline personality disorder, trauma and EMDR]. Rivista Di Psichiatria, 47(2), 26-32. doi:10.1708/1071.11736

Dolores Mosquera, Psicologo, Esperto in Disturbi della Personalità, Direttore Centro OGPSIC, Coruña, Spagna, E-mail: <doloresmosquera@gmail.com>

ABSTRACT The authors step by the diagnostic criteria for Borderline Personality Disorder, viewing them from the perspective of the Adaptive Information Processing and pointing them as a guide for exploration and search of traumatic interpersonal events connected to attachment story and which can be addressed by the therapeutic work with EMDR.

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Murphy, D., Archard, P. J., Regel, S., & Joseph, S. (2012). A survey of specialized traumatic stress services in the united kingdom. Journal of Psychiatric and Mental Health Nursing. doi:10.1111/j.1365-2850.2012.01938.x

David Murphy, School of Education, University of Nottingham, Dearing Building, Jubilee Campus, Wollaton Road, Nottingham NG8 1BB, UK, E-mail: <david.murphy@nottingham.ac.uk>

ABSTRACT Specialist care following psychological trauma in the UK has, since 2005, been governed by the National Institute for Health and Clinical Excellence (NICE) Guideline 26, for the treatment of post-traumatic stress disorder. NICE guidance states that the preferred first-line treatment is trauma-focused cognitive behavioural therapy that incorporates techniques of eye movement, desensitization and reprocessing. In light of this guidance, the rationale for this survey was to assess the nature and scope of services available in UK specialist trauma services and range of available therapeutic approaches delivered. Thirteen organizations responded to the survey. Ten were NHS services and three were non-statutory organizations. Professional positions were primarily populated by psychologists. The total number of referrals to UK specialist trauma services surveyed in the 12 months prior to the survey was 2041 with a mean of 157. Trauma-focused cognitive behavioural therapy was the most common therapeutic treatment, but person-centred therapy was found to have increased in availability within specialist trauma services. This arguably reflects the widening availability of person-centred therapy in the improving access to psychological therapies initiative and perhaps suggests some divergence from more uniform cognitive and behavioural approaches within NHS therapy services. Implications for practice are discussed.

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Pagani, M., Lorenzo, G. d., Verardo, A., Nicolais, G., Monaco, L., Niolu, C., . . . Siracusano, A. (2012). [Neurobiological correlates of EMDR therapy]. Rivista Di Psichiatria, 47(2), 16-8. doi:10.1708/1071.11734

Marco Pagani, Istituto di Scienze e Tecnologie della Cognizione, CNR, Roma, E-mail: <marcopagani2@yahoo.it>

ABSTRACT The EEGs in a group of ten subjects with major psychological trauma treated with EMDR and in ten controls have been registered both during the listening of the autobiographical narrative of the index trauma (script) and during a whole EMDR session. The EEGs have been performed again during the last EMDR session when patients were free of symptoms. During script listening a prevalent activation of the limbic regions corresponding to prefrontal and orbitofrontal cortex has been registered, being explained as the emotional arousal during trauma reliving at the symptomatic phase. The significant decrease of such activations during the late asymptomatic phase represents the neurobiological correlate of recovery. Moreover, the evidence of significant cortical activation in the parietal-temporo-occipital areas, during the last session, suggests a switch of the dominant electrical signal towards cortical areas with a prevalent cognitive function.

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Panko, T. R., & George, B. P. (2012). Child sex tourism: Exploring the issues. Criminal Justice Studies: A Critical Journal of Crime, Law & Society. doi:10.1080/1478601X.2012.657904

Thomas R. Panko, School of Criminal Justice, The University of Southern Mississippi, 118 College Drive, #5127, Hattiesburg, MS, 39406, USA.

ABSTRACT Child sex tourism (CST) refers to a particular kind of tourism organized to satisfy the need among certain customer segments for establishing commercial sexual relationships with children. It is an expression of contemporary slavery and a major human rights challenge facing our generation. In this paper, the trauma experienced by child victims of commercial sexual abuse in the touristic setting is discussed. An overview of treatment modalities for the victims such as trauma-focused cognitive behavioral therapy and eye movement desensitization and reprocessing are presented. The efforts of outstanding movements around the world in eradicating CST are highlighted. The paper also considers the complex web of relationships that constitutes the CST distribution system.

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Rougemont-Bücking, A., & Zimmermann, E. N. (2012). EMDR-based treatment of psychotraumatic antecedents in illicit drug abusers: A report of two cases. Schweizer Archiv Für Neurologie Und Psychiatrie, 16(3), 107-115.

Ansgar Rougemont-Bücking, MD, Addiction Unit, Community Psychiatry Service Department of Psychiatry Centre Hospitalier Universitaire Vaudois and University of Lausanne, 7, rue St-Martin, CH-1003 Lausanne Switzerland. Email: <ansgar.rougemont-buecking@chuv.ch>

Full text available at: http://www.sanp.ch/pdf/2012/2012-03/2012-03-017.PDF

ABSTRACT The co-occurrence of PTSD and of substance use disorder (SD) is known to be very high. However the question of whether and how to treat such patients remains largely unanswered in the EMDR community. We report on two cases of EMDR-based treatment of heavily affected SD patients in whom psychotraumatic antecedents were identified. EMDR sessions focused on trauma-related material and not on the expression of cue-induced drug craving. The treatment appeared to be a difficult and challenging endeavour. However, some beneficial effects on general comfort and on drug consumption could be observed. A long stabilisation phase was mandatory and the standard EMDR protocol needed to be conducted with much flexibility. Interestingly, there was no provocation of a prolonged psychological crisis or of relapse. Experiencing of emotional stress could be limited to the sessions and dissociation could be absorbed with specific well-known techniques without permanently increasing drug craving. These observations are discussed in relation to previously published concepts of using EMDR in the field of trauma and substance abuse.

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Smeets, M. A., Dijs, M. W., Pervan, I., Engelhard, I. M., & van den Hout, M. A. (2012). Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories. Memory, 20(4), 346-57. doi:10.1080/09658211.2012.665462

Monique A. M. Smeets, Clinical & Health Psychology, Utrecht University, Utrecht, The Netherlands.

ABSTRACT The time-course of changes in vividness and emotionality of unpleasant autobiographical memories associated with making eye movements (eye movement desensitisation and reprocessing, EMDR) was investigated. Participants retrieved unpleasant autobiographical memories and rated their vividness and emotionality prior to and following 96 seconds of making eye movements (EM) or keeping eyes stationary (ES); at 2, 4, 6, and 10 seconds into the intervention; then followed by regular larger intervals throughout the 96-second intervention. Results revealed a significant drop compared to the ES group in emotionality after 74 seconds compared to a significant drop in vividness at only 2 seconds into the intervention. These results support that emotionality becomes reduced only after vividness has dropped. The results are discussed in light of working memory theory and visual imagery theory, following which the regular refreshment of the visual memory needed to maintain it in working memory is interfered with by eye movements that also tax working memory, which affects vividness first.

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Tarquinio, C., Schmitt, A., & Tarquinio, P. (2012). Violences conjugales et psychothérapie eye movement desensitization reprocessing (EMDR): Études de cas. [Conjugal violence and eye movement desensitization reprocessing (EMDR) psychotherapy: Case studies.]. L'Évolution Psychiatrique, 77(1), 97-108. doi:10.1016/j.evopsy.2011.11.002

Cyril Tarquinio, UFR SHA, APEMAC EA 4360, EPSaM, équipe de psychologie de la santé de Metz, université Paul-Verlaine de Metz, Île-du-Saulcy, 57000 Metz, France. <CTarquinio@aol.com>

ABSTRACT The objective of this article is to investigate the effects of Eye Movement Desensitization Reprocessing treatment for victims of domestic violence. Five women were offered treatment with between three and nine 60-minute EMDR sessions. Assessments were completed at pre-treatment, post-treatment, and at the 6-month follow-up, with the purpose of demonstrating the ability of EMDR psychotherapy to reduce Posttraumatic Stress Disorder (PTSD), anxiety, and depressive symptoms. Results showed a significant reduction in PTSD scores (intrusion, avoidance symptoms), anxiety, and depression, and were maintained after 6 months. This study opens up original perspectives for the treatment of domestic violence victims. The question of EMDR therapy's adequacy and pertinence for the treatment of domestic violence will be discussed. In any case, EMDR therapy seems to offer a promising therapeutic, social, and clinical response for this population, which is often difficult to treat.

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Tarquinio, C., Schmitt, A., Tarquinio, P., Rydberg, J. A., & Spitz, E. (2012). Benefits of "eye movement desensitization and reprocessing" psychotherapy in the treatment of female victims of intimate partner rape. Sexologies: European Journal of Sexology and Sexual Health/ Revue Européenne De Sexologie Et De Santé Sexuelle, 12(2), 60-67. doi:10.1016/j.sexol.2011.05.002

Cyril Tarquinio. APEMAC UE 4360 Research Department, Psychological and Epidemiological Approaches to Chronic Diseases, Health Psychology Team, Paul Verlaine de Metz University, Île du Saulcy, BP 80, 794 Metz cedex 1, France. Email: <ctarquinio@aol.com>

ABSTRACT This study sought to evaluate the effects of eye movement desensitization and reprocessing (EMDR) psychotherapy, particularly with regard to the reduction of post-traumatic stress disorder (PTSD), anxiety, and depressive symptoms, based on the treatment of 6 female participants who had been victims of intimate partner rape. All of the participants completed quantitative measures pretreatment and following each session. The measures used were the Hospital Anxiety and Depression Scale and the Impact of Events Scale, as well as the Subjective Units of Disturbance Scale used in EMDR. Participants were also administered qualitative interviews before and after the treatment in order to assess the presence of PTSD symptoms according to the Diagnostic and Statistical Manual of Mental Disorders American Psychiatric Association (APA), 2004. Outcomes were consistent with our expectations and showed a significant and gradual decrease in scores on the various scales during treatment. As the literature has repeatedly shown, individuals who receive EMDR treatment tend to assess themselves as feeling less and less disturbance as the therapy progresses. We also observed a significant decrease of scores on the various scales following the first two sessions. Finally, the psychological treatment based on EMDR therapy led to an important decrease in the number of PTSD symptoms. This reduction was consistent for the American Psychiatric Association (APA), 2004 criteria under consideration (B, C, & D).

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van den Berg, D. P., & van der Gaag, M. (2012). Treating trauma in psychosis with EMDR: A pilot study. Journal of Behavior Therapy and Experimental Psychiatry, 43(1), 664-671. doi:10.1016/j.jbtep.2011.09.011

David PG van den Berg, Parnassia Psychiatric Institute, Prinsegracht 63, 2512 EX Den Haag, The Netherlands. E-mail: <d.vandenberg@parnassia.nl>

ABSTRACT BACKGROUND: Initial studies have shown that posttraumatic stress disorder (PTSD) can be effectively treated in patients with a psychotic disorder. These studies however used adapted treatment protocols, avoided direct exposure to trauma related stimuli or preceded treatment with stabilizing techniques making treatment considerably longer in duration.

METHOD: An open trial in which adult subjects with a psychotic disorder and a comorbid PTSD (n = 27) received a maximum of six Eye Movement Desensitization and Reprocessing (EMDR) therapy sessions. PTSD symptoms, psychotic symptoms and additional symptoms were assessed at baseline and end-of-treatment.

RESULTS: The dropout rate was 18.5 percent (five subjects). Only five of the twenty-two completers (22.7%) still met criteria for PTSD after treatment. PTSD symptoms, auditory verbal hallucinations, delusions, anxiety, depression, and self-esteem all improved significantly. Paranoid ideation and feelings of hopelessness did not improve significantly. Treatment did not lead to symptom exacerbation in subjects. There were no adverse events, such as suicide attempts, self-mutilation, aggressive behavior or admission to a general or psychiatric hospital.

CONCLUSIONS: This pilot study shows that a short EMDR therapy is effective and safe in the treatment of PTSD in subjects with a psychotic disorder. Treatment of PTSD has a positive effect on auditory verbal hallucinations, delusions, anxiety symptoms, depression symptoms, and self-esteem. EMDR can be applied to this group of patients without adapting the treatment protocol or delaying treatment by preceding it with stabilizing interventions.

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van den Hout, M. A., Bartelski, N., & Engelhard, I. M. (2012). On EMDR: Eye movements during retrieval reduce subjective vividness and objective memory accessibility during future recall. Cognition & Emotion. doi:10.1080/02699931.2012.691087

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

ABSTRACT In eye movement desensitization and reprocessing (EMDR), a treatment for post-traumatic stress disorder (PTSD), patients make eye movements (EM) during trauma recall. Earlier experimental studies found that EM during recall reduces memory vividness during future recalls, and this was taken as laboratory support for the underlying mechanism of EMDR. However, reduced vividness was assessed with self-reports that may be affected by demand characteristics. We tested whether recall+EM also reduces memory vividness on a behavioural reaction time (RT) task. Undergraduates (N=32) encoded two pictures, recalled them, and rated their vividness. In the EM group, one of the pictures was recalled again while making EM. In the no-EM group one of the pictures was recalled without EM. Then fragments from both the recalled and non-recalled pictures, and new fragments were presented and participants rated whether these were (or were not) seen before. Both pictures were rated again for vividness. In the EM group, self-rated vividness of the recalled+EM picture decreased, relative to the non-recalled picture. In the no-EM group there was

no difference between the recalled versus non-recalled picture. The RT task showed the same pattern. Reduction of memory vividness due to recall+EM is also evident from non-self-report data.

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Van Der Vleugel, B. M., Van Den Berg, D. P., & Staring, A. B. (2012). [Trauma, psychosis, post-traumatic stress disorder and the application of EMDR]. Rivista Di Psichiatria, 47(2), 33-8. doi:10.1708/1071.11737

Berber M Van Der Vleugel, Mental Health Care Service GGZ Noord-Holland Noord, Alkmaar, The Netherlands, E-mail: <b.vandervleugel@ggz-nhn.nl>

ABSTRACT In this article we describe three interactions between trauma, post-traumatic stress disorder (PTSD) and psychosis: 1. many patients with psychotic disorders suffered from traumatic life experiences that play an important role in the onset and content of their psychosis; 2. the experience of psychosis as well as its psychiatric treatment may result in post-traumatic stress symptoms; 3. if psychosis and PTSD occur simultaneously, there is a substantial risk for reciprocal negative reinforcement of both symptom groups as well as for potentially ongoing traumatization. Although these interactions are highly relevant from a clinical perspective, they usually remain unattended in routine care. The three interactions will be illustrated by a case history as well as an impression of the psychological treatment including EMDR. We recommend to pay attention to traumatization and comorbid PTSD in routine care for people with psychosis, as well as to offer them treatment.

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van Rens, L. W., de Weert-van Oene, G. H., van Oosteren, A. A., & Rutten, C. (2012). [Clinical treatment of posttraumatic stress disorder in patients with serious dual diagnosis problems]. Tijdschrift Voor Psychiatrie, 54(4), 383-8.

L. Van Rens, IrisZong, Dubbele Diagnose Klinikek Wolfheze Klinische Behandeling Arnhem. E-mail: <l.rens@iriszorg.nl>

ABSTRACT Three patients with severe addiction problems, early sexual trauma, posttraumatic stress disorder PTSD comorbid psychotic vulnerability and personality problems received integrated treatment following admission to a clinic specialising in the care of patients with a dual diagnosis. Treatment was administered in accordance with current guidelines and involved either imaginal exposure or eye movement desensitization and reprocessing EMDR, integrated with relapse management of addiction problems. It is concluded that the current evidence-based guidelines regarding PTSD and addiction can also be applied successfully and effectively to an extremely vulnerable patient population.

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Welling, H. (2012). Transformative emotional sequence: Towards a common principle of change. Journal of Psychotherapy Integration, 22(2), 109. doi:10.1037/a0027786

Hans Welling, Quinta do Moinho, 7005-839 Canaviais, Portugal. E-mail: <hanswelling@yahoo.com>

ABSTRACT Transformative emotional sequence (TES) is proposed as a common principle of therapeutic change underlying a number of therapies: Emotion-focused therapy (EFT), coherence therapy (CT), accelerated experiential-dynamic psychotherapy (AEDP), and eye movement desensitization and reprocessing (EMDR). TES consists of emotional activation of a problematic emotional state followed by the activation of adaptive emotional state(s) within a short window of time. The resulting change is the creation of a permanent connection between previously unintegrated maladaptive emotional memory networks and adaptive emotional networks. Memory reconsolidation provides a plausible explanation for the mechanism underlying the effectiveness of TES. I compare TES to exposure, and argue that it is the intervention of choice for transforming maladaptive emotions, whereas exposure is most appropriate for accessing disowned and avoided experiences.

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Worthington, R. (2012). Dealing with trauma as an intervention for aggression: A review of approaches and the value of reprocessing. Journal of Aggression, Conflict and Peace Research, 4(2), 108-118. doi:10.1108/17596591211208319

Rachel Worthington, Forensic Psychologist at the School of Psychology, University of Central Lancashire, Preston, UK and in the Psychology Department, Alpha Hospitals, Bury, UK.

ABSTRACT Purpose: The purpose of this paper is to explore the impact of trauma with specific consideration to the neurological impact this has on information processing and potential links with aggression. Design/methodology/approach: This paper provides a summary of the literature in relation to theories of aggression and trauma. The paper considers how the two may interact and overlap and considers a theoretical rationale for why addressing trauma through a treatment such as Eye Movement Desensitization Reprocessing (EMDR) may assist to reduce aggression. Findings: The paper argues that the experience of trauma may contribute to inputs which may take a person closer towards engaging in aggression. This is consistent with information processing models and unified models of aggression such as the General Aggression Model. Factors that were specifically identified included physiological hyper-arousal, hostile attributions of stimulus, and neurological impairments. In addition, the paper also argued that there is evidence that as a result of trauma, a person's ability to provide cognitive accounts for the function of their behaviour may also be impaired because of the reduced interactivity between the two prefrontal hemispheres. Research limitations/implications: The paper argues that as a result, interventions designed to reduce aggression may benefit from including additional elements which directly assist clients to process emotional information and that a reprocessing treatment such as EMDR could assist to reduce levels of emotional arousal and improve treatment effectiveness. Differences in the way in which EMDR is carried out and the variances in treatment protocols used should be attended to increase the reliability of future research. Originality/value: Current modes of aggression therapy have focused on exposure based and cognitive behavioural therapy (CBT). However, there is evidence that EMDR has benefits over exposure and CBT approaches because of the way in which cognitive verbal accounts of the trauma are not required and because EMDR does not require the individual to have insight into their trauma experience and the link with aggression. ❖

EMDR Around the World

BY MARILYN LUBER, PH.D.

AFRICA

ETHIOPIA

John Messer and Dorothy Ashman report: "Since 2009, EMDR HAP volunteers have trained over 100 Ethiopian therapists through five Basic Trainings. In addition, we have a full-time Project Director in Addis conducting free weekly study groups for EMDR-trained therapists. These study groups offered Trauma and Stabilization trainings to the public and to potential EMDR therapists, and networking opportunities with the government and many NGO's to address the mental health needs of a country overwhelmed with AIDS, poverty and trauma. In February 2013, more trainings are scheduled. EMDR-Ethiopia is close to becoming a recognized national professional organization."

ASIA

CAMBODIA

Martine Iracane reports: "In March, I trained 17 psychologists from the NGO in Phnom Penh. "Pour Un Sourire D'Enfant (PSE)" with the support of "Resilience Enfants Asie (REA)" were presented. Michel Sylvestre joined me on a two-day training on "Working With Children."

HONG KONG

Atara Sivan reports: "EMDR Association of Hong Kong (HKEMDR) celebrates its 10th anniversary. Gary Quinn conducted the EMDR Basic Training and Trainer's Course, which included practitioners from Macau, Mainland China, the United States and Europe. With our team, we discussed ways to teach and supervise EMDR, while tending to Asian contextual and sociocultural aspects."

SRI LANKA

In December 2004, after the tsunami, EMDR HAP sent Nancy Errebo's team to train 30 volunteers, followed by Part 2 training in 2005. One year later, the first meeting for the Sri Lankan EMDR Association (SEA) occurred. Brigadier George Fernando crafted a Constitution and created the "Troika" instead of a single president. Corsini Perera, Charles Senarath and George Fernando were elected with Vimukthi Fernando as Secretary. Later, the Brigadier drew up a Code of Ethics.

The Association remained dormant, although many of the trained practitioners continued their volunteer humanitarian service. They visited government rehabilitation camps to support tsunami victims, until they moved to their own homes. During this time, SEA members discovered EMDR's effectiveness while treating clients suffering from trauma, physical or mental injury, broken relationships, accidents or abuse. Encouraged, members corresponded with Nancy Errebo and Karen Forte.

Sr. Janet Nethisinghe has worked closely with Nancy and Karen and Sri Lanka became a member of the EMDR Asia Association (EMDRAA) with Sr. Janet as a Board Member. In October 2010, at St. Anthony's Convent, Borella, Sr. Janet met with Charles Senerath, Dominic Nanayakkara, George Fernando, Noelyn Fernando, Mercy Caldera and J.W.M. Borham where she discussed the EMDRAA Bali Conference. They restarted SEA, removed "Troika" and now have a President, Secretary and Treasurer and committee members: Sr. Janet (President), Noelyn Fernando (Secretary) and Mercy Caldera (Treasurer). The Brigadier amended the Constitution according to EMDRIA requirements. SEA had its first AGM this spring with a small group planning to train colleagues in EMDR. Indian trainers conducted a 4-day Beginners' workshop and a 1-day workshop for EMDR Practitioners. Four goals for SEA are: to train new practitioners; to update current EMDR Practitioners; to offer EMDR to the North- South war survivors; and to train Sri Lankan Trainers.

Prasad Jayasinghe and Roshan Dela Bandra -with 10 others- formed "Emotional Intelligence Development and Life Skills Training Team Sri Lanka." We look forward to benefitting from their expertise, creative talents and resourcefulness. We may then comfort ourselves that we are no longer "at sea," but rather a vibrant association forging ahead with renewed vigor."

EUROPE

FRANCE

Delphine Pecoul reports: "July 24th marked the first anniversary of David Servan-Schreiber's passing. His wife, Pascaline, is producing a documentary, "A Matter of Life." The film builds on David's life and work and explores how simple adjustments to our lifestyle can enhance our personal health and well-being, increase the effectiveness of conventional medical treatment and reduce the staggering costs to society of chronic diseases. The film is part of a broad, multi-platform engagement campaign to encourage the reform of cancer care at the individual and institutional levels, through concrete action items. Individuals are encouraged to examine their lifestyle choices and given tools to help them adhere to the anticancer lifestyle. Institutions will be urged to adopt a prevention-based model, expand access to integrative medicine, and extend insurance coverage to these treatments. See https://vimeo.com/channels/anticancer and www.anticancerbook.com."

ICELAND

Hope Payson reports: "EMDR HAP offered the first EMDR training in Iceland at the Landspitali Department of Women's and Children's Health. This training happened because of the strong organizational and fundraising skills of Ragna Kristmundsdottir, Clinical Nurse Specialist in the Child and Adolescent Mental Health Department of Iceland's University Hospital in Reykjavik. In March 2011, Janet Wright (Trainer) and Hope Payson (Facilitator) offered a one-day traumatology workshop then the Part 1 Basic Training. In February 2012, EMDR HAP Trainers, Robbie Adler-Tapia and Laurie Tetreault, gave a Part 2 Training and a specialty training on "The Use of EMDR With Children." HAP volunteers provide Skype consultation, along with on-site consultation by Brynhildur Scheving Thorsteinsson and Ragna Kristmundsdottir, to the 18 new trainees. Simultaneously, private sector clinicians have been organizing EMDR Basic and Advanced Training with other training organizations. In May 2012, Hope returned to Landspitali for consultation and an "EMDR and Addiction" workshop. As a result, Iceland is developing a solid EMDR community."

ISRAEL

Tal Croitoru reports: "Last January my poster, "Trans and Gay-Friendly Therapy Using EMDR," was part of an International Trauma Conference. I consult monthly with two groups, one face-to-face and one via

webinar. In November 2011, I opened an office with EMDR therapists to serve the community. We started in central Israel, and have therapists in Tel Aviv, Haifa, Jerusalem and 9 more cities who speak Hebrew, English, Russian, Spanish, and even Yiddish!"

Elan Shapiro reports: "In April, Brurit Laub and I gave a 2-Day Recent Trauma Episode Protocol (R-TEP) Advanced Specialty training for the EMDR Institute in San Diego and Denver and a HAP R-TEP training in Phoenix. In May, I did an R-TEP Training for army mental health professionals at Tel HaShomer Hospital in Tel Aviv."

RUSSIA

Nadeya Gradovskaya reports: "Julia Lokkova, Daria Sviridova and I are members of a group interested in encouraging EMDR in Russia. Until now, enthusiasts practiced EMDR without access to proper study and supervision. In April 2011, we met with Udi Oren, who conducted two EMDR Basic trainings with Isabelle Meignant. We now have 48 EMDR-trained professionals and have group supervision. We are working on a Russian EMDR-term glossary and creating a national Association. In October 2012, we will have EMDR trainings not only in Moscow, but in St. Petersburg as well. We are happy EMDR has met with renewed interest, and are inspired working with EMDR in our practices and pleased to share with colleagues. See http://emdrrus.wordpress.com."

NORTH AMERICA

CANADA

The EMDR Canada 2012 Conference "EMDR: Bilingual, Bilateral and Integrated" took place in Montreal, Quebec on April 27 - 29, 2012. Joany Spierings' "A Creative New Look at Interweaves" was followed by "Journeydance: Healing through the Art of Movement." Louise Maxfield spoke on "New Advances with EMDR." There were workshops in English and French on EMDR and on following topics: couples, chronic illness, resources and children, the use of dreams in Ego State and EMDR Therapy, treating needle phobias, joyful practice, enhancing empathy, working with children and adolescence. For information about EMDR Canada, contact www.emdrcanada.org."

HAITI

Elfrun Magloire reports: "HAP France has a continuing commitment to the Partenariat EMDR Haiti Project (including HAP US, HAP France and HAP Belgium) until the end of 2012 with Facilitators (Eva Zimmermann, Thomas Renz and Louise Maranda), Supervisors (Annie Gasse and Josette Tardy) and Trainer (Elfrun Magloire). We are supervising 16 Haitian colleagues. Many participants work with the neglected and poor such as Jean Gérard Clervil from the Center for Abandoned Children. Through the support of EMDR Belgium, Myrtho Chilosi became a Supervisor. In August, HAP France will sponsor an advanced training with Michel Sylvestre."

MEXICO

Ignacio Jarero reports: "The Iberoamerican Journal of Psychotraumatology and Dissociation (Revista Iberoamericana de Psicotraumatología y Disociación) offers free, updated information about topics concerning trauma and dissociation such as Emotional First Aid, EMDR (in a friendly Power Point format and simple language), Structural Dissociation, etc., with links to Francine Shapiro's recent interviews. The Journal receives over a thousand visits a month and could be a valuable resource for Spanish speaking clients. Access the Journal at http://revibapst.com."

UNITED STATES

ARIZONA

Beverlee Chasse reports: "The HAP Arizona EMDR Trauma Response and Recovery Network (AETR2N) are putting together workshops for local volunteers. In January, a successful "Building A TEAM" workshop for local volunteers was conducted. In April, we hosted R-TEP training for about 100 trained clinicians."

CONNECTICUT

Karen Alter-Reid reports: "In Stamford, after a Christmas Day fire took the lives of a family and devastated our local firefighters, we formed a Trauma Response Network (TRN). Local, certified EMDR clinicians formed a Steering Committee to define our mission and services with Michael Crouch as Chair. We are reaching out to Firefighters, Police personnel, EMS workers and their families. Our TRN will initially provide psycho-education to these departments and five pro-bono sessions following this community disaster. In April, I presented our first psycho-educational workshop about "EMDR and Trauma" at the Stamford Youth Services Bureau. In the fall, we will train our local EMDR clinicians in the R-TEP protocol."

Carol Martin and Abby Lund report: "The HAP office in Hamden is working hard arranging trainings for clinicians helping underserved populations all around the world. HAP is pleased to announce the revised and updated "Traumatology and Stabilization Workshop." On June 30th, HAP hosted their HEAT Up The Park at the New Britain Rock Cats Stadium."

FLORIDA

Regina Morrow reports: "The HAP Orlando TRN is upgrading with a steering committee of four consisting of Marina Lombardo, Rosario Ortigao, Dale Budha and myself. Our goals are the following: to update our recruits and contact info; to provide a local training that refreshes participants on the recent event protocols/ networking meet and greet; and to promote and market to the community agencies. The Orlando area has recently had a HAP training, an Institute basic training is also underway. Our TRN is undergoing some updating and recruitment of new volunteers, we have had three regional meetings this year: "The Latest & Greatest from EMDRIA 2011" (Cherilyn Rowland Petrie); "Positive Affect Tolerance and Integration Protocol" (Andrew Leeds distance-learning program formatted for regional meetings by Katy Murray); and "EMDR Target Time Line" (Marina Lombardo)."

MASSACHUSETTS

Amy Kahn report: "Six years ago, the Western Massachusetts TRN started and includes 20 certified EMDR clinicians. We trained our team in using the Recent Events Protocol and the (R-TEP), networking with emergency responders, and serving our community in times of crises. In 2009, an arsonist set 22 fires in Northampton, the TRN responded. Publicizing our services in newspapers, through presentations on the psychological impact of trauma, we provided five pro-bono EMDR sessions to responding survivors. Since then, we provided treatment for people affected by Springfield's tornado (June 1st), by Hurricane Irene (August 2011), and for people witnessing accidental deaths and suicides resulting in dramatic reductions of stress symptoms, both self-reported and as measured by the Impact of Events Scale (IES). Team goals are to continue to meet and refresh our treatments skills, to organize traumatology presentations to community groups, and to increase our visibility in Western Massachusetts."

MINNESOTA

Elaine Wynne reports: "The Minnesota TRN is assessing coordinating a project with EMDR HAP and other partners for local veterans and their families using EMDR therapy. Our advisory committee of EMDR Practitioners and Veterans is focusing on outreach. For more information, contact Elaine Wynne at wynnee10@gmail.com. The project will involve advanced training in "Combat Culture" for EMDR-trained therapists.

Since many recent veterans live in rural Minnesota, we will train therapists there. We have a MN-TRN Facebook page that individuals can connect with us on. Sue Evans, an EMDR HAP Trainer, is planning Traumatology and EMDR trainings soon."

OHIO

Barbara Hensley from the Francine Shapiro Library (http://emdr.nku.edu/) reports: "A new acquisition by Francine Shapiro, "Getting Past Your Past: Take Control of Your Life with Self-Help Techniques From EMDR Therapy," is an accessible user's guide to the understanding of EMDR. The book is practical and helps readers understand their experiences, putting them on the path to change through comprehensive examples and exercises. It assists EMDR clinicians in explaining EMDR to patients, colleagues, friends and family."

OREGON

Karen Forte reports: "In September 2009, the Central Oregon TRN began and responded to our first incident in October. Since then, we have responded to three other traumatic community events."

SOUTH AMERICA

ARGENTINA

Diana Arazi and Nora Benenti from EMDRIA Latinoamérica report: "Some of the professional activities we have organized over the years are as follows: EMDR monthly theoretical and practical sessions such as "Mourning and EMDR" (Diana Arazi), "EMDR and Epigenetics" (Sandra Magirena), "EMDR and Children" (Andrea Schnaith), and "Trauma and EMDR" (Gerardo Mielnik). We offer courses to members, such as: "Psychopathological Principles, Using DSM IV: Differential diagnosis" (Rogelio Guajardo), "Guidelines for the Correct Use of EMDR" (Pablo and Raquel Solvey), "EMDR and Children" (Andrea Schnaith), and "Trauma, PTSD, and Theoretical Foundations" (Gerardo Mielnik). One Saturday monthly, EMDRIA Latinoamérica hosts a clinical meeting where EMDR theoretical and clinical issues are presented and discussed with trainers, facilitators and recent EMDR trainees. Tri-annually, since 1999, we publish E-magazine, "Noticias EMDRIA Latinoamérica." We provide pro bono EMDR therapy in the community for patients without means and supervised clinical experience for new associates. EMDRIA Latinoamérica Facilitators donate supervision."

COLUMBIA

Gina Sanchez reports: "On June 1-3, 2012, we had our first EMDR Conference in Bogota, Colombia. The EMDR Andes Conference convened over 100 professionals from 12 countries across Iberoamerica and encouraged attendee participation through dialogue in the plenary sessions, workshops and presentations. We had advanced training courses with Ana Gomez, Gabriela Ruiz, Ignacio Jarero and John Hartung. Participants enjoyed networking, learning and exploring ideas about EMDR with their colleagues." ❖

EMDRIA Credit Programs

To view a list of EMDRIA Approved Distance Learning Workshops, please go here: http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=54

(As of July 30, 2012)

Program # / EMDRIA Credits / Title	Provider Name / Presenter(s)	Contact	Telephone	Dates / Location
10012-06 6.5 Credits *EMDR & Mindfullness: Balancing Practice with Protocol*	Carrie Ann Cherep, MA, LCPC Carrie Ann Cherep, MA, LCPC	Carrie Cherep	708.426.8577	Sept. 4, 11, 18, & 25, 2012 Telecourse
01007-15 9.5 Credits *Integrating EMDR Into Team Treatment for Attachment Trauma in Children*	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP & 3 other presenters	Debra Wesselmann	402.981.6130	September 7-8, 2012 Arlington Heights, IL
RC12106-06 2 Credits *EMDR and Panic Disorders (DVD Presentation)*	Greater Sacramento EMDRIA Regional Network Carl Nickeson on DVD	Merrill Powers	530.852.5066	September 8, 2012 Roseville, CA
99003-65 14 Credits *Treatment of Attachment Trauma & The Dissociative Sequelae Through the Life Span: EMDR & Case Conceptualization*	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	September 8-9 2012 Raleigh-Durham, NC
RC11003-03 3 Credits *From Relational Problems to Psychological Solutions: EMDR in Couples Therapy*	Greater Boston EMDRIA Regional Network Barry Litt, MFT	Barbara Gold Marks	617.27.2449	September 14, 2012 Braintree, MA
12005-02 6 Credits *Using EMDR in the Treatment of Chemical Dependency and Impulse Disorders*	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC	Hope Payson	860.830.6439	September 14, 2012 Barkhamsted, CT

Program # / EMDRIA Credits / Title	Provider Name / Presenter(s)	Contact	Telephone	Dates / Location
12001-04 14 Credits *EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders*	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.415.0823	September 15-16, 2012 Deerfield Beach, FL
05007-05 12 Credits *EMDR Boot Camp*	DaLene Forester, Ph.D. DaLene Forester, Ph.D.	DaLene Forester	530.245.9221	September 21-22, 2012 Redding, CA
RC12106-04 3 Credits *EMDR and Panic Disorders (DVD Presentation)*	Rhode Island EMDRIA Regional Network Carl Nickeson on DVD	Elizabeth Tegan	401.741.0119	September 27, 2012 Warwick, RI
04003-29 22.5 Credits *EMDR Advanced Clinical Workshop and Refresher (Part 3)*	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D.	Hollyhock	800.933.6339	Sept 28 - Oct 3, 2012 Cortes Island, BC CANADA
99003-75 3 Credits *EMDR Institute Trainer Meeting*	EMDR Institute Francine Shapiro, Ph.D.	Robbie Dunton	831.761.1040	October 3, 2012 Arlington VA
99003-76 3 Credits *EMDR Institute Facilitator Meeting*	EMDR Institute Francine Shapiro, Ph.D.	Robbie Dunton	831.761.1040	October 3, 2012 Arlington, VA
RC12106-03 2 Credits *EMDR and Panic Disorders (DVD Presentation)*	Idaho EMDRIA Regional Network Carl Nickeson on DVD	Mary Ann Herzing	208.336.3217	October 4, 2012 Boise, ID
99003-73 14 Credits *Beyond Trauma Resolution: EMDR and the Growth of the Relational Self*	EMDR Institute Barry Litt, MFT	Robbie Dunton	831.761.1040	October 12-13, 2012 Bloomington, MN
06003-34 25 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	October 25-26, 2012 Ottawa, ON CANADA
01007-17 9.5 Credits *EMDR Integrative Team Treatment for Attachment Trauma in Children*	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP and 3 other presenters	Debra Wesselmann	402.981.6130	October 26-27, 2012 Omaha, NE
RC12105-01 3.5 Credits *Dyadic Resourcing (DVD Presentation)*	St. Louis EMDRIA Regional Network Phil Manfield on DVD	Sheri Rezak-Irons	314.304.3292	October 27, 2012 St. Louis, MO
03002-18 12 Credits *Somatic Interventions and EMDR*	Maiberger Institute Barbara Maiberger, MA, LPC	Barb Maiberger	303.875.4033	October 27-28, 2012 Boulder, CO
06005-11 14 Credits *Complex PTSD, Attachment and Dissociative Symptoms: Treating Children with Pervasive Emotion Dysregulation Using EMDR Therapy and Adjunctive Approaches*	Jill Strunk, Ed.D., LP Ana Gomez, MC, LPC	Jill Strunk	952.936.7547	October 27-28, 2012 Bloomington, MN
RC12101-03 2.5 Credits *Integrating EMDR & Neurobiology: Part 2 (DVD Presentation)*	Central WA EMDRIA Regional Network Dean Dickerson on DVD	Jim Cole	509.925.5226	November 2, 2012 Ellensburg, WA
RC12102-02 2.5 Credits *Integrating EMDR & Neurobiology: Part 2 (DVD Presentation)*	Central WA EMDRIA Regional Network Dean Dickerson on DVD	Jim Cole	509.925.5226	November 2, 2012 Ellensburg, WA
01016-12 13 Credits *EMDR Toolbox: Specific EMDR-related Methods of Therapy for Clients with Complex PTSD and Dissociative Personality Structure*	EMDR Resource Center of Michigan Jim Knipe, Ph.D.	Zona Scheiner	734.572.0882 x3	November 2-3, 2012 Ypsilanti, MI
RC12102-03 2.5 Credits *Integrating Neurobiology & EMDR: Part 2 (DVD Presentation)*	San Diego County EMDRIA Regional Network Dean Dickerson on DVD	Sue Goodell	619.997.5333	November 3, 2012 La Jolla, CA
RC12111-02 3 Credits *EMDR: Working with Grief (DVD Presentation)*	Southwest WA EMDRIA Regional Network Francine Shapiro on DVD	Katy Murray	360.438.0306	November 3, 2012 Olympia, WA

Program # / EMDRIA Credits / Title	Provider Name / Presenter(s)	Contact	Telephone	Dates / Location
12001-03 14 Credits *EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders*	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.415.0823	November 3-4, 2012 Columbia, SC
01007-14 9.5 Credits *Integrating EMDR Into Team Treatment for Attachment Trauma in Children*	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP and 3 other presenters	Debra Wesselmann	402.981.6130	November 8-9, 2012 New York, NY
09003-14 12 Credits *Mindfulness, Meditation and EMDR*	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.544.4705	November 9-10, 2012 Seattle, WA
01018-48 11 Credits *Module 3 - Stabilization Skills for Complex Developmental Trauma Disorders*	Carol J. Crow, LMHC Katherine Steele, MN, CS & Carol Crow, LHMC	Cheryl Lee	813.915.1038 x1	November 16-17, 2012 Tampa, FL
99003-74 13 Credits *Treatment of Health Related Problems with EMDR*	EMDR Institute Carol Forgash, LCSW	Robbie Dunton	831.761.1040	November 17-18, 2012 Burlingame, CA
00017-20 12 Credits *Healing the Wounds of Attachment and Rebuilding Self*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	202.364.3637 x0	December 8-9, 2012 Tallahassee, FL

EMDRIA Regional Meeting SCHEDULE

(As of July 30, 2012)

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

Location / Regional Meeting	Regional Meeting Schedule		Regional Coordinator / Contact Information
CALIFORNIA			
Greater Sacramento EMDRIA Regional Network	September 8, 2012 November 10, 2012	October 12, 2012 December 14, 2012	Merrill Powers | 530.852.5066 merrill@powerstherapist.com
San Diego County EMDRIA Regional Network	October 6, 2012 December 1, 2012	November 3, 2012	Sue Goodell | suegoodell@sbcglobal.net
CONNECTICUT			
Greater New Haven EMDRIA Regional Network	September 15, 2012		Lynn Persson | lkpersson@aol.com
IDAHO			
Idaho EMDRIA Regional Network	October 5, 2012		Mary Ann Herzing | 208.336.3217
MASSACHUSETTS			
Greater Boston EMDRIA Regional Network	September 14, 2012		Barbara Gold Marks | barbgmarks@gmail.com
MISSOURI			
St. Louis EMDRIA Regional Network	October 27, 2012		Sheri Rezak-Irons | srirons@newpathstherapy.com
NORTH CAROLINA			
North Carolina EMDRIA Regional Network	September 12, 2012 November 14, 2012	October 10, 2012	Jan Brittain | 704.376.0068 janbritta@aol.com
OREGON			
Central Oregon EMDRIA Regional Network	September 11, 2012 November 13, 2012	October 9, 2012 December 11, 2012	Karen Forte | 541.388.0095
RHODE ISLAND			
Rhode Island EMDRIA Regional Network	September 27, 2012	November 16, 2012	Elizabeth Tegan | etegan@verizon.net
TEXAS			
Central Texas EMDRIA Regional Network	November 2, 2012		Carol York | cyorkmssw@aol.com
North Texas EMDRIA Regional Network	September 28, 2012 November 23, 2012	October 26, 2012 December 28, 2012	Jordan Shafer | 972.342.2448 jshafer@compassionworks.com
WASHINGTON			
Central Washington EMDRIA Regional Network	November 2, 2012		Jim Cole | jimcole1@mac.com
Southwest Washington EMDRIA Regional Network	November 3, 2012		Katy Murray | katymurraymsw@comcast.net

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9600 GREAT HILLS TRAIL
SUITE 150W
AUSTIN, TX 78759
(512) 502-3077
FAX: 888-512-7990
WWW.ALLMANCPAS.COM

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors
EMDR International Association and EMDR Research Foundation

We have reviewed the accompanying combined statement of financial position of the EMDR International Association and EMDR Research Foundation (nonprofit organizations) as of December 31, 2011, and the related combined statements of activities, functional expenses, and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the combined financial statements taken as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying combined financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

The prior year "Memorandum Only" totals in the combined financial statements have been derived from EMDRIA's December 31, 2010 combined financial statements which were audited by us and in our report dated March 25, 2011, we expressed an unqualified opinion on those financial statements, but we have not performed any auditing procedures since that date.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The supplementary information included in the accompanying schedules on pages 13 and 14 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, and we did not become aware of any material modifications that should be made to such information.

Allman + Associates

Austin, Texas
March 17, 2012

EMDRIA FINANCIAL REPORT

EMDR INTERNATIONAL ASSOCIATION
& EMDR RESEARCH FOUNDATION
(Nonprofit Corporations)

COMBINED STATEMENT OF FINANCIAL POSITION

As of December 31, 2011

	2011	Memorandum Only 2010
Assets		
Current Assets		
Cash and cash equivalents	$ 284,421	$ 245,824
Investments - certificate of deposit	212,536	211,648
Accounts receivable	3,023	1,659
Prepaid expenses	32,111	24,106
Total Current Assets	532,091	483,237
Fixed Assets		
Furniture and equipment	40,496	39,451
Accumulated depreciation	(38,926)	(38,581)
Net Fixed Assets	1,570	870
Total Assets	$ 533,661	$ 484,107
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	$ 12,359	$ 3,653
Accrued vacation	16,673	17,166
Deferred revenue	146,082	144,243
Accrued expenses	220	178
Total Current Liabilities	175,334	165,240
Total Liabilities	175,334	165,240
Net Assets		
Unrestricted	358,327	317,088
Temporarily restricted	-	1,779
Total Net Assets	358,327	318,867
Total Liabilities and Net Assets	$ 533,661	$ 484,107

EMDR INTERNATIONAL ASSOCIATION
& EMDR RESEARCH FOUNDATION
(Nonprofit Corporations)

COMBINED STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2011

	2011	Memorandum Only 2010
Unrestricted Net Assets:		
Revenue		
Membership dues	$ 550,752	$ 574,095
Conference fees	396,882	363,770
Education and training fees	170,660	159,930
Interest income	889	2,316
Publications	60,299	54,431
Contributions	93,023	74,153
Total Revenue	1,272,505	1,228,695
Net assets released from restrictions	1,779	11,550
Total	1,274,284	1,240,245
Expenses		
Program services	985,577	911,260
Management and general	247,468	246,925
Total Expenses	1,233,045	1,158,185
Change in unrestricted net assets	41,239	82,060
Temporarily Restricted Net Assets:		
Contributions received	2,471	6,832
Net assets released from restrictions	(4,250)	(11,550)
Change in temporarily restricted net assets	(1,779)	(4,718)
Total change in net assets	39,460	77,342
Net assets, beginning of period	318,867	241,525
Net assets, end of period	$ 358,327	$ 318,867

WELCOME New EMDRIA Members

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

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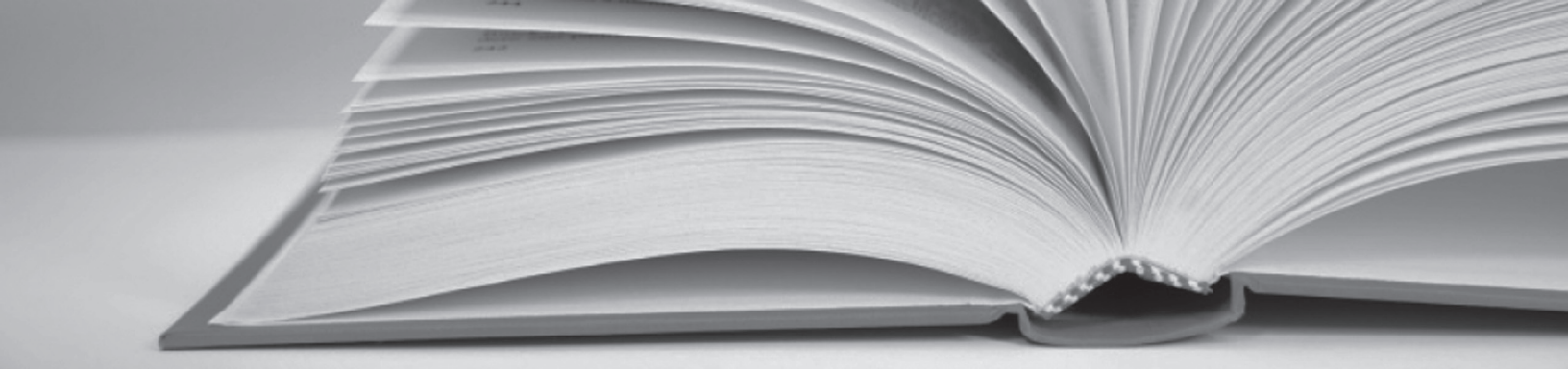

JOURNAL OF EMDR PRACTICE AND RESEARCH CALL FOR PAPERS

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

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

Manuscript Preparation and Submission

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

Thank you in advance for your participation.

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

Need Submission Ideas?

Case studies

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

Research studies

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

Clinical contributions

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

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses

EMDRIA
EMDR INTERNATIONAL ASSOCIATION
5806 Mesa Drive, Suite 360
Austin, TX 78731-3785

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