

EMDRIA



JUNE 2014

THE INFORMATION RESOURCE FOR EMDR THERAPISTS

VOL 19 ISSUE 2

2014 EMDRIA Conference: Help us celebrate the growth, accomplishments and future of EMDR Therapy

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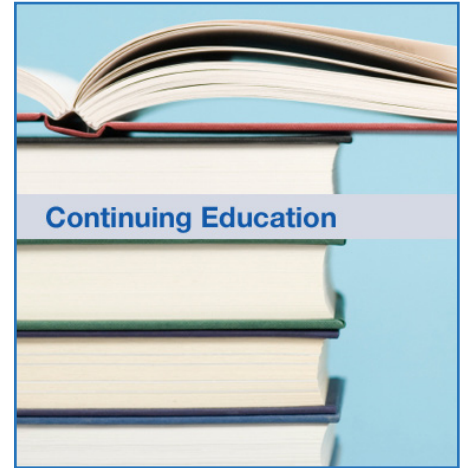
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A word from the President...

EMDRIA is a membership organization dedicated “to the highest standards of excellence and integrity in EMDR.” Perhaps the most fundamental contribution to EMDRIA that links most of us is our ongoing effort to provide quality EMDR therapy in our own clinical practices. This work, one session at a time, has improved the lives of many people, often dramatically so. As each of you refine and spread effective EMDR practice, you are strengthening the “good name” of EMDR.

I salute EMDRIA members because your membership further demonstrates your commitment to EMDR. You understand that perpetuating and advancing anything of value takes organization and resources. Further still, EMDRIA is deeply grateful to all of you who have extended your EMDR involvement beyond your office walls with additional efforts that have helped support, build and guide EMDRIA work toward our common goals.

EMDRIA relies heavily on volunteer leadership. It is simply not possible to do what EMDRIA does with staff alone - nor is it wise. EMDRIA believes that tapping the input and skills of members keeps our focus fresh and gets things done.

Within EMDRIA, we have many opportunities for leadership and have been fortunate to have so many people step into these roles. Our Regional Coordinators head up local networks of EMDR clinicians creating opportunities to support each other’s practices with education, collaboration and more. EMDRIA now hosts twelve Special Interest Groups (SIGs), each with a chairperson.

We are very fortunate to have Mark Doherty as our Executive Director. He along with his skilled staff does an excellent job managing the essential activities and infinite, nitty gritty details that keep us solid. Perhaps most essential to EMDRIA core operations are the Administrative Committees. Mark works closely with each committee which is led by EMDRIA volunteers. Currently, these include the Advocacy, Conference, Marketing and Communications, Membership, Research, and Standards and Training Committees.

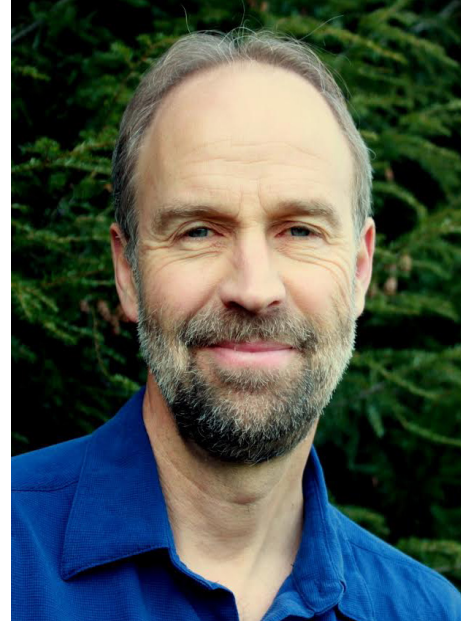
Leadership in EMDR can take many other forms including contributing an article to the Journal of EMDR Practice and Research or another journal, conducting research or participating in a research project, presenting at an EMDRIA Conference or offering trainings, extending EMDR to new populations and sharing your results, writing an article about EMDR for your local newspaper, or giving your time to meet with a referral source to teach them about EMDR. There are many ways to contribute by your own initiatives.

Effective leadership combines many qualities but I think in terms of attitude and action. A leadership attitude understands that when we care about something, we must accept responsibility for tending to its wellbeing. Also, a leader realizes and has the confidence that they can make a difference. The second part of leadership is action. Often, when an organization as robust as EMDRIA seems to “have its act together,” it’s easy to coast and leave the work to others. However, the more help the better we continue to grow. Many of the volunteers in EMDRIA are veteran clinicians who sacrifice significant time from their “day job” to contribute. They say that the large scale impact of their work, the collegial relationships they build within EMDRIA and the professional growth that come with their efforts all make it worth it. For those of you thinking, “How can I help?” EMDRIA welcomes you. Taking that first step can take courage but we guide you to pitch in where you feel you have the most interest or the most capacity to contribute. Thankfully, we don’t all have to be good at everything.

The EMDRIA Board has a unique position of leadership. Established almost 20 years ago by individuals who had the foresight to envision the need for a membership organization, we have operated for many years with a policy governance model. In short, this means that we set policies that determine the overall direction of EMDRIA, and oversee the Executive Director as he manages the extensive day-to-day operations. Like most leadership within EMDRIA, our Boards capability is built upon the shoulders of past efforts. Past Boards have established solid policies and procedures that have served us well. With this operational bedrock, EMDRIA has the organizational maturity to increasingly focus on attaining our more ambitious goals. With our ship secure, we can sail at a quicker pace.

Outcomes of last year’s strategic planning clarified our priorities for the future growth of EMDRIA. Overall, our core values have not changed but our goals have evolved to meet current strategic objectives. The Board has modified some language in our policies to make them more readily understandable and practical. For example, what used to be called “Ends” policies are now “Goals.”

Thank you to all of you who make EMDRIA such a rich, vibrant community. Cumulatively, the efforts of so many contribute to EMDRIA’s overall purpose to advance the science, education, and practice of EMDR. ❖



Mark Nickerson, LICSW
EMDRIA President

Announcements



Your Vote Counts

The EMDRIA Board of Directors Online Election will open very soon. You will receive an email containing a link to the ballot, so be on the lookout. All Full Members who have renewed or joined by May 31, 2014 will be eligible to vote. You will also have the option to call EMDRIA and request a paper ballot be mailed to you if you prefer to vote by mail. If you have not provided an email address to EMDRIA, a paper ballot will be sent to you automatically.

Regional Coordinator DVD Lending Program: New DVD Available!

Sandra Paulsen's **Six Tips from Science: Informing the EMDR Treatment of Very Early Trauma & Neglect** has been added to the Regional Coordinator DVD Lending Program. To view a description of this DVD, access the lending agreement request form and see a list of all the DVDs that are part of this program please visit: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=160> . The lending program is only available to EMDRIA Regional Coordinators. If you are interested in becoming a Regional Coordinator contact Sarah Tolino at stolino@emdria.org.

New EMDRIA Staff

Bergen Villegas joined the EMDRIA staff in March 2014 as an Administrative Coordinator. At EMDRIA, Bergen is the first point of contact. She also handles product orders, payment processing and general inquiries. Bergen majored in Social Work at Eastern Michigan University. In her time off, she is an avid baker and enjoys walking her dogs.

Desandra Martinez joined the EMDRIA staff in June 2014 as an Administrative Coordinator. Desandra majored in Social Work at Minnesota State Moorhead. Desandra joins EMDRIA from the Community Justice Assistance Division of the Texas Department of Criminal Justice. In her free time she loves to travel, spend time with her niece and nephews, dance salsa, zumba and any other kinds of dance.

Join us in welcoming Bergen and Desandra to the EMDR community!

EMDRIA Office Closed

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



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Executive Director's Message

The highest priority goal as directed by our strategic plan is to increase membership. To accomplish this feat, we have developed a three-prong program. We determined that there are approximately 1,800 to 2,000 clinicians who complete EMDR Basic Training in the USA each year. A good first step is to increase the number of newly trained EMDR therapists. As such, EMDRIA is taking a proactive role and now is exhibiting at targeted important conferences to increase the visibility of EMDR among key constituent groups. The number one question asked by attendees who come to our booth is "*Where do I get EMDR basic training?*" Right now we point them to our website, but it's my intent to work with our providers of Basic Training to have a better approach as we look forward to exhibiting at more conferences in the future.

Providers of Basic Training send us an electronic record of those who have completed the training. We have developed a database that we are now using to follow up to extend a special offer to those newly trained to join EMDRIA. As part of our outreach, we have just completed our first Membership Handbook, which can be found at: [http://www.emdria.org/associations/12049/files/EMDRIA Membership Handbook.pdf](http://www.emdria.org/associations/12049/files/EMDRIA%20Membership%20Handbook.pdf). The 18 page handbook is a compendium of how to get the most out of joining EMDRIA and becoming part of a vibrant and helpful community. We will be making copies of the handbook available to our Providers of Basic Training and Regional Coordinators so they can continue to help us to grow our membership ranks.

The third prong is to increase the retention of our existing members. We have augmented the number of follow ups through electronic means and regular mail to increase the awareness of membership renewals. We appreciate that members are often so busy that they can easily overlook a renewal notice. So, it's up to EMDRIA to make sure that we don't give up on you.

You as our members can make a big difference. You perhaps represent our most effective outreach and marketing efforts. Your word of mouth is worth more than all the emails or exhibits that we can muster. Encourage your colleagues to take EMDR basic training and join EMDRIA. We are counting on you to give us that boost to grow our membership base.

One of the real benefits of membership is to be able to attend our annual Conference at a discounted rate. This year, our theme is "**EMDR: Celebrating 25 Years of Healing Trauma.**" We are expecting a great turn out. I encourage you to register for the Conference promptly to get your desired sessions as well as the early bird discounted price and be sure to make your hotel reservations as soon as possible. The hotel is booking up fast. The Conference is September 18 – 21, 2014 at the Hyatt Regency Denver at the Colorado Convention Center. The Pre-Conference workshops offer full day sessions on addictions and compulsive behaviors, helping children with trauma and the treatment of military veterans. Friday's opening keynote session will feature Dr. Francine Shapiro discussing EMDR therapy update – theory, research and practice. Dr. Christine Courtois will speak on Saturday morning on the treatment of complex trauma and on Sunday, Rolf Carriere will address healing wounded memories worldwide. In addition, we have many sessions spanning a wide variety of EMDR-related topics. The Conference not only provides EMDRIA Credits, but offers continuing education credits through many accrediting agencies. To register, go to: www.emdriaconference.com and join us in celebrating the 25th anniversary of EMDR therapy. I look forward to seeing you there.

Your thoughts and ideas can be most helpful as we strive to increase our membership significantly. We have lots of volunteer openings that you can join and pitch in. Always feel free to contact me at mdoherty@emdria.org or 512-451-5200. ❖



Mark G. Doherty, CAE
EMDRIA Executive Director



EMDR BROCHURES FOR CLIENTS

The 2014 version of the popular "What is EMDR?" brochure is now available in full color! Educate potential clients about EMDR. Special discounts available for EMDRIA Members.

www.emdria.org

Conference Corner



EMDR: CELEBRATING 25 YEARS OF HEALING TRAUMA

Come help us celebrate 25 years of healing with EMDR! This is a tremendous opportunity to hear the leaders in our field as they discuss the growth, accomplishments, and future challenges for EMDR Therapy. We're eager to hear Dr. Francine Shapiro, the originator and developer of EMDR, as she gives an update on EMDR theory, research, and practice. Dr. Christine Courtois will discuss the practice guidelines for treatment of complex trauma, and internationally known Rolf Carriere will speak of the challenges and rewards in addressing the global impact of trauma. And that's just the plenary addresses! You'll hear top-notch presenters in areas of addictions, military trauma, attachment, dissociation, neurobiology, research, and many more! Please join us as we celebrate 25 years of growth, and more importantly, as we work together to explore the possibilities and to shape the future of EMDR Therapy.

The schedule of events, speaker biographies, workshop descriptions, attendee list, continuing education information and sponsorship and exhibitor information are all available

on our Conference website. Visit www.emdriaconference.com to stay up-to-date on the latest Conference information.

Registration Information

Registration is now open! Visit www.emdriaconference.com to register online or to download the printable registration form. You also should have received the printed Conference brochure in the mail, which includes the printable registration form and complete information on the Conference.

Your registration includes: All plenary sessions and workshops, continental breakfast each day, two coffee breaks each day, dinner (Friday only), opening address and reception, networking reception and access to the Exhibit Hall.

Save money by registering by August 1st! The Early Bird Registration Fee is valid until August 1st. Fees will go up after August 1st and if you wait to register on-site there is an additional \$25 fee.

Hotel Information

This year's Conference will be held at the Hyatt Regency Denver at Colorado Convention Center. EMDRIA has secured a special group rate of \$179/single/double for EMDRIA Conference attendees. It's not too early to book your reservation! To register online, please visit <https://aws.passkey.com/event/10752383/owner/21829/home>. To register over the phone, please call 303.436.1234 and let ask for the EMDRIA group rate. *Please note: This year's Conference is being held at the Hyatt Regency Denver at Colorado Convention Center Hotel, not the Colorado Convention Center.*

We anticipate the Conference to be very well attended and our hotel room block to sell out. If this happens, an additional hotel room block will be made available at a nearby hotel. If you have any questions, please contact our office at info@emdria.org or 512.451.5200.

Find A Conference Roommate

As in years past, we are helping to match up attendees who are staying at the Hyatt Regency Denver at Colorado Convention Center Hotel 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 on the right sidebar. You can add yourself to the roommate list or contact others who are looking for a roommate. ❖



Want to get noticed? Exhibit at the Conference!

Reserve your booth space and enjoy more value-added exhibitor benefits. Strengthen your existing relationships, increase your product awareness and generate new sales. All Booths will include: Standard Single Booth (8' x 8'), background drape, 3' side drape, draped 6' table, 7" x 44" ID sign for booth display, wastebasket and two chairs.

All Exhibitors Receive:

- Company logo, a 50-word description and contact information included in the on-site Conference Program
- Company logo with link and a 50-word description on the EMDRIA Conference website
- One complimentary Conference Registration
- Two complimentary Exhibitor badges per booth
- Option to conduct a raffle
- Pre- and Post-Conference registration mailing lists to promote your company's participation

Deadlines:

Early Bird Rate – July 1st

Included in Conference Program – August 1st

Final Deadline – August 15th

Exhibit Hours:

Thursday, September 18th | 7:00AM – 6:30PM

Friday, September 19th | 7:30AM – 6:00PM

Saturday, September 20th | 7:30AM – 7:45PM

Sunday, September 21st | 7:30AM – 2:00PM

Please contact Lisa Gallo, CMP at
512.651.3547 or lisa.gallo@horizonmeetings.com
for more information or questions.

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EMDR RESEARCH FOUNDATION

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

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



2014 - A Year of Celebration

This year is a special one for the EMDR community as a whole. EMDR therapy is celebrating its 25th Anniversary signifying its beginning with Shapiro's 1989 publication in the *Journal of Trauma Stress*. The EMDR Research Foundation (ERF) has only been operating for a fraction of that time, but I feel this publication is the genesis of our being. For the rest of the year, we will devote our attention to recognize the past, celebrate the present and promote the future of EMDR therapy research in a number of ways we hope will be interesting, engaging and educational. In addition to commemorating the ERF's beginnings and reason for existing, another one of our 2014 goals is to promote the importance of research in clinical practices.

Through the ERF's monthly e-newsletter, we will showcase some of the significant research that has been published throughout the years. We see this both as an educational tool to bring awareness to what has been published as well as a way to honor the many researchers and contributors who pursued the numerous lines of study. If you would like to share with us a research article you found helpful or beneficial, please write to info@emdrresearchfoundation.org and we will work to include that in one of the future newsletters. Also if you are not receiving the e-newsletter, but would like to, please see our website (www.emdrresearchfoundation.org) and click on the sign-up tab.

Another planned anniversary event, which will be educational and challenging plus profitable for the winners, is our 25th Anniversary Quiz. Yes that's right—a Quiz! The questions will cover topics about specific research studies and findings, the history of EMDR therapy and the ERF. For the newbies to the EMDR therapy community, searching for the answers will shed some light on the history, specific published research as well as an introduction to the ERF. For the old-timers in our community, it might fire up some of those dormant memory networks to link to new and updated information. This was the brainchild of our creative Board member, Barb Hensley. Barb has very generously donated the prize money with a grand prize of \$500, with additional financial and other EMDR-related materials to be given to individuals who answer the most questions in the shortest amount of time. The quiz can be taken once or multiple times and will start on June 15th. The winners will be announced at the 2014 EMDRIA Conference in Denver. All the specific details will be on the ERF website and will be announced in our monthly newsletters.

As I mentioned in my last article, the ERF has developed three tiers of research priorities to 1) advance evidence-based practice, 2) address the global burden of trauma, and 3) build clinical evidence in areas where little or no research exists. The second priority, *Addressing the Global Burden of Trauma* encompasses the use of EMDR in disaster response, whether that is natural or man-made disasters. We need more research in this area, particularly with the Early EMDR Interventions (EIs) for both children and adults. To facilitate this effort, the ERF is partnering with other EMDR organizations such as Trauma Recovery/HAP, EMDR Europe, EMDR HAP Europe, and EMDR Asia to develop a "Disaster Response Research Toolkit." The toolkit will provide a guide for the selection of research tools, data collection, and follow up for those responding to both man-made and natural disasters. We need data to guide the EMDR responder regarding which of the EMDR Early Intervention (EI) protocols are most effective, when they are best delivered, and/or by whom. We look forward to the outcome of this project as well as the collaboration of the worldwide EMDR therapy organizations.

The EMDR Research Foundation

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

www.emdrresearchfoundation.org

In addition to launching our “**25 Years of EMDR Research**” fundraising campaign we are also offering at least one \$25,000 Research Grant Award. This grant opportunity is offered in addition to the regular awards (i.e., Research, Dissertation, Consultation and Travel) and the application is due July 1, 2014. We hope that our new priorities along with a larger award will generate an increased number of grant applications. With the submissions diminishing over time, the ERF has been unable to award the amount of funds we planned to high quality research projects. We encourage everyone doing EMDR research to strongly consider submitting an application for consideration. We also urge you to spread the word to others who might benefit from our grant funding programs.

Our “25 Years of EMDR Research” fundraising campaign is underway and will help make those \$25,000 grant awards possible. There are a couple of ways you can participate in this year’s campaign. To acknowledge the 25th Anniversary you can become an ERF’s Visionary Alliance donor with a monthly pledge of \$25. If you are already a monthly donor, you might consider raising your pledge TO or BY \$25. You might consider a tribute gift of \$25, \$250 or \$2500 in the name of a loved one, friend or colleague, or simply in the name of EMDR Research. Additionally, this might be the right time for you to consider your planned giving arrangements. There are many options to choose from such as an Endowment Gift, where the funds are used annually in perpetuity or you can name the ERF as a beneficiary in your Will or Trust. Please visit the Get Involved page of our website to learn how to support us now and well into the future.

In closing, on behalf of the ERF Board of Directors, I want to express our condolences to the family and friends of Sandra Kremer. Sandra was dedicated, energetic and passionate about EMDR therapy. She was committed to the entire EMDR community, serving as a facilitator to the EMDR Institute and Trauma Recovery. She was also a Visionary Alliance member and loyal ERF donor. Sandra will be remembered for her generosity, hard work, wisdom, and caring and will be missed by all who knew her. ❖



Ricky Greenwald, PsyD
Executive Director

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In the Spotlight: Gyða Eyjólfsdóttir

BY MARILYN LUBER, PH.D.



Gyða Eyjólfsdóttir was born in Reykjavik, Iceland. Gyða's father, Eyjolfur Thor Georgsson, was working as a taxi driver when he met Dora Olafsdottir, who was working at the taxi station. They instantly became friends. After his marriage ended, he and Dora became a couple, got married and a year later, Gyða was born. They lived next to her maternal grandmother and later moved into a different part of town.

Gyða had always been interested in people and what changes and influences their behavior to allow them to become the person they are. She pursued an interest in astrology so that she could learn more about her family, her friends and herself. What she wanted to know was what affected them, so she read voraciously on the subject. When she was fifteen, Gyða was looking for help in deciding what course to pursue academically and decided to take a vocational inventory. The results suggested that she try professions in the fields of psychology and/or

astronomy. She decided on psychology, and even though her first course in psychology was dry, she persevered.

During high school, she concentrated on learning the following languages: Icelandic, Danish, English, French, German and Latin. In the transition year, after high school, she and her friend went to language school in Hyeres, France and lived with a French family to improve their French. She then got a job working in an office for nine months as a bookkeeper, as she had learned bookkeeping in high school; a skill that later served her well in her own private practice.

In September 1991, she attended the University of Iceland with a major in Psychology. In her course work, she was introduced to all types of psychology and received a good foundation with an emphasis on Cognitive Behavioral Therapy and Research. During that time she was involved with many interesting projects. For example, in Iceland, non-infected members of their society were ostracizing HIV+ diagnosed patients because of insufficient information about their condition. Gyða and her fellow students wanted to see if they could influence attitudes concerning HIV+ patients. They began by creating a psycho-educational pamphlet. Their pamphlet emphasized what types of behaviors were safe and those that were not and was helpful in influencing people's attitudes to people diagnosed with HIV+ in a positive manner. In their study, the information from the surgeon general was the control. They found that the surgeon general's information was worse than nothing as it was scaring people and they became more prejudiced after reading the pamphlet!

In 1994, Gyða was awarded her BA in Psychology. She decided to take two years off to work and to take care of her maternal grandmother, as she had been diagnosed with Alzheimers. Her grandmother went to daycare during the day and then Gyða came home and took care of her at night. It was here that her interest in gerontology began. During this same time period, she met her husband, Jón Kjartansson, through her best friend. She knew from the beginning that he was the one she would marry.

Since there were no graduate programs in psychology in Iceland, Gyða began researching programs outside her country. In August 1996, she decided to move to Austin, Texas so she could attend the University of Texas. Just four days before they leave for the United States, Gyða and Jón were married. Her Fulbright Scholarship included a work permit for her husband and they began their American adventure. From 1997-2004, as part of her doctoral program, she pursued the Portfolio Program in Gerontology where she was prepared to do academic research or engage in a practical career in the field of gerontology, carrying on her interest in working with the older members of our societies.

During her doctoral work, Gyða's found out she was pregnant. During the course of her pregnancy, she was diagnosed with "Symptom-giving Pelvic Girdle Relaxation" which is prevalent in Scandinavia, Germany, the Netherlands, Turkey, Russia and in Africa and some other countries. During the course of pregnancy, a hormonal process causes the ligaments to become more elastic and the pelvic girdle to become more flexible; the name for this is physiological pelvic girdle relaxation. If the pelvic girdle relaxation involves pain to the extent that one can only function in daily activities with difficulties, it is called symptom-giving pelvic pain (<http://lkb.no/about-2/?lang=en>). Once her daughter was born and she was so involved with her new status as a mother, she decided to decrease her stress so she could enjoy motherhood. Gyða took a year off, went back to Iceland and got a less strenuous job at a bank.

The difficulty of her pregnancy, at a crucial time in her doctoral work, influenced her course of study and she ended up doing her dissertation on the "Psychosocial Aspects and Functional Analysis of Symptom-giving Pelvic Relaxation in Icelandic Women." As she had other friends who had this condition, Gyða decided to do an informal assessment of the variables that she thought seminal to what was going wrong in her own and her friends' lives. She returned to Iceland to do her research where she sent out questionnaires to all the women in the country between 34-36 weeks of their pregnancy. Her committee was astounded when they saw that she had a 67% response rate! Among the variables that she found distinguishing women with Symptom-giving Pelvic Relaxation and those who did not

have it were the following: physical or sexual abuse; somatic symptoms; emotionally more inhibited; having one domineering and one submissive parent; and less social support. These variables explained 70% of the women who got this condition.

This event in Gyða's life marked when she became interested in learning more about trauma. It sparked her attention and she began focusing on concerns about pregnancy in general such as infertility, miscarriages, stillbirths, etc. For her pre-doctoral psychology internship, Gyða went to the Southern Mississippi Consortium in Hattiesburg. During this time, from August 2003-August 2004, she had four supervisors and she asked each one what was the most important thing they had learned; two of the four said, "EMDR." In July 2004, she decided to attend an EMDR Part 1 of the Basic Training in Atlanta. During her first practicum, she worked on a memory about when she had found her husband on the floor bleeding after he had fainted and struck his head; she thought he had died. After the incident, she had PTSD symptoms for a year, and during the EMDR practicum (within 20 minutes!) it had cleared. She was amazed. During another practicum, she used a difficult phone call with her father as the target. She had been in therapy for 1½ years and found again, that the charge on the event had cleared in about 20 minutes. Even her therapist, who did not believe in trauma at the time, could see the difference in her demeanor when she returned from the training!

Before she completed her postdoctoral fellowship in 2005, she took Part 2 of the EMDR Basic Training. She was convinced now that EMDR was a tremendous asset to her work. She returned to Iceland that year and became an advocate for her colleagues to be trained in EMDR. With Brynhildur Scheving Thorsteinsson, she translated the worksheets, list of negative and positive cognitions and the DES and DES for Adolescents into Icelandic.

Gyða had become fascinated with EMDR and looked for ways to increase her knowledge. In 2006, she signed up for Roger Solomon's, "The Art of EMDR," returning from this training energized personally and professionally. She continued to use EMDR for herself and her clients. In 2008, there was an economic collapse in Iceland and Gyða began to do crisis intervention work with one of the banks. She was one of a very few EMDR practitioners and she had a waiting list that was six months long. Over time, it became overwhelming, so she did what she could to take care of herself. In 2011, Gyða took the "Art of EMDR" with Roger Solomon again and worked with a colleague on her burnout. When she left, she had new ideas about how to run her practice more efficiently and actualize her creativity.

She became an EMDRIA Certified Therapist in 2008 and EMDRIA Approved Consultant in 2013. She continued to educate herself and receive supervision to include trauma-related training as in dissociation and complex PTSD.

One of her undertakings was to make sure that her colleagues in Iceland became EMDR trained. The trainings began in 2011 with EMDRHAP sponsored trainings by Hope Payson and Robbie Adler-Tapia and an EMDR Institute training with Roger Solomon. Currently, there are just over 80 Part 2 trained and approximately 17 who have almost completed Part 2 EMDR Trained therapists in Iceland. She has also become an EMDRIA Provider of specialty trainings. The first one is "EMDR and Traumatic Bereavement" with Roger Solomon. In 2012, Gyða and Brynhildur Scheving Thorsteinsson founded the EMDR Iceland Association and they are hoping to become part of the EMDR Europe Association. She has been running a practice group for EMDR therapists to go deeper into the manual and to support more practice of the protocol. She has noticed that EMDR has been growing in Iceland and more and more clients ask specifically for EMDR Therapy.

She collaborates with Tilvera, Iceland's infertility organization, and responds to questions on their website. She has also been working for Kraftur, a national Cancer Society for Young Adults, and she designed a volunteer training program for the Cancer Society. She also collaborates with a maternity clinic specializing in high-risk pregnancies. She continues to conduct psychological assessments and released a DVD in 2013, with a lecture on the emotional aspects of infertility. She has written a number of articles in Icelandic journals concerning the above issues.

To the EMDR Community, Gyða wants to convey the following:

"I am very appreciative of this approach that I planned to never learn! It has been amazing where it has taken me, my clients, and my fellow therapists. I hope that it continues to grow and we allow it to go to places that we never dreamed of! I also think that it is important that therapists get more training in dissociation."

Gyða is a woman who loves to spend time with her family and travel. They have a small house in the north where her husband grew up, which is ideal for a get away. They enjoy doing projects together and she is an avid knitter.

Gyða is an example of the type of ground-breaking pioneer that we have recognized in so many of our EMDR practitioners who have seen in EMDR Therapy a therapy that is extraordinary. As with the many leaders in their countries before her, she has taken the time and the energy to help her colleagues in her country learn about it. She is a leader and has helped EMDR grow in Iceland. We are delighted that she is a member of our EMDR community. ❖

In Memorium



Lynn Simpson

The staff at EMDRIA is saddened to share the news of the recent death of former staff member, Lynn Simpson, who passed away on May 6, 2014. She was 65 years old. Lynn began working at EMDRIA in 2002 as our Membership Services Coordinator. In April of this year, Lynn retired and moved to Huntsville, Alabama, to live with her daughter. She is survived by her three daughters, several grandchildren and great grandchildren.

When not at EMDRIA, Lynn enjoyed bingo, shopping at Flea Markets, and mostly her four beloved dogs. She will be remembered by our staff and EMDRIA members for her warm smile and crazy sense of humor.

In memory of Sandra Kremer

April 23, 2014

A cheerleader for some,

the mentor of many,

and always sharing her 'desserts of life' with all!



EMDR facilitator & HAP volunteer

EMDR: "It not only heals my clients, it feeds my Spirit to know that if the client is willing to do the work, I can offer what they need for their healing. We all have our unique paths to involvement with EMDR but we each have the same passion for it." Sandra Kremer



An open letter to Approved Consultants & Consultants-in-Training Are you looking for:

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- 3: Opportunities to grow the EMDR community in your local area?
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Charleston, SC: January/February 2015

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Sincerely: Roy Kiessling

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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

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

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

Buydens, S. L., Wilensky, M., & Hensley, B. J. (2014). Effects of the EMDR protocol for recent traumatic events on acute stress disorder: A case series. *Journal of EMDR Practice and Research*, 8(1), 2-12. doi:10.1891/1933-3196.8.1.2

Sarah L. Buydens, PhD Candidate, Registered Clinical Counsellor, #102-1022 Pandora Ave., Victoria, BC, Canada V8V 3P5. E-mail: BuydensPsychotherapy@gmail.com

ABSTRACT

The purpose of this study was to evaluate the effectiveness of the eye movement desensitization and reprocessing (EMDR) protocol for recent traumatic events in the treatment of acute stress disorder. Within weeks of being exposed to an isolated traumatic event, 7 adults diagnosed with acute stress disorder were provided with multiple sessions of the EMDR protocol for recent traumatic events, an extended version of the EMDR therapy standard protocol. In each case, an individual's subjective distress caused by the traumatic events was measured using the Impact of Events Scale-Revised and the goal of alleviating symptoms was accomplished. The positive results suggest the EMDR protocol for recent traumatic events may be an effective means of providing early treatment to victims of trauma, potentially preventing the development of the more severe symptoms of posttraumatic stress disorder.

Dilly, R. (2014). Eye movement desensitisation and reprocessing in the treatment of trauma with mild intellectual disabilities: A case study. *Advances in Mental Health and Intellectual Disabilities*, 8(1), 63-71. doi:10.1108/AMHID-06-2013-0036

Richard Dilly, Advanced Healthcare Practitioner, based at National High Secure Learning Disability Service, Rampton Hospital, Nottinghamshire Healthcare NHS Trust, Nottingham, UK.

ABSTRACT

Purpose: The purpose of this paper is to explore the effectiveness of Eye Movement Desensitisation and Reprocessing (EMDR) therapy in an individual with mild intellectual disabilities currently compulsorily detained in secure care.

Design/methodology/approach: The intervention utilised the EMDR eight-phase protocolised psychotherapeutic approach. Sessions utilised symbol cards to explore the impact of the client's experiences in relation to his thoughts, emotional feelings, physical feelings and behaviour. Drawings were also utilised to assist the client to develop a picture of the traumatic incident. A "safe place visualisation technique" was also utilised at the end of every session to manage any distress. The Posttraumatic Stress Diagnostic Scale (PDS) with some minor adaptations for use with people with intellectual disabilities was utilised as a pre- and post-measure.

Findings: The study identified reductions in symptoms in all three core clinical subgroups of the PDS: re-experiencing, avoidance and arousal, with outcomes being maintained at one-month and six-month follow-up. Reduction in the strength of ratings was most evident in the avoidance domain.

Originality/value: There are limited studies exploring the effectiveness of EMDR with individuals with intellectual disabilities.

Duros, P., & Crowley, D. (2014). The body comes to therapy too. *Clinical Social Work Journal*. doi:10.1007/s10615-014-0486-1

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ABSTRACT

Current research reveals that trauma often cannot be resolved solely through interventions that utilize left-brain functions, such as those used in traditional talk therapy. Because trauma is actually something that happens deep in the core of the brain and the body, the most effective treatment approaches integrate traditional therapy modalities with those that focus on calming the nervous system such as yoga, mindfulness, imagery, expressive arts, and eye movement desensitization and reprocessing. This paper will focus on synthesizing current information on traumatic stress, the neurobiology of trauma, and evidence-based, body-integrative interventions provided within the framework of the Collaborative Change Model (CCM) (Barrett in *The systemic treatment of incest*. Taylor & Francis, Bristol, 1989; *Treating complex trauma: a relational blueprint for collaboration and change*. Rutledge, New York, 2014). Through the framework of the CCM, this paper will provide clinicians with an understanding of how and when to engage clients in body-mind approaches, how to help clients learn to recognize when they are in fight, flight, or freeze response patterns, and how to develop

skills for managing emotional dysregulation. A detailed case study will be provided to illustrate this integrative approach in the treatment of trauma.

Frommberger, U., Angenendt, J., & Berger, M. (2014). Post-traumatic stress disorder- a diagnostic and therapeutic challenge. *Deutsches Ärzteblatt International*, 111(5), 59-65. doi:10.3238/arztebl.2014.0059

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Full text available at: <http://www.aerzteblatt.de/int/archive/article?id=153214>

ABSTRACT

Background: In Germany, the one-month prevalence of post-traumatic stress disorder (PTSD) is in the range of 1% to 3%. Soldiers, persons injured in accidents, and victims of domestic violence increasingly seek medical help for symptoms of

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Author *A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants (2009)*

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emotional stress. Days lost from work and monetary compensation for emotional disturbances are markedly on the rise. The term "PTSD" is commonly used uncritically and imprecisely, with too little regard for the existing diagnostic criteria. It is at risk of turning into a nonspecific collective term for emotional stress of any kind.

Method: We selectively reviewed the literature in the PubMed database and pertinent journals, with additional consideration of the recommendations and guidelines of medical societies from Germany and abroad.

Results: The characteristic types of reactions seen in PTSD are nightmares and an intense, repetitive, intrusive "reliving" of the traumatic event(s). Emotional traumatization manifests itself not only as PTSD but also through major effects on other mental and somatic diseases. An early, trauma-focused behavioral therapeutic intervention involving several sessions, generally on an outpatient basis, can prevent the development of PTSD. The most important components of effective treatment are a focus on the particular trauma experienced and confrontation with the patient's memories of the trauma. The best existing evidence is for cognitive therapy, behavioral therapy according to the exposure paradigm of Foa, and eye movement desensitization and reprocessing therapy. The most recent meta-analysis reveals effect strengths of $g = 1.14$ for all types of psychotherapy and $g = 0.42$ for all types of pharmacotherapy taken together (with considerable differences among psychotherapeutic methods and among drugs). The efficacy of psychodynamic therapy, systemic therapy, body-oriented therapy, and hypnotherapy has not been adequately documented in randomized controlled trials.

Conclusion: PTSD can be precisely diagnosed and effectively treated when the diagnostic criteria and guideline recommendations are taken into account. Referral for trauma-focused psychotherapy should be considered if the acute symptoms persist for several weeks.

Kosatka, D., & Ona, C. (2014). Eye movement desensitization and reprocessing in a patient with Asperger's disorder: Case report. *Journal of EMDR Practice and Research*, 8(1), 13-18. doi:10.1891/1933-3196.8.1.13

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ABSTRACT

Eye movement desensitization and reprocessing (EMDR) has demonstrated efficacy in the treatment of posttraumatic stress disorder (PTSD). This case demonstrates the successful use of EMDR for the treatment of PTSD in a patient with Asperger's disorder and examines potential pitfalls both in detecting and treating PTSD in patients with autism spectrum disorders. Our

patient was a 21-year-old female with a diagnosis of Asperger's disorder and multiple traumas stemming primarily from physical abuse at the hands of her peers in school. Treatment was provided in an accelerated format, being provided 3 days a week for approximately 3 weeks leaving at least 1 day in between sessions. After receiving 8 EMDR sessions, her scores improved on the Posttraumatic Checklist with effects maintained at 8-month follow-up.

Laugharne, R., Marshall, D., Laugharne, J., & Hassard, A. (2014). A role for EMDR in the treatment of trauma in patients suffering from a psychosis: Four vignettes. *Journal of EMDR Practice and Research*, 8(1), 19-24. doi:10.1891/1933-3196.8.1.19

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ABSTRACT

Many patients with a functional psychosis are likely to have a history of trauma and symptoms of post-traumatic stress disorder (PTSD); some may be traumatized by their psychotic symptoms. We present a series of vignettes to describe eye movement desensitization and reprocessing (EMDR) treatment of 4 patients suffering from a functional psychotic illness who had a significant history of trauma. After receiving EMDR, each patient showed an improvement in their PTSD symptoms and reported an improvement in the quality of their lives. Follow-up at 3-6 years indicated that the treatment effects were maintained, with changes evident in elimination of trauma-related delusions, reduction in anxiety and depression, fewer hospital admissions, and overall improved quality of life. Because a history of trauma and PTSD symptoms are more frequent in patients with a psychosis, and trauma may be an etiological component of psychosis, EMDR treatment needs to be researched and explored as a treatment opportunity.

Logie, R. D. J., & De Jongh, A. (2014). The "Flashforward Procedure": Confronting the catastrophe. *Journal of EMDR Practice and Research*, 8(1), 25-32. doi:10.1891/1933-3196.8.1.25

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ABSTRACT

This article introduces the "Flashforward procedure," which is a specific application of eye movement desensitization and reprocessing (EMDR). It is used for the treatment of irrational fears, for example, when a persisting fear continues after the core memories of past events have been fully processed. A theoretical

background is presented, and the procedure is explained, together with 2 illustrative case studies. We describe psychological conditions and mental health problems for which the use of EMDR aimed at client's flashforward might be appropriate, as well as indicating which stage in the therapeutic process is most applicable for the use of this procedure. Furthermore, the Flashforward procedure is compared with other EMDR applications and similar procedures in other therapies. Some implications are discussed.

Nikmorad, A. R., Nejad, A. S., Safdari, S., Goodini, A. A., Azadi, E., Babaei, M. A., . . . Bahrapour, O. (2014). Comparison of the influence of eye movement desensitization therapy and reprocessing (EMDR) and cognitive-behavioral therapy (CBT) method on reducing post-traumatic stress disorder in the war injured. *Journal of Social Issues & Humanities*, 2(8), 166-171.

Full text online: <http://www.journalsih.com/Research%20Articles/Vol%202/Issue%208/Comparison%20of%20the%20influence%20of%20eye%20movement%20desensitization%20therapy%20and%20reprocessing.pdf>

ABSTRACT

Introduction: The present research tries to compare the effectiveness of two therapy methods of EMDR and CBT in PTSD. Statistical population included 400 people of 8-year Iran-Iraq war injured who referred to military clinics. 45 people were picked as sample size by means of cluster random sampling. They were put into two groups: experiment group and control group. The present research is an experimental study which involves intervention. Research design is of pretest-posttest type and has a control group. Instruments which were used for data collection include military post-traumatic stress disorder questionnaire (pcl), 8-session CBT package and 8-session EMDR package. Covariance method was used for data analysis.

Materials and methods: statistical population of the present research included all of The Injured of 8-year War imposed on Iran by Iraq. Sample size was 200 people and sampling method was random cluster sampling. 45 people were randomly selected from among 80 respondents who received an acceptable quota from Checklist questionnaire (pcl). They were put into 3 groups: 2 experiment groups and 1 control group. Respondents received 8 sessions of cognitive-behavioral training and 8 sessions of eye movement treatment and reprocessing. Then, the respondents received posttest. Data was analyzed by ANCOVA analysis and using SPSS.

Results: results showed that there is a significant difference between post-traumatic stress disorder mean in eye movement therapy group and cognitive-behavioral therapy group. Results also showed that there is a significant difference between post-traumatic stress disorder mean in the control group and eye movement therapy group. There is also a significant difference between post-traumatic stress disorder in control group and cognitive-behavioral therapy (CBT) group.

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Conclusion: Results showed that desensitization therapy methods through eye movement therapy and reprocessing and CBT method influence on reducing post-traumatic stress disorder and eye movement therapy method are more effective than CBT method.

Pfefferbaum, B., Newman, E., & Nelson, S. D. (2014). Mental health interventions for children exposed to disasters and terrorism. *Journal of Child and Adolescent Psychopharmacology*, 24(1), 24-31. doi:10.1089/cap.2013.0061

Full text available online at: <http://online.liebertpub.com/doi/pdf/10.1089/cap.2013.0061>

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ABSTRACT

Objective: The purpose of this review is to describe interventions used with children who are exposed to disasters and terrorism and to present information about the potential benefits of these interventions.

Methods: A literature search conducted in January 2013 using relevant databases and literature known to the authors that was not generated by the search yielded a total of 85 studies appropriate for review.

Results: Intervention approaches used with children exposed to disasters and terrorism included preparedness interventions, psychological first aid, psychological debriefing, psychoeducation, cognitive behavioral techniques, exposure and narrative techniques, eye movement desensitization and reprocessing, and traumatic grief interventions. The investigation of these interventions is complex, and studies varied in methodological rigor (e.g., sample size, the use of control groups, outcomes measured).

Conclusions: Given the limitations in the currently available empirical information, this review integrates the literature, draws tentative conclusions about the current state of knowledge, and suggests future directions for study.

Rathschlag, M., & Memmert, D. (2014). Reducing anxiety and enhancing physical performance by using an advanced version of EMDR: A pilot study. *Brain and Behavior*, Article first published online: 12 FEB 2014. doi:10.1002/brb3.221

Full text available online: <http://onlinelibrary.wiley.com/doi/10.1002/brb3.221/pdf>

Marco Rathschlag, Institute of Cognitive and Team/Racket Sport Research, German Sport University, Am Sportpark Mungersdorf 6, 50933 Koln, Cologne, Germany. E-mail: m.rathschlag@dshs-koeln.de

ABSTRACT

Background: The main aim of this pilot study was to investigate an advanced version of eye movement desensitization and reprocessing (EMDR) for reducing anxiety.

Methods: Fifty participants were asked at two times of measurement (T1 and T2 with a rest of 4 weeks) to generate anxiety via the recall of autobiographical memories according to their anxiety. Furthermore, the participants were randomly assigned to an experimental group and a control group, and the experimental group received an intervention of 1–2 h with the advanced version of EMDR in order to their anxiety 2 weeks after T1. At T1 as well as T2, we measured the intensity of participants' anxiety with a Likert scale (LS) and collected participants' state (temporary) and trait (chronic) anxiety with the State-Trait Anxiety Inventory (STAI). In addition, we measured participants' physical performance in a test for the finger musculature under the induction of their anxiety.

Results: The results showed that participant's ratings of their perceived intensity of anxiety (measured by a 9-point LS) and the state and trait anxiety decreased significantly in the experimental group but not in the control group from T1 to T2. Moreover, the physical performance under the induction of participants' anxiety increased significantly in the experimental group from T1 to T2 and there were no significant changes in the control group.

Conclusions: The study could show that the advanced version of EMDR is an appropriate method to reduce anxiety.

Ringel, S. (2014). An integrative model in trauma treatment: Utilizing eye movement desensitization and reprocessing and a relational approach with adult survivors of sexual abuse. *Psychoanalytic Psychology, 31*(1), 134. doi:10.1037/a0030044

Shoshana Ringel, PhD, 1915 Greenberry Road, Baltimore, MD 21209. E-mail: sringel@ssw.umaryland.edu

ABSTRACT

The aim of this article is to offer an integrative approach in the treatment of adult survivors of sexual abuse. The treatment orientation is psychodynamic and intersubjective and will draw on three conceptual models: (a) a developmental model based on current attachment research, (b) current neuroscience findings concerning traumatic memory that emphasize sensory, affective, and implicit knowing in the understanding and treatment of trauma, and (c) eye movement desensitization and reprocessing as an adjunctive technique to help access traumatic memories. The author will summarize each theoretical perspective and will provide a case illustration to demonstrate a treatment approach that incorporates all three modalities.

Rubin, G. J., & Wessely, S. (2013). The psychological and psychiatric effects of terrorism: Lessons from London. *Psychiatr Clin North Am, 36*(3), 339-50. doi:10.1016/j.psc.2013.05.008

G. James Rubin, E-mail: gideon.rubin@kcl.ac.uk

ABSTRACT

The 7 July 2005 bombings in London caused heightened levels of distress among some in the general community. This distress was most notable in Muslims and members of ethnic minority groups. These effects were transient for most. An estimated 30% of those who were more affected by the attacks, including victims and witnesses, developed psychiatric disorders as a result. An outreach program was set up to screen those who were exposed to potentially traumatic events and to offer them evidence-based treatment. This article discusses what lessons might be learned from studies of the general community and the screen-and-treat approach.

Shapiro, F. (2014). The role of eye movement desensitization and reprocessing (EMDR) therapy in medicine: Addressing the psychological and physical symptoms stemming from adverse life experiences. *The Permanente Journal, 18*(1), 71-7. doi:10.7812/TPP/13-098

Francine Shapiro, PhD, Senior Research Fellow Emeritus at the Mental Research Institute. E-mail: fshapiro@mcn.org

Full text available online: <http://www.thepermanentejournal.org/issues/2014/winter/5626-emdr.html>

ABSTRACT

Background: A substantial body of research shows that adverse life experiences contribute to both psychological and biomedical pathology. Eye movement desensitization and reprocessing (EMDR) therapy is an empirically validated treatment for trauma, including such negative life experiences as commonly present in medical practice. The positive therapeutic outcomes rapidly achieved without homework or detailed description of the disturbing event offer the medical community an efficient treatment approach with a wide range of applications.

Methods: All randomized studies and significant clinical reports related to EMDR therapy for treating the experiential basis of both psychological and somatic disorders are reviewed. Also reviewed are the recent studies evaluating the eye movement component of the therapy, which has been posited to contribute to the rapid improvement attributable to EMDR treatment.

Results: Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and/or more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and/or vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Numerous other evaluations document that EMDR therapy provides relief from a variety of somatic complaints.

Conclusion: EMDR therapy provides physicians and other clinicians with an efficient approach to address psychological and physiologic symptoms stemming from adverse life experiences. Clinicians should therefore evaluate patients for experiential contributors to clinical manifestations.

Tompkins, K. A., Swift, J. K., & Callahan, J. L. (2013). Working with clients by incorporating their preferences. *Psychotherapy (Chicago, Ill.), 50*(3), 279-83. doi:10.1037/a0032031

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ABSTRACT

Working with clients by integrating their therapy preferences into the treatment decision-making process has been identified as an important part of evidence-based practice in psychology. Accommodating client preferences has also been demonstrated to lead to fewer treatment dropouts and improved therapy outcomes. In this article, we present a number of clinical interventions or techniques for addressing client preferences in psychotherapy. Clinical examples demonstrating the techniques are also provided.

van der Hart, O., Groenendijk, M., Gonzalez, A., Mosquera, D., & Solomon, R. (2014). Dissociation of the personality and EMDR therapy in complex trauma-related disorders: Applications in phases 2 and 3 treatment. *Journal of EMDR Practice and Research*, 8(1), 33-48. doi:10.1891/1933-3196.8.1.33

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ABSTRACT

Eye movement desensitization and reprocessing (EMDR) psychotherapy can play a major role in phase-oriented treatment of complex trauma-related disorders. In terms of the theory of structural dissociation of the personality and its related psychology of action, a previous article described Phase 1 treatment—Stabilization, Symptom Reduction, and Skills Training—emphasizing the use of EMDR procedures in this phase. Phase 2 treatment mainly involves applications of EMDR processing in overcoming the phobia of traumatic memories and their subsequent integration. Phase 3 treatment focuses on further integration of the personality, which includes overcoming various phobias pertaining to adaptive functioning in daily life. This article emphasizes treatment approaches that assist therapists in incorporating EMDR protocols in Phases 2 and 3 of phase-oriented treatment without exceeding clients' integrative capacity or window of tolerance. ❖

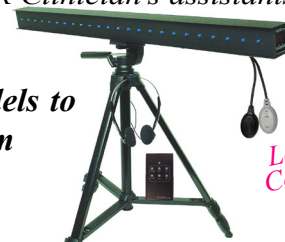
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Deluxe	Yes	Adjustable	Red, Blue & Green	Yes	Yes



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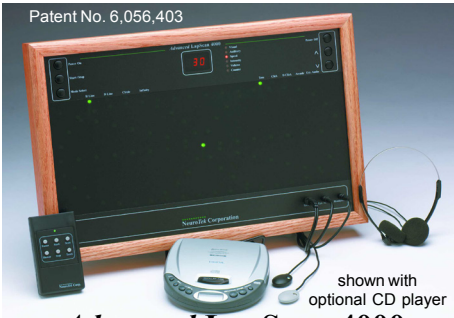


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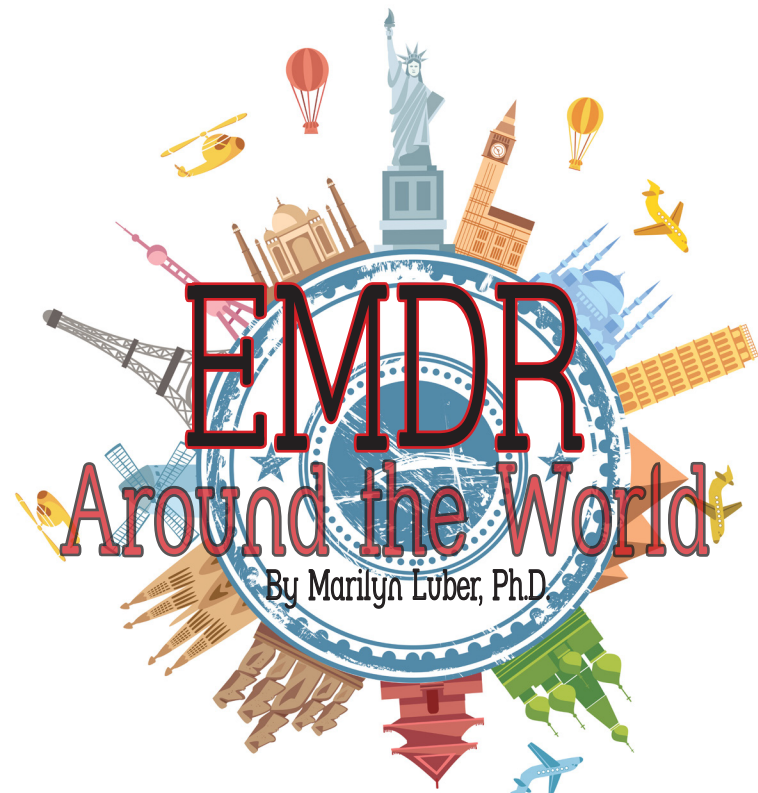
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BANGLADESH

Shamim Karim reports: "Over the past several years, I have been building connections with the faculty of the Departments of Educational Psychology and Counseling at the University of Dhaka. We created a project about psychotraumatology that is supported by the Dhaka Shishu (Child) Hospital at the university. With the support of Professor Naila Khan from the Bangladesh Institute of Child Health (BICH), the project is set to run for 3-5 years. Participating are specialists from a range of organizations and the National Institute of Mental Health who are taking care of adult and child survivors of traumatic incidents. Hanna Egli-Bernd (psychotherapist, supervisor, and president of HAP Switzerland) is teaching the curriculum that is financed by private donors from Switzerland. This curriculum is extensive and includes different topics concerning theory and treatment approaches for psychotraumatology that include psychotherapeutic and psychodynamic techniques related to the treatment of a variety of trauma-related syndromes including complex trauma and attachment issues. Also, there will be practical knowledge, stabilization, diagnostics and treatment planning for traumatized adults, adolescents and children. Members of Trauma Aid Germany will teach the EMDR Basic Training. The goal is to support the establishment of effective treatment capabilities in Bangladesh and to enable the establishment of a local organization for EMDR and Psychotraumatology so that both will be self-sustainable in the future."

BOLIVIA

Esly Carvalho reports: "In February, the first group of EMDR therapists graduated in Bolivia and a new group began training. Glenda Villamarin of Ecuador was approved as a Full Trainer (EMDR IBA/EMDR Institute) and is now in charge of training in Bolivia. She is also helping Ana Gomez in Colombia with EMDR Basic Training."

BRAZIL

Esly Carvalho reports: "In July, Jamie Marich will present on "EMDR and Addictions" for EMDR Brazil. In May, Ana Gomez visited us again and held two workshops: "EMDR and the Treatment of Complex Trauma, Attachment and Dissociation" and "Healing the Care System: Using EMDR and the Adult Attachment Interview and attachment theory to promote mentalizing capacity and reflective function in parents."

CHINA

Fang Li reports: "The schedule for EMDR Basic Trainings in China will be the following: Shenzhen City (neighbor of Hong Kong) in July, including participants from southern China, Hong Kong and Macau (Trainer: Lawrence Chen and trainer-in-training: Fang Li); Northern China (Trainer: Yuchan Yang) in July; Supervisors' Training in Hangzhou, in the center of China (Trainer: Lawrence Chen and trainer-in-training: Weili Wu) in October.

In May, during the International Federation for Psychotherapy (IFP) Conference, EMDR China held a symposium with five speakers from this organization, including topics such as: "The Practice of EMDR in China's Trauma Related Therapy," "Integrating CBT Techniques into EMDR Therapy," "EMDR Treatment of Specific Phobia - A Case Report," "Using EMDR to Treat School Phobia," and "Comparing Research Theories: EMDR and Satir Transformational Systemic Therapy (STST)." The 3rd EMDR Asia Conference (date to be announced) will be in China and we are beginning our preparations. We plan to do more EMDR-related work including training and research. Recently, I have been using EMDR Group Therapy for Personal Development for Specialists, including psychiatrists and counselors, with preliminary positive results."

INDIA

Sushma Mehrotra reports: "We are working to finalize training and standards for Asia as per the documents developed by the EMDR Global Alliance. In May, Parul Tank and I did a Part 1 Training for 14 participants in Sri Lanka on behalf of EMDR-HAP USA. During day 4, we included supervision and it was well received. In India, we have four trainers, two consultants and six consultants-in-training for the facilitation and have planned EMDR Basic Trainings in New Delhi, Mumbai, possibly in Chennai and Varanasi from July to November. Besides individual and Skype consultations, we are offering regularly

small group work and discussions on various topics and phases of EMDR Therapy. Some members of EMDR India were invited to visit Kashmir to provide EMDR to traumatized children at the recommendation of their pediatricians.”

ISRAEL

Alan Cohen reports: “The Community Stress Prevention Center, in Kiryat Schmona, still functions and conducts training for groups and organizations. We have contacts in Ukraine and are considering projects there and also a treatment clinic for stress and anxiety. I still give EMDR supervision, so we are alive and kicking up north.”

Udi Oren reports: “Listening right now to E.C. Hurley who is here for a week giving workshops for EMDR-Israel and for mental health officers in the army. Sheila Salama sponsored E.C. and this training as a gift for Israel. I spent the day with E.C. in the army’s mental health central clinic where he gave a one-day workshop on, “The Use of EMDR in the Military.” The head of mental health in the army, in his opening remarks, thanked E.C. and Sheila, and spoke about the fact that EMDR is used by many of the mental health officers. E.C.’s presentation was very warmly received. Members of the Israeli CBT Conference asked that EMDR be represented at the last Israeli CBT Conference for a panel dealing with PTSD.”

MEXICO

Ignacio Jarero reports: “My research team is conducting a pilot field study in Mexico in which Intensive EMDR Therapy was administered through the EMDR-Integrative Group Treatment Protocol (IGTP) to 24 adult, female, cancer patients with different types of cancer (e.g., cervical, colon, bladder, skin and breast) and severe cancer-related posttraumatic stress symptoms. The participants’ ages ranged from 36 to 68 years (mean=54.16 years) and the time since the cancer diagnosis ranged from July 2006 to October 2013. At pre-treatment, 17 participants showed Short PTSD Rating Interview (SPRINT) scores equal or above the cut-off 14 (PTSD clinical symptoms). The other participants (n=7) showed mild PTSD symptoms. The encouraging preliminary results showed a statistically significant reduction on the SPRINT scores for the active treatment phase and the follow-up phase for patients.”

NEW ZEALAND

Astrid Katur reports: “Greetings from New Zealand. Last year was a very good year for EMDR here. Twelve people finished their EMDR Basic Training with Sigmund Burzynski, followed by a wonderful Master Class with Roger Solomon. At the same time, we formalized our own New Zealand EMDR Association, feeling that to fully grow EMDR in NZ, this needed to be done from within the country. No matter how close (still a 3.5 hour flight away) Australia is, we felt it was important to make our own decisions and to build up the clinician support locally. We are now filling in the membership forms and will start on the accreditation criteria shortly based on EMDR Asia’s work on this.

For 2014, we will have more EMDR Basic Trainings in Auckland, looking at offering more regular group supervision days to support and bring people together from throughout NZ, as well as building up the EMDR NZ Association.”

UNITED KINGDOM

Robin Logie reports: “This year’s EMDR Europe Conference in Edinburgh, June 26-29, 2014, will be the largest ever EMDR Conference in Europe both in terms of the number of presentations and the number of delegates; 850 have already booked. The highlight will clearly be the keynote address by Francine Shapiro, who will be speaking at the Conference for the first time in five years. Other keynote speakers include Marco Pagani on “The Neurobiology of EMDR,” Andreas Maercke on “PTSD Diagnosis” and Ad de Jongh on “New Developments in the Treatment of Phobias.” The full program can be found at: www.emdr2014.com.”

UNITED STATES

California

Merrill Powers reports: “We’ve been pretty busy in the Sacramento area. We continue to have monthly EMDRIA Regional Meetings, but since January we have been alternating locations and days of the week in order to serve our growing region. On alternate months we meet on the second Saturday morning in Rocklin, northeast of Sacramento. The other month we meet on the second Friday in Elk Grove, south of Sacramento. Most often, we have local speakers do a presentation on an EMDR related topic. We are moving forward with our NorCal Trauma Response Network (TRN). The following therapists are functioning as the Lead Therapist in the following areas: myself (Sacramento/Sierra Foothills region); Pennysue Hignell (Chico); Desdimona Wenzel (San Francisco); and Terry LaFrazia (Oakland/East Bay). Anyone interested in volunteering for the TRN should contact the lead closest to his/her area, or contact me. We had our R-TEP training in March. Pam Shore has volunteered to be in charge of Outreach. She is putting together teams of therapists, providing them with a PowerPoint and brochures to do short presentations and link to first responders, the Red Cross, clergy, school districts, and hospitals in the local areas. Joining in the local outreach effort is a great way for therapists to spread the word about EMDR as well as develop referral sources for their practices! Dena Robertson and Jason Briggs are working to develop our email distribution list, develop a website, and other administrative duties. We have had some EMDR Basic Trainings in the Sacramento area, as well. Roy Kiessling is finishing his next weekend, and Phil Manfield also provides local training. Lots of new EMDR therapists coming along!”

Deborah Nielsen reports: “I am now the San Diego EMDRIA Regional Coordinator. Sue Goodell has prepared me for this role. Sue also initiated our San Diego TRN and has developed a Memorandum of Understanding (MOU) with the Red Cross;

we have about 30 volunteers so far. There are six of us that are on the TRN steering committee and we hosted an R-TEP training that went very well.”

Colorado

Keith Andresen reports: “After the floods last September in the foothills of Colorado, I set up a response team to offer pro-bono EMDR trauma treatment to flood victims in the Boulder/Longmont area. Jim Knipe kindly coached me on doing this. I coordinated with the local non-profit mental health center, known as Mental Health Partners, as they were the front line workers at the crisis and assistance centers who referred clients to clinicians on a list I made for them. I selected clinicians who were EMDRIA Certified or whom I had seen consistently in consultation; we have had a number of referrals. I am planning on coordinating the project for another one and a half to two years as people trickle in (no pun intended)!”

Jim Knipe reports: “I am in Spain today, between three trainings on, “EMDR with Complex PTSD and Dissociation.” One training was for newly trained therapists, another for EMDREA Practitioners, and the third for EMDREA Consultants. Francesca Garcia Guerrero, president of EMDR Spain, has been a wonderful host. Earlier this spring, I spoke at the European Society for the Study of Dissociation and also gave my advanced workshop to therapists in Milan. I completed my book last month, “EMDR Toolbox: Theory and Methods of Treating Complex PTSD and Dissociation (Springer),” and it will be available this summer.”

Sandra Wilson reports: “In October 2013, Bob Tinker gave a keynote in London at the Child and Adolescent Society, sponsored by Joanne Morris-Smith. He then gave a two-day workshop on “EMDR and Children” in London, and then went on to France, sponsored by Michel Silvestre where he gave a 3-day workshop on this same subject. The late David Servan-Schrieber’s wife was there and excited about using EMDR with children! What a gift! He is also writing the third chapter of his book, “Cutting Edge Cases in EMDR,” and it is fascinating. We finished our “EMDR with Children” DVD set of 8 discs with a bonus disc that includes the “Mary tape” and other TV specials. There are 12 EMDRIA credits after completing the testing (contact us at 719-620-8212.) Several universities and groups are using it to train EMDR therapists to work with children. Every child who benefits is a gift to us, the EMDR community and worldwide. We think it is a great way to outreach around the EMDR children’s world.”



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Robbie Adler-Tapia, PhD
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San Diego, CA
August 23-24



Susan Brown, LCSW
EMDR in the Treatment of Complex Trauma with Symptoms of Addictive & Compulsive Behaviors
San Francisco, CA
July 19-20



Jennifer Lendl, PhD
Integrating Performance Enhancement with Current EMDR Clients
Bloomington, MN
July 19-20
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Massachusetts

Stephanie Baird reports: “The Western Massachusetts EMDRIA Regional Network recently hosted 180 EMDR therapists at their 10th anniversary full-day conference. EMDRIA Board President, Mark Nickerson, began the day with a quick overview of the latest national EMDR news, vision, and goals. To honor 10 years of learning and community, Marilyn Lubert presented the morning plenary “EMDR Protocols and Practice: A Clinician’s Journey Towards Mastery.” After a

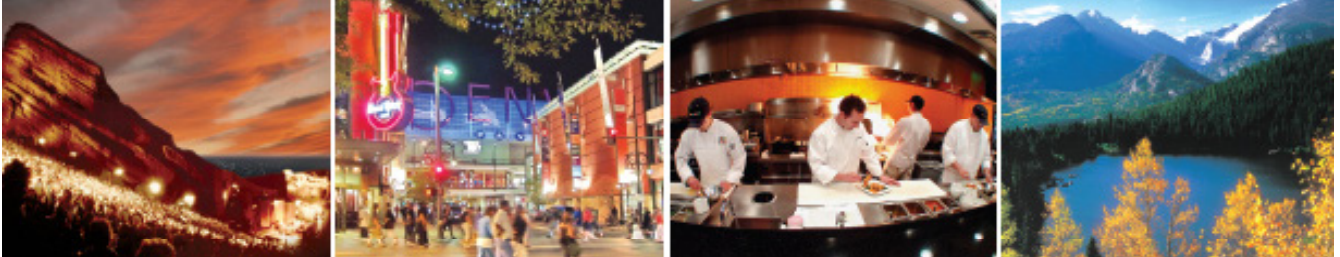
convivial luncheon, overlooking scenic vistas of the Connecticut River valley, participants broke out into 8 afternoon workshops following the theme of the plenary. Western Mass EMDRIA regional community members presented the following workshops: "EMDR Standard Protocol & AIP Model" (George Abbott), "The Cycle Model Protocol" (Mark Nickerson), "The Feeling State Addiction Protocol" (Mark Karpel), and "The Compassion Container Protocol" (Nancy Simons). New England-based EMDR clinicians continued this richly-constructed afternoon with these presentations: "Internal Family Systems and EMDR" (Joanne Twombly), "EMDR & Couples Therapy" (Barry Litt), and "EMDR Critical Incident Group Protocol" (Gail Thatcher). Frankie Klaff came from the mid-Atlantic state of Delaware to present "Handy EMDR Tools for Kids and Teens." Participant feedback about the conference program indicated that the event was successful in providing participants with implementable tools, techniques and strategies that they could take back into their clinical work. Regional consultation and training opportunities were publicized at an Open Networking kiosk and The Western Mass TRN, Trauma Recovery/HAP and Mentor Books were represented to provide ready access to EMDR books, resources and volunteer opportunities. Congratulations to the all-volunteer Western Mass EMDRIA Regional Network Steering Committee for organizing another informative, enlivening and energizing conference."

Michigan

Jim Marshall reports: "911 telecommunicators are the Very First Responders to our worst personal and national emergencies. In a new study conducted by Michelle Lilly of Northern Illinois University, 22% of these telecommunicators acknowledged symptoms consistent with PTSD. Yet, the treatment needs of these unseen emergency workers have been unaddressed by the greater mental health community, until very recently. EMDR clinicians, Jim Marshall and Sara Gilman of the 911 Wellness Foundation, have created The Registry of EMDR Therapists for 911 to bridge local 911 personnel to our EMDR colleagues throughout North America and to enable success of EMDR clinicians interested in building ongoing supportive relationships with the local 911 centers. For more information, email Jim Marshall: 911Wellness@live.com and visit www.911Wellness.com."

ZAMBIA

Jack McCarthy reports: "I did a small Part II training in Zambia through HAP with three therapists from Zambia and one each from Zimbabwe and Qatar. They were quite skilled, and I know they'd be eager to join with trainees from other countries to develop a Trauma Response Network "drug court program." ❖



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09008-06 12 Credits <i>EMDR Toolbox: Using the EMDR-AIP Model for Treating Adult Clients with Complex PTSD</i>	Jim Knipe, Ph.D. Jim Knipe, Ph.D.	Jim Knipe	719.238.3545	June 20-21, 2014 Bend, OR
03002-26 12 Credits <i>EMDR Toolbox for Complex PTSD</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	June 28-29, 2014 Boulder, CO
RC12112-06 2 Credits <i>Informing the EMDR Treatment of Very Early Trauma & Neglect (DVD Presentation)</i>	Utah EMDRIA Regional Network Sandra Paulsen - DVD	Leslie Brown	801.372.5206	July 1, 2014 Highland, UT
99013-13 13 Credits <i>DeTUR (Desensitize Triggers Urge Reprocessing)</i>	The Traumatic Stress Network Arnold J. Popky, Ph.D.	Lisa Vanderlaan	951.279.7099	July 11-12, 2014 Costa Mesa, CA
RC12112-07 3 Credits <i>Informing the EMDR Treatment of Very Early Trauma & Neglect (DVD Presentation)</i>	Sacramento EMDRIA Regional Network Sandra Paulsen - DVD	Merrill Powers	530.852.5066	July 12, 2014 Rocklin, CA
RC12108-04 3 Credits <i>Treating Children with Complex Trauma & Attachment Disruptions (DVD Presentation)</i>	South Texas EMDRIA Regional Network Sally Popper - DVD	Peggy Avent	210.655.2951	July 12, 2014 San Antonio, TX
05007-08 12 Credits <i>EMDR Boot Camp</i>	DaLene Forester, Ph.D. DaLene Forester, Ph.D.	DaLene Forester	530.245.9221	July 12-13, 2014 Redding, CA
99003-101 14 Credits <i>Treatment of Attachment Trauma & Dissociative Sequela Through the Life Span</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	EMDR Institute	831.761.1040	July 12-13, 2014 Asheville, CA
10002-05 6.5 Credits <i>EMDR and Mindfulness</i>	Jamie Marich, Ph.D., LPCC-S, LICDC Jamie Marich, Ph.D., LPCC-S, LICDC	Ramona Skriiko	303.881.2944	July 16, 2014 Saco, ME
12001-07 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Diane Clayton	239.851.4438	July 19-20, 2014 Boynton Beach, FL
99003-97 14 Credits <i>EMDR in the Treatment of Complex Trauma with Symptoms of Addictive & Compulsive Behaviors</i>	EMDR Institute Susan Brown, LCSW, BCD	EMDR Institute	831.761.1040	July 19-20, 2014 Burlingame, CA
12001-07 14 Credits <i>EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders</i>	Diane Clayton, LCSW Diane Clayton, LCSW	Diane Clayton	239.851.4438	July 19-20, 2014 Boynton Beach, FL
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13007-06 13 Credits <i>Treating Headaches with EMDR</i>	Steven Marcus, Ph.D. Steven Marcus, Ph.D.	Steven Marcus	650.962.1987	July 19-20, 2014 Norwalk, CT

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99003-100 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out & Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	July 25-26, 2014 Miami, OK
99010-20 19 Credits <i>Going Deeper into Personality & Character Structure Using EMDR Therapy</i>	Bender/Britt Seminars Deany Laliotis, LICSW	Victoria Britt	973.746.5959	July 25-27, 2014 Iselin, NJ
03002-27 12 Credits <i>Somatic Interventions and EMDR</i>	Maiberger Institute Hope Payson, LCSW, LADC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	July 26-27, 2014 Boulder, CO
12009-12 6.5 Credits <i>EMDR & Mindfulness</i>	PESI Inc. Amber Stiles-Bodnar, LPCC-S	PESI	800.844.8260	July 29, 2014 Carlsbad, CA
12009-13 6.5 Credits <i>EMDR & Mindfulness</i>	PESI Inc. Amber Stiles-Bodnar, LPCC-S	PESI	800.844.8260	July 29, 2014 San Diego, CA
12003-02 12 Credits <i>Utilizing Mind/Body Resources with EMDR in the Treatment of Complex PTSD</i>	The Lifeworks Center Patricia Thatcher, LICSW	The Lifeworks Center	617.661.1277	August 1-2, 2014 Boston, MA
99003-102 14 Credits <i>Treatment of Attachment Trauma & Dissociative Sequela Through the Life Span</i>	EMDR Institute Robbie Adler-Tapia, Ph.D.	EMDR Institute	831.761.1040	August 2-3, 2014 Rosemont, IL
12009-14 6.5 Credits <i>EMDR & Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	August 4, 2014 King of Prussia, PA
12009-15 6.5 Credits <i>EMDR & Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	August 5, 2014 Langhorne, PA
12009-16 6.5 Credits <i>EMDR & Mindfulness</i>	PESI Inc. Carrie Cherep, LCPC	PESI	800.844.8260	August 6, 2014 Mount Laurel, NJ
13004-08 15 Credits <i>The EquiLateral Certification Course for EMDR Therapists & Equine Professionals (Webinar & Practicum)</i>	Dragonfly International Therapy LLC Sarah Jenkins, MC, LPC	Sarah Jenkins	480.370.7630	Aug 15 - Dec 5, 2014 Scottsdale, AZ
RC12107-05 4 Credits <i>Using EMDR with Severely Dissociative Clients (DVD Presentation)</i>	South LA EMDRIA Regional Network Gerald Puk - DVD	Charlene Spears	337.886.6154	August 16, 2014 Lafayette, LA
01007-23 9.5 Credits <i>Integrating EMDR into Team Treatment for Attachment Trauma in Children</i>	Debra Wesselmann, MS, LIMHP Debra Wesselmann, MS, LIMHP	Debra Wesselmann	402.981.3160	August 28-29, 2014 Oskaloosa, IA
06003-50 7 Credits <i>Working with Complex Trauma & Dissociation in EMDR: Treating "Parts"</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW	Susan Staples	585.473.2119	September 9, 2014 Reykjavik, Iceland

EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
00000 Various Credits <i>EMDR: Celebrating 25 Years of EMDR</i>	2014 EMDRIA Conference Various Presenters	EMDRIA	512.451.5200	Sept 18-21, 2014 Denver, CO
07003-12 12 Credits <i>Advanced Seminar on the Integration of Ego State Therapy with EMDR (10 part series)</i>	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	Sept 19, 2014 - June 19, 2015 Amherst, MA
03002-29 12 Credits <i>EMDR Toolkit for Complex PTSD</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	Sept 26-27, 2014 Wichita, KS
12002-26 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	October 4-5, 2014 Seattle, WA
06003-46 20 Credits <i>The Art of EMDR</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	October 17-20, 2014 Halifax, Nova Scotia CANADA
08009-04 13 Credits <i>Integrative Treatment of Complex PTSD and Dissociative States</i>	Nancy Newport & Tracy Ryan-Kidd Joanne Twombly, LICSW	Tracy Ryan-Kidd	703.281.9313 x2	October 18-19, 2014 Sterling, VA
01016-14 13.5 <i>EMDR in the Treatment of Complex Trauma with Symptoms of Addictive and Compulsive Behaviors</i>	EMDR Resource Center of Michigan Susan Brown, LCSW, BCD	Zona Scheiner	734.572.0882 x3	October 24-25, 2014 Ypsilanti, MI
12002-27 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	November 1-2, 2014 Dallas, TX
09003-20 12 Credits <i>Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	November 7-8, 2014 Dedham, MA
03002-31 12 Credits <i>Play Therapy & EMDR for Children</i>	Maiberger Institute Arielle Schwartz, Ph.D. & Lisa Dion, LPC	Barb Maiberger	303.834.0515	November 8-9, 2014 Boulder, CO
99003-95 14 Credits <i>The Use of EMDR with Complex Trauma & Dissociative Symptoms</i>	EMDR Institute Curt Rouanzoin, Ph.D.	EMDR Institute	831.761.1040	Nov 15-16, 2014 Dallas, TX
99003-99 14 Credits <i>Integrating Performance Enhancement with Your Current EMDR Clients</i>	EMDR Institute Jennifer Lendl, Ph.D.	EMDR Institute	831.761.1040	Nov 15-16, 2014 Burlingame, CA
01005-21 13 Credits <i>EMDR Treatment of Health Related Problems</i>	AEP/Carol Forgash Carol Forgash, LCSW	Kriss Jarecki	716.913.2832	Nov 15-16, 2014 Buffalo, NY
03002-30 12 Credits <i>Compassion Fatigue and Vicarious Traumatization Prevention for Therapists</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	Nov 15-16, 2014 Boulder, CO

EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
09003-21 12 Credits <i>Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	January 30-31, 2015 San Diego, CA
05007-08 12 Credits <i>EMDR Boot Camp</i>	DaLene Forester, Ph.D. DaLene Forester, Ph.D.	DaLene Forester	530.245.9221	February 6-7, 2015 Redding, CA
12002-27 13 Credits <i>The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP</i>	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	February 7-8, 2015 Phoenix, AZ

EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2014 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
ARIZONA Southern Arizona	June 19	Linda Bowers 520.326.5980
CALIFORNIA Greater Sacramento (Rocklin, CA)	July 12, September 13, November 8	Merrill Powers 530.852.5066
Greater Sacramento (Elk Grove, CA)	August 8, October 10, December 12	Merrill Powers 530.852.5066
San Diego County	August 1, October 3, November 7, December 5	Sue Goodell 619.997.5333
Superior Northern CA	August 1, September 5, October 3, November 7	DaLene Forester 530.245.9221
LOUISIANA South Louisiana	August 16	Charlene Spears 337.886.6154
MONTANA Montana	June 14, September 27, October 4	Renee Sanchez 406.491.4976
OREGON Central Oregon	September 9, October 14, November 11	Karen Forte 541.388.0095
TEXAS Central Texas	August 1, November 7	Carol York 512.451.0381
South Texas	July 12	Peggy Avent 210.655.2951
UTAH Utah	July 1	Leslie Brown 801.372.5206

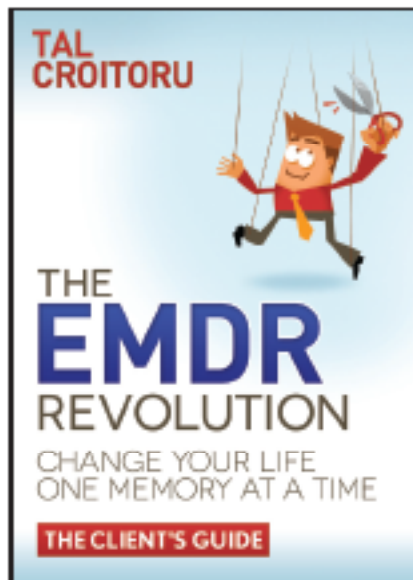
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 Cliff W Churchill, LMHC
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