

# EMDRIA

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THE INFORMATION RESOURCE FOR EMDR THERAPISTS

VOL 20 ISSUE 2



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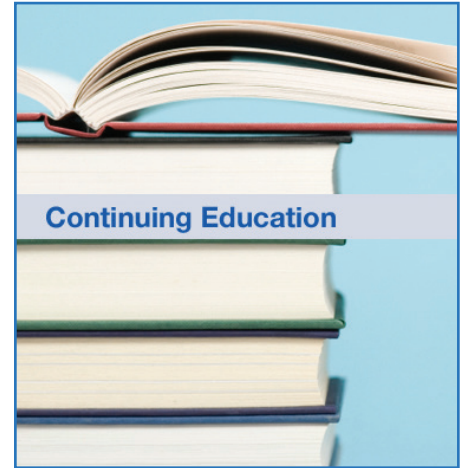
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# A word from the President...

EMDRIA is celebrating our 20<sup>th</sup> Anniversary in 2015. I want to urge you to come to our Annual Conference in Philadelphia, from August 27<sup>th</sup>-30<sup>th</sup>. The Conference Committee has put together a very well-organized, educational experience that will provide interest to new and experienced clinicians. I believe the EMDRIA Conference experience is worth your time and has a great return in terms of learning and networking.

The Board of Directors has been very active this year. We have some exciting new benefits for our members that are going to be announced at the 2015 Conference. We plan to unveil the new plans at the General Membership Meeting on Friday, August 28<sup>th</sup> at 5:45 p.m. We would like as many people as possible to show up to hear our plans for the next 5-10 years.

We have spent a lot of time looking at Long Range Planning. It is the Board's strategy that in order for EMDRIA to have any identity in the Mental Health arena and the world at-large, we need greater membership and a staff member with a focus on the media to reach out to our members and public through social media. The public needs to know about the extraordinary outcomes of EMDR therapy. When that happens, it will benefit people who have been traumatized and will offer a way for healing to occur.

In May 2013, three women were found after being victimized by a monster in Ohio for ten years. It was the biggest media story at the time and I was watching it on the evening news. They interviewed an Adult and Child Psychologist, Dr. John Weiner, and asked how these three women would become "normal". His answer was, *"There's a specialized type of therapy that's been shown to be specifically helpful for people who have undergone traumas. It's a therapy called EMDR, Eye Movement Desensitization and Reprocessing. This is a type of therapy that's been shown to help people who have experienced traumatic experiences."* I nearly fell out of my chair to hear EMDR therapy being endorsed on the mainstream media.

The Board would like the knowledge of EMDR therapy known to the public; including newscasters, and social media. This will allow people who have experienced trauma to know EMDR therapy is the best choice to help them heal and recover.

One of the strategies of the Board's Long Range Planning perspective is to become much more active in social media and begin utilizing Facebook and LinkedIn. We will begin this effort by announcing information about the 2015 EMDRIA Conference, including information on speakers and topics.

If you have Facebook, get connected to EMDRIA's Facebook page. This doesn't cost anything, but allows so many more people in the world to hear about and be able to connect with the information that is shared. There are other Facebook groups i.e. EMDR, which is a public group that encourages people to share their experience with EMDR therapy. We need a Facebook page for clients who have experienced EMDR therapy and are interested in sharing their experience.

We are beginning to look at a couple of areas that are necessary to accomplish our Long Range Plan. First, we want to give more benefits to our members and attract additional members. The goal this year is 6,000 members, but we actually are shooting for about 20,000 members in the future. This will allow us to fund the activities that are in the annual Strategic Plan. In addition, we want to reach out to millennials, gen y and gen x generations because we need younger clinicians to join EMDRIA and carry the torch of EMDR therapy. By the Conference we will have further information to share.

On a final note; by the time you receive this Newsletter you will be voting for three new members of the Board. This is the first year that seven members have wanted to come on to the Board to volunteer their time and offer their leadership for EMDRIA. It is really an exciting time for EMDRIA! I thank each and every one of you.

Looking forward to seeing many of you at the EMDRIA Conference in August. ❖



**Ira Dressner, Ph.D., LCSW**  
**EMDRIA President**

# Announcements



## EMDRIA Board Election - Your Vote Counts

If you are a Full Member of EMDRIA (as of May 25th), you have the unique opportunity to make your voice heard and shape the future of our organization. This year we have seven candidates running for three Board of Directors seats. Winners will be elected to four year terms that will begin in January 2016.

To vote online, please look for the email sent to you on June 4th or login to the Members Only Area of the EMDRIA website. Your username is your last name and your password is your EMDRIA Constituent ID number. If you do not know your constituent ID number, please email us at [info@emdria.org](mailto:info@emdria.org). The deadline to vote is August 3rd.

If you prefer to have a paper ballot mailed to you, please call the EMDRIA office Toll Free (US & Canada) at 866.451.5200 or at 512.451.5200. However, we hope that you will take advantage of our environmentally friendly, secure, and incredibly convenient online voting system!

## General Membership Meeting at the 2015 EMDRIA Conference

Each year at the annual Conference, EMDRIA holds its General Membership Meeting. We encourage all members to attend so that they can address the EMDRIA Board to provide feedback, share input and ask questions. Please join us Friday, August 28th at 5:45 p.m. For more information and room location, please see your on-site Conference Program.

## Connect with Us!

Here at EMDRIA, we see social media as a way for us to provide you with our latest insights — how, when and where it's most convenient for you. You can connect with us and other EMDR Therapists on the social networking sites you like to spend time on. We're proud to be part of such a diverse, passionate group of people from across the U.S. and around the world!

The Steve Frankel Group Presents

# THREE ONLINE WORKSHOPS

by Sandra Paulsen, Ph.D.

*"Study with your feet up while getting CE credits!"*



These three advanced skill sets are the legs of the tripod that holds up the EMDR protocol, enabling us to treat most trauma related complexities including structural dissociation, somatic dissociation, and attachment injuries.

Sandra's clinical practice is located on beautiful Bainbridge Island, near Seattle. She is taking new clients if they are suitable for brief intensive work. In her forested setting, she repairs the effects of early trauma and neglect combining EMDR, somatic work, ego state work, intuition and spirituality. [www.bainbridgepsychology.com](http://www.bainbridgepsychology.com) or contact [sandra@paulsenphd.com](mailto:sandra@paulsenphd.com)

[www.sfrankelgroup.com](http://www.sfrankelgroup.com)

## 1 LOOKING THROUGH THE EYES

EMDR & Ego State Therapy Across the Dissociative Continuum

## 2 WHEN THERE ARE NO WORDS

EMDR for Very Early Trauma & Neglect in Implicit Memory

## 3 THE EMBODIED SELF

Somatic Methods for EMDR Practitioners



Facebook ► [www.facebook.com/EMDRInternationalAssociation](http://www.facebook.com/EMDRInternationalAssociation)

Twitter ► [www.twitter.com/EMDRIA](http://www.twitter.com/EMDRIA)

LinkedIn ► EMDR International Association Group

## EMDRIA Office Closed

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

- Monday, August 24th through Friday, September 4th for the 2015 EMDRIA Conference. Please Note: Any orders placed for EMDRIA Products, such as brochures, during this two week period will not be processed until the week of September 7th.
- Monday, September 7th for the Labor Day holiday.

## Need EMDRIA Credits?

If you need EMDRIA Credits and are looking for a workshop in your area, check out our online Calendar of Events. Don't see anything in your area? Check out all of the Distance Learning Programs that offer EMDRIA Credits. Keep checking back as new workshops are received and added to the calendar every week.

# Executive Director's Message

A year ago, we were forced to switch our membership database system. A consequence of that change was losing our listserv functionality that had served to link our different communities. For the most part, the listservs were easy to use and a practical means of communicating within our specialized communities. However, the listservs were not connected to the membership database so as members lapsed or email addresses changed, there were no updates.

The new membership database system has a "Group" function that has "Forums" for our committees and special interest groups to connect. The Groups are tied to the new database, but have proven very awkward and difficult to navigate. The activity within the Groups has become negligible to say the least. This situation has been found to be unacceptable. In fact, I would go as far as to state that it has been a complete and utter failure. One of the reasons EMDRIA exists is to facilitate communication among members. The Group Forum just isn't the answer.

To correct this condition, we contracted with a company, Higher Logic, to add a community building module to replace the Groups. Higher Logic's private social networks integrate into our membership database. It will allow us to easily establish new communities and expand existing ones. Members will receive a daily email digest letting you know of activities within their respective communities to which they can choose to respond, follow a topic thread, or simply ignore the message. We just initiated the project and plan to have the new community networks up and running around the time of our conference.

Another technological improvement has been to our website. It is now mobile compatible. The website has a very different appearance on smartphones and other mobile devices than the traditional computer monitor that allows viewers to read and navigate easily on much smaller screens. We found that 70 percent of the million plus views of our Google Adwords have been on smartphones and tablets making mobile compatibility a must. We also learned that Google has altered its search engine so being mobile compatible enhances a website's ranking effecting where one lands on a search page.

We are initiating an e-Learning platform to provide online continuing education in EMDR therapy. Each year only about 20 percent of the membership come to our conference. There are many great learning opportunities missed by so many members and our colleagues around the world. We are going to work with presenters to offer some selected sessions as modules for self-study/distance learning for which we will offer EMDRIA Credits and continuing education units. We also hope to encourage some of our members to present live webinars on specialty topics. Our goal is to have e-Learning up and running by the end of this year.

Of course the big event coming up is our annual conference being held in Philadelphia, August 27-30, 2015. We have three great keynote speakers: Rachel Yehuda, Ph.D., Ruth Lanius, M.D., Ph.D., and Marco Pagani, M.D., Ph.D. Dr. Yehuda will update us on epigenetics and trauma. Dr. Lanius will talk on healing the traumatized self. Dr. Pagani will discuss his work on imaging EMDR related neurobiological changes.

We have planned three full day workshops for the Pre-Conference:

- Treatment of Fears and Other Anxiety Related Conditions with EMDR – Ad de Jongh, Ph.D.
- EMDR Treatment of Complex Trauma: The Cross-Training Model – Jim Knipe, Ph.D. and Carol Forgash, Ph.D.
- Law & Ethics Greatest "Hits" – Alerting You to the Most Frequent Problems for Mental Health Professionals – Steve Frankel, Ph.D., J.D.

There are another 33 sessions planned covering a broad set of topics. We anticipate that attendees will be able to obtain up to 23.5 hours of credit for continuing education. We are keenly aware that New York State has new requirements for continuing education for its social workers and have contracted with an approved third party to offer acceptable CEs.

This time of year is always hectic for the EMDRIA staff as we prepare for the conference and all the activities that are part of it. Now, we have added several new projects that we hope enhance the value of membership. And speaking of membership, we now have more than 5,700 members and continue to grow.

I look forward to seeing many of you in Philadelphia. Don't forget to make your hotel reservations and beat the July 1st deadline for the early bird discount registration rate for the conference. As always, you can email me at [moherty@emdria.org](mailto:moherty@emdria.org) with your comments, suggestions, and ideas. ❖



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

# Conference Corner



The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. The Conference Committee has made it a priority to continue to bring you a quality educational experience. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach

has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment associations and to additional applications for EMDR.

This year we celebrate the 20th Anniversary of EMDRIA at our Conference in Philadelphia, August 27-30, 2015. The theme is “**EMDR: The Freedom to Heal.**” EMDRIA has grown and developed so much in these first 20 years! Starting with just 470 Charter Members, EMDRIA now has over 5,700 EMDR clinicians as members.

We are eager to hear this year’s plenary speakers! Dr. Rachel Yehuda will kick off the Conference Friday morning, Dr. Ruth Lanius will present on Saturday, and Dr. Marco Pagani will close the Conference on Sunday. The entire session schedule and speaker information can be found at [www.emdriaconference.com](http://www.emdriaconference.com).

## Registration Information

Registration is now open! To receive the Early Bird discounted registration fee, we must receive your form by July 1, 2015. The deadline to fax or mail in your registration form is August 12, 2015. After this date you must register online or on-site.

## Hotel Information

Our Conference venue this year is the Sheraton Philadelphia Downtown Hotel. EMDRIA has secured a special group rate of \$169/ single/double for EMDRIA Conference attendees. It’s not too early to book your reservation! Visit <https://www.starwoodmeeting.com/events/start.action?id=1501142074&key=664D915> to book your reservation or click on the link on the EMDRIA website under the Conference tab. You can also call 215.448.2000 to make your reservation. Make sure to mention the EMDRIA Group Code.

*Need a Roommate?* As in years past, we are helping to match up attendees who are staying at the Conference hotel as roommates at the Conference. If you are interested in finding a roommate, go to [www.emdriaconference.com](http://www.emdriaconference.com) and go to the “Hotel & Travel” tab and click on the Find A Roommate link to add yourself to the roommate list. You can also view the Roommate List to contact someone who has already reserved a room.

## Transportation Information

The Philadelphia International Airport (PHL) is approximately 10 miles from the Sheraton Philadelphia Downtown Hotel. We recommend allowing 30-40 minutes for transportation from the airport to Downtown during heavy populated times.

## Taxis

Estimated fare is approximately \$30 (including the airport surcharge). All taxis have a four passenger maximum. All taxis accept major credit cards. Please confirm the rate with your driver before hand. Yellow Cab - 215.333.3333 or Freedom Cab - 215.222.9999.

## Shuttle Service

Lady Liberty Airport Shuttle departs the airport approximately every 10-15 minutes from 5:30 a.m. - midnight. Rates are \$10 to the hotel. Upon arrival visit the Ground Transportation counter at the airport to reserve your trip.

## Public Transit

SEPTA Airport Regional Rail Line Schedule Fare is \$8.00 one way to the Suburban Station that is closest to the Conference Hotel. SEPTA Airport Regional Rail Line platforms can be accessed from the pedestrian walkways between the terminals and the baggage claims at Terminals A-East, B, C, D and E. Trains depart every 30 minutes between 5:09 a.m. and 12:09 a.m. Travel time between the Airport and Center City is approximately 25 minutes.

# 2015 EMDRIA Conference Exhibitors

## Exhibit Hours

Thursday, August 27th - 7:00 a.m. - 6:00 p.m.

Friday, August 28th - 7:30 a.m. - 8:00 p.m.

Saturday, August 29th - 7:30 a.m. - 6:00 p.m.

Sunday, August 30th - 7:30 a.m. - 2:00 p.m.

Auro Photo & Coaching  
Celtic Art Therapy  
Convention Media  
Earth Wisdom  
Elements Behavioral Health  
EMDR Consulting: Roy Kiessling  
EMDR International Association  
EMDR Research Foundation

HearthMath  
Mentor Books  
NeuroTek Corp  
Pieces of Bali Jewelry  
Sierra Tucson  
The BioMat Store/In Light Wellness Systems  
Trauma Institute/Child Trauma Institute  
Trauma Recovery/EMDR HAP

*Interested in Exhibiting at the Conference?*

*Please contact Lisa Gallo at 512.651.3547 or [lisa.gallo@horizonmeetings.com](mailto:lisa.gallo@horizonmeetings.com)  
to reserve one of the few remaining spots!*

## Sonoma Psychotherapy Training Institute

Andrew M. Leeds PhD Director

EMDRIA Approved Consultant and Trainer

### **Advanced EMDR training with**

Andrew M. Leeds, Ph.D. and Dolores Mosquera, M.A.

*History Taking and Preparation in Complex Cases*

June 27 and 28, 2015 Oakland Airport-Alameda

Earn 14 EMDRIA Credits and CEs.

Full details at:

<http://www.sonomapti.com/advancedtraining.html>

### **EMDRIA Home Study Courses**

Read a book. Pass the exam. Earn your credits.

*A Guide to the Standard EMDR Protocols or*

*EMDR and Dissociation: The Progressive Approach*

Earn 12 EMDRIA Credits and CEs.

Full details at:

<http://www.andrewleeds.net/training/homestudy.php>

Basic and Advanced Group Consultation by telephone conference call - [Details online](#)

### **Basic EMDR Training in**

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Licensed trainings in Denver and Stamford

Complete Basic EMDR training in four two-day weekends.

Find our training schedule and major EMDR articles at:

[www.SonomaPTI.com/basictraining.html](http://www.SonomaPTI.com/basictraining.html)

### **Free Online Resources**

Get the latest EMDR articles in our free newsletter.

Download selected EMDRIA conference handouts, EMDR

treatment templates, and case consultation forms.

Get details on all programs at:

[www.AndrewLeeds.net/training.html](http://www.AndrewLeeds.net/training.html)

# 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.



## EMDR Therapy Research is a Global Affair

Have you ever stopped to think how far the results of EMDR therapy research extend? If you are reading this article you already know the tremendous effects of EMDR therapy and its potential in healing trauma and other clinical situations. Since there are therapists doing EMDR therapy all over the world, these healing effects are global. Many of you also believe in the importance of research to clinical practice—it guides clinical decisions, informs the most effective practice and determines the appropriate protocols for different clinical populations and situations. Furthermore a solid research result adds to the credibility of EMDR therapy and strengthens it as an evidence-based treatment choice. Therefore, EMDR therapy research makes a difference globally (i.e., worldwide), as well as makes a global (i.e., comprehensive) difference in healing trauma and other clinical situations. One of our 2015 goals is to increase the global awareness of the EMDR Research Foundation. As the only funding agency solely dedicated to supporting EMDR therapy research, we hope to deepen the impact of EMDR therapy worldwide.

Funding high quality EMDR therapy research is the main function of the Foundation. We are thrilled to announce the two new recipients of a \$25000 research grant. One of the recipients shared his heartfelt thanks and added, “A great idea to have such an institution!!” in reference to the EMDR Research Foundation. Both of these research teams are outside the US and now over 50% of all monies funded by the Foundation have been to international teams. Here is a brief synopsis of the projects that were awarded funding. For a full description, please visit our website at [www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org).

**Marco Pagani, M.D., Ph.D.** of the Institute of Cognitive Sciences and Technologies, CNR Rome & Padua, Italy for his project, Neurobiological features and response to EMDR treatment of PTSD in breast cancer patients. The aim of their study is: 1) to treat by EMDR a cohort of breast cancer patients with PTSD; 2) to identify by Electroencephalography (EEG) the regions activated upon bilateral stimulation in both the initial symptomatic and the final asymptomatic phases, and 3) to correlate the neurophysiological changes to the neuro-psychological and clinical status.

**Dr. Luca Ostacoli and Dr. Arne Hofmann** of St. Luigi Hospital, and the University of Turin, Italy for their project, Role of Eye Movement Desensitization Reprocessing (EMDR) versus Cognitive-Behavioural Therapy (CBT) in reducing depressive symptoms in patients with Current Depressive Episode and Recurrent Depression: A multicenter randomized controlled clinical trial. The current multi-center randomized study is organized from the EDEN network (European Depression EMDR Network) of EMDR Europe. The aim is to study if patients with current Depressive Episode and Recurrent Depressive Disorders benefit from a psychotherapeutic intervention (by using CBT or EMDR) in addition to standard clinical management.

The Foundation also awarded a \$1000 Consultation Award to **April Wise, MFT LPCC**, of California Southern University for her project, The Effect of Two Protocols of Eye Movement Desensitization and Reprocessing on Persons with Co-occurring PTSD and Addictive disorders. The purpose of this study is to acquire new knowledge of how the use of the standard protocol and an addiction protocol in treatment of persons with co-occurring disorders of trauma and addiction affects recovery.

We feel fortunate to have the ability to offer funding to these deserving projects and look forward to their results. As a reminder for future funding, we have two yearly cycles with submission deadlines of February 1 and July 1. For the research grants, the award will be up to \$25000 and the Doctoral Dissertation award is up to \$5000. **(See the special announcement below regarding the Dissertation Award.)** The Foundation also offers Consultation and Dissemination Travel Awards, which are available year round. Please visit our website for more information about the grants and awards we offer.

Another of our 2015 goals is to house a full list of all current EMDR therapy projects on our website. To meet this goal we are excited to announce a new project with the goals of both increasing access to general information about ongoing research and to increase communications between researchers. We are creating a listing of EMDR therapy research projects currently in process worldwide. This list is intended to include all current research projects related to EMDR therapy and is not limited to the projects supported by the Foundation. The aim of this project is to publish updated material to keep us all on the cutting edge of research information! If you have a current project and agree to be listed, please complete the form at <http://emdrresearchfoundation.org/emdr-current-research-listing/>.



It is hard to believe the 2015 EMDRIA Conference is just around the corner. I am excited! For the EMDR therapy community the EMDRIA Conference provides a great opportunity to catch up with old friends, make new ones and be once again inspired by the knowledge, skills and energy of our esteemed colleagues. However, for the Foundation's Board members the Conference is extra special. This is our once-a-year opportunity to meet our donors face to face and personally thank them for their loyal support of EMDR therapy research.

Of course we will have a booth in the Exhibit Hall and we want all of you to visit us there! Like years past we will distribute the badge ribbons for our donors, and a separate one for the Visionary Alliance members, to wear with pride and satisfaction throughout the conference. One of the goals of our 2015 **Expanding our Research, Deepening our Impact** fundraising campaign, is to maintain or better yet, exceed our 2014 funding level of \$102,000. To help us reach this goal is to sign up 26 new Visionary Alliance members this year. The 26 new members reflect 26 years of EMDR therapy research. If you are already a monthly donor, you might consider raising your pledge TO or BY \$26. This will not only help our bottom line it will make MORE of those \$25000 grant awards possible. Another way to participate in our 2015 fundraising campaign is to consider a tribute gift in the name of a loved one, friend or colleague, or simply in the name of EMDR therapy research. Additionally, this just might be the right time for you to consider your planned giving arrangements. There are many options to choose from such as an Endowment Gift, where the funds are used annually in perpetuity or you can name the Foundation as a beneficiary in your Will or Trust. As EMDR ages, unfortunately so do we!

The EMDR Association of Australia did a fundraising event for the EMDR Research Foundation. It set an excellent example and a CHALLENGE to EMDR therapy associations worldwide. Under the auspices of Graham Taylor, President and the esteemed Board of Directors, the membership was strongly encouraged to donate to the Foundation when they joined or renewed their membership. The Board then matched the donations dollar for dollar. When the significant donation was presented to the Foundation, Graham wrote, "Other Associations might like to follow our example, it all helps." We agree and would like to encourage all EMDR therapy associations to consider this or other ways to help raise money for the Foundation. The benefits of these efforts are two-fold. It raises money and at the same time increases the awareness of the EMDR Research Foundation and what we are all about. We are grateful to the Board and membership of the EMDR Association of Australia for their generosity.

As I close this article I do it with a heavy heart. Sadly, we mourn the death of our EMDR therapy colleague and researcher, Sandra Wilson, Ph.D. I extend my deepest sympathy to her husband and our colleague, Bob Tinker, Ph.D. and their family. Sandra's dissertation research was the basis for the first validating study of Francine Shapiro's original research. In honor of Sandra and all that she has done for EMDR therapy and EMDR therapy research, the Foundation Board has decided to rename our Dissertation Award to "The Sandra Wilson Memorial Dissertation Award." The publication of her dissertation research was so pivotal for EMDR therapy it seems like a fitting tribute, and, for the recipient, an appropriate inspiration. It is bittersweet, yet appropriate to honor such a loyal, dedicated advocate of EMDR therapy. We are honored that Dr. Wilson and her husband, Dr. Tinker, have asked that contributions in her memory be made to the Foundation.

***"The world needs dreamers and the world needs do-ers. But above all, the world needs dreamers who do."***

***- Sarah Ban Breathnach ❖***

## DISTANCE LEARNING

### ***Applications of Mindful Awareness and Resonance in Psychotherapy***

***with Irene R. Siegel, Ph.D., LCSW***

4 Module, 4 Week Program  
(Next Series Begins July 16, 2015)

15 EMDRIA Credits

15 CEs provided by [ce-classes.com](http://ce-classes.com)

- Identify the relationship between science, psychology, and spiritual philosophy as it applies to resonance and mindful awareness.
- Develop skills of meditation and mindful awareness.
- Identify skills of alternative ways of knowing such as inner vision, hearing, knowing, kinesthetic bodily sensations.
- Apply the skills of mindful awareness, resonance, and internal feedback mechanisms into the EMDR protocol, developing a non-linear integrative approach.

For information, schedule, and registration go to: [www.DrIreneSiegel.com/mindful\\_online.htm](http://www.DrIreneSiegel.com/mindful_online.htm)



\*See schedule for LIVE 2 day program at [www.DrIreneSiegel.com/mindful.htm](http://www.DrIreneSiegel.com/mindful.htm)

*Be the Tool of Transformation!*

# In the Spotlight: Susan Rogers, Ph.D.

BY MARILYN LUBER, PH.D.



Susan Rogers' recounting of her life is as clear and as straightforward as her teaching. Her father, George Phillips Rogers, was from Corry, Pennsylvania and her mother, Mary Louise Warren, was from Fairfield, Connecticut. They met in college and married right before World War II, when her father's service in the Navy began. Susan is the youngest of five siblings. Her family lived in a small town in Western, New York where there were lots of kids in the neighborhood. When she was eight years old her family moved to the country.

She was interested in music and received her Bachelor of Music from Ohio University. Originally, she went into music therapy so that she could pursue her passion and have a job at the same time. At the state hospital, she discovered that she was more interested in psychotherapy. She moved to Utah to attend Utah State University and pursue a M.S. in Counseling Psychology. This was an intensive program aimed at training people to work in the western mountain area independently, as they might be the only counselor in the area. She continued her program and graduated with a Ph.D. in Professional-Scientific Psychology with a clinical emphasis in 1993.

It was during her graduate work that counselors from the Veterans' Center in Salt Lake City invited all of the students to see what they did. She found the Vet Center interesting and volunteered there to help with group sessions. At the time, a bibliography on PTSD would fit only one page, and she wanted to learn more about it. She did her M.S. thesis on using the MMPI as a diagnostic instrument for PTSD and her Ph.D. dissertation on using the Neuro-linguistic Programming technique, visual-kinesthetic dissociation, with veterans. During her training, she had a variety of practica in different areas: neuropsychology at Villa Serena Rehabilitation in Magna, Utah where she saw patients with head trauma; physical and sexual abuse in Logan, Utah as a counselor at Citizens Against Physical and Sexual Abuse; and early child development in Logan, Utah as a mental health coordinator for Project Head Start.

Susan especially liked the challenge of working with veterans. They were a population of clients who were not easy to treat and did not give their trust automatically. She reasoned that treating the most difficult of clients would help with her therapeutic skills. She earned a reputation for wanting to work with trauma, and people referred her clients who had been traumatized in the military as well as in the civilian populations.

For her internship, she wanted to work at one of the 13 PTSD units in the country and in September 1989 completed a year-long internship at the Department of Veterans Affairs (VA) Medical Center in Coatesville, Pennsylvania. While finishing her dissertation, she continued at the VA as a Psychology Technician and in this position became Coordinator of the PTSD Stabilization Program (9/89-12/91). From 1991-1994, Susan was Adjunct Faculty at Penn State University Extension and Immaculata College where she taught statistics, psychometrics, developmental psychology and psychopathology.

Susan went on to be a Staff Psychologist in the same PTSD Program at Coatesville until she retired in May 2013. The program was started by Steve Silver and psychiatrist Peter Sax in 1982 and remains one of the longest continually running programs in the VA system. The program treats male and female veterans and active duty military personnel who served in all conflicts from WWII through Iraq and Afghanistan. The staff was a mix of disciplines (nursing, nursing assistants, psychologists, psychiatrists, social workers and recreation therapists), veterans and civilians who worked well together and explored a variety of approaches to PTSD treatment.

Susan remembers reading Francine Shapiro's first article on EMD and thought, "*Oh, this is stupid. My second reaction was that this is so stupid I wonder if there's something to it!*" While she did not have confidence to perform EMDR as an intern, Steve Silver did and he took the then EMD training. When he came back, he said that EMD had effects he hadn't seen with other methods. Susan went to the next training in Denver and has been using EMD/EMDR ever since with much success.

By 1995, EMDR practitioners, Dan Merlis and Gene Schwartz, began a VA training program in Perry Point, Maryland. Staff came from all over the system for EMDR training. Susan was part of the team as a Facilitator and believes that this was when she decided she would like to be a trainer because she found it was valuable to her, helped the vets and thought it would be helpful for other providers of service to vets. This program ran for several years and after they stopped it, Steve, Elaine Alvarez and Susan did trainings annually at their VA in Coatesville and at other hospitals in the VA system.

Susan went on to facilitate for the EMDR Institute, trained as an EMDR HAP Trainer in 1998 and became an EMDR Institute Trainer in 2007.

Internationally, her first training was a project funded by Catholic Relief Services (with support from UNHCR and USAID) in Sarajevo with Gerry Puk, Steve Silver and Geoff White. Although it was not a traumatic experience, Susan said, "*It is as close as I want to be to being*

*in a war zone.*" She did learn something about hypervigilance that was useful in her work with veterans. She was particularly impressed with clinicians who continued to take care of their patients and families throughout the siege. Some of them were willing to walk for an hour through snow packed streets while there was still some risk from snipers and rocket-propelled grenades in order to get to the training. This was the first time that she worked with interpreters, and from the experience she learned how to teach more effectively by summarizing key points, choosing her words carefully, and giving examples that would work in different settings. Later trips as a HAP facilitator or trainer included Northern Ireland, Poland and Russia.

Another important international EMDR training experience for Susan was the Bangladesh Project under the auspices of UNICEF. Susan first went over with Elaine to visit the prospective places where they might find practitioners. The first challenge was to identify clinicians who were working with clients as there were psychiatrists working in hospitals and social workers working with addressing the needs of the poor but no clarity about their prior training to be mental health practitioners. Some of the most effective trainees were in the army, doubled as disaster responders, and were supervised by psychiatrists. What was originally designed as a six month project stretched to eight months when work had to be suspended for annual floods. Susan learned that EMDR works well across cultures with little modification, and teams found ways to present EMDR to account for cultural differences. Despite the challenges, trainees were able to use EMDR effectively with traumas as varied as road accidents, acid attacks, floods and war. Some of the trainees went on to contribute to later humanitarian outreach in Asia.

They met with UNICEF in Bangladesh, including Rolf Carriere who has been unfailingly supportive of EMDR and knows how to work within large international systems. Dr. Johnny (Dr. T.O. Kyaw-Myint) was another member of the Bangladesh team who impressed all of the EMDR trained clinicians with his humanity, very gentle approach and sense of humor. His good heart affected many people. Susan especially enjoyed the creativity of the teams, as they would encounter new situations and had to brainstorm what would be the most effective ways to teach EMDR.

One of the great limitations of the earlier EMDR trainings was the lack of follow-up. Steve Silver was putting together multiple training teams in the U.S. At the time, the Internet access was more limited so it was more difficult to stay in contact with practitioners. We have since learned how important it is to continue consultation with patients to trainees to help ensure EMDR takes root.

David Servan-Schrieber invited her along with Carolyn Settle to be part of his team to do trainings with him at the University of Pittsburgh Medical Center; it was here that she learned more about being a good teacher by just sitting in the room and learning from him.

When the September 11th attacks occurred, Steve and Susan had completed their book *"Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors."* Due to the timeliness of the topic the publisher decided to move up the release date for the book. She was pleased that the words readers have used most frequently to describe the book were words such as *"practical"* or *"a useful reference not just for vets and anybody wanting to understand EMDR."* She was pleased with their work and gave Steve the credit for first authorship.

Research began to be of importance to Susan as she worked in the EMDR community and saw the resistance from the CBT community. In 1999, she participated in a small study comparing EMDR and Exposure Therapy. She learned to design a study, take it to completion and how to go through the publication process. She was interested in getting the word out about EMDR. She began doing presentations and summaries of EMDR research, as well as her presenting at Conferences such as EMDRIA, ISTSS, American Orthopsychiatrists Association, American Association for Behavior Therapy, Pennsylvania Psychiatric Society, International Conference on Conflict Resolution, Association for the Advancement of Behavior Therapy, American Psychological Association, Forensic Rights and Treatment Conference and the EMDR Europe Conference. Although she continued to be interested in doing research, she had little time for it with her other responsibilities, so she supported others work. She was on the EMDRIA Research Committee and has recently joined the Board of Directors for the EMDR Research Foundation. She has also been on the editorial board of the Journal of EMDR Practice and Research since 2006.

Susan was awarded the EMDR Institute Ron Martinez Award for her contribution to EMDR in 2004, followed by the EMDR Humanitarian Assistance Programs Elizabeth Snyder Award for Outstanding Volunteer Service in 2005.

To the EMDR Community, Susan has this to say to you:

*"Although we have so many therapists, not that many clinicians realize how they can contribute to the research base. There are designs that are easy to implement and a very natural fit for clinicians and very valuable for the field. One of the things I like about EMDR research is that we are finding out how good EMDR is and we are learning how it works, how we resolve trauma and how the brain works – the ripple affect is broad. I was one of those people who thought I would never get close to research after finishing my dissertation, and it has been one of the most interesting parts of my career.*

*continued on page 12...*

*Even small studies are little pieces in a big mosaic. When I started doing research I also looked at science history – when you start to present you might be sparking an idea that will lead to the next piece of the puzzle. This process has been going on for a long time. As unpleasant as the EMDR controversy has been, it has also been the prompt for a lot of good research.*

*I have a healthy respect for unorthodox sounding ideas, and for a lot of good ideas people have used before they found out how and why they work. It has been an interesting period of being with EMDR because everything has changed. There was not much psychotherapy research when I started and now the whole field has changed and is evidence-based.*

*I want to encourage people to do research because I have encountered so many EMDR therapists through my teaching and have heard how valuable they think EMDR is in their clinical work. Because of the results they are getting with their patients, they do not understand why there is criticism of EMDR. They wait for others to do the research but with a little extra effort they could do it themselves. For the EMDR community of practitioners, I have this message: Don't wait for somebody else."*

As dedicated to EMDR as Susan is, she noted that she lives with her cats, knits and has kindled a love for baking pies since she has retired. And, she remains an avid fan of Steve Silver's numerous series of books!

Susan Rogers is an important member of our EMDR community whose influence is being felt through her teaching, writing, presenting and defending of EMDR therapy. We are fortunate that she has been with us from the beginning and has tackled the issues that she has done. ❖



**Ricky Greenwald, PsyD**  
Executive Director

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# UPDATE ON DEFINING NEW CREDENTIALING STANDARDS

This is the first of a series of columns that the Professional Development subcommittee of the Standard and Training Committee will write for the EMDRIA Newsletter to inform the community about our progress in revamping the requirements for Certification in EMDR therapy. These columns will also address members' concerns about the process.

As of now, the Clinical Competencies (i.e., knowledge, skills and attitudes) of a Certified therapist in EMDR therapy have been delineated in a fifty-page document that was distributed to Providers of Training and Approved Consultants (ACs) for feedback. The subcommittee will report on our incorporation of this feedback as part of our workshop at the EMDRIA Conference in Philadelphia.

When given budgetary approval the next step is to hire the organization that will work with the Standards and Training Committee to develop fair, valid, and reliable measures of competence in EMDR therapy. It will be a lengthy, complex process that will involve members of the EMDR therapy community as subject matter experts. We are in the process of interviewing and hiring the experts that will help bring a new standard of excellence to EMDR therapy.

With change, comes opportunity. Education and professional development for ACs will be integral to the transition to competency-based credentialing. We subcommittee members are grateful for what we have learned in the last two years. We believe that outstanding opportunities will be there for the taking as this process unfolds---opportunities for connection, leadership, mentorship, knowledge, and practice-building.

## Why has EMDRIA chosen to change the credentialing process?

EMDRIA has decided to join the five major mental health disciplines (psychiatry, psychology, marital and family therapy, counseling, and social work) in moving to a proficiency, or competency-based, credential from an hours-based process.

The problems with the hours-based process are:

- No "standard" criteria defined by EMDRIA for each level of credentialing
- No consistency among ACs regarding requirements to recommend someone for Certification or to be an AC
- No consistency regarding assessment procedures (e.g., some ACs require videotaping and others don't)
- Expressed difficulty of being both consultant and evaluator by the Approved Consultant

The ramifications of the current system are:

- Lack of specific requirements undermines legitimacy of the credential
- Lack of standardization in criteria and process calls into question the meaning or significance of the credential
- Possible liability issues for the AC given because there are no specific standards or requirements

The solutions to these issues are:

- Delineate the clinical competencies (i.e., knowledge, skills and attitudes) for each level of credentialing
- Establish a minimal standard of practice at each level
- Develop fair, reliable, and valid measures to assess the components of the clinical competencies
- Utilize an independent panel to evaluate and approve the candidate for Certification
- Establish a developmental and comprehensive "standard" for basic training, certification, approved consultants, and trainers

In the next column, the history of competency-based training and our specific choice of the Core Competency model will be discussed. In the meantime, there is an excellent article discussing the history of competency-based education and training, as well as the newly developed competencies for trauma psychology. We encourage everyone interested in this topic to read the paper.

Cook, J. M., Newman, E., & The New Haven Trauma Competency Group (2014). A Consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings. *Psychological Trauma: Theory, Research, Practice and Policy*, 6(4), 300–307. <http://dx.doi.org/10.1037/a0036747>

# EMDR Consulting, 2013-15 in review

BY ROY KIESSLING, FOUNDER: EMDR CONSULTING, LLC

EMDR Consulting is not a part of EMDRIA. This article is a [paid advertisement](#) published to inform the EMDR Community



## Building EMDR, One Community at a Time

June marks the 2nd year anniversary of EMDR Consulting's EMDR Therapy Basic Training being approved by EMDRIA. From its inception, EMDR Consulting's mission is to build EMDR communities by offering affordable, high quality trainings supported by local staff. We are pleased to report that our mission is being accomplished beyond our expectations.

**We are accomplishing our mission by offering affordable trainings:**

**Basic Training:** Nonprofit: \$995: (Breakdown: Part 1-\$372.50, Part 2-\$372.50, 10 hrs of consultation-\$250)

**Others:** \$1395: (Breakdown: Part 1-\$572.50, Part 2-\$572.50, 10 hrs of consultation-\$250)

### We are accomplishing our mission by building EMDR Communities using grass-root support:

#### Regional Trainers:

- Robbie Adler-Tapia - Arizona
- Chris Floro - North Carolina
- Jean Hawks - Mississippi
- Lynda Ruf - Florida
- Susan Thompson - Kansas
- Crystal Whitlow - Indiana

#### Grow with us

Yes - we are looking for qualified Consultants to join our training team. We'll train, mentor and support you in becoming a regional trainer for EMDR Consulting and of course you will be compensated for your efforts throughout the process!

We invest in you so you will invest in us!

#### Approved Consultants:

Indian, Florida, South Carolina, North Carolina, Mississippi, Kansas, Texas, California, Ohio, Michigan, Alabama, Tennessee, Arizona

Sorry-to many to mention by name

#### Grow with us

Yes - we are looking for qualified Consultants to help us develop your community. We will train, mentor and support you. You will participate in the training as a coach and be eligible to provide the basic training consultation; and of course, you will be compensated for your efforts through out the process

We invest in you so you will invest in us!

#### Consultants-in-Training earning their

**Approved Consultant status:** Indian, Florida, South Carolina, North Carolina, Mississippi, Kansas, Texas, California, Ohio, Michigan, Alabama, Tennessee, Connecticut, Arizona, Washington

Sorry-to many to mention by name

#### Grow with us

Yes - we are looking for Certified EMDR Clinicians wishing to become Consultants. As a C-i-T you will participate in the training as coach and will be eligible to provide basic training consultation to our participants. From what you earn in coaching and/or basic training consultation, you can hire one or more of our team to help you become a Consultant

We invest in you so you will invest in us!

Below are a few of our most memorable accomplishments (2013-15)

- 1) Phoenix - Southwest Center for HIV/AIDS (2015)
- 2) South Bend Memorial Hospital - over 100 trained in EMDR therapy (2013 & 2014)
- 3) Ft Bragg training of Army Chaplains and (2014)
  - Fayetteville Police trained in Psychological First Aid (A-TIP™) interventions using eye movements
- 4) MAHEC - Mountain Area Health and Educational Center - our EMDR training was initially organized by Sandra Kremer (2014 & 2015)
  - Sandra Kremer Memorial Trainings (in memory of Sandra - April, 2014)
  - over 100 trained in EMDR,
  - 50 trained in Psychological First Aid (A-TIP™) interventions using eye movements
  - including 4 Life Coaches from the Apache Nation (Arizona)
- 5) Purdue Univ. Calumet and Roy Thomas (EMDR Approved Consultant) sponsored (2015)
  - 35 trained in Psychological First Aid (A-TIP™) interventions using eye movements -out reach project serving minority communities

*We are just getting started*

If you are interested in joining the "EMDR Consultant's Training Team" please contact us  
[www.emdrconsulting.com](http://www.emdrconsulting.com)

OR

Roy Kiessler (Founder): [roykiessler@me.com](mailto:roykiessler@me.com)

# 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: [a Leeds@theLeeds.net](mailto:a Leeds@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 website at: <http://www.trauma-pages.com/s/emdr-refs.php>. Previous columns from 2005 to the present are available on the EMDRIA website at: <http://www.emdria.org/?page=43>.

Bandelow, B., Reitt, M., Röver, C., Michaelis, S., Görlich, Y., & Wedekind, D. (2015). Efficacy of treatments for anxiety disorders: A meta-analysis. *International Clinical Psychopharmacology*. doi:10.1097/YIC.0000000000000078

Borwin Bandelow, Departments of Psychiatry and Psychotherapy, University of Göttingen, Göttingen, Germany. E-mail: [sekretariat.bandelow@med.uni-goettingen.de](mailto:sekretariat.bandelow@med.uni-goettingen.de)

## ABSTRACT

To our knowledge, no previous meta-analysis has attempted to compare the efficacy of pharmacological, psychological and combined treatments for the three main anxiety disorders (panic disorder, generalized anxiety disorder and social phobia). Pre-post and treated versus control effect sizes (ES) were calculated for all evaluable randomized-controlled studies (n=234), involving 37333 patients. Medications were associated with a significantly higher average pre-post ES [Cohen's d=2.02 (1.90-2.15); 28051 patients] than psychotherapies [1.22 (1.14-1.30); 6992 patients; P<0.0001]. ES were 2.25 for serotonin-noradrenaline reuptake inhibitors (n=23 study arms), 2.15 for benzodiazepines (n=42), 2.09 for selective serotonin reuptake inhibitors (n=62) and 1.83 for tricyclic antidepressants (n=15). ES for psychotherapies were mindfulness therapies, 1.56 (n=4); relaxation, 1.36 (n=17); individual cognitive behavioural/exposure therapy (CBT), 1.30 (n=93); group CBT, 1.22 (n=18); psychodynamic therapy 1.17 (n=5); therapies without face-to-face contact (e.g. Internet therapies), 1.11 (n=34); eye movement desensitization reprocessing, 1.03 (n=3); and interpersonal therapy 0.78 (n=4). The ES was 2.12 (n=16) for CBT/drug combinations. Exercise had an ES of 1.23 (n=3). For control groups, ES were 1.29 for placebo pills (n=111), 0.83 for psychological placebos (n=16) and 0.20 for waitlists (n=50). In direct comparisons with control groups, all investigated drugs, except for citalopram, opipramol and moclobemide, were significantly more effective than placebo. Individual CBT was more effective than waiting list, psychological

placebo and pill placebo. When looking at the average pre-post ES, medications were more effective than psychotherapies. Pre-post ES for psychotherapies did not differ from pill placebos; this finding cannot be explained by heterogeneity, publication bias or allegiance effects. However, the decision on whether to choose psychotherapy, medications or a combination of the two should be left to the patient as drugs may have side effects, interactions and contraindications.

Barrowcliff, A. L., & Evans, G. A. L. (2015). EMDR treatment for PTSD and intellectual disability: A case study. *Advances in Mental Health and Intellectual Disabilities*, 9(2), 90-98. doi:10.1108/AMHID-09-2014-0034

Alastair L. Barrowcliff, Five Boroughs Partnership NHS Foundation Trust, Community Adult Learning Disability Service, Prescott, UK.

## ABSTRACT

**Purpose:** The purpose of this paper is to provide a detailed description of an adapted Eye-Movement Desensitisation and Reprocessing (EMDR) intervention in the treatment of chronic Post-Traumatic Stress Disorder (PTSD) in an individual with moderate-severe Intellectual Disability (ID), blindness, and Mucopolysaccharidosis Hunters Syndrome.

**Design/methodology/approach:** A case study reporting on the implementation of an eight phase EMDR approach adapted for intellectual and sensory requirements. The intervention involved a series of preparatory meetings and four sessions of EMDR.

**Findings:** The intervention was successful in ameliorating most symptoms attributed to a PTSD presentation.

**Research limitations/implications:** The availability of the full breadth of treatment options for PTSD as indicated in National

Institute for Health and Care Excellence (2005) is questionable in clinical practice with individuals with ID. Appropriate investment in research determining the most efficacious interventions for this clinical population is required.

**Originality/value:** This case study addresses issues of complexity in respect of the assessment and treatment of trauma in an ID population. It raises a number of important social/research questions in addition to providing a high level of detail in regard to the adaptations required to deliver EMDR for a complex individual whilst retaining fidelity to the standard treatment model.

Behnamoghdam, M., Alamdari, A. K., Behnamoghdam, A., & Darban, F. (2015). Effect of eye movement desensitization and reprocessing (EMDR) on depression in patients with myocardial infarction (MI). *Global Journal of Health Science*, 7(6), 258-262. doi: 10.5539/gjhs.v7n6p258

Ali Karam Alamdari, Social Determinants of Health Research Center, Iran. E-mail: akalamdari@yahoo.com

Full text available: <http://www.ccsenet.org/journal/index.php/gjhs/article/viewFile/47723/25639>

### ABSTRACT

**Background:** Coronary heart disease is the most important cause of death and inability in all communities. Depressive symptoms are frequent among post-myocardial infarction (MI) patients and may cause negative effects on cardiac prognosis. This study was conducted to identify efficacy of EMDR on depression of patients with MI.

**Methods:** This study is a clinical trial. Sixty patients with MI were selected by simple sampling, and were separated randomly into experimental and control groups. To collect data, demographic questionnaire and Beck Depression Questionnaire were used. In experimental group, EMDR therapy were performed in three sessions alternate days for 45-90 minutes, during four months after their MI. Depression level of patients was measured before, and a week after EMDR therapy. Data were analyzed using paired -t- test, t-test, and Chi-square.

**Results:** The mean depression level in experimental group  $27.26 \pm 6.41$  before intervention, and it was  $11.76 \pm 3.71$  after intervention. Hence, it showed a statistically significant difference ( $P < 0.001$ ). The mean depression level in control group was  $24.53 \pm 5.81$  before intervention, and it was  $31.66 \pm 6.09$  after intervention, so it showed statistically significant difference ( $P < 0.001$ ). The comparison of mean depression level at post treatment, in both groups showed statistically significant difference ( $P < 0.001$ ).

**Conclusion:** EMDR is an effective, useful, efficient, and non-invasive method for treatment and reducing depression in patients with MI.

Bilal, M. D. M. S., Rana, M. H., Col Safi Ullah Khan, B., & Qayyum, R. (2015). Efficacy of Eye Movement Desensitization and Reprocessing beyond Complex Post Traumatic Stress Disorder: a case study of EMDR in Pakistan. *The Professional Medical Journal*, 22(4), 514-521.

Major Dr. Muhammad Sami Bilal, Classified Psychiatrist, CMH Multan, Pakistan. E-mail: muhammadsamibilal@gmail.com

Available at: <http://www.theprofesional.com/article/vol.%2022%20no.%2004/Prof-2724.pdf>

### ABSTRACT

**Objectives:** To demonstrate the efficacy of EMDR in complex multiple psychological trauma after failed drug treatment from selective serotonin reuptake inhibitor (SSRI) in a diagnosed case of post-traumatic stress disorder (PTSD). Method: Single participant of this case study, a sitting session judge of judicial governmental scaffold reported to this mental health tertiary care facility at his own accord with features of intense anxiety, depression, maladjustment issues and post- traumatic stress for a duration of several months. As a partial responder to full trial of SSRI he was enrolled for EMDR therapy to address his symptoms of intense anxiety, panic attacks, being overwhelmingly fearful, depressed, low self-esteem, inappropriate feelings of guilt, flashbacks, avoidance, nightmares, hyper-arousal and inability to perform as a judicial head in active war stricken area of northern Pakistan. Complete psychiatric evaluation was carried out and after the discontinuation of SSRIs he was scored on Impact of Event Scale (IES). He fulfilled the diagnostic criteria for PTSD as evaluated by the English version of the PTSD module of the Structured Clinical Interview for DSM-IV administered once before commencement of EMDR. Safe place of the client was established and 8 staged protocol of EMDR was started with him. Multiple EMDR sessions were conducted.

**Results:** The case presented in this paper had multiple psychological trauma forms and failed drug treatment and yet it was observed that EMDR provided marked improvement in all the domains of his deficits and this was at a prompt speed as compared to cognitive behavioural therapy (CBT) which usually takes longer duration of therapy to achieve similar results.

**Conclusions:** EMDR provides marked improvement in all domains of complex mental trauma and traumatic memories. Improvement attained was prompt and enduring as compared to other forms of established therapies and drug treatment indicating permanent changes happening at neurobiological levels of brain.



Boccia, M., Piccardi, L., Cordellieri, P., Guariglia, C., & Giannini, A. M. (2015). EMDR therapy for PTSD after motor vehicle accidents: Meta-analytic evidence for specific treatment. *Frontiers in Human Neuroscience*, 9. doi: 10.3389/fnhum.2015.00213

Laura Piccardi, Department of Life, Health and Environmental Sciences, L'Aquila University, P.le S. Tommasi, 1, Coppito (AQ), L'Aquila 67100, Italy. E-mail: laura.piccardi@cc.univaq.it

Full text available: <http://journal.frontiersin.org/article/10.3389/fnhum.2015.00213/full>

### ABSTRACT

Motor vehicle accident (MVA) victims may suffer both acute and post-traumatic stress disorders (PTSD). With PTSD affecting social, interpersonal and occupational functioning, clinicians as well as the National Institute of Health are very interested in identifying the most effective psychological treatment to reduce PTSD. From research findings, eye movement desensitization and reprocessing (EMDR) therapy is considered as one of the

effective treatment of PTSD. In this paper, we present the results of a meta-analysis of fMRI studies on PTSD after MVA through activation likelihood estimation. We found that PTSD following MVA is characterized by neural modifications in the anterior cingulate cortex (ACC), a cerebral structure involved in fear-conditioning mechanisms. Basing on previous findings in both humans and animals, which demonstrate that desensitization techniques and extinction protocols act on the limbic system, the effectiveness of EMDR and of cognitive behavioral therapies (CBT) may be related to the fact that during these therapies the ACC is stimulated by desensitization.

Cyz, B., & Muhlbauer, C. (2015). EMDR adjunctive therapy at a community agency, treating clients with a spectrum of mental health disorders. *Journal of EMDR Practice and Research*, 9(1), 35-45. doi:10.1891/1933-3196.9.1.35

Ben Cyz, Lutheran Family Services of Nebraska, Inc., 415 S 25th Ave., Omaha, NE 68102. E-mail: bcyz@lfsneb.org

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**ABSTRACT**

This clinical practice article describes how to provide eye movement desensitization and reprocessing (EMDR) as an adjunctive treatment. It outlines the process used in developing an EMDR adjunctive therapy program in a nonprofit community agency that serves clients with chronic mental health and substance abuse disorders. The chronicity of clients' mental health issues is complicated by life stressors that contribute to the lack of insight and accompanying poor decision making and helps to perpetuate the cycle of poverty and homelessness many experience. This article describes the initial pilot project in which EMDR was provided as a short-term intervention adjunctive to cognitive behavioral therapy, transactional analysis, and dialectical behavioral therapy. Preliminary results of this feasibility study supported the hypotheses that EMDR adjunctive therapy would reduce symptoms of traumatic stress and possibly enhance the effects of the primary therapy. This article makes multiple recommendations for program organization, including staff workshops and communication, and describes clinical strategies to ensure client readiness and to integrate EMDR with the other treatments. Recommendations are made for future research.

Farima, R., Dowlatabadi, S., & Behzadi, S. (2015). The effectiveness of eye movement desensitization and reprocessing (EMDR) in reducing pathological worry in patients with generalized anxiety disorder: A preliminary study. *Archives of Psychiatry and Psychotherapy*, 1, 33-43. doi:10.12740/APP/39259

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Full text available: [http://www.strona.app.nazwa.pl/uploads/images/2015\\_17\\_1/33Farima\\_ArchivesPP\\_1\\_2015.pdf](http://www.strona.app.nazwa.pl/uploads/images/2015_17_1/33Farima_ArchivesPP_1_2015.pdf)

**ABSTRACT**

**Aims:** The current study aimed to investigate the effectiveness of eye movement desensitization and re-processing (EMDR) in reducing pathological worry in patients with generalized anxiety disorder (GAD).

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**Method:** Three women with GAD were selected using a purposeful sampling method based on the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). A baseline single-case experimental design was used and participants were included in the treatment in a stepped manner. The Generalized Anxiety Disorder Questionnaire (GADQ-IV), the Pennsylvania State Worry Questionnaire (PSWQ), the Worry Domain Questionnaire (WDQ), the Intolerance of Uncertainty Scale (IUS) and the Cognitive Avoidance Questionnaire (CAQ) were used as the baseline, pre-treatment, post-treatment and one-month follow-up assessments.

**Results:** The results showed that EMDR is effective in reducing pathological worry in patients with GAD. The participants were also successful in reducing the extent of their areas of worry, increasing their tolerance to uncertainty and conquering their cognitive avoidance. One-month follow-up also showed that the decline trend of participants' worries continued. During EMDR, participants' negative images, emotions and cognition were decreased and gradually lost their reliability, whereas positive aspects became alive and active.

**Conclusions:** EMDR is an effective method for the treatment of GAD in women.

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Greenberg, N., Brooks, S., & Dunn, R. (2015). Latest developments in post-traumatic stress disorder: Diagnosis and treatment. *British Medical Bulletin*. doi:10.1093/bmb/ldv014

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#### ABSTRACT

**Background:** Most people will experience a traumatic event during their lives. However, not all will develop Post-Traumatic Stress Disorder (PTSD). There have been recent changes in diagnostic criteria for PTSD and there are a number of treatment options available.

**Sources of Data:** This review is based on published literature in the field of PTSD, its management and the recently published DSM-V.

**Areas of Agreement:** The most influential risk factors relate to the post-incident environment rather than pre-incident or the incident itself. There are two established and effective psychological therapies; trauma-focussed cognitive behavioural therapy and eye movement desensitization and reprocessing.

**Areas of Controversy:** It is unclear what actually constitutes a traumatic event. Psychological debriefing or counselling interventions, shortly after trauma-exposure are found to be

ineffective and may cause harm. Medication, whilst common practice, is not recommended as first line management.

**Growing Points:** Future psychotherapies for PTSD may be just as effective if delivered in carefully considered group settings or through remote means.

**Areas Timely for Developing Research:** Research into the most effective ways to prevent individuals at risk of developing PTSD is still at an early stage and development of effective early interventions could substantially reduce the morbidity associated with PTSD.

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Grimmett, J., & Galvin, M. D. (2015). Clinician experiences with EMDR: Factors influencing continued use. *Journal of EMDR Practice and Research*, 9(1), 3-16. doi:10.1891/1933-3196.9.1.3

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#### ABSTRACT

This study investigated factors contributing to clinicians' use or discontinued use of eye movement desensitization and reprocessing (EMDR) as well as obtaining information pertaining to training experiences. Patterns emerged from a survey completed by 239 respondents highlighting some issues associated with discontinued use, specifically loyalty to other treatment modalities and discomfort with using EMDR. Factors investigated were not statistically significant; however, frequency analysis of the survey identified patterns in use and experience. Clinicians who continued to use EMDR reported that they did so because of both its effectiveness and the ongoing consultation they received. Practice setting surfaced as a statistically significant factor, with operating in private practice associated with greater participation in EMDR support activities. A discussion of the adequacy of the training format is presented as well as how prepared the participants felt after completion of EMDR training. Some findings were consistent with earlier studies, and the converging results of loyalty to previous modalities and discomfort using EMDR give rise to recommendations for future training and support of newly trained clinicians.

-----

Hase, M., Balmaceda, U. M., Hase, A., Lehnung, M., Tumani, V., Huchzermeier, C., & Hofmann, A. (2015). Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of depression: A matched pairs study in an inpatient setting. *Brain and Behavior*, n/a-n/a. doi:10.1002/brb3.342

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Full text available: <http://onlinelibrary.wiley.com/doi/10.1002/brb3.342/full>

### ABSTRACT

**Background:** Depression is a severe mental disorder that challenges mental health systems worldwide as the success rates of all established treatments are limited. Eye Movement Desensitization and Reprocessing (EMDR) therapy is a scientifically acknowledged psychotherapeutic treatment for PTSD. Given the recent research indicating that trauma and other adverse life experiences can be the basis of depression, the aim of this study was to determine the effectiveness of EMDR therapy with this disorder.

**Method:** In this study, we recruited a group of 16 patients with depressive episodes in an inpatient setting. These 16 patients were treated with EMDR therapy by reprocessing of memories related to stressful life events in addition to treatment as usual (TAU). They were compared to a group of 16 controls matched regarding diagnosis, degree of depression, sex, age and time of admission to hospital, which were receiving TAU only.

**Results:** Sixty-eight percent of the patients in the EMDR group showed full remission at end of treatment. The EMDR group showed a greater reduction in depressive symptoms as measured by the SCL-90-R depression subscale. This difference was significant even when adjusted for duration of treatment. In a follow-up period of more than 1 year the EMDR group reported less problems related to depression and less relapses than the control group.

**Conclusions:** EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.

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Jeon, S. W., & Han, C. S. (2015). An open trial of EMDR as promotion for post-traumatic growth. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 8(2), 337-. doi:10.1016/j.brs.2015.01.091

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### ABSTRACT

Clinical applications of Post-traumatic Growth (PTG) promotion have been very limited, except for psychotherapy. The basic principle of EMDR, which deals with trauma, is expected to promote PTG. Accordingly, this study was conducted to investigate the effect of EMDR on resilience and PTG, and to explore the possibility of applying EMDR to PTG promotion.

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Krupnik, V. (2015). Integrating EMDR into an evolutionary-based therapy for depression: A case study. *Clinical Case Reports*. doi:10.1002/ccr3.228

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Available at: <http://onlinelibrary.wiley.com/doi/10.1002/ccr3.228/full>

### ABSTRACT

We present an intervention in a case of major depression, where eye movement desensitization and reprocessing (EMDR) therapy was integrated into an evolutionary-based psychotherapy for depression. At the end of the treatment and at follow up assessment we observed a more accepting disposition and decreased depressive but not anxiety symptoms.

-----

Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy* (Chicago, Ill.), 51(4), 467-81. doi:10.1037/a0034332

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### ABSTRACT

In this article, we examine the science and policy implications of the common factors perspective (CF; Frank & Frank, 1993; Wampold, 2007). As the empirically supported treatment (EST) approach, grounded in randomized controlled trials (RCTs), is the received view (see Baker, McFall, & Shoham, 2008; McHugh & Barlow, 2012), we make the case for the CF perspective as an additional evidence-based approach for understanding how therapy works, but also as a basis for improving the quality of mental health services. Finally, we argue that it is time to integrate the 2 perspectives, and we challenge the field to do so.

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Markus, W., de Weert-van Oene, G. H., Becker, E. S., & DeJong, C. A. (2015). A multi-site randomized study to compare the effects of eye movement desensitization and reprocessing (EMDR) added to TAU versus TAU to reduce craving and drinking behavior in alcohol dependent outpatients: Study protocol. *BMC Psychiatry*, 15, 51. doi:10.1186/s12888-015-0431-z

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Full text available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4369870/>

### ABSTRACT

**Background:** Addiction constitutes a major public health problem, and despite treatment, relapse rates remain very high. Preliminary findings suggest that Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment for PTSD, may also reduce craving and relapse rates when applied in substance abuse. This study aims to determine the feasibility, efficacy and effectiveness of EMDR when added to treatment as usual (TAU) for addiction in alcohol dependent outpatients, compared to TAU only.

**Methods/Design:** A single blinded study in which 100 adult patients with a primary DSM-IV-TR diagnosis of alcohol dependence or abuse receiving treatment in one of six Dutch outpatient addiction care facility sites, will be enrolled. After baseline assessment participants will be allocated to one of two treatment conditions (allocation ratio of 1:1) using a stratified (per site, per care pathway), blocked randomization procedure. The intervention consists of EMDR (seven weekly 90 minute sessions)+TAU or TAU only. Assessments are scheduled pre-treatment (t0), post-treatment (t0+eight weeks), and one and six months post treatment. The effects of both treatment arms are compared on indices of (a) drinking behavior, (b) mediators, moderators and predictors of treatment outcome, (c) quality of life and d) safety, acceptability and feasibility of treatment. Repeated measures ANOVA's will be conducted using an intention-to-treat and per-protocol approach. Multiple imputation will be used to deal with missing values when possible.

**Discussion:** This study adapts and extends the standard EMDR treatment for traumatized patients for use with patients with alcohol use disorders without psychological trauma.

Moradi, M., Chatrooz, M., Sarichlu, M. A., & Alipourheidari, M. (2015). The effect of eye movement with desensitization and reprocessing on anxiety induced by dressing pain in burn patients. *Iranian Journal of Psychiatric Nursing*, 2(4), 80-88.

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### ABSTRACT

**Introduction:** Burn is an injury that can result in pain in patients. On the other hand, burn treatment measures also lead to pain and anxiety among these patients. The aim of this study was to determine the effect of eye movement with

desensitization and reprocessing (EMDR) on the anxiety due to dressing pain in patients with burn.

**Methods:** The present study was a randomized clinical trial that was carried out among burn patients hospitalized in Shahid Rajaei Hospital, Qazvin. Subjects were selected using purposeful sampling method. Then, the patients were randomly assigned in control and treatment group with 30 patients in each group; s with the usage of minimization method. Data were collected using the Burn Standard Pain Anxiety Scale (BSPAS). Desensitization method with eye movements and reprocessing was performed to the treatment group for around 45 to 90 minutes. Data were analyzed using descriptive and inferential statistics including paired-t-test, t-test, and chi square.

**Results:** The mean of anxiety in the treatment group was 51.07±4.81 before the intervention, whereas it was 38.40±2.05 after the intervention. The difference was statistically significant (P<0.001). The mean of anxiety in the control group before and after the intervention were 50.03 and 53.20, respectively. It was also statistically significant (P<0.001).

**Conclusion:** The findings indicated that the desensitization method with eye movements and reprocessing decrease patient's anxiety during treatment procedures. The use of EMDR in burn patients will lead to improved health and reduce their anxiety.

Mosquera, D., & Knipe, J. (2015). Understanding and treating narcissism with EMDR therapy. *Journal of EMDR Practice and Research*, 9(1), 46-63. doi:10.1891/1933-3196.9.1.46

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### ABSTRACT

Narcissistic personality disorder and narcissistic trait disorder are associated with selfish behaviors and lack of empathy toward others. Clients with either of these initial presentations in therapy show a self-centered profile and lack of empathy or concern about the suffering they may cause in other people, but this is only part of the picture. Sometimes the lack of empathy and selfishness is only a defense. To fully understand this problem, it is also necessary to be aware of underlying self-definition issues that drive the behavioral manifestations of narcissism. As in any psychological problem, eye movement desensitization and reprocessing treatment needs an understanding of how early experiences lead to future symptoms. Understanding the pathways from early experiences to narcissistic features (including covert presentations) is essential for an adequate case conceptualization as well as comprehending the defensive mental structures that impede accessing the core adverse experiences underlying the symptoms.

Myers, K. J. (2015). EMDR with choking phobia: Reflections on the 2008 study by de Roos and de Jongh. *Journal of EMDR Practice and Research*, 9(1), 64-70. doi:10.1891/1933-3196.9.1.64

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#### ABSTRACT

"*Translating Research Into Practice*" is a regular journal feature in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of that study, followed by the clinician's description of their own application of standard eye movement desensitization and reprocessing (EMDR) procedures with the population or problem treated in the study. The column is edited by the EMDR Research Foundation with the goal of providing a link between research and practice and making research findings relevant in therapists' day-to-day practices. In this issue's column, Keith J. Myers references de Roos and de Jongh's study, which investigated EMDR treatment of choking phobias. Illustrating the treatment considerations and treatment results reported by de Roos and de Jongh, Myers describes the successful treatment of an adult client who presents with choking phobia and secondary depression using the EMDR protocol for phobias. The case example is followed with a discussion of specific treatment considerations in the addressing phobias within the eight phases of EMDR therapy.

Perez-Dandieu, B., Lenoir, H., Othily, E., Tapia, G., Cassen, M., & Delile, J. -M. (2015). The impact of eye movement desensitization and reprocessing and schema therapy on addiction severity among a sample of French women suffering from PTSD and SUD. *Drug & Alcohol Dependence*, 146, e68-e69.

Béatrice Perez-Dandieu, Addiction, CEID, Bordeaux, France.

#### ABSTRACT

**Aims:** The purpose of the study is to examine the effects of eye movement desensitization and reprocessing (EMDR) associated with Schema Therapy (ST) on the improvement in symptoms of posttraumatic stress disorder (PTSD), attachment disorder (AD) and substance use disorder (SUD) among women in outpatient substance abuse treatment. Hypothesis: PTSD and AD severity reductions with EMDR-ST focused on addictive memory were likely to be associated with substance use improvement.

**Methods:** This study investigated in the treatment of SUD among 7 women with SUD and PTSD comorbidity. We proposed a 3-phase-protocol therapy: (a) 8 EMDR sessions focused on reprocessing traumatic memory; (b) 8 EMDR sessions (traumatic memory) associated with ST (traumatic attachment) and (c) 8 EMDR sessions (addictive memory) associated with ST. We evaluated PTSD symptoms (PCL-S), Early Maladaptive Schemas-EMS (YSQ-S2) and addiction severity (ASI) before and after treatment (t-tests).

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**Results:** The first phases of treatment protocol reduced PTSD symptoms (a and b) and EMS (b) but not the addiction severity (AS). AS and craving started significantly decreasing only after the last 8 additional sessions (EMDR-ST) focused on addictive memory (c).

**Conclusions:** In a previous study we showed that 6 women with SUD-PTSD and assigned to eight sessions of EMDR (traumatic memory) showed a significant reduction in PTSD symptoms but not in addiction symptoms compared to 6 control patients (treatment as usual). The present study suggests that reprocessing both traumatic and addiction memories using EMDR procedure associated with ST reduces not only PTSD and EMS but also AS. Results support importance of coping with PTSD symptoms and of providing integrative therapies for improving substance use outcomes especially in female patients because of the high frequency of stress-induced craving among women.

Rosaura Polak, A., Witteveen, A. B., Denys, D., & Olf, M. (2015). Breathing biofeedback as an adjunct to exposure in cognitive behavioral therapy hastens the reduction of PTSD symptoms: A pilot study. *Applied Psychophysiology and Biofeedback*. doi:10.1007/s10484-015-9268-y

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Full text open access: <http://link.springer.com/article/10.1007%2Fs10484-015-9268-y>

#### ABSTRACT

Although trauma-focused cognitive behavioral therapy (TF-CBT) with exposure is an effective treatment for posttraumatic stress disorder (PTSD), not all patients recover. Addition of breathing biofeedback to exposure in TF-CBT is suggested as a promising complementary technique to improve recovery of PTSD symptoms. Patients (n = 8) with chronic PTSD were randomized to regular TF-CBT or TF-CBT with complementary breathing biofeedback to exposure. PTSD symptoms were measured before, during and after TF-CBT with the Impact of Event Scale-Revised. The results show that breathing biofeedback is feasible and can easily be complemented to TF-CBT. Although PTSD symptoms significantly decreased from pre to post treatment in both conditions, there was a clear trend towards a significantly faster (p = .051) symptom reduction in biofeedback compared to regular TF-CBT. The most important limitation was the small sample size. The hastened clinical improvement in the biofeedback condition supports the idea that breathing biofeedback may be an effective complementary component to exposure in PTSD patients. The mechanism of action of breathing biofeedback may relate to competing working memory resources decreasing vividness and emotionality, similar to eye movement desensitization and reprocessing. Future research is needed to examine this.

Van Schie, K., Engelhard, I. M., & van den Hout, M. A. (2015). Taxing working memory during retrieval of emotional memories does not reduce memory accessibility when cued with reminders. *Frontiers in Psychiatry*, 6(Article 16). doi:10.3389/fpsyt.2015.00016

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#### ABSTRACT

Earlier studies have shown that when individuals recall an emotional memory while simultaneously doing a demanding dual-task [e.g., playing Tetris, mental arithmetic, making eye movements (EM)], this reduces self-reported vividness and emotionality of the memory. These effects have been found up to 1 week later, but have largely been confined to self-report ratings. This study examined whether this dual-tasking intervention reduces memory performance (i.e., accessibility of emotional memories). Undergraduates (N D 60) studied word-image pairs and rated the retrieved image on vividness and emotionality when cued with the word. Then they viewed the cues and recalled the images with or without making EM. Finally, they re-rated the images on vividness and emotionality. Additionally, fragments from images from all conditions were presented and participants identified which fragment was paired earlier with which cue. Findings showed no effect of the dual-task manipulation on self-reported ratings and latency responses. Several possible explanations for the lack of effects are discussed, but the cued recall procedure in our experiment seems to explain the absence of effects best. The study demonstrates boundaries to the effects of the “dual-tasking” procedure.

Shapiro, E., & Laub, B. (2015). Early EMDR intervention following a community critical incident: A randomized clinical trial. *Journal of EMDR Practice and Research*, 9(1), 17-27. doi:10.1891/1933-3196.9.1.17

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#### ABSTRACT

The aim of this study was to investigate the efficacy of early eye movement desensitization and reprocessing (EMDR) intervention using the EMDR recent traumatic episode protocol (R-TEP) after a traumatic community event whereby a missile hit a building in a crowded area of a town. In a waitlist/delayed treatment parallel-group randomized controlled trial, 17 survivors with posttraumatic distress were treated with EMDR therapy using the R-TEP protocol. Volunteer EMDR practitioners conducted treatment on 2 consecutive days. Participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. Assessments with Impact of Event Scale-Revised

(IES-R) and the Patient Health Questionnaire (PHQ-9) brief depression inventory took place at pre- and posttreatment and at 3 months follow-up. At 1 week posttreatment, the scores of the immediate treatment group were significantly improved on the IES-R compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. At 3 months follow-up, results on the IES-R were maintained and there was a significant improvement on PHQ-9 scores. This pilot study provides preliminary evidence, supporting the efficacy of EMDR R-TEP for reducing posttrauma stress among civilian victims of hostility, and shows that this model of intervention briefly augmenting local mental health services following large-scale traumatic incidents, using an EMDR intervention on 2 consecutive days may be effective.

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Sin, J., Spain, D., Furuta, M., Murrells, T., & Norman, I. (2015). Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness. *Cochrane Database of Systematic Reviews*, (1), Article CD011464. doi:10.1002/14651858.CD011464

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Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011464/full>

#### ABSTRACT

This is the protocol for a review and there is no abstract. The objectives are as follows: This review aims to evaluate the effectiveness of psychological interventions for PTSD symptoms or other symptoms of psychological distress arising from trauma in people with SMI.

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Sugimoto, A., Suzuki, Y., Endo, T., Matsumoto, K., Sugiyama, T., & Someya, T. (2015). Efficacy of atomoxetine for symptoms of attention-deficit/hyperactivity disorder in children with a history of child abuse. *Journal of Child and Adolescent Psychopharmacology*, 25(3), 269-71. doi:10.1089/cap.2014.0119

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#### ABSTRACT

**Objective:** Recent studies suggest that the severity and drug response of depression and anxiety are correlated with childhood abuse. However, whether a history of child abuse can

predict the severity and/or drug response of attention-deficit/hyperactivity disorder (ADHD) is unclear. Therefore, we conducted a retrospective study to assess the efficacy of atomoxetine in children with a history of child abuse.

**Methods:** We reviewed 41 cases of children treated with atomoxetine. Specifically, we compared dissociation associating symptoms (DAS) and other symptoms (OS) measured via the ADHD Rating Scale (ADHD-RS) in abused and nonabused children at baseline and at 8 weeks after atomoxetine administration.

**Results:** At baseline, abused children had higher total scores (38.7±9.3 vs. 30.5±9.4, p=0.011), and greater levels of hyperactivity/impulsivity (17.3±5.8 vs. 11.3±6.0, p=0.004) on the ADHD-RS than did nonabused children, whereas the inattention scores were similar between the two groups (21.4±4.8 vs. 19.2±4.6). Additionally, the total score and the two subscores decreased at week 8 for both groups. In the nonabused group, DAS (5.5±2.3 vs. 3.9±1.7, p<0.001) and OS (25.0±8.1 vs. 17.4±6.7, p<0.001) significantly decreased after atomoxetine treatment. However, DAS in the abused group did not change after atomoxetine treatment (5.9±2.3 vs. 5.1±1.8), whereas OS significantly decreased (32.8±7.6 vs. 25.7±7.2, p=0.002).

**Conclusions:** If DAS were caused by traumatic experiences in abused children, trauma treatment tools other than pharmacotherapy might be useful to treat DAS. These tools may include eye movement desensitization and reprocessing and trauma-focused cognitive behavioral therapy.

-----

van Veen, S. C., van Schie, K., Wijngaards-de Meij, L. D., Littel, M., Engelhard, I. M., & van den Hout, M. A. (2015). Speed matters: Relationship between speed of eye movements and modification of aversive autobiographical memories. *Frontiers in Psychiatry*, 6, 45. doi:10.3389/fpsy.2015.00045

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Full text available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4387929/>

#### ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is an efficacious treatment for post-traumatic stress disorder. In EMDR, patients recall a distressing memory and simultaneously make eye movements (EM). Both tasks are considered to require limited working memory (WM) resources. Because this leaves fewer resources available for memory retrieval, the memory should become less vivid and less emotional during future recall. In EMDR analogue studies, a standardized procedure has been used, in which participants receive the same dual task manipulation of 1 EM cycle per second (1Hz). From a WM perspective, the WM



which participants receive the same dual task manipulation of 1 EM cycle per second (1Hz). From a WM perspective, the WM taxation of the dual task might be titrated to the WM taxation of the memory image. We hypothesized that highly vivid images are more affected by high WM taxation and less vivid images are more affected by low WM taxation. In study 1, 34 participants performed a reaction time task, and rated image vividness, and difficulty of retrieving an image, during five speeds of EM and no EM. Both a high WM taxing frequency (fast EM; 1.2Hz) and a low WM taxing frequency (slow EM; 0.8Hz) were selected. In study 2, 72 participants recalled three highly vivid aversive autobiographical memory images (n = 36) or three less vivid images (n = 36) under each of three conditions: recall+fast EM, recall+slow EM, or recall only. Multi-level modeling revealed a consistent pattern for all outcome measures: recall+fast EM led to less emotional, less vivid and more difficult to retrieve images than recall+slow EM and recall only, and the effects of recall+slow EM felt consistently in between the effects of recall+fast EM and recall only, but only differed significantly from recall+fast EM. Crucially, image vividness did not interact with condition on the decrease of emotionality over time, which was inconsistent with the prediction. Implications for understanding the mechanisms of action in memory modification and directions for future research are discussed. ❖

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Mark Nickerson, LICSW

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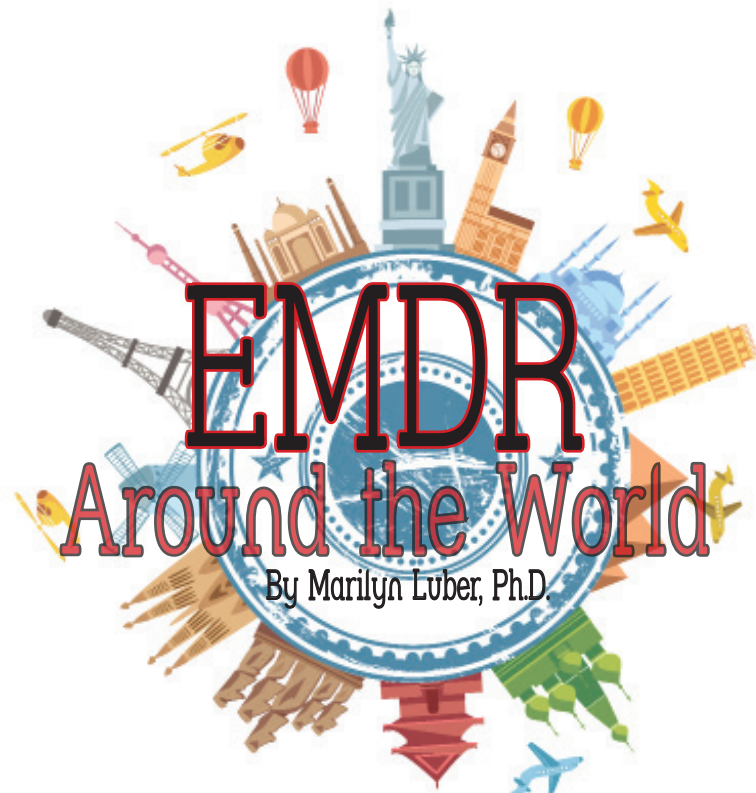


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## ARGENTINA

Eslly Carvalho reports: It is with great sadness that I let you know that our friend and colleague, Pablo Solvey, passed away suddenly on March 13th. On February 26th, Pablo was awarded the distinction of Doctor Honoris Causa by the Faculty of Psychology, University Señor de Sipan University, Peru for his work in psychotherapy and attended the ceremony.

## BANGLADESH

Shamim Karim reports: "Hanna Egli from EMDR Europe has been providing lectures on "Psychotraumatology and EMDR" in Bangladesh. She has been successful in getting sponsors to start the Part I training in August. Sushma Mehrotra and two other trainers from India will come to train the first batch of 25+ trainees. We are so grateful to Hanna and the sponsors for making this happen."

## BELGIUM

Ludwig Cornil reports: "After 15 years, it is my last day as president of the Belgian EMDR Association. I have wonderful and competent EMDR colleagues, who are willing to continue the work of getting EMDR to people while securing the quality of the therapists doing EMDR. However, don't think that I am stopping! On the contrary, with my training institute, Integrativa, I will go on teaching the Basic EMDR training and

offering all the workshops people need to refine their skills as EMDR therapists. I will try to make EMDR accepted and reimbursed the moment the Belgian government decides to reimburse psychotherapy (which is still not the case at the moment). I have also given HAP into the hands of very capable people who will focus more on EMDR with traumatized people in our country who cannot find the help they need. HAP Belgium was renamed Trauma-Aid Belgium (following Trauma-Aid Germany's lead) with HAP in its subtitle. I will still be involved in both the national EMDR Association and Trauma-Aid Belgium, but my hope is to free some time for other projects I have in my head, such as bringing EMDR and psychotraumatology to the Belgian Universities. We are making headways and I hope I will live to see it!"

## BRAZIL

Eslly Carvalho reports: "We are organizing the 3rd Brazilian National EMDR Conference for the end of October. We continue to train Brazilians in EMDR, publish books and hold some workshops. I will be holding one on "Mapping the Inner Gallery of Roles" for the first time in Porto Alegre at the end of July, based on my book, "Healing the Folks Who Live Inside." My new book, "Heal your Brain, Heal your Body," will come out in English in a few months. Phil Manfield's book just came out in Portuguese through the Brazilian Association. Ana Gomez' book as well as Uri Bergmann's are now in Portuguese as well. "Getting Past Your Past," by Francine Shapiro will come out in the summer. I am supervising the work at the TraumaClinic do Brasil, the first Brazilian clinic dedicated to treating clients with EMDR therapy. We are hoping to expand to other parts of the country."

## EMDR EUROPE

Isabel Fernandez reports: "This year EMDR Europe gathers together in Milan, the city of the 2015 EXPO (Universal Exposition). It is a workshop conference, so it is structured into 20 seminars that are based on the main clinical domains in which EMDR has proven to be particularly effective. New applications of EMDR therapy have developed with therapeutic strategies concerning anorexia, post-partum depression, adopted children among others. Important research results will be presented in the areas of depressive disorders, psychosis and bipolar disorder. We have also secured a certain number of hotel rooms at special rates for conference participants at local affiliated hotels, to make certain that you will be adequately accommodated. The agenda of the conference consists of Trainers and Consultants' Day on July 9th, the opening of the conference at 5pm on July 10th and Saturday and Sunday Workshops on EMDR clinical practice on July 11-12. While in Milan, you can visit La Scala Opera Theater, The Last Supper of Leonardo Da Vinci, the Royal Palace as well as visit famous cities on day trips, like Venice, Florence, Rome, and Lake Como. For more information see [www.emdr2015.it](http://www.emdr2015.it)."

## GERMANY

Arne Hofmann reports: "Our new study on EMDR and Depression was published in the Open Access journal, Brain and Behavior. Michael Hase, Ute Mirian Balmaceda, Adrian Hase, Maria Lehnung, Visal Tumani, Christian Huchzermeier & Arne Hofmann are the authors and the name of the article is "Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of depression: a matched pairs study in an inpatient setting." Access it at Brain and Behavior, 2015,0(0), e00342, doi: 10.1002/brb3.342. We concluded that 'EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.'"

## IRELAND

Michael Patterson reports: "On April 14, The Irish Times reporter Fionola Meredith wrote, "Freedom from trauma" on her positive experience of EMDR with Michael Patterson. This is a newspaper with a national presence."

## SOUTH AFRICA

Reyhana Seedat reports: "I have run a focus group for one year and we are planning on writing a newsletter. I have also started a three day training on EMDR with children called "Pathways from Roots to Wings." It was a great success in Turkey last May. We continue to do EMDR Basic Training twice a year."

## SRI LANKA

Sr.Janet Nethisinghe reports: "The main focus of our Sri Lanka EMDR Association has been training new clinicians in EMDR. In 2014, we had 32 participants for Part I and 8 participants for Part II. In 2013, we also held Part I and Part II trainings. Sushma Mehrotra and Parul Tank from India conducted these trainings. In February, two members of the Sri Lanka EMDR Association attended the EMDR India Association Conference. We had our 3rd Annual General Meeting of the Sri Lanka EMDR in Colombo."

## THE NETHERLANDS

Ad de Jongh reports: "We are currently in a debate within and outside our trainings concerning whether the current treatment guidelines for Complex PTSD ("The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults") that starts with a 'stabilization phase' may contribute to a treatment policy that is too conservative and unnecessarily long-lasting. A number of clinicians and researchers in the Netherlands took the initiative to write a critical paper and did this in collaboration with more than 20 other experts in the trauma field (e.g., Kathleen Wheeler, Chris Lee, Edna Foa, Barbara Rothbaum, Patricia Resick). The purpose of the paper was to critically evaluate the research supporting the existing treatment guidelines on Complex PTSD by examining the strength of the underlying evidence. The review showed that there is no support for the contentions that: (1) a phase-based approach is necessary for

positive treatment outcomes for people who suffer from CPTSD symptoms; (2) front-line trauma-focused treatments, such as EMDR, would have unacceptable risks or that patients with CPTSD do not respond to them; and (3) patients with CPTSD would profit significantly more from trauma-focused treatments preceded by a stabilization phase. The discussion is whether we as the EMDR community, in our training, should follow and support these treatment guidelines, or whether it is better to promote a policy of stepped care whereby individuals with severe forms of PTSD are offered EMDR first, and (only) in case this appears not to be effective, to apply other interventions, such as teaching coping abilities, to prepare them for the processing of their traumatic memories, as indicated by current PTSD guidelines."

## TUNISIA

Philip Georgiou reports: "I'm going to give you a brief update on the situation here in Tunisia. Since the attack, I've worked with some of the ship's crew, administering the Peritraumatic Dissociative Experiences Questionnaire (PDEQ) and the Impact of Events Scale - Revised (IES-R). The impact of this traumatic event for the crew is noteworthy, and I managed to install a safe place and some resource installation using tapping before their departure the following morning. I am now working with a family while the mother/wife is in intensive care and in a critical condition. Each day, I accompany them to the hospital. After this morning's hospital visit, I spent time with the husband and was able to work with him using the protocol for narration of the episode, Google-search telescopic processing and desensitization. Although this is a very early stage in this family's recovery, it is clear that they are all feeling more stable as a result of today's intervention for the father, who has, up to now been of particular concern."

## UGANDA

Rosemary Masters reports: "For the past four years the Uganda Counseling Association and the Trauma Studies Center, a division of the Institute for Contemporary Psychotherapy in New York City, have been working together to bring EMDR trainings to Uganda. To date two EMDR trainings have been offered in Kampala with another planned in October. A core group of EMDR therapists in Kampala are continuing to meet weekly for alternating peer EMDR supervision and group consultation with me via Skype."

Lois Ochienglois reports: "We are planning for a training in October. Rosemary Masters, the team leader is coming with a group of five experienced EMDR trainers. Apart from Part I and II trainings, the team will take us through alcohol treatment using EMDR and protocols for children. We will have time for consultation and supervision for a small group of counselors. We are looking forward to this training and hope that EMDR in Uganda continues to grow."

## UNITED STATES

### California

Deborah Nielson reports: “The San Diego EMDRIA Regional Network has continued to hold meetings at the VA Center on the first Saturday of most months (holiday weekends excluded) to facilitate topics and discussions. Many of our meetings include experiential practice. Contact Deborah Nielsen ([deborahnielsen.com](http://deborahnielsen.com)) if you are interested in joining us. In March, our San Diego Trauma Recovery Network hosted a full-day training with Ignacio (Nacho) Jarero. Lucy Artigas, his wife, developed the butterfly hug, which is part of the Integrative Group Treatment Protocol (IGTP). We were taught the EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) and the EMDR Group Treatment Protocol for Ongoing Traumatic Stress. Nacho has trained practitioners throughout South America and Asia and we were honored to be the first location in the United States to receive this kind of training from him. Our San Diego TRN was initiated and launched with the leadership of Sue Goodell. Diana Neuner created our website, and assisted with documents for our TRN, while Catherine Butler has worked diligently on collaborating with agencies and services such as the Red Cross and TIP. Rosita Cortizo served as our liaison to coordinate with Nacho. After living and practicing EMDR for many years in a rural community, I am impressed and grateful at the level of collaboration and expertise in San Diego.”

### Florida

Linda Tepper reports: “The number of EMDR trained therapists in Southeast Florida is growing! In addition to Institute sponsored trainings, there have been many excellent private trainers who are now offering their trainings, in various configurations. I have sponsored two, two-weekend trainings in Boca Raton since last year. The response has been great, and I am impressed by the newly trained clinicians’ ability to grasp the information and begin to integrate EMDR into their existing practices. The network of EMDR therapists continues to grow. I am excited to work with graduate students who are doing their internships/practicums and using their new skills with the clients they see at the non-profit community mental health organization that I volunteer at.”

### Massachusetts

Stephanie Baird reports: “The Western MASS EMDRIA Regional Network’s 11th annual EMDR Spring Conference, March 28, 2015, at UMass Amherst was a great success with over 150 clinicians in attendance. This year’s theme, “The Body/Mind Connection,” provided attendees with updated Adaptive Information Processing and psychoneurobiological theory, information, and techniques regarding somatic symptoms, chronic pain, sleep issues, and spirituality, among other topics. George Abbott presented a well-received half-morning keynote: “Somatoform Symptoms and Disorders from the Perspective of the AIP Model.” After the keynote, attendees chose a second morning workshop to attend, enjoyed a gluten-

free catered lunch with stunning views of the valley, and ended the day by choosing from 6 different afternoon workshops, including an end-of-day workshop allowing the attendees to engage in Qi Gong movement! Preliminary feedback has been quite favorable, ranging from increased satisfaction with this year’s lunch to excellent reviews of many of the workshops and speakers. The preliminary date for next year’s conference is April 9, 2016.”

Sheryl Knopp reports: “The Greater Boston EMDRIA Regional Network sponsored a Case Consultation Meeting on 5/29. This was an opportunity to consult with four EMDRIA Approved Consultants. We are planning to do a workshop in the fall.”

### Pennsylvania

Marilyn Luber reports: “Edward S. Neukrug’s, “The SAGE Encyclopedia of Theory in Counseling and Psychotherapy” was released on March 15th. It is a two-volume source that traces theory and examines the beginnings of counseling and psychotherapy all the way to current trends and movements. This reference work draws together a team of international scholars that examine the global landscape of all the key counseling and psychotherapy theories and the theorists behind them while presenting them in context needed to understand their strengths and weaknesses. This is a quick, one-stop source that gives the reader the “who, what, where, how, and why” of contemporary counseling and psychotherapy theory. From historical context in which the theories were developed to the theoretical underpinnings that drive the theories, this reference encyclopedia has detailed and relevant information for all individuals interested in this subject matter. This work contains a biography of Francine Shapiro. Also, I just finished the drafts for “Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Anxiety, Obsessive-Compulsive and Mood-Related Conditions” and “Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Trauma and Stressor-Related Conditions.” Springer is hoping to have them available for the 2015 EMDRIA Conference in August.” ❖

# EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit [www.emdria.org](http://www.emdria.org) and click on Calendar of Events under the Get Involved tab.

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
13007-09 13 Credits <i>Treating Headaches with EMDR</i>	Steven Marcus, Ph.D. Steven Marcus, Ph.D.	Heidi Sammons	951.238.7783	June 26-27, 2015 San Diego, CA
03002-34 12 Credits <i>EMDR Toolkit for Complex PTSD</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	June 27-28, 2015 Boulder, CO
99019-60 14 Credits <i>History Taking and Preparation for EMDR therapy in Complex Cases</i>	Andrew Leeds, Ph.D. Andrew Leeds, Ph.D. & Dolores Mosquera, Psych.	Andrew Leeds	707.579.9457	June 27-28, 2015 Alameda, CA
12002-39 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	July 7-8, 2015 Reykjavik, Iceland
13019-05 13 Credits <i>DeTUR for Addictions &amp; Dysfunctional Compulsive Behaviors</i>	A.J. Popky, Ph.D. Arnold J. Popky, Ph.D.	Patrick Martin	760.498.1053	July 10-11, 2015 Carlsbad, CA
13007-10 13 Credits <i>Treating Headaches with EMDR</i>	Steven Marcus, Ph.D. Steven Marcus, Ph.D.	Heidi Sammons	951.238.7783	July 10-11, 2015 Seattle, WA
12001-09 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 10-11, 2015 Boca Raton, FL
99019-62 7 Credits <i>EMDR Review Course</i>	Andrew Leeds Diane Di Grazia, LMFT	Andrew Leeds	707.579.9457	July 11, 2015 Alameda, CA
07005-38 31 Credits <i>Intensive Training-Retreat in EMDR Therapy with Children</i>	Ana Gomez, MC, LPC Ana Gomez, MC, LPC	Jim Mason	602.803.1797	July 13-17, 2015 Sedona, AZ
07002-27 13 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	July 17-18, 2015 South Bend, IN
14006-04 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	July 17-20, 2015 Florham Park, NJ
15007-01 14 Credits <i>Treatment of Attachment Trauma &amp; Dissociation: Case Conceptualization with EMDR Therapy</i>	EMDR & Beyond Robbie Adler-Tapia, Ph.D.	Bonnie Mikelson	515.490.1308	July 24-25, 2015 Urbandale, IA
99003-109 14 Credits <i>EMDR Toolbox: Using the EMDR AIP Model for Treating Adult Clients with Complex PTSD</i>	EMDR Institute Jim Knipe, Ph.D.	Katy Murray	360.438.0306	July 24-25, 2015 Olympia, WA
02004-31 6 Credits <i>The Recent Traumatic Episode Protocol (R-TEP)</i>	Trauma Recovery/EMDR HAP Josie Juhasz, MA, LPC	HAP/Trauma Recovery	360.438.0306	July 25, 2015 Temple, TX

# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
06005-18 14 Credits <i>EMDR Treatment of Health Related Problems</i>	Jill Strunk, Ed.D., L.P. Carol Forgash, LCSW	Jill Strunk	952.936.7547	July 25-26, 2015 Minnetonka, MN
13018-08 13 Credits <i>Treating Chronic Pain with EMDR Therapy</i>	Jan Schaad, LCSW Mark Grant, Ph.D.	Heidi Sammons	909.353.8209	July 31 - Aug 1, 2015 Denver, CO
13008-08 12 Credits <i>Applications of Mindful Resonance to EMDR - CANCELLED</i>	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	August 1-2, 2015 Huntington, NY
03002-35 12 Credits <i>Somatic Interventions &amp; EMDR Therapy</i>	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	August 1-2, 2015 Boulder, CO
07005-39 3 Credits <i>EMDR: Somatic &amp; Ego State Interventions</i>	Ana Gomez, MC, LPC Ulrich Lanius, Ph.D.	Jim Mason	602.803.1797	August 8, 2015 Live Webinar
12001-10 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	August 14-15, 2015 Nampa, ID
00000 Various Credits <i>EMDR: The Freedom to Heal</i>	2015 EMDRIA Conference Various Presenters	EMDRIA	512.451.5200	August 27-30, 2015 Philadelphia, PA
12012-11 14 Credits <i>EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation</i>	Karen Alter-Reid, Ph.D. Jim Knipe, Ph.D.	Karen Alter-Reid	203.329.2701	Sept. 11-12, 2015 Stamford, CT
14006-05 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Sept. 18-21, 2015 Chicago, IL
13019-07 13 Credits <i>DeTUR for Addictions &amp; Dysfunctional Compulsive Behaviors</i>	AJ Popky, Ph.D. Arnold J. Popky, Ph.D.	Pat Martin	760.498.1053	Sept. 19-20, 2015 Sandy, UT
07002-19 14 Credits <i>Breaking the Cycle of Problem Behavior: EMDR Solutions for Problematic Anger, Acting Out &amp; Behavioral Addictions</i>	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	Sept. 25-26, 2015 Minneapolis, MN
14006-06 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	October 1-4, 2015 Houston, TX
06006-09 12 Credits <i>Parts/Ego State Work in EMDR Practice</i>	Andrew Seubert, LPC Andrew Seubert, LPC	Rose Nabogis	607.703.0510	October 2-3, 2015 Burdett, NY
14007-01 13 Credits <i>Healing the Heart of Trauma with EMDR &amp; Ego State Therapy</i>	Jordan Shafer, MS, LPC Carol Forgash, LCSW	Jordan Shafer	972.342.2448	October 2-3, 2015 Dallas/Ft. Worth, TX

# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
13019-05 7 Credits <i>Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness</i>	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	October 3, 2015 Hartford, CT
12005-10 6 Credits <i>EMDR and the Treatment of Substance and Behavioral Addictions</i>	Hope Payson, LCSW, LADC Hope Payson, LCSW, LADC & Kate Becker, LCSW	Hope Payson	860.830.6439	October 10, 2015 Charleston, SC
08009-05 14 Credits <i>Toward an Embodied Self: Somatic Methods for EMDR Practitioners</i>	Tracy Ryan Kidd & Nancy Newport Sandra Paulsen, Ph.D.	Tracy Ryan Kidd	703.281.9313 x2	October 10-11, 2015 Dulles, VA
03002-36 12 Credits <i>Self-Care for Therapists</i>	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	October 10-11, 2015 Boulder, CO
99003-107 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 10-11, 2015 Burlingame, CA
12002-44 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 10-11, 2015 Indianapolis, IN
13016-06 7 Credits <i>Refresher and Update to EMDR Training: A One-Day Workshop</i>	Lana Epstein, LICSW Karen Alter-Reid, Ph.D.	Lana Epstein	781.862.0574	October 16, 2015 Lexington, MA
99003-108 14 Credits <i>Breaking the Cycle: EMDR Solutions for Problematic Anger, Acting Out &amp; Addictive Behaviors</i>	EMDR Institute Mark Nickerson, LICSW	EMDR Institute	831.761.1040	October 17-18, 2015 Salt Lake City, UT
05007-13 12 Credits <i>EMDR Therapy Boot Camp</i>	DaLene Forester Thacker, Ph.D. DaLene Forester Thacker, Ph.D.	DaLene Forester Thacker	530.245.9221	October 23-24, 2015 Lincoln, NE
01016-15 13 Credits <i>Treatment of Attachment Trauma &amp; Dissociation through the Life Span: EMDR &amp; Case Conceptualization</i>	EMDR Resource Center of Michigan Robbie Adler-Tapia, Ph.D.	Zona Scheiner	734.572.0882 x3	October 23-24, 2015 Ypsilanti, MI
09003-23 12 Credits <i>Earning Secure Attachment: EMDR, Mindfulness &amp; Self-Compassion</i>	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	October 24-25, 2015 Boulder, CO
06003-57 13 Credits <i>Diagnosis &amp; Dfferential Diagnosis of Dissociative Disorders &amp; other Trauma-Related Disorders</i>	Kathleen Martin, LCSW Suzette Boon, Ph.D.	Tina Shrigley	519.331.0795	November 5-6 2015 St. Catherines, ON CANADA
06003-58 6.5 Credits <i>Integrating Structural Dissociation Theory &amp; the Polyvagal Theory into EMDR Psychotherapy</i>	Kathleen Martin, LCSW Roger Solomon, Ph.D. & Gunilla Klensmeden, M.D.	Tina Shrigley	519.331.0795	November 7, 2015 St. Catherines, ON CANADA
06003-59 6.5 Credits <i>Mastering the Treatment of Complex Trauma: Transforming Theory into Practice</i>	Kathleen Martin, LCSW Kathleen Martin, LCSW & Cindy Shrigley, RSW	Tina Shrigley	519.331.0795	November 8, 2015 St. Catherines, ON CANADA

# EMDRIA Credit Programs

PROGRAM # EMDRIA CREDITS TITLE	PROVIDER NAME PRESENTERS	CONTACT	PHONE	DATES LOCATION
14006-07 24 Credits <i>Integrating Somatic Psychotherapy with EMDR</i>	Craig Penner, MFT Craig Penner, MFT	Craig Penner	805.966.7794	Nov. 12-15, 2015 Atlanta, GA
09001-09 12 Credits <i>Treatment of Attachment Trauma &amp; Dissociative Sequelae through the Life Span: EMDR &amp; Case Conceptualization</i>	Southern CA Advanced Trauma Seminars Robbie Adler-Tapia, Ph.D.	Jocelyne Shiromoto	714.502.8566	Nov. 13-14, 2015 Costa Mesa, CA
10002-10 12 Credits <i>Trauma, EMDR Therapy &amp; Addictions: A 2-Part Course for Clinicians</i>	Insitute for the Creative Mind Jamie Marich, Ph.D.	Jamie Marich	330.881.2944	Nov. 14-15, 2015 Columbus, OH
99020-10 12 Credits <i>Moment to Moment Decision Making: The Art &amp; Science of EMDR Therapy</i>	Wendy J. Freitag, Ph.D. Deany Laliotis, LICSW	Wendy Freitag	414.777.1757	Dec. 11-12, 2015 Milwaukee, WI

# EMDRIA Regional Meetings

LOCATION REGIONAL NETWORK	2015 DATES	REGIONAL COORDINATOR CONTACT INFORMATION
<b>ARKANSAS</b> Arkansas	June 20	Melinda Taylor   479.858.7111
<b>CALIFORNIA</b> Greater Sacramento	August 14, October 9	Rajani Levis   415.683.1008
San Diego County	August 1, October 3, November 7	Susan Goodell   619.997.5333
Superior Northern CA	June 19, July 17, September 18, October 23	DaLene Forester   530.245.9221
<b>CONNECTICUT</b> New Haven Connecticut	September 19	Lynn Persson   203.874.1781
<b>KANSAS</b> Southcentral Kansas	August 10	Carol Hammon Paulson   316.832.2340
<b>LOUISIANA</b> South Louisiana	June 20	Carol Miles   985.893.1248
<b>NEW YORK</b> Western New Yrok	June 11, June 18	Kriss Jarecki   716.913.2832
<b>OREGON</b> Central Oregon	September 8, October 13, November 10	Karen Forte   541.388.0095
<b>PENNSYLVANIA</b> Montgomery-Bucks County	July 17, September 18	Elizabeth Venart   512.233.2002
<b>TEXAS</b> North Texas	July 10, August 14, September 11, October 9	Jordan Shafer   972.342.2448
<b>VIRGINIA</b> Central Virginia	September 4	Terry Becker-Fritz   614.507.1838



# 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](http://www.emdria.org) or email Sarah Tolino at [stolino@emdria.org](mailto:stolino@emdria.org) today!*

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# JOURNAL OF EMDR PRACTICE AND RESEARCH

# CALL FOR PAPERS

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

Thank you in advance for your participation.

**Louise Maxfield, Ph.D., CPsych**

Editor, *Journal of EMDR Practice and Research*

## Need Submission Ideas?

### Case studies

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

### Research studies

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

### Clinical contributions

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

### Review articles

- Summarize literature and research in a particular domain

### Theoretical reviews

- Summarize research and propose hypotheses



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