

EMDRIA NEWSLETTER



Opportunity Knocks

EMDR Leaders reflect on successes and challenges in 2011 and begin planning for the future

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DECEMBER 2011

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2010 EMDRIA FINANCIAL REPORT

President's Message

From the Board Room



BY URI BERGMANN, PH.D.
EMDRIA PRESIDENT

In this, my final newsletter article as your president, I would like to reflect on the experiences of my seven years' tenure on EMDRIA's Board of Directors.

So many astonishing changes have transpired in the past eight years. We restructured

our model of governance, hired a full-time Executive Director, inaugurated the Journal of EMDR Practice and Research and evolved a more precise definition of EMDR. In addition, we recently initiated a formal EMDR World Forum, wherein the presidents of EMDRIA, EMDR Europe, EMDR Asia and EMDR Iberoamerica will meet regularly, either in person or by teleconference, to discuss the issues that impact our regional and national EMDR societies.

Throughout this time, EMDRIA has continued to grow, in spite of our economic downturn. We must be doing something right!

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

Thank you for supporting me, the Board and EMDRIA. Although my term on the Board and as President has ended, I will serve as Advisory Director for 2012, supporting the board and our new president, Dr. Warren Faber.

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

With a heartfelt gratitude. ❖

Andrew M. Leeds

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ANNOUNCEMENTS

2012 Officers...

Please join EMDRIA in congratulating recently elected officers: Kate Wheeler, Ph.D., APRN, President Elect 2012 and Terry Becker-Fritz, MS, RN, CS, Secretary Elect 2012. Already elected to lead EMDRIA in 2012 are Warren Faber, Ph.D., President, and Sandra Kaplan, LCSW, Secretary.

Call for Board of Director Nominations...

The EMDRIA Board is soliciting Director nominations for the Spring 2012 Election. For this election, the Board is looking to fill several openings for various terms of service that are to begin in January of 2013. They are seeking one position for a 2-year term, one position for a 3-year term, and three positions for 4-year terms. In order to be qualified for the Directorship, you must be a Full or Associate Member of EMDRIA, and it is suggested that you have served on an EMDRIA committee for at least one year and/or demonstrated equivalent services for other EMDR or similar organizations, and demonstrate a clear and unambiguous commitment to and identification with EMDRIA. If you are interested in serving on the Board, please email Gayla Turner at gturner@emdria.org to request an application packet. Completed applications are due by February 15, 2012!

2012 Conference Call for Presentations...

If you are interested in presenting at the 2012 EMDRIA Conference, please submit your Call for Presentations today! Visit www.emdriaconference.com to submit your presentation. Deadline is December 9, 2011.

Updated Blue Cross Blue Shield Insurance Guidelines...

Blue Cross Blue Shield states in its September-October 2011 BCN Provider News that EMDR "is an established therapy for adult onset post traumatic stress disorder and may be a covered service for BCN members when indicated." To view the entire document please visit http://www.bcbsm.com/newsletter/providernews/archive/2011/05/2011_05_MedicalPolicyUpdates.pdf.

Filmmaker Releases Documentary on EMDR...

Filmmaker Michael Burns has released his latest documentary, EMDR, a movie that explores one of the top treatments for psychological trauma: Eye Movement Desensitization and Reprocessing. Despite turning the community of trauma treatment on its head over the last two decades, EMDR remains lesser known in the mainstream. "With this film I'm looking to introduce people to what EMDR is, how it works, and who can be helped," said Burns. Billions of people across the planet have had their lives touched in some way by tragedy. For many of them, the effects of their abuse, accident, or loss reverberate for the rest of their lives and hold them back from their full potential. To read the entire Press Release, please visit <http://www.emdria.org/associations/12049/files/MichaelBurnsPressRelease.pdf>.

EMDR and Juvenile Corrections...

This is an invitation to join a proposed new Special Interest Group, EMDR And Juvenile Corrections. If you are interested, please contact Don Self at padre.don@gmail.com. The description of the proposed SIG is, as follows:

Approximately 80-95% of adolescents in the juvenile corrections system has experienced some form of abuse in their lives – physical, emotional, sexual, and/or neglect. Many times the crimes that they commit reflect the trauma and damage that they experienced earlier in life. As a result, we see a population of young people with mental health diagnoses such as bi-polar, schizophrenia, and even personality disorders – even when they do not meet all of the diagnostic criteria (such as age of onset). Many of these young people, of course, do meet the criteria for PTSD. The purpose of this SIG is to allow professionals in the juvenile justice system to network, share experiences, encourage research and proper diagnosis, and promote the awareness of the effects of trauma on adolescents.

EMDR Training Points of Clarification...

"EMDR Facilitator" is not a status or designation that is used by EMDRIA. Several EMDRIA Approved Basic EMDR Training Providers do use the term facilitator to identify their training staff and practicum supervisors. EMDRIA requires that all basic training faculty maintain Approved Consultant status and in some cases Consultants-in-Training may be able to assist.

No Fee Study Groups are not affiliated with EMDRIA. EMDRIA does maintain a list of Regional Coordinators who run and oversee Regional Network meetings in various locations throughout the US. To find out if there is an EMDRIA Regional Network near you, contact your local Regional Coordinator.

EMDRIA Office Closed...

Please be aware that the EMDRIA office will be closed on December 23rd and 26th as well as January 2nd for the holidays.

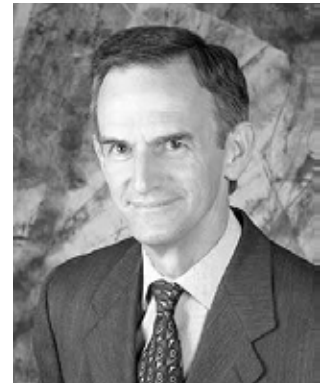
Executive Director's Message

2011 was a year of challenges for many of you. From the growing need for mental health therapy resulting from the economy, war and natural disasters, the demand for EMDR has never been greater. EMDR therapists are teaching EMDR to other mental health providers in all continents of the world. EMDR has spread to more than 80 countries. And EMDR training materials have been translated from English into at least 15 other languages. In addition, EMDRIA membership grew this year to all time high of more than 4,600 members and the annual conference had its largest attendance in six years.

We are a strong EMDR community but much work still needs to be done. Too many people are suffering because they do not know about EMDR treatment and others still do not have EMDR therapy available where they live. The giant military establishment was not prepared to meet the increasing demand for treatment of those who have served in recent wars. One has to ask if the U.S. government ignored the Rand Corporation study in 2008 that concluded: "Nearly 20 percent of military service members who have returned from Iraq and Afghanistan — 300,000 in all — report symptoms of post traumatic stress disorder or major depression." And the total numbers have increased since that report.

And some Veterans Administration offices still will not allow EMDR treatment despite EMDR being one of four A-rated

BY SCOTT BLECH, CAE
EXECUTIVE DIRECTOR



therapies in the VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress. There is some good news however, as more EMDR trainings and treatment occurring at several military bases and VA facilities.

Many of you successfully use EMDR treatment for those who have diagnoses other than PTSD. We still need published research studies to support many of these uses of EMDR. Almost all clinical guidelines that support EMDR treatment limit it to adults with PTSD. During the past year EMDR was added to SAMHSA's National Registry of Evidence Based Programs and Practices for "PTSD symptoms, anxiety symptoms, depression symptoms, and global mental health functioning". The EMDR Research Foundation is developing into a much needed funding source for important EMDR research. We hope you will help support this important Foundation. The Foundation presented a special award at the EMDRIA Conference to Dr. Chris Lee for "Outstanding Achievement in Recognition of EMDR by SAMHSA". Dr. Ad de Jongh was given the EMDRIA Research Award for his ongoing contributions to EMDR research.

As we look to next year, we hope that the economic climate will improve and that more people who are struggling will find help from EMDR therapists. We hope that more significant EMDR research projects will be undertaken with the help of the EMDR Research Foundation and other granting organizations.

The EMDRIA Board and Staff join me in wishing you and your family a Happy New Year. May it be a healthy and rewarding year! ❖



EMDR INSTITUTE INC

2012 WINTER-SPRING BASIC TRAINING SCHEDULE

	<u>Weekend 1</u>	<u>Weekend 2</u>
San Francisco CA	Jan 27-29	Jun 22-24
Seattle WA	Feb 3-5	Jul 13-15
Dallas TX	Feb 10-12	Jun 8-10
Tampa FL	Feb 10-12	Jul 20-22
Charlotte NC	Mar 9-11	Aug 10-12
Cleveland OH	Mar 16-18	Aug 10-12
Phoenix AZ	Mar 30-Apr 1	Sep 14-16
Philadelphia PA	Apr 13-15	Oct 19-21
Portland ME	Apr 27-29	Nov 2-4
Louisville KY	May 18-20	Nov 2-4
Chicago IL	May 18-20	Oct 19-21
Atlanta GA	Jun 8-10	Oct 12-14

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The Conference Corner

BY PAULA CAMACHO, EVENT PLANNER

Planning for next year's Conference has already begun! The 2012 EMDRIA Conference "EMDR & Attachment: Healing Developmental Trauma" is sure to be exciting and well attended, so please mark your calendars today! It will be held October 4th – 7th in Washington, D.C., at the Crystal Gateway Marriott.

We are very excited to announce that we have confirmed Dr. Stephen Porges as our Cutting Edge speaker. In addition, Dr. Rachel Yehuda will be presenting at Friday's Plenary. Due to the remarkable reviews from his Plenary Session held at the 2010 EMDRIA Conference, we confirmed Dr. Colin Ross as our Saturday Plenary speaker. The Conference program will then come to a strong finish on Sunday with an outstanding Plenary presented by Dr. Francine Shapiro.

Call for Presentations

The deadline for the 2012 EMDRIA Conference Call for Presentations was December 9th. We will be reviewing submissions and responding to applicants by the end of March.

If you are interested in submitting a Poster, please go to www.emdriaconference.com for more information.

Be sure to keep an eye on your email inbox, the EMDRIA Conference website (www.emdriaconference.com), the ENews and future issues of the Newsletter for updates and highlights about the 2012 Conference.

We hope you will be able to join us in Washington, D.C. for another great EMDRIA Conference! Stay tuned for more information! ❖



Ricky Greenwald, PsyD
Executive Director

*** 2012 - 2013 FELLOWSHIPS ***

TRAUMA-INFORMED TREATMENT

Certificate Program: Trauma-Informed Treatment for Adults, Children, & Teens

- 9 months, 14 contact days (in 6 multi-day sessions)
- starts Sept 10, 2012 in Northampton, MA

Fellowship is "work-study" and fellows will be required to contribute 4 clinical days in their home/office location (client provided by Trauma Institute), which will cover all tuition and materials.

Info and application materials are available on line.

TRAUMA TRAINER

Trauma Trainers Retreat

- May 19-24, 2013 in Western MA

Fellowship is "work-study" and fellows will be required to contribute 4 clinical days in their home/office location, which will cover all tuition and materials. Priority will be given to applicants who have completed the Certificate Program, and who are likely to supervise and/or train others.

Info and application materials are available on line.

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2011 General Membership Meeting

FROM THE EMDRIA BOARD OF DIRECTORS

This article arises from the Board of Directors' commitment to be responsive to our membership on a timely basis, so that all of you know what was discussed during the General Membership Meeting at the Annual Conference in Anaheim, even if you were unable to attend.

This is our second year for running the General Membership meeting at the conference in an open town-hall meeting format, encouraging dialogue and interplay between members, the EMDRIA Board, and the EMDRIA Executive Director. The feedback from the membership has been quite positive, with appreciation expressed for the more interactive and collaborative format. The open microphone system allowed each participant to ask direct questions, identifying issues and concerns that sometimes led to an additional thread of responses by other members, as well as discussion from the EMDRIA Board and Administration.

Dr. Warren Faber, EMDRIA Board President-Elect, began the meeting with a PowerPoint presentation of the key issues faced by EMDRIA over the past year. After a comprehensive survey of the membership in 2010, the Board revised the priorities for EMDRIA's goals, or Ends, to better reflect the growing development of EMDR as an evidence-based psychotherapy. Dr. Faber provided examples of EMDRIA responses to identified member issues, such as the high cost of training, continuing education, and membership; the challenge of supporting orthodox EMDR practices while also encouraging innovation; the need for greater promotion and marketing of EMDR; and the expansion of EMDR to more diverse client populations and practitioners.

The subsequent town hall format brought together a number of concerns about the hardship of being an EMDR clinician during difficult economic times. Several members reported that the cost of membership and the conference was difficult to sustain, especially for practitioners working in public agencies with underserved client populations. A member noted that cost limits the access and participation of more diverse EMDR therapists, and the Board responded that increased financial access and cultural diversity in EMDRIA membership, conferences, and governance is a high priority. Many suggestions were made on the expense issue, from peer study groups, to scholarships, to more affordable accommodations.

A member presented the challenge of coordinating between different worldwide associations for EMDR. Dr. Uri Bergmann, President of EMDRIA, spoke to this issue and told of planned meetings between the leaders of the regional international organizations.

Another member expressed considerable concern regarding the difficulties faced by veterans in accessing EMDR treatment through the Veterans Administration. She noted that the military is not utilizing EMDR and is even repressing information and

training for EMDR therapists. Sara Gilman, Past President of EMDRIA, pointed out that our web site has a resource for becoming informed and writing congress on this issue. Several members suggested that the Board consider ways to influence policy through a more organized approach, i.e. hiring a lobbyist. Another recommendation was to create a task group that would address the continued roadblocks within the VA.

Several participants expressed concern about unapproved commercial groups that provide EMDR training. Scott Blech, Executive Director of EMDRIA, provided the response that this is a difficult legal issue and an ongoing problem.

At the end of the discussion period, participants were requested to provide any additional written feedback, and members reported for the second year in a row that the meeting was informative, welcoming, and responsive to the EMDRIA members who attended. ❖

.....



Carol J. Crow, LMHC, NCC, BCETS
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BY WENDY FREITAG, Ph.D.
EMDR RESEARCH
FOUNDATION PRESIDENT

It is hard to believe that we are amidst another holiday season and the closing days of 2011. This time of year offers the opportunity for reflection, gratitude and planning for the future. It is a time for reflection of past successes and challenges, gratitude for lessons learned,

gifts we received and maybe, just for another day. In looking towards the future, we consider those lessons learned, what worked and what didn't, and where do we want to be at this time next year. It is all about setting intentions of what is to come and what we want to create.

When I reflect back on this year for the Foundation there are certainly successes as well as challenges to share. As with most things, when someone is faced with a challenge, they can either give up or find a solution and surge forward. This is not different for the Foundation in 2011. The Board as a whole has always been strongly committed to supporting quality EMDR research, but we have not always had the knowledge or a clear direction about how to achieve that. After a period of elation due to surpassing our \$100,000 fundraising goal in 2010, the familiar sense of uncertainty followed. It was the brief period of being "lost" that pushed us to our strategic planning retreat. There we developed a Vision, a Mission, along with Goals and Action Steps to guide our work.

In 2011 we will award a total of \$40,000 to four research teams. That is an 800% increase over last year's dissertation award of \$5000. By 2016, our goal is to fund \$250,000 annually to high quality EMDR research. We have a tall order in front of us and launching the "Visionary Alliance" at the 2011 EMDRIA Conference is one way to help us meet that goal. This program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. This will provide a predictable, continuous stream of income that will give the Foundation leverage when pursuing funding from larger organizations, and granting agencies and foundations. Through 12/31/11, for as little as \$15 a month you can become a Charter Member and be eligible to win some very nice prizes. When we left the Conference, we had over 75 Charter Members and that number keeps growing.

Here are a few excerpts from what some Charter Members are saying about their decision to join this important and sustaining endeavor:

"I could not end the day with vigor in my step, a smile on my face, and faith in the human race except for...EMDR. Giving monthly is my way of expressing the deep gratitude I feel for Dr. Shapiro, EMDR, my many thoughtful EMDR colleagues, and the joy I feel about the work I do."

"I know how important research is, both to bolster EMDR's legitimacy...and inform, direct and expand our work as practitioners. I can't give much, but I can give regularly...to budget and plan more assuredly."

"As a non-researcher, I consider it a privilege to be able to impact the future of EMDR by offering a recurring monetary contribution to the EMDR Research Foundation."

"The more EMDR is validated through research, the more my clients benefit. My donation is an investment in my practice, an investment in my clients, and an investment in healing the world, one trauma at a time."

"EMDR has totally transformed my practice of psychotherapy. Knowing how research supports the theory is very very encouraging. I want to contribute...to support the expansion of the research. This is a very gratifying experience."

"I am proud to join the Visionary Alliance... to support the Foundation's goals. EMDR is a paradigm-shifting "supertherapy" and I envision a world where anyone who needs it can experience this miracle. I have a personal calling to support the growth of this miracle. Supporting the Foundation as a Charter Member is in alignment with my personal and professional values. I applaud the dedication and vision...and I am honored to be a part of it."

"I decided to commit for three reasons. I believe that EMDR provides extraordinary opportunities for healing...I am aware how critical good research data is in getting the word out in a way that is credible...It has literally changed my life and the lives of many of my clients. Thank you for the opportunity to be a Charter Member...I have been honored to be included in the EMDR "family" and am excited to witness and support our growth."

To read all the testimonials and see the list of Charter Members, go to www.emdrresearchfoundation.org/visionaryalliance. While you're there, please consider becoming a "give as you earn" donor and "pay it forward" for all the benefits received due to EMDR.

Monetary support of research is by no means the only way we plan to support EMDR research. Our action steps include a plan to increase the number of EMDR-related articles published in scientific journals. We plan to promote and facilitate the teaching of EMDR in universities as well as encourage EMDR research at the graduate level. We believe

EMDR Research Foundation

it is also imperative that clinicians have greater access to information on clinically-relevant EMDR research than they do now. First, this will guide clinician's treatment choices with empirically-based information. Secondly, increasing clinician's interest and knowledge of clinically-relevant research and empirically-based practice can help to identify research topics which are in need of further exploration and study.

My last reflection of 2011 and plan for the future is the expansion the Foundation's Board of Directors. It is a great time to join the Board. Our Vision is crystal clear, our Mission is strong, our Goals are high yet attainable, and our Action Plan is set. It is an exciting time to join the Board as we move into another stage in our development. If you would like to learn more about becoming a member of the Foundation Board, please contact me at wjfreitag@aol.com.

I close with one of my most favorite things...gratitude. I sincerely thank each and every one of you who have or

will financially support the Foundation and its mission. I want to thank the Foundation Board members who have given selflessly in time, effort and money to move this effort forward. Lastly, I thank the Scott and his staff for all their support in 2011. I take this opportunity to bring special attention to Nicole Evans, who has worked tirelessly to make our new website now fully functioning and informative. Check it out!

I wish to all of you a Blessed Holiday Season and a Peaceful, Prosperous 2012.

"Follow effective action with quiet reflection. From the quiet reflection will come even more effective action."

~ Peter F. Drucker ❖

2011 Fundraising Goal - \$125,000

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
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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.

BY CAROL R. MARTIN
EXECUTIVE DIRECTOR, EMDR HAP

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

As each of you know, change presents challenges and opportunities. In the last six months, HAP has certainly experienced both. We expressed gratitude for Bob's leadership and commitment to HAP. We also wished a fond farewell to Jean Polka who was dedicated to HAP and cared greatly about our work. And what a welcome that I have received from the EMDR community! I was struck by the enthusiasm and graciousness shown to me from each of you. As we transition from Bob's leadership to mine, your wisdom and experience is invaluable. Thank you!

What have I learned in the past six months? Most importantly, that HAP has the good fortune of counting as their volunteers and supporters one of the most educated and talented group of any organization. Their work, which is coordinated by a very able HAP staff, garnered HAP the Sarah Haley Memorial Award for Clinical Excellence from the International Society for Traumatic Stress Studies. HAP is the only organization except for Doctors Without Borders that has been so recognized. Francine Shapiro was kind enough to receive the award November 3rd at their annual meeting in Baltimore. (Photos and details to come on our website!)

Another lesson learned is the importance of continuing to focus on our mission of building the capacity of local mental health communities to address trauma and its aftermath by training their mental health professionals in trauma informed care. We continue to do so both domestically and abroad.

I have learned that we must extend our efforts beyond the EMDR community, educating others about trauma; what it is and that it CAN be treated! We will be expanding our educational offerings with traumatology and stabilization workshops designed for this audience.

What has happened in the last six months? Francine Shapiro and I were invited to speak at the Caux Forum on Human Security in Switzerland and at the Geneva NGO Forum on Mental Health. In Caux, there were more than 300 participants from 54 countries brought together to share knowledge and experiences addressing ways to heal the trauma experienced around the world. EMDR was welcomed as an important psychological approach in that effort. We are continuing to work with those at the conference and will keep you informed and involved going forward.

We celebrated 10 years of training Palestinians in the West Bank! We have trained more than 200 clinicians from throughout the West Bank with cooperating agencies in Ramallah and Beit Sahour. There are now four trainers and many facilitators and consultants. We anticipate the creation of an EMDR Palestine. In addition to our work in Palestine, HAP has been a part of trainings in Ethiopia, Haiti and Kenya. We intend to maintain our commitment to those countries.

Our work also took us to Tuscaloosa, AL and Joplin, MS in response to Hurricane Irene. The work that was done there will continue to increase the local capacity to deal with other disasters. It is our hope that through the expansion of the Trauma Recovery Network, we can help other communities to prepare for local disasters.

A significant part of my work before arriving at HAP was in resource development. I plan to continue this work at HAP. Toward that end, HAP applied for and received an award from Mental Wellness Foundation providing a grant funded position focused on resource development. Since July, this has allowed us to: apply for a \$100,000 grant from AmeriCares to support the Trauma Recovery Network (keep your fingers crossed!), participate in the Pepsi Refresh Challenge for \$10,000 (please vote everyday), and develop several proposals to partner with other organizations that deal with the victims of trauma. We are also looking for ways to promote HAP's visibility by putting a "face" on trauma.

The new HAP website will be launched before the end of the year! Yes, I've made the commitment as frightening as that may be to me and the HAP staff. After the launch, we will continue to enhance our site, adding new features such as: "HAP Kids", "HAP Magazine", and "EMDR Around the World".

We will be asking many of you for articles, photos and stories about your adventures and misadventures. We also want to profile the work that has been done by many of you, domestically and abroad. The stories that I hear from Joplin, Palestine, Western Massachusetts and Ethiopia are heartening and should be heard by others in our community and beyond.

The new site will also provide a user friendly resource for volunteers and trainees. We will have a part of the website that contains the research studies that some of you and others have developed. Their outcomes can add to the body of work demonstrating the effective and efficacious results of EMDR therapy and enhance its credibility.

I will continue to learn more about EMDR and about this wonderful community of volunteers and clinicians. It is my goal that we continue to train mental health clinicians who work with underserved communities and to continue to educate people outside of the EMDR community about trauma. What is it? What are the manifestations of trauma? And, most importantly, what can be done about it? We all know that there is an effective therapeutic approach, EMDR, which can address trauma. At HAP, we want the rest of the world to know. I look forward to your help with this effort! ❖

...Being a Part of Something Bigger Than Myself...

FROM THE EMDRIA BOARD OF DIRECTORS

In the second of two articles to appear in the EMDRIA Newsletter addressing recruitment to the Board of Directors, we asked former EMDRIA Board Members to respond to what it meant to them personally to have served on the Board. This is what they had to say:

"It meant that I could forever say to myself that I took part in something worthwhile." – Mark Dworkin

"It was an invaluable growth experience, which challenged me but taught me a great deal about myself." –Sharon Rollins

"I grew in self-confidence, self-respect and pushed my own limits of what I thought I was capable of with an amazing group of supportive, encouraging and talented people." –Sara Gilman

"I felt honored to be on a board that had as its mission to uphold the standard of EMDR and to create an association of like-minded colleagues that were also interested in the same goal." –Marilyn Luber

As you consider serving on the Board, we are sure you know that there are both challenges and rewards. So, we asked former Board members what they experienced as their greatest challenges and rewards.

"In the beginning it was difficult because we were a working board versus an policy driven board as it is today. The reward is seeing EMDRIA continuing to grow and that it has flourished by all the hard work of many." –Jocelyne Shiromoto

"Working with many different personalities can be challenging. You can actually make things happen for the EMDRIA/EMDR community. The rewards outweighed the challenges." –Linda Vanderlaan

"The greatest challenges were pushing beyond one's comfort zone and finding time in a busy schedule. The greatest rewards were making meaningful contributions that were valued and appreciated. The fulfillment of working with others whom I valued and respected on goals that were important to the advancement of the organization. Lasting friendships. Getting out of the clinical office. For me, the rewards far outweighed the challenges." –David Sherwood

Please think about stepping up and becoming a Board member.

"You will learn a great deal and grow personally and professionally." –Andrew Leeds.

"It was a great honor to serve on the Board." –Dotty Hyde

"Serving on the Board is an opportunity to be involved in some of the important work on EMDR and a more informed awareness of the challenges." –Ed Hallsten

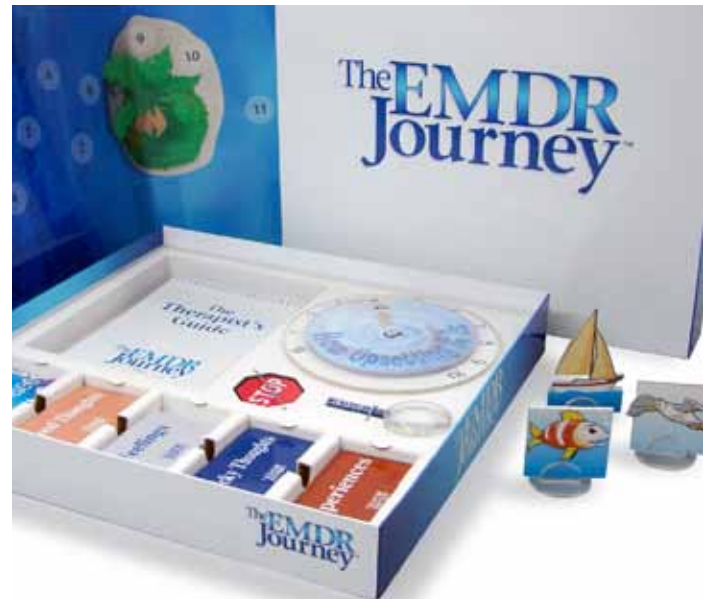
"Serving on the Board would be an opportunity for selfless service which would benefit many others." –Dan Merlis

"It's your turn. Everybody has to do their share. And you'll learn a lot too." –Ricky Greenwald

"Being on the Board is a lot of work, but working with the other people on the Board makes it feel worthwhile. I personally felt that I got back more than I gave to the Board. And it is a chance to contribute to something important." –Amy Konkle

There you have it. Think about it. Give it serious consideration. Request an application. Fill it out and consider running for a spot on the EMDRIA Board of Directors. It's your time. You won't regret it.

If you are thinking about participating on the Board contact Gayla Turner (GTurner@emdria.org) for a Board Member Application. All applications need to be submitted to the EMDRIA office by **February 15, 2012.** ❖



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Emre Konuk is a man of service. Since he was a young man, he has been interested in understanding and improving the human condition and thought he would write about human nature when he got older. However, as he matured, he followed in his parent's footsteps and used his natural gifts and experience to better the human condition.

Emre's roots go back to the Ottoman Empire. His father's family came to Bursa and farmed the land. Emre's father, Abdurrahman Konuk, was the 8th child and first son of a religious family. Abdurrahman went to Istanbul for high school and university and then to the Sorbonne to study law. In Paris, he found many Turkish poets and writers who influenced him and contributed to his lifelong interest

attracted to the theater as a way to think about, write and portray the human condition. He acted in a professional theater from age 14 - 17, going to school in the morning and acting in 6:00pm and 9:00pm shows. He found the artists there were different than the ones who congregated at his home for long discussion about politics and art. Although his new friends were fine actors and poets, he found this drug and alcohol-based lifestyle resulted in more personal than philosophical discussions. Ultimately, Emre rejected this scene and chose psychology to deepen his understanding of human nature. He moved to a half-a-day high school, started a kindergarten program and attended courses at the university. In 1973, he received his BA in Psychology from Istanbul University during a politically tumultuous time.

IN THE SPOTLIGHT:

BY MARILYN LUBER, Ph.D.

EMRE KONUK

in learning and thought-provoking discussion. He returned to Istanbul to teach at the American Girl's High School, where he met his future wife, Faliha Isim. Faliha's extended family lived together in a large house in Istanbul where they drank alcohol, played instruments, sang, played jokes on each other and brought up their children. The marriage between Abdurrahman and Faliha created an interesting merger between the religious and modern worlds of Turkey.

Due to Abdurrahman's unique skills and experience, the Turkish Prime Minister asked him to join Parliament where he was instrumental in crafting the major laws and reform to assist in the modernization of Turkey. After four years in politics, Emre's father returned to Bursa to practice law. His mother, fascinated by the arts, brought Bursa with them by creating a woman's association and inviting writers, poets, musicians, thinkers and scientists to give speeches, lectures and workshops. Emre often stayed with his grandmother in Istanbul while his parents were travelling. More of an introvert and already a thinker, he made room in a large cupboard to gain his privacy!

Emre's early cultural experience fostered his awareness of politics, Turkey and the world. He went to the English High School in Istanbul and learned to read and write English, a skill that opened many opportunities for him. He was

Although he was involved with the protests and tried to stop the violence there, he realized the authorities were using the students and that there would be a military coup, so he pulled back from the demonstrations.



When Emre was 14, while searching for documents concerning the first Turkish Civil Law, he met a man whom he learned later was a Sufi Master of the Cerrahi Order (Sheikh Muzaffer Efendi). During their initial meeting, the Sheikh expressed interest in the books he carried about Eastern Philosophy. They often sat at a local coffee house or shop and discussed Zen Buddhism and Sufism. Emre absorbed the Sufi and Zen Buddhist teachings that became seminal in his understanding of human nature and freedom; you have to live with commitment but without being so attached that you cannot do without the

object. To Emre, this is the essence of freedom and he has integrated this into his practice of psychotherapy.

Emre suffered from chronic pain in his hips, lower back and body and was later diagnosed with Ankylosing Spondylitis (an autoimmune problem similar to Rheumatism). He moved to Foca on the Mediterranean and worked four months a year at a tourist shop he owned. He exercised his talent for organizing, teaching and forming community by engaging approximately 2000 women to make Turkish handmade dresses for export until 1981.

Emre ended up selling his business by the sea to study therapy at the Mental Research Institute (MRI) in Palo Alto,

CA. He stayed for 3½ years and learned Family Therapy from John Weakland, Paul Watzlawick and Richard Fisch. In 1985, when he returned to Istanbul, he established The Institute for Behavioral Studies (DBE Davranış Bilimleri Enstitüsü), even though there was only one other therapist in Istanbul. Emre gave workshops in Family Therapy and found that students and universities were hungry for this information. Over time, the interested students grew into an educated team of professionals. Currently, there are 15 therapists and many students and supervisees.

DBE functions in two major areas: therapy and management consulting. In the therapy sector, DBE provides research, training and psychological services to individuals, couples, families and the community through three centers (Child and Adolescent Center; Adult and Family Center; and Trauma Center). The Institute is recognized for adapting and developing innovative approaches in mental health practice, research, training professionals and students. They are involved in many social responsibility projects: trauma training for professionals, military personnel, municipalities and hospitals; organizing congresses on trauma; crisis intervention for emergencies and disasters; marriage preparation to strengthen the relationship and manage potentially problematic areas of couples; screening gifted and at risk children and adolescents in the school system and training school counselors and therapists to appropriately intervene; and hiring and training 70 graduates in EMDR, supervision and Family Therapy to provide service to 35 Women's Health Centers throughout Istanbul for economically disadvantaged people.

Through DBE's Management Consulting arm, the Institute is involved in the following areas: assessment and evaluation projects that can be done online for recruitment and selection of employees and employee/customer satisfaction and 360 surveys; performance improvement in business; Human Resource projects such as competency modeling and performance evaluations systems; employee assistance programs providing psychological counseling and trainings/workshops for the employees and their families; 15 trainings including basic managerial skills, coaching training, competency based interviews, hiring, etc.; and coaching managers, executives, team leaders, artists, etc.

In 1996, Emre attended Bogazici University and earned an MA in Clinical Psychology.

Emre grew interested in EMDR while at the Mental Research Institute and followed its progress in the literature. By 1995, when Francine Shapiro's first EMDR book, EMDR: Basic Principles, Protocols and Procedures, was published, Emre thought that this was "serious business" and decided to bring Jim Knipe to DBE to learn more about it. While he was arranging the finances for training, the 1999 Marmara Earthquake occurred.

As President of the Turkish Psychological Association (Istanbul Branch), he realized they did not know how to work with trauma. He contacted Jim Knipe and Robbie Dunton immediately asking for help. He then asked, "Who does know about recent trauma and/or earthquake survivors?" He reasoned that practitioners in Israel and Los Angeles would and through colleagues contacted experts in these areas. Four Israeli trauma specialists arrived and gave a five day seminar on trauma response to 100 participants. Emre closed DBE and used it for training. Turkish colleagues retooled this training to address cultural differences and taught 600 students to use these techniques. On a weekly basis, a group went to the tent cities and worked with survivors.

They distributed 200,000 booklets on trauma to survivors, gave many seminars and workshops and did early intervention and group work there.

In post-earthquake Turkey, finances were a challenge. Ever resourceful, Emre approached businessmen with a proposal for an exchange of services: hotel rooms for hotel staff trainings in conflict management or leadership trainings, recognition in the newspapers and 16 free tickets

on Turkish Airlines for staff in exchange for help with airline VIPs with flying phobias. He requested assistance from the Orthodox Church and 50 embassies and the Church and 10 embassies contributed.

In October 1999, the first EMDR training occurred in Turkey, two months after the earthquake. Ever cognizant of his colleagues' needs, Emre requested they increase the training to five days to include a Psychotraumatology seminar. Jim Knipe and Philip Manfield came 10 days earlier and worked with real survivors in the tent cities using EMDR while the sessions were recorded. His staff then edited and translated the tapes to use during EMDR training so that the examples were relevant for the participants. Due to the need for translation, he arranged for a 6:1 ratio of participant to facilitator. After the training, Emre invited supervisors to come every two weeks to continue the work; this was done for a year. It was a grueling schedule as therapists got up early, traveled 2-3 hours to the earthquake area, worked all day supervising the therapists there and returned. Many kilos were lost during this time.

In two years, EMDR staff trained 250 mental health workers who worked for 2-3 years in the area and treated many thousands of survivors. The average session number was 5.2. The practitioners were inexperienced students and were taught well by the trainers and facilitators; they worked carefully and responsibly. Emre thinks that this is a model that can work well for developing countries.

Emre, with members of DBE, continue to work on projects to improve the lives of those in their community. With funding from the EU as well as the Women's Health Centers, they

"What makes EMDR clinicians different than others is their mission to do something in the world. When your job is a major part of your life, this adds to your clients' wellbeing. After people absorb the spirit of EMDR, they have a meaningful life and that is very nice!"

In the Spotlight continued...

have partnered with Portugal, Greece and EMDR Europe to train mental health providers and consultants in the EMDR Basic Training and Family Therapy. In November 2011, a center for sexually and physically abused children and adolescents was established in Turkey. Forty-five professionals working for the Child Protection Agency and Police Department will give therapy both in the center and in their own centers.

Emre is the President of EMDR Turkey and an EMDR Europe Board member. There are 650 EMDR-trained practitioners in Turkey and 8 Facilitators. Emre is doing his Trainer's Training so that EMDR training will be in Turkish. He writes a weekly column on psychology for a well-established newspaper in Turkey (SABAH). Emre is the Program Director for the Couples and Family Therapy Certificate Program at Bilgi University and completed the IFTA accredited supervision program. He also has presented and published about his work on a range of subjects from treatment of Migraines to Couples Therapy to EMDR and many more.

To the EMDR Community:

EMDR has its own vision and mission. Technically, it is about working with trauma and trauma is the basis of what

is negative in the world. Trauma is widespread and goes across cultures and history. When I attend conferences across disciplines, I find EMDR conferences are different. Usually, people come, present their papers and workshops, you attend and learn a lot. What makes EMDR clinicians different than others is their mission to do something in the world. When your job is a major part of your life, this adds to your clients' wellbeing. If it is not meaningful, you are unmotivated and consumed with retiring. After people absorb the spirit of EMDR, they have a meaningful life and that is very nice!

In Emre's low-key manner, he accomplishes his objective strategically and thoroughly. Whether it is working with a patient with a migraine, translating the MMPI into Turkish and validating it, or persuading Turkish psychiatrists about the benefits of EMDR, when Emre sets a goal, he accomplishes it or mobilizes those who can. Most importantly, he will do it with heart.

"We must be the change we seek to create."

~Mahatma Gandhi ❖

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RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

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

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

Devilley, G. J., & Brown, L. (2011). The role of imagery rehearsal with and without eye movements in the creation of false memories. *Psychology, Crime & Law*. doi:10.1080/10683160903397524

Grant J. Devilly, Griffith University, School of Psychology, Mt Gravatt, QLD, Australia. E-mail: <g.devilley@griffith.edu.au>

ABSTRACT This study explored differences in recall accuracy following experimental manipulations of two elements specific to two common approaches to trauma treatment—inducing saccadic eye movements during imagery rehearsal (Eye Movement Desensitization and Reprocessing; EMDR) and imagery rehearsal without eye movements (Imaginal Exposure; IE). The study also looked into whether outcome was related to high suggestibility and distress characteristics. The sample consisted of 48 non-clinical adult participants. The results found no significant difference in false recalls between EMDR and IE. While the EMDR group did make more false recognitions, they also made more correct recalls than the IE group. In effect, those in the EMDR group appear to make more true recalls and more false recollections than those in the IE group. Irrespective of treatment condition, fewer positive words were recalled and recognized than neutral and trauma words. As well as all subjects displaying no avoidant encoding style for trauma words overall, we also noted no avoidant encoding style as a function of trauma history or treatment condition. Our results argue against the avoidant encoding hypothesis for those with a history of trauma and also suggest a lowered response criterion following EMDR.



El Khoury-Malhame, M., Lanteaume, L., Beetz, E. M., Roques, J., Reynaud, E., Samuelian, J. C., . . . Khalfa, S. (2011). Attentional bias in post-traumatic stress disorder diminishes after symptom amelioration. *Behaviour Research and Therapy*, 49(11), 796-801. doi:10.1016/j.brat.2011.08.006

Myriam El Khoury-Malhame, National Center for Scientific Research (CNRS), Mediterranean Institute for Cognitive Neuroscience (INCM, UMR 6193), CHU Timone Hospital, 13385 Marseille Cedex 5, France; Department of Neurosciences, Faculty of Life and Health Sciences, University of the Mediterranean, Aix Marseille 2, Marseille, France. E-mail: <myriam.khoury@gmail.com>

ABSTRACT BACKGROUND: Avoidance and hypervigilance to reminders of a traumatic event are among the main characteristics of post-traumatic stress disorder (PTSD). Attentional bias toward aversive cues in PTSD has been hypothesized as being part of the dysfunction causing etiology and maintenance of PTSD. The aim of the present study was to investigate the cognitive strategy underlying attentional bias in PTSD and whether normal cognitive processing is restored after a treatment suppressing core PTSD symptoms.

METHODS: Nineteen healthy controls were matched for age, sex and education to 19 PTSD patients. We used the emotional stroop and detection of target tasks, before and after an average of 4.1 sessions of eye movement desensitization and reprocessing (EMDR) therapy.

RESULTS: We found that on both tasks, patients were slower than controls in responding in the presence of emotionally negative words compared to neutral ones. After symptoms removal, patients no longer had attentional bias, and responded similarly to controls.

CONCLUSION: These results support the existence of an attentional bias in PTSD patients due to a disengagement difficulty. There was also preliminary evidence that the disengagement was linked to PTSD symptomatology. It should be further explored whether attentional bias and PTSD involve common brain mechanisms.



Farrell, D. P., Keenan, P. S., Ali, M. W., S. Bilal, Tareen, S. M., L. Keenan, & Rana, M. H. (2011). Training Pakistani mental health workers in EMDR in the aftermath of the 2005 earthquake in Northern Pakistan. *Counselling Psychology Quarterly*. doi:10.1080/09515070.2011.589599

Derek Farrell: School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Edgbaston, Birmingham, United Kingdom, B15 2TT, E-mail: <D.P.Farrell@bham.ac.uk>

ABSTRACT The primary objective of this article will focus predominantly upon EMDR as an evidence-based treatment intervention for psychological trauma. It outlines in particular an EMDR Humanitarian Assistance Training Programme that took place in Abbotabad and Rawalpindi in response to the Pakistan earthquake, 2005, in helping to train teams of mental health

workers in EMDR so as to enable them to treat psychological trauma symptoms of earthquake survivors. Results from two preliminary studies will be presented outlining the effectiveness of EMDR with two psychological trauma populations in Pakistan. This article also discusses the rationale for widening the trainings to different parts of Pakistan to include other significant traumas currently affecting some parts of the Pakistani population.



Hasanovic, M., Pajevic, I., Morgan, S., & Kravic, N. (2011). P03-140 - EMDR training for mental health therapists in postwar Bosnia-Herzegovina who work with psycho-traumatized population for increasing their psychotherapy capacities. *European Psychiatry*, 26, Supplement 1(0), 1309. doi:10.1016/S0924-9338(11)73014-0

M. Hassanovic. Department of Psychiatry, University Clinical Center Tuzla, Tuzla, Bosnia-Herzegovina, Hove, UK

ABSTRACT INTRODUCTION: After war 1992–1995 in Bosnia and Herzegovina (BH), whole population was highly psych-traumatized. Mental health therapists had no enough capacities to meet needs of population. They are permanently in need to increase their psychotherapy capacities. EMDR is a powerful, state-of-the-art treatment. Its effectiveness and efficacy has been validated by extensive research. National Institute for Clinical Excellence (NICE) recommended it as one of two trauma treatments of choice.

AIM: To describe non profit, humanitarian approach in sharing skills of Eye Movement Reprocessing and Desensitization (EMDR) to mental health therapists in BH from Humanitarian Assistance Program (HAP) of UK & Ireland.

METHOD: Authors described educational process considering the history of idea and its realization through training levels and process of supervision.

RESULTS: Highly skilled and internationally approved trainers from HAP UK & Ireland came four times to Psychiatry Department of University Clinical Center Tuzla in BH where they provided completed EMDR training for 24 trainees: neuro-psychiatrists, residents of neuro-psychiatry and psychologists from eight different health institutions from six different cities in BH. After finishing training process, trainees are obliged to practice their EMDR therapy in daily practice with real clients under the supervision process of HAP UK & Ireland trainers to become certified EMDR therapists. Regarding big physical distance between supervisors and trainees, supervision will be realized via Skype Internet technology

CONCLUSION: Psychotherapy capacities of mental health psychotherapists in postwar BH could be increased with enthusiastic help of EMDR trainers from HAP UK & Ireland.



Mehrotra, S., & Geng, W. E. I. (2011). EMDR in India. *Journal of Xihua University (Philosophy & Social Sciences)*, 2. doi:CNKI:SUN:CDSF.0.2011-02-000

Sushma Mehrotra, Translator: AIDS Control Department, Center for Disease Control, Ministry of Health, Dili, East Timor Island. W E I Geng, Center for Mental Health Services, Xihua University, Chengdu, Sichuan, 610039, China.

ABSTRACT After the earthquake in January 2001 in India, 40 trained EMDR Therapists participated in helping more than 1600 people. The symptoms of Post Traumatic Stress Disorder (PTSD) were observed both in children and adults; no gross disintegration of personality was noted. Through analyzing children's drawings, the study finds the relationship between individual emotions and traumatic impact on their psychological health. Although people who had suffered greater destruction and severe loss demonstrated greater emotional upheaval, people in the large residential areas mostly intact from the earthquake felt more insecure than those in severely destructed areas, due to the threat of further destruction.



Silverman, S. J. (2011). Effecting peak athletic performance with neurofeedback, interactive metronome®, and EMDR: A case study. *Biofeedback*, 39(1), 40-42.

Sanford J. Silverman, PhD, Center for Peak Performance, 10229 N. 92nd Street, Suite 101, Scottsdale, AZ 85258, E-mail: <info@peakperformanceaz.com>

ABSTRACT This case study chronicles the application and effects of a customized combination of therapies, including neurofeedback, Interactive Metronome® (IM), and Eye Movement Desensitization and Reprocessing (EMDR) created to help a professional athlete improve his brain function and performance. Brian, a 28-year-old professional baseball player, sought help for difficulty maintaining focus and concentration while playing baseball. He felt his challenges impeded his athletic performance, and he wanted to perform at the highest possible level during the upcoming spring training season. Brian's history combined with the results of a QEEG brain map led to a diagnosis of Attention Deficit Disorder–



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Inattentive Type. The individualized treatment program for Brian included neurofeedback to lower theta activity and increase beta, IM to improve coordination and timing, and EMDR to address his feelings of anger and lack of self-confidence. At the conclusion of his training, Brian described feeling "clear-headed" and was able to focus his mind when needed. His timing and coordination improved, and he showed a positive attitude about playing baseball and felt confident that he would perform well at spring training.



van den Berg, D. P., & van der Gaag, M. (2011). 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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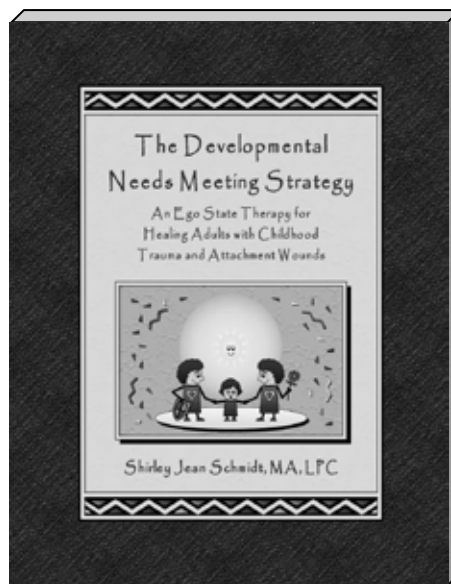
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- Joan Bacon, Psychologist, EMDRIA Instructor & Consultant

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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



AFRICA

ALGERIA

Peggy Moore reports: "During a 3-year project in conjunction with HAP France, I consulted with Algerian therapists. There is a well-trained group here."

ETHIOPIA

Reyhana Seedat reports: "I completed another EMDR training in Ethiopia. They are setting up their EMDR Ethiopian Association and sponsor regular radio talks on EMDR."

AUSTRALIA

Pamela Brown reports: "In honor of achieving our goal of 100 members and Dr. Francine Shapiro's visit to Australia in 2010, the EMDR Association of Australia (EMDRAA) donated \$1000 to the EMDR Research Foundation. The National Health and Medical Research Council recognized EMDR as a Level 1 evidence-based psychotherapy for trauma. Also, the Australian Psychological Society (APS) recognized a Special Interest Group on EMDR resulting in APS advertising our meetings and events and providing a small amount of funding. EMDRAA's AGM will be in conjunction with the Special Interest Group in November 2011. One of our EMDR trainers and eminent researchers, Chris Lee, has been appointed to the Research Committee of the Australian Centre for Post Traumatic Mental Health, the primary organization advising the government on disaster response and PTSD.

We invited our New Zealand EMDR colleagues to join EMDRAA and we have included a New Zealand member on our Board. Sandi Richman from the UK will conduct a HAP training in New Zealand in response to the earthquakes in Christchurch. We invited Judy Lightstone

(New Zealand) to present on EMDR and Eating Disorders and Dissociation."

ASIA

EMDR ASIA

Sushma Mehrotra, President of EMDR Asia, reports: "We had trainings in India (Mumbai, New Delhi and Chennai) last month followed by a training in Thailand with participants from 12 countries. Singapore had training in July and August and Pakistan organized a training in November, which will be followed by their National EMDR conference. Thanks go to Rosalie Thomas, Helga Matthes and her team, Gary Quinn and Derek Farrell for their support. Dr. Mowadat is reviving the EMDR Asia website and then we will have regular updates. Congratulations and best wishes to the EMDR Pakistan members for this achievement. EMDR Europe's Standard's Committee approved the following EMDR Trainers: Sushma Mehrotra (India); Shalini Natarajan (India); Yuchan Yang (China); Lawrence Chen (China); Parichawan Chandarasiri (Thailand); Sombat Tapanya (Thailand)."

JAPAN

Masaya Ichii reports: "In September, I went to the Tsunami area to conduct supervision and Miyako Shirakawa went to a different area in October. In November, we sponsored 'R-TEP for the Tsunami Survivors' and a Part 2 training in the Tsunami area. In May 2012, our annual Conference will be in Yamagata prefecture, which is near the Tsunami area. We began our humanitarian assistance program for Japan called Japan HAP (J-HAP). You can contribute to J-HAP, by going to www.emdrhap.org and designating your contribution to assistance in Japan."

EUROPE

FRANCE

Isabelle Meignant reports: "In October, I gave my first Part 1 training in Toulouse. On March 16, 2012, in Toulouse, the 5th annual EMDR Grand Sud will organize a free EMDR workshop day for EMDR France Association members and will focus on 'EMDR and General Health.' EMDR European Practitioner Specialists will show case studies about working with EMDR and different medical related issues such as skin problems, allergies, multiple sclerosis, cancer and autoimmune disease in private practice and the general hospital. This will be an opportunity for French Practitioners to meet, learn

and exchange ideas about their EMDR practice."

PALESTINE

Peggy Moore reports: "I just came home from doing two trainings in Palestine. Janet Wright did Part 1 in January and I did Part 2 of the Basic Training in October. The first was in Ramallah at the Center for Treatment of Victims of Torture and the second was at the YMCA. Mona Zaghrou completed her Trainers' Training and is can now do trainings on her own, which is a big step forward. EMDR Palestine is now in existence."

SWEDEN

Kerstin Johannesson reports: "After 12 years as President of EMDR Sweden, Raili Hulstrand (Stockholm) is our new President. I will be concentrating on trainings, and other educational matters, as an EMDR-trainer and within the EMDR organization. We have a new generation of facilitators and consultants in the pipeline. EMDR is considered as the treatment of choice for trauma-related disorders, but still there is a lot to be done."

TURKEY

Emre Konuk reports: "In August 1999, we had a large earthquake in western Turkey. We did not know what to do. We learned about EMDR and called the EMDR Institute and 110 of us had our first training two months later. From 16 facilitators and a trainer from the USA, Europe and Israel we learned a new way of understanding normal and maladaptive functioning and trauma intervention. I will never forget the change of the emotional climate in the buses on the way home. Therapists talked non-stop about how visible the change was in their clients. Not only the lives of the people but our lives also changed radically.

On October 24, 2011 we had a smaller earthquake in eastern Turkey; over 500 have died so far and more than 100,000 people have been left homeless. The difference? After 12 years, we have a map. We know how to organize. We know how to help. Hundreds of us are calling and ready to go to the area, despite the distance and the cold. The first team left in November to prepare and our work will begin when the people are settled into their tent-cities.

I am writing on behalf of my Turkish colleagues trained in EMDR. The EMDR community is our model. This spirit comes directly from Francine Shapiro and was planted in this area by her special emissary, Udi Oren, who became

dedicated to visiting and training us over the last 12 years. Thanks and love to all of you.

We are doing a Project with the Police Department, the Child Protection Agency and other state agencies to establish a Center for Sexually, Physically and Emotionally Abused Children. We will train 45 professionals in basic counseling skills, EMDR Basic Training and Family Therapy to work for these agencies. We need more in depth training concerning work with abused children and adolescents. Please contact Emre at konuk@dbe.com.tr if you have expertise in this area and would be willing to help."

UNITED KINGDOM

David Blore reports: "I passed my Ph.D. on 'Positive Psychology and EMDR.' There is a new EMDR UK & Ireland special interest group on 'Positive Psychology and EMDR' started on LinkedIn."

Keith Piper reports: "According to the Newsletter of the EMDR Association of the United Kingdom and Ireland (July 2011 Vol.3 No.3), Ezvid Inc., created an app devised by Tony Rousmaniere to enable an iPad, iPhone and/or iPod to emit audio tones for bilateral stimulation. You are also able to alter the frequency of the tones, duration, speed, and it records the duration of each set in seconds. You can use it with headphones or the computer. Visit <http://appmodo.com/52552/emdr-for-clinicians-professional-grade-emdr-for-iphone-and-ipad/> for more information."

NORTH AMERICA

CANADA

Phyllis Amato reports: "The EMDR Canada Conference will be held April 27 – 29, 2012, in Montreal, at the Holiday Inn Midtown. Membership is growing and is up to 364 members. Our budget is also permitting us to revamp our website."

GUATEMALA

Ruben Lescano reports: "Guatemala and Argentina created an international course about 'Trauma and EMDR' sponsored by the University of San Carlos (Guatemala), the Psychologist's College of Guatemala, and the Argentinean Society of Psychotrauma for Guatemalan Psychologists. I just finished the first course, 'Integrating Mindfulness and EMDR.' We also completed the first conference in Guatemala called 'Violence and Trauma'."

UNITED STATES

ALABAMA

Betsy Prince reports: "In July, Maria Masciandaro and I travelled to the University of Alabama in Tuscaloosa to facilitate a one-day training for 27 participants of The Recent-Traumatic Episode Protocol (R-TEP) created by Elan Shapiro and Brait Laub. Elan and Brait graciously provided a DVD and handouts of their protocol and we taught local EMDR practitioners to respond to the victims from the April tornado that devastated the area. We will use this DVD in seminars held in Joplin, Missouri, which was also devastated by a tornado. Anyone who is interested in conducting research on R-TEP can contact Kate Wheeler at kwheeler@mail.fairfield.edu or Maria Masciandaro at drmgmas@me.com."

FLORIDA

Carl Ahonen reports: "I went to Suncoast Mental Health Counselor's meeting where Carol Crow did a great presentation on 'EMDR and Trauma' in hopes of turning more folks on to the effectiveness of EMDR and take the training. On December 9th, Carol will present at our next Tampa Bay Regional Meeting on 'Using EMDR with Children & Adolescents'."

NEW JERSEY

Maria Masciandaro reports: "In January 2011, The NJ EMDRIA Regional Coordinators presented an introduction to the R-TEP protocol in northern NJ to a 20 EMDR clinicians. This was also presented in September in southern NJ. The audience had many questions about the protocol and case consultation since the presentation has shown that people are incorporating it into their practice. The Regional Coordinators (Sheila Bender, Victoria Britt, Maria Masciandaro, and Betsy Prince) encouraged participants to contribute to ongoing research efforts to demonstrate the efficacy of this protocol. If you are interested in participating please contact Maria Masciandaro at drmgmas@me.com."

NEW YORK

Gina Colelli reports: "The 10th Anniversary of 9/11 was complicated, as there are many people still sick both physically and emotionally. It is too complicated to sum up in a brief paragraph and too complicated to interpret all the factors. I can say that for some people it has become their life, their identity and for others it is part of the fabric of their denial. For the fortunate few, it is well integrated without lingering symptoms of

illness, dysfunction or complicated grief. Hopefully, the Zadroga Commission will continue to address the needs of the still sick survivors and first responders from 9/11. The Commission is charged with the task of recommending what treatments will be used for people still suffering.

In March 2012, I will conduct a workshop in NYC, 'Integrating EMDR into a Long Term Psychodynamic Treatment Model.' Also, Priscilla Warner's new book, 'Learning to Breathe,' is about her search to cure her 40-year long panic disorder and successful treatment crediting EMDR. It is a great book, a book of hope and accomplishment."

SOUTH AMERICA

EMDR IBEROAMERICA

Nacho Jarero reports: "The Iberoamerica Journal of Psychotraumatology and Dissociation (Revista Iberoamericana de Psicopatología y Disociación) is a free electronic Journal with updated information in Spanish about crisis intervention, emotional first aid, trauma, EMDR, dissociation and other topics about trauma issues. The address is <http://revivapst.com>."

ARGENTINA

Ruben Lescano reports: "We organized the first post-graduate course; 'Integrating Psychotherapies with Standard EMDR' sponsored by the Argentinean Society of Psychotrauma and the Traumatic Stress Centre at the University of Buenos Aires. We had the first Basic Training sponsored by the National Council of Techniques and Research (CONICET) in Argentina. CONICET is the official organization in Argentina that manages research. We created EMDR Mendoza-Argentina and EMDR Cordoba-Argentina in other Argentinean cities. The University of Mendoza has asked us to create a new post-graduate course integrating the EMDR Basic Training as a new clinical approach."

CHILE

Pablo Solvey reports: "Under the leadership of Mariella Norambuena, 30 EMDR trained therapists through EMDR Lat Chile, a chapter of EMDR Latinoamerica, are actively working with the 33 miners and their families, getting support from the government and private sponsors. We have trained more than two hundred psychologists in EMDR in the last 4 years. It is a fulfilling adventure."

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 November 7, 2011)

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
99003-62 14 Credits <i>Beyond Trauma Resolution: EMDR & the Growth of the Relational Self</i>	EMDR Institute Barry Litt, MFT	Robbie Dunton	831.761.1040	December 2-3, 2011 Salt Lake City, UT
00017-16 12 Credits <i>Using EMDR as a Contemporary Psychotherapy</i>	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christine Burris	202.364.3637	December 3-4, 2011 Tallahassee, FL
RC11003-01 2.5 Credits <i>Keeping It In The Zone: Assessment & Techniques for Optimal Processing</i>	Greater Boston EMDRIA Regional Network Barry Litt, MFT	Barbara G. Marks Susan Rashba	617.277.2449 781.245.5162	December 16, 2011 Bedford, MA
RC11000-31 4.5 Credits <i>Using EMDR with Severely Dissociative Clients (DVD presentation and discussion period)</i>	North Carolina EMDRIA Regional Network Gerald Puk, Ph.D. & Gary Peterson, M.D.	Gary Peterson	919.939.1171	January 21, 2012 Chapel Hill, NC
09003-12 13.5 Credits <i>Mindfulness, Meditation, and EMDR</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.544.4705	January 27-28, 2012 Tampa, FL
06005-09 14 Credits <i>When There are No Words: Reprocessing Early Trauma & Neglect in Implicit Memory with EMDR</i>	Jill Strunk, Ed.D., L.P. Katie O'Shea, MS, LMHC	Jill Strunk	952.936.7547	January 28-29, 2012 St. Louis Park, MN
03016-07 6 Credits <i>Enhancing EMDR with Energy Psychology</i>	Philip Manfield, Ph.D. Carol Odsess, Ph.D.	Carol Odsess	510.559.8240	January 28, 2012 Berkeley, CA
99003-68 14 Credits <i>EMDR and Treatment for Problematic Anger, Hostility & Violent Behavior</i>	EMDR Institute Mark Nickerson, LICSW	Robbie Dunton	831.761.1040	February 18-19, 2012 Tampa, FL
06003-32 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.271.3050 x7	February 20-24, 2012 Costa Rica
03002-16 12 Credits <i>Integrating DBT and EMDR</i>	Barb Maiberger, MA, LPC Olga Vera-Ne Smith, Ph.D.	Barb Maiberger	303.875.4033	February 25-26, 2012 Denver, CO
99003-67 14 Credits <i>Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD</i>	EMDR Institute Jim Knipe, Ph.D.	Robbie Dunton	831.761.1040	February 25-26, 2012 Seattle, WA
99003-63 14 Credits <i>Treatment of Attachment Trauma & the Dissociative Sequelae through the Life Span: EMDR & Case Conceptualization</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	February 25-26, 2012 Reno, NV
01008-55 6.5 Credits <i>Fairy Tale Model of Trauma Treatment</i>	Trauma Institue/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	March 2, 2012 Northampton, MA
01008-56 12 Credits <i>Treating Problem Behaviors</i>	Trauma Institue/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	March 21-23, 2012 Northampton, MA
01008-56 12 Credits <i>Child/Adolescent Trauma Treatment Intensive</i>	Trauma Institue/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	March 26-30, 2012 Northampton, MA
09003-13 12 Credits <i>Mindfulness, Meditation, and EMDR</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.544.4705	March 30-31, 2012 Austin, TX
99003-64 12.5 Credits <i>EMDR and the Art of Psychotherapy with Children</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	Robbie Dunton	831.761.1040	April 21-22, 2012 Albuquerque, NM

EMDRIA Regional Meeting SCHEDULE

(As of November 7, 2011)

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
FLORIDA Tampa Bay FL EMDRIA Regional Network	December 9, 2011	Carl Ahonen 727.736.3717
MASSACHUSETTS Greater Boston EMDRIA Regional Network	December 16, 2011	Barbara G Marks Barbgbmarks@gmail.com Susan Rashba Srashba@comcast.net
Western MA EMDRIA Regional Network	December 9, 2011	Mark Nickerson MarkiNickerson@gmail.com
MISSOURI South Central MO EMDRIA Regional Network	December 10, 2011	Barbara Welch Barbara.Welch@us.army.mil
NEW YORK Long Island NY EMDRIA Regional Network	March 23, 2012	Phoebe Kessler Pkessler1@optonline.net
NORTH CAROLINA North Carolina EMDRIA Regional Network	December 14, 2011 January 21, 2012	Jan Brittain Janbritta@aol.com Gary Peterson Gpeterson@pol.net
OREGON Central OR EMDRIA Regional Network Portland OR EMDRIA Regional Network	December 13, 2011 December 2, 2011	Karen Forte KLForte@gmail.com David Manfield David.Manfield@gmail.com
WASHINGTON Southwest WA EMDRIA Regional Network	May 5, 2012 November 3, 2012	Katy Murray Katymurraymsw@comcast.net Susan Kravit Sekravit@yahoo.com

WELCOME New EMDRIA Members

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

Anne M Auerbach, MA	Juanita E Gamache, LPC/MHSP, NCC, MA	Janice E LaFontaine	Dianne M Samp, LCPC, ATR
Berenice V Badillo, MA, MFT	Carol A Gegenheimer, Ph.D., LISAC, LMFT	Lori-Ann P Landry, MSW, LCSW	Kimberly Sandstrom, MA, MFT Intern
Denney R Barrus, LCSW	Terri L Gerber, LICSW	Ina Lasmane, MA, LMFT	Heather E Schilling, M.S. LMFT
Larue J Bettis, M.Ed, CRC, LPC, LPCS	Katharine P Goerke, MSW, LMSW	Harry Love, MS, PC/CR	Nancy Shaw, MA, LCPC, NCC
Terry Bissett, Psy.D.	Alex W Gross, LCSW	Elaine M Madden, RN, MS	Ann Shine Duck, Ph.D., LCPC
Dee I Boatright, MS, LPC, NCC	Molly Gum	Lyndel Maroske, BA Beh.Sc., HonsPsych	Hannah (Heidi) B Steinitz, Ph.D.
Elizabeth J Bronec, LCPC	Lori P Gurney, MS Lic Psychologist - Master	Carol R. Martin	Leslie Stern-Gastel, LMHC
Audrea Corinthians Butler Acuna, M.S.	Kimberly Ann Gutjahr	MaryEllen M Martyn, MS, NCC, LPC	James A Stratigakes, PhD
Karen M Cabiach, LCSW	Patti Hagarty, Psy.D.	Diane Mattingly, LCSW	Patricia J Sutton, LAPC
Katarina Chin, BSc., MA	Kathy Haley, LMHC	Karen Mazarin-Stanek, MA, LMFT	Shelly Teske, Psy.D.
Barbara Culton, LMSW	K. Bryce Hamilton, LMSW	Maureen R McNeal, MA, LICSW, LMFT	Susan Thomas-Reilly, MA, LMFT
Patricia Ann Davids, MA	Maggie A Herrman, PCC, LICDC	Heidi Ligouri Melendez, MC, LPC	
Sara Day, Ph.D., C. Psych	Julianne W Holland, MA, LADC	Sharon Meredith, Master Counselling Psychology, Provisionally registered Alberta Psychologist	
Fred Dearborn, LPC	Annette Huff, MSW, LICSW	Sherri L Newkirk, MSW, LCSW	
Jessica R Dillon-Merkle, MBS, LBP, LPC	Annemarie K Husser, MA, LCPC	Aaron S. Nunn, LMSW	
Evan Allen Eason, PhD	Lauren Michelle Jack	Kate A Oldham, LCPC	
Elizabeth A Ebner, MS, LPC	Dolores Josephine Johnson, LMFT	Coy Osgood, MSW, LICSW-A, Chemical Dependency	
Stephanie Ellis Ecker, LPC, LCDC	Tara M Kapinos, LMHC	Serkan Ozgun, Ph.D.	
Cathy L Elder, LCSW	Wendy Kaufman Harper, LCSW-R	Cristine B Piane, LCSW	
Kristen Eldredge, M.A., LPC	Bethanne Keen, PhD	Stephanie A. Richards, LPC	
Cheryl L Evans, LPC, LMFT	Melissa (Mel) D Kenney, MA, LIMHP, CPC, RPT-S	Kathryn L. Riesmeyer, MA, LPC, NCC	
Ellen March Feinstein, MSW, ACSW, LCSW, EMDR			
Amy Foster, LCSW			

EMDRIA FINANCIAL REPORT

Allman & Associates

CERTIFIED PUBLIC ACCOUNTANTS

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
EMDR International Association and EMDRIA Foundation

We have audited the accompanying combined statement of financial position of EMDR International Association and EMDRIA Foundation (nonprofit organizations) as of December 31, 2010, and the related combined statements of activities, functional expenses, and cash flows for the year then ended. These combined financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these combined financial statements based on our audit. The prior year "Memorandum Only" totals in the combined financial statements have been derived from EMDRIA's December 31, 2009 financial statements which were reviewed by our firm with the report dated March 12, 2010 on those financial statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the combined financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of EMDR International Association and EMDRIA Foundation as of December 31, 2010, and the combined changes in net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic combined financial statements of EMDR International Association and EMDRIA Foundation taken as a whole. The information presented in the supplementary information as combining statements 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 auditing procedures applied in the audit of the basic financial statements, and in our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Austin, Texas
March 25, 2011

EMDRIA FINANCIAL REPORT

EMDR INTERNATIONAL ASSOCIATION
& EMDRIA FOUNDATION
(Nonprofit Corporations)

COMBINED STATEMENT OF FINANCIAL POSITION

As of December 31, 2010

	<u>2010</u>	Memorandum Only <u>2009</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 245,824	\$ 193,677
Investment - certificate of deposit	211,648	209,332
Accounts receivable	1,659	1,543
Prepaid expenses	<u>24,106</u>	<u>39,363</u>
Total Current Assets	<u>483,237</u>	<u>443,915</u>
Fixed Assets		
Furniture and equipment	39,451	39,451
Accumulated depreciation	<u>(38,581)</u>	<u>(37,747)</u>
Net Fixed Assets	<u>870</u>	<u>1,704</u>
Total Assets	<u>\$ 484,107</u>	<u>\$ 445,619</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 3,653	\$ 1,075
Accrued vacation	17,166	15,396
Deferred revenue	144,243	186,985
Accrued expenses	<u>178</u>	<u>638</u>
Total Current Liabilities	<u>165,240</u>	<u>204,094</u>
Total Liabilities	<u>165,240</u>	<u>204,094</u>
Net Assets		
Temporarily restricted	1,779	6,497
Unrestricted	<u>317,088</u>	<u>235,028</u>
Total Net Assets	<u>318,867</u>	<u>241,525</u>
Total Liabilities and Net Assets	<u>\$ 484,107</u>	<u>\$ 445,619</u>

EMDRIA FINANCIAL REPORT

EMDR INTERNATIONAL ASSOCIATION
& EMDRIA FOUNDATION
(Nonprofit Corporations)

COMBINED STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2010

	<u>2010</u>	Memorandum Only <u>2009</u>
Unrestricted Net Assets:		
Revenue		
Membership dues	\$ 574,095	\$ 568,690
Conference fees	363,770	310,265
Education and training fees	159,930	166,365
Interest income	2,316	4,864
Other revenue	128,584	84,980
	<hr/>	<hr/>
Total Revenue	1,228,695	1,135,164
Net assets released from restrictions	11,550	3,799
	<hr/>	<hr/>
Total	1,240,245	1,138,963
	<hr/>	<hr/>
Expenses		
Program services	911,260	901,268
Management and general	246,925	213,486
	<hr/>	<hr/>
Total Expenses	1,158,185	1,114,754
	<hr/>	<hr/>
Change in unrestricted net assets	82,060	24,209
	<hr/>	<hr/>
Temporarily Restricted Net Assets:		
Contributions received	6,832	4,755
Net assets released from restrictions	(11,550)	(3,799)
	<hr/>	<hr/>
Change in temporarily restricted net assets	(4,718)	956
	<hr/>	<hr/>
Total change in net assets	77,342	25,165
Net assets, beginning of period	241,525	216,360
	<hr/>	<hr/>
Net assets, end of period	\$ 318,867	\$ 241,525
	<hr/>	<hr/>



ACEP Association for Comprehensive Energy Psychology

Going Beyond Talk...

...to create a truly effective therapeutic practice with an evidence-supported body-mind approach

EARLY 2012 WORKSHOPS & 14TH INTERNATIONAL CONFERENCE MAY 31- JUNE 4, 2012

Who Should Learn These Techniques?

Forward thinking psychologists, social workers, therapists, counselors and helping professionals who:

- Want to bring rapid, deep and lasting relief and increased functioning to clients.
- Enjoy using active and focused therapeutic approaches.
- Are looking for state-of-the-art mind-body approaches that shift dysfunctional thoughts, feelings and beliefs through activating energy points and centers.
- Want to develop a specialty niche in the complementary and alternative health care market and reduce dependency on low-fee managed care contracts.



What is Energy Psychology?

Energy Psychology (EP) is a family of highly focused body-mind approaches (such as EFT and TFT) that rapidly release negative emotion and hyper-arousal associated with traumatic and stressful life events. Trapped negative emotion and negative energy are at the heart of inhibited function and performance, emotional disorders, and even some disease. Basic EP approaches are such a straight-forward delivery system for healing that they can easily be taught to clients (even children) as self help tools. More sophisticated versions can be

valuable clinical techniques in the hands of well-trained practitioners. As clients focus on distressing memories or symptoms, practitioners walk clients through a process of activating energy points. This activation appears to stimulate natural healing processes of the body-mind system. Using specific patterns of inquiry, practitioners continue this process through different associations and aspects of the distress until the client feels deep relief, often within a single session (per stressful event).

Introduction to Emotional Freedom Techniques (EFT)

EFT WORKSHOPS IN

- Pasadena, CA • Jan. 21-22
- Phoenix, AZ • Feb. 18-19
- New Orleans, LA • March 10-11
- Chicago IL • April 14-15
- Edmonton, AL Canada • April 27-28
- San Diego • May 30-31

12 hours of CEUs available

May 31 - June 3, 2012
14th Annual Energy Psychology Conference
Multiple Dimensions in Psychotherapy and Healing

4 Star/4 Diamond Luxury, Loews Coronado Bay Resort, San Diego, CA
Outrageous Room Rate \$149!

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