

The EMDRIA Newsletter

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From the President: Byron Perkins, Psy.D. Recalling our Mission

A couple years ago I wrote a position statement to the membership when I was considering running for election as President of EMDRIA. Today I am writing to you in order to assess the progress over that time. Given the gift with which we have been entrusted, it is incumbent upon us to evaluate our development.

I mentioned “grass roots involvement of clinicians,” “research,” and “member services and the organizational structure to support those services.” In the first area, we have expanded SIG groups and network meetings as well as continuing education programs. However, in my opinion, we have not succeeded in involving the EMDRIA leadership with the general membership, and we have not achieved a grass roots involvement in research and publications. This is my greatest wish as I leave office: That membership and leadership could engage in a constructive dialogue, and that membership would comprise a larger portion of the functioning of the Association.

We have been accused by the detractors of EMDR as being a self-congratulatory elitist group with no purpose in the real world. I suggest that if membership is involved with leadership, and if membership is involved with research and publications, these criticisms will dissolve into the history of unrequited objections to important advances in the service of human beings who have been hurt and need assistance.

I think this service is why most of us are here. A final concern I have is that we learn to live in the tension between the empirically validated protocol on the one hand and innovation on the other hand. If we opt out of the tension in favor of traditional views and practices, we run the risk of preventing advances. But, if we ignore the empirically validated protocol in the name of innovation, we run the risk of creating theoretical and clinical chaos, the danger being that EMDR would no longer be a scientific methodology and instead would be relegated to the long list of psychotherapeutic “movements”

that have faded into history. That is unacceptable. The tension must remain. The basic protocol remains the empirical “stake in the ground” to which innovations must be tied. If not, they are completely new things without empirical support. The “essential tension” (Kuhn, 1959/1977) is to preserve the old while remaining open to new observations and different perspectives. Then, advances in theory and practice have the scientific and clinical soil in which to flourish.

EMDR is not about EMDRIA, EMDRIA is about EMDR and the scientific practice of psychotherapy. Let’s not lose our focus. Let’s not lose the scientific underpinnings of our professional pursuits. Keep the vision of helping our fellow human beings and keep the foundation of scientific practice that has constituted the foundation of EMDR from its inception.

That is a legacy with which I can live. No one can legitimately criticize you. No one can impugn your integrity. And most of all, we will all know that we have done what we could to address the needs of our fellows, while staying faithful to the scientific underpinnings of what we are attempting to achieve.

I have seen the best in my term, far beyond anything that I ever hoped. And I am grateful for you allowing me to serve with you.

Thank you all.



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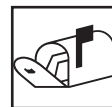
Newsletter deadlines for 2003 are as follows:

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April 20th for the June Issue
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October 20th for the December Issue.

Deadlines are *strictly* adhered to. Please contact the Managing Editor for article or advertising submission guidelines.

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From the Desk of the Executive Director

Carol York, MSSW, LMSW-ACP
Executive Director

Thank You for Paying Attention!

I want to thank all of our members who notified our office about our oversight in scheduling the 2003 Annual Conference in Montreal during the Jewish High Holy Days.

Originally, the 2003 Conference was to be held in New York at the World Trade Center, while participants were to stay at the Marriott World Trade Center Hotel. On September 11, 2001, we were finalizing our plans with the Marriott and World Trade Center and getting ready to visit the site the following week. After getting over the shock of the events and making sure our Marriott contacts were okay, we scrambled to find another venue.

We were fortunate to find the Wyndham Hotel in Montreal when things were looking rather dim, but as many of you let us know; there were big problems with the dates. So, once again, Terri Curtis scoured the entire United States and found the Adam's Mark Hotel in Denver, Colorado, who had dates that seemed to work for 2003.

There was only one more glitch to work out and that was the contractual agreement we had with the Wyndham in Montreal. Getting out of the contract would cost EMDRIA tens of thousands of dollars, but the hotel was willing to consider the contractual arrangement for a conference in 2004. As fortune has it, their corporate office agreed to allow us to transfer the contractual arrangements to September, 2004.

So there you have it! Thank you again for your feedback. The combination of shock of the events of September 11th, and the impact of losing the venue for the conference under such horrific circumstances, caused a major error on our part, which you helped us correct.

We apologize for our oversight. Thanks for bringing it to our attention. See you in Denver on September 19-21, 2003, and in Montreal on September 10-12, 2004.

An Efficiency Statistic for Treatment Studies

Ricky Greenwald, Psy.D., Sidran Institute

I recently developed a simple new statistic that can increase the power to detect the actual effects of EMDR (or any treatment) in a treatment study. Most treatment studies now report effect sizes, which, on the specific outcome measure being evaluated, provide a standardized way of conveying the impact of the treatment, the amount of the change in the outcome measure. In treatment comparison studies in which the design specifies that the treatment ends when symptom reduction criteria are met, the number of sessions to termination is normally reported. Although these are appropriate outcomes to examine, when treatment efficiency is divided into two separate findings, the effect is watered down and may be insufficient for statistical significance. Thus, mere trends favoring EMDR (or any treatment) cannot be interpreted with confidence.

In a recent study (Jaberghaderi, Greenwald, Rubin, Dolatabadim & Zand, 2002), we combined these two concepts - amount of change and number of sessions - into a single "miles-per-gallon" type of efficiency statistic. To calculate "change per session" for each treatment condition, we simply divided the mean amount of change on a given outcome measure (in that treatment condition) by the mean number of sessions

for the treatment condition. By combining these into a single efficiency statistic, the power of detecting actual differences between treatment conditions is enhanced. Furthermore, since amount of change and number of sessions both represent aspects of efficiency, using such a combined efficiency statistic more effectively conveys a potentially important aspect of the study findings. Since efficiency may prove to be an advantage of EMDR over other treatments, this statistic should be considered in studies comparing EMDR to other treatments.

Jaberghaderi, N., Greenwald, R., Rubin, A., Dolatabadim S., & Zand, S. O. (2002, June). A Comparison of CBT and EMDR for Sexually Abused Iranian Girls. Poster session presented at the annual meeting of the EMDR International Association, San Diego, CA.

THE NEED TO STRENGTHEN THE MINDFULNESS COMPONENT OF EMDR

William M. Zangwill, Ph.D.
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INTRODUCTION

Since we began using it in our work (12 and 5 years ago, respectively) we have found EMDR to be the most powerful and effective form of therapy we have ever used. Most of our EMDR work has involved healing the wounds caused by past traumas and hurts, and helping to weaken clients' underlying maladaptive schemas. For the past few years, however, we have become increasingly aware of the need to put greater emphasis on another aspect of EMDR – that of mindfulness.

An integral part of many religions for thousands of years, the use of mindful practices is gaining increasing respect in psychotherapy. The *Journal of Cognitive and Behavioral Practice* (2002) devoted an entire section on integrating Buddhist philosophy with cognitive and behavioral practice. Recent publications by the American Psychological Association have discussed the use of meditation in the areas of psychoneuroimmunology, affect management, and behavioral control (DeAngelis, 2002; Murray, 2002) for the benefit of clients *and* clinicians.

Linehan (1993) has emphasized the importance of teaching mindfulness skills in her program for clients suffering from Borderline Personality Disorder. She believes that an essential part of working with these clients is helping them to accept reality even when it is not to their liking. Rather than continuing to struggle, these clients need to balance their needs and wants with acceptance of the fact that life is not always as they would like it to be. She further believes that mindfulness skills are essential if clients are to deal successfully with post-traumatic stress (p.171). Teasdale and his associates (1995, 2000, 2002) have shown that mindfulness can help reduce relapse rates in clients with a history of major depression. Thus, it is clear that mindfulness, especially with its emphasis on acceptance (Hayes, 2002), is gaining increasing support as a treatment component in clinical work.

It is worth noting that mindfulness is not new to EMDR. From its' inception, EMDR has contained many mindful aspects. (Shapiro, 2001):

It may thus be that the effectiveness of EMDR arises from its ability to evoke exactly the right balance between re-experiencing emotional disturbances and a non-evaluative 'observer' stance with respect to emotion and to the flow of somatic, affective, cognitive and sensory associations that arise when this observer stance is maintained continuously for 30 seconds, or minutes at a time, without interruptions from the therapist or from an excessive level of arousal. It may be that eye-movements or other forms of stimuli draw the client's attention away from the disturbing material just enough to simultaneously prevent "Mindless Emoting" and excessive "Conceptualizing/Doing," and thus almost force the client into a "Mindful Experiencing" mode of processing of the disturbing material. Each EMDR session would thus consist of repeated and frequent experiences of this mode of processing, guided by the therapist's control of the session's flow, and facilitated by the sensory stimulation applied with each "set." (p. 233).

While mindfulness may be an important component of active processing, what has been missing, we believe, is a more complete appreciation of how mindful practices can enhance our EMDR work in a variety of other areas. The purpose of this paper is to show how that can be done both during and between sessions.

MINDFULNESS DURING SESSIONS

"When Terry arrived, she looked harried beyond belief. Her child's school had called, she was overwhelmed at work, and it had taken her 20 minutes to find a parking place. After we said hello, I (first author) invited her to take just a few minutes and do nothing but breathe. Within seconds you could see her visibly start to relax. Within a few minutes, she was ready to begin. "

When clients first arrive, many could benefit from a transitional process that takes them from their often hectic outside world to the, hopefully, intimate, more focused world of a session. To help accomplish this transition, at the beginning of a session, we will often suggest that we just take a few moments to focus on our breath. This simple process often has powerful calming effects.

Another benefit of encouraging mindfulness at the beginning of a session is that it allows for enhanced accessing of problematic material (Lipke, 2000). During our initial breathing, we will often encourage clients to "just let whatever needs work to come up, without judging." Alternatively, we have suggested to clients that while taking slow, deep breaths that they, "scan their body and notice what part of it needs attention, needs to be held with loving kindness."

We have been repeatedly impressed with how spending as little as two to five minutes at the beginning of a session simply focusing on our breath, which we do along with our clients, can help clients (and us!) relax and become more aware of the work that needs to be done. Both in individual sessions and in the training we do for EMDR clinicians, combining mindful practices with EMDR has often led to greatly enhanced processing.

We have also found that mindful practices are just as useful at the end of a session as at the beginning. At the beginning of a session we are looking to open a client up; we are not usually concerned if disturbing material arises because we know we will have time to work on it during the session. At the end of a session, however, we want to close things down so as to enable the client to reenter the world as comfortably as possible. Thus, at the beginning of a session, very little instruction is given with whatever mindful practice we are using. At the end, however, we use much more of an active, guided approach. Giving more direction and focusing the client on various images or thoughts helps slow the client's processing and lessens the chances that disturbing material will arise.

BETWEEN SESSIONS

Jason had entered treatment because of general feelings of anxiety and defectiveness. He had responded well to EMDR and was functioning much better in many areas of his life. However, he reported continuing anxiety about becoming anxious – especially late at night. He would lie in bed and start to worry that he might get anxious, which would mean that he wouldn't be able to sleep, which would then mean that he wouldn't do well at work the next day, which would then lead to... Naturally, all of this worry often did interfere with his sleep, which then led to...

Exploration of this issue with EMDR revealed no significant trauma history related to this problem. After trying a number of behavioral techniques, the first author finally gave Jason the assignment to attend a meditation class. Soon, he reported feeling much less anxious. This wasn't because he never worried about being anxious. It was because when he did feel anxious, he could both better accept the fact that this would happen periodically and use the meditative practices he had learned to cope more successfully. He was now able to separate himself from the anxiety and accept it as something that occurred – not as who he was. Sometimes, he reported that he was even able to laugh at himself and his anxiety.

The previous case illustrates an important tenet of EMDR training – helping the client function more adaptively and less reactively in between as well as during sessions. Lately, this concept of resilience – of preparing clients to survive future assaults – has received increasing emphasis. The need for increased resilience appear to be directly related to events such as the destruction of the World Trade Center, the recurring threats of biological warfare, and the sniper attacks. Maureen Dowd, columnist for the New York Times, has eloquently stated the effects the events have had on us:

Americans, once insulated, and carefree, are not used to being the hunted. Since 9/11 they have struggled with looking over their shoulders at unseen predators, with weapons both invisible and catastrophic, waiting for the next strike that the government assures us is coming (p. A23).

We believe that the struggle Dowd describes has created a background level of anxiety that many clients fear can break through at any moment. The theme which emerged most often in our work with Trade Center clients was the fear that they wouldn't be able to cope the next time some horrible event occurred. This sense of impaired resilience is a typical post trauma reaction.

But the events of September, 2001, and its' extended aftermath, have created shock waves which were felt by many more than those directly effected. It has tapped into a deep place in many of our clients' psyches – the place that holds our awareness of how fragile life really is. We all know, yet generally deny or ignore, the deep truth of our lack of control over the most important aspects of our lives. We cannot guarantee that the people we love will love us in return. We cannot insure that our loved ones will remain healthy or alive. We cannot be sure of our own vitality or safety. We are perpetually walking on thin ice, never knowing when or where a break will occur. If we pretend that nothing bad is going to happen, all we guarantee is that we won't be prepared when it does. We know this, but admitting it and dealing it with it is hard. Yet we have it in us to become stronger, and that's really the message we need to bring to our clients. One of the best ways to communicate this message is by helping clients confront old demons, master old fears, and realize that although life has hurt them in the past, they have survived, and can survive future hurts as well. We all need to learn to better accept that life will contain pain, but we can be comforted by the knowledge that we can find in ourselves, and with the help and support of others, the ability to get through the pain and come out on the other side stronger and more resilient instead of weakened

and more afraid. We believe that this is the most important message we can impart, and making it a reality the most important work we can do.

Given the fact that life will continue to present our clients with stresses and pressures, we think that there is an increased need to make sure our clients have sufficient coping skills to handle the next assault – whether it occurs on an individual or societal level. A fundamental principle of EMDR is that reprocessing prior traumas promotes a deep healing which can strengthen our clients. Using the Float Forward (Browning, 1999) and Future Template techniques, we can help clients to identify and cope with unspecified future fears.

No method or set of techniques can inoculate us against the myriad trials of human life. By combining mindfulness techniques with EMDR, we can encourage our clients to move into a place of deeper peace, awareness, and healing.

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The Response

The following is a response to an article in the September 2002 Newsletter by John Hartung, *Energy Psychology in the Service of EMDR*. This response is printed "verbatim" and does not necessarily reflect the ideas or beliefs of the EMDRIA Editorial staff or the EMDRIA Board of Directors. At the end of this article is a short response from the author.

Arnold Morgan is in private practice in Upper Westchester, NY. He is an EMDRIA approved consultant and offers workshops on Energy Psychology.

"I was pleased to see John Hartung's article, *Energy Psychology in the Service of EMDR*, in the September, 2002 Newsletter. While I support the work, there were several things that bother me.

After the introductory paragraph, the next five paragraphs are devoted to cautions, and recommendations against using Energy Psychology (EP). This might be less disturbing if the rest of the article did not seem to argue for exactly the opposite.

One of the most striking examples of this is how we are advised that beginning EMDR clinicians should not be introduced to EP for fear this might '...imply that there are limits to EMDR that do not in fact exist'. It struck me as condescending to think these clinicians need protection against becoming confused about EMDR's limitations. I also wondered why, as Hartung describes later in the article, it might be a good idea to teach EP along with EMDR to paraprofessionals. If EP makes EMDR easier, simpler, or more efficacious for paraprofessionals, might it not be expected to carry similar benefits for newly trained professionals?

I found myself scratching my head when I came across the part where a 'simple (EP) technique that can be taught easily' was described. Why so considerate of the integrity of EMDR yet disregard the integrity of the TAT model? Tappas Fleming, the originator of TAT, teaches that this 'simple technique' should not be used without assessing the client's energy in a specific way. Fleming also cautions against holding this posture for more than a specified period of time (Fleming, 1998).

Perhaps the most understated part of the article was the three-year pilot project that Hartung described. The outcome of the project demonstrated that a client's willingness to engage in EMDR treatment was increased from 50% to 90% "Once an individual lowered initial anxiety and resistance with EP..." Am I missing something?

There are many aspects of EMDR that have not been proven scientifically. If, instead of labeling EP a 'therapy' and making it so scary, we simply called the most useful aspects 'relaxation', 'stress reduction', or 'grounding' techniques, wouldn't we then be free to use them without such fear and restraint?

What if the EMDR community acknowledged the proverbial elephant in the room? EP is among us and it is growing. Then we could spend our energy looking at how to harness the most useful parts of EP

to increase the power, or at least the user friendliness, of EMDR. Like so many paradigm shifts in history, this one is coming too. I have personally talked to more and more EMDR clinicians who are incorporating EP into their work. The irony is, similar to what happened with EMDR in the earlier years, the clients will cast the deciding votes on what will flourish. Regardless of our preferences, EP is just too user friendly and helpful to fade quietly into the night.

Can we afford to limit our vision and possibilities in times such as these?"

References:

Fleming, T. (1998) *You Can Heal Yourself Now*. Redondo Beach, California: TAT International.

From the Author

Reply by John Hartung

I appreciate the opportunity to respond to Arnold Morgan's comment (this issue) on my article (Hartung, 2002) regarding energy psychology (EP) in the service of EMDR. I found the following issues to be salient.

(1) I did not intend to recommend "against using EP", as Morgan writes, which is why I included so many clinical cases. I did, however, recommend against two other applications: teaching EP along with EMDR before a clinician has learned both methods well, and studying combined uses of the two methods before we know what each independently can offer clients. I suggest a distinction, then, between clinical use, training, and science, each of which has different (and often competing) interests.

(2) I disagree that it is "condescending" to ask formally trained psychotherapists to learn EMDR well before beginning to combine EMDR with other methods. Many scientific studies show EMDR works well all by itself for trauma, for example, provided one follows the classic EMDR model; and that it works best when done according to Shapiro's original protocol, that is, with "treatment fidelity". Why change this model before one has learned it well, and why promote a new approach that has not been shown to be superior to the earlier approach? The reason to limit training to EMDR for professionals is to enable them to use it optimally. When we then fiddle with the model, we will have a better idea of what it is we are trying to improve.

(3) When I suggest adding certain EP techniques to EMDR training for nonprofessionals, I am suggesting a variation that I believe is dictated by the non-professional's inexperience with abreactions, dissociation, and other factors that can cause clients to have a negative experience. But by suggesting EP as a cautionary addition, I am aware that this will also cause the trainee to underappreciate the power of EMDR by itself. I believe this is a good trade-off, however. Another part of the trade-off, within the science realm, is that paraprofessional trainees will not be good subjects in EMDR studies, because they will not be doing EMDR with high fidelity.

(4) Morgan suggests we consider calling EP something other than therapy, perhaps saying it is a stress reduction technique only. This runs counter to the prevailing conceptual and theoretical bases for EP, and leaves out the core assumption that EP heals psychic wounds. It also seems to me to be at odds with the spirit of informed consent, and the ethics rules of most psychotherapists, as the client would be given only partial information about the method and its

principles. I would instead suggest the clinician become familiar with Candace Pert's studies of the neuropeptide sites that overlap the chakras; the voltage measures of meridian points; and the scientific bases of subtle energies. There are ways to inform clients that will generate consent in most cases. For those hesitant to try EP after being informed, there is always the option of EMDR alone.

(5) Clinicians I know who use TAT do not see it as a risky strategy (it generally works, without producing abreactions, for example), so I chose to describe it in the article in a way that the reader could try it immediately. However, I agree with Arnold that it is preferable to study it in some detail before using or teaching it. His caution against using it for too long (no more than 20 minutes daily, says Tapas) is one I neglected to mention. I thank him for this.

(6) The three-year pilot project with offenders did indeed suggest that some clients who will not begin with EMDR will agree to use it if allowed to start with EP to lower initial anxiety and resistance. However, we do not know if this will lead to reduced recidivism, which is our long-range outcome goal. Also, this is a special population. Most non-offender clients agree to start with EMDR immediately, and for these it is not necessary to offer EP up front.

(7) Clinicians are using EP along with EMDR, which is one reason for my writing the original article. However, this clinical motive is not sufficient as a guide for our work, and Morgan's prediction that "clients will cast the deciding votes on what will flourish" is not the full picture. Among our constituents (and those who also decide what will flourish) are academic psychologists and other scientists, funding groups who finance only scientifically supported treatment, persons from other countries trying to decide if there are enough data to justify

inviting trainers in to teach a new method of psychotherapy, and practitioners who subscribe to the scientist/clinician model. These groups remind us that there are many valid ways to measure the concept of "significance".

I do agree that EP is not likely to fade into the night. And that more and more clinicians will be experimenting with models that integrate EMDR and EP.

Paradoxically, I also think that more patient and careful attention at this time (for example, to training rigor, to scientific credentialing, to political considerations), while perhaps slowing certain kinds of experimentation and creativity at first, can produce greater viability for both of these powerful approaches in the long run.

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**“Integrating Resource Installation Strategies Into Your
EMDR Practice “.**

Dates to be announced

David Grand, CSW, PhD. June 21-22 NYC .

“Creativity and Performance Enhancement with EMDR”.

**Carol Forgash, CSW, BCD “Deepening EMDR Treatment
Effects Across the Diagnostic Spectrum: Integrating EMDR
and Ego State Work”. New Workshop.**

**For US and International Dates, Locations and Registration
see website.**

**NEW VIDEO Training Tape “EMDR and EGO State
Work:**

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TWO Day Seminar.

By Carol Forgash CSW. Purchase the Video for \$199.00

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from Sept 2002 issue**

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2002 issue for
“Strengthening the
Self, Home Study
Audio Course”**

**(We are not using
the 2nd ad titled “
Strengthening the
Self - Clinical Appli-
cation and
practicum)**

Printer: please insert ad for “Debra Wesselmanns
Attachment Quick Guides” from hardcopy

EMDRIA Credit Schedule - as of November 1, 2002

Dates Location No. of EMDRIA Credits	Provider Name Title of Program	Presenter	Contact	Phone No.	Provider # Program #
12/6-7/02 Bellevue, WA 13 Credits	First Friday Forum Restructuring the Self - Part II	Carol York, MSSW, LMSW-ACP	Jari Preston	206-527-8696	01001 01001-03
12/6-7/02 San Diego, CA 12 Credits	Shirley Jean Schmidt, MA, LPC Developmental Needs Meeting Strategy for EMDR Therapists	Shirley Jean Schmidt, MA, LPC	Shirley Jean Schmidt	210-561-9200	00013 00013-09
12/6-7/02 Dublin, OH 14 Credits	Roy Kiessling, LISW Integrating Resource Installation Strategies Into Your Practice	Roy Kiessling, LISW	Roy Kiessling	513-324-3637	00015 00015-24
12/13-15/02 Tampa, FL 17 Credits	Insight Counselors, P.A. Utilization of EMDR Intervention with Acute Stress/CISD—Part 2	Roger Solomon, Ph.D.	Carol Crow	813-915-1038	01018 01018-04
1/17-18/03 Louisville, KY 14 Credits	Judith Daniel, M.Ed., LMFT Treating Traumatized Children: Integrating Play, Story and EMDR	Judith Daniel, M.Ed., LMFT	Judith Daniel	502-473-0063	02014 02014-01
1/18-19/03 Cincinnati, OH 13.5 Credits	Cincinnati Trauma Connection Critical Incident Stress Intervention for EMDR Therapists-Part II	Roger Solomon, Ph.D.	Barbara Hensley	513-961-2400	99024 99024-07
1/25-26/03 Iselin, NJ 13 Credits	April Steele, MSc, BACTR Imaginal Nurturing	April Steele, MSc, BACTR	April Steele	250-753-2027	02001 02001-04
2/22-23/03 Seattle, WA 12 Credits	Shirley Jean Schmidt, MA, LPC Developmental Needs Meeting Strategy for EMDR Therapists	Shirley Jean Schmidt, MA, LPC	Shirley Jean Schmidt	210-561-9200	00013 00013-10
2/22-23/03 San Francisco, CA 13 Credits	April Steele, MSc, BACTR Imaginal Nurturing	April Steele, MSc, BACTR	April Steele	250-753-2027	02001 02001-05
3/7-8/03 Ann Arbor, MI 13.5 Credits	Family Therapy Associates of Ann Arbor Treating Core Attachment Issues in Adults and Families: Incorporating EMDR with Other Methods to Help Our Most Traumatized Clients	Debra Wesselman, MS, LPC	Bennet Wolper	734-572-0882 Zona Scheiner	01016 01016-02
3/21-22/03 Kansas City, MO 12 Credits	Shirley Jean Schmidt, MA, LPC Developmental Needs Meeting Strategy for EMDR Therapists	Shirley Jean Schmidt, MA, LPC	J. Lawrence Nieters	913-469-6069	00013 00013-11

Regional Meetings Announced!

In an effort to support and facilitate the exchange of information related to EMDR within the mental health professional community, the Regional Coordinating Committee has elected to post information on upcoming Regional Meetings in the EMDRIA Newsletter. Please note that presentation/topic information will be included when available. These meetings may or may not offer EMDRIA credits. For credit information, please refer to the EMDRIA Credit Schedule located above. We encourage you to take advantage of the information that is available at these Regional Meetings and to offer your support and encouragement to the Regional Coordinators in your area.

Regional Meetings As of October 24, 2002

Dates Location	Regional Meeting Name	Contact	Phone Number
12/10/02 Bend, OR	Oregon EMDRIA Regional Meeting	Karen Forte	541-388-0095
12/27/02 Lake Oswego, OR	Portland EMDRIA Regional Meeting	David Manfield	503-223-2391

Inquiring Minds: Questions for the Research Committee

What doctoral schools provide opportunities for doing EMDR research?

Overall, we think it's most important to choose a doctoral program that will provide you with the strongest research training possible. In addition, you'll want to consider programs that have faculty expertise in the your specialization areas (e.g., PTSD, attachment disorders, complex trauma, substance abuse). When investigating specific Ph.D. programs, it's often a good idea to do some background research on the individual faculty members to identify their publication history and topical expertise. Also, the nature of Ph.D. programs will vary depending on your academic discipline (e.g., psychology, social work, nursing, etc.). For this reason, it's a good idea to check with the respective professional associations to identify the criteria that they use to evaluate the quality of doctoral programs in their discipline.

Eventually, EMDRIA will have a web-based database to identify those doctoral programs that have EMDR-related doctoral research training opportunities. Until that's available, you can also check the list of EMDRIA approved University Instructors (on the EMDRIA website) to identify possible schools.

Each issue of the newsletter will feature a question related to EMDR research. If you have a question that you would like to have featured, either e-mail it to the chair, Nancy Smyth, at njsmyth@buffalo.edu or send it to EMDRIA's Research Committee, P.O. Box 141925, Austin, Texas 78714-1925. When you send your question, please let us know if it's okay to publish your name & affiliation (if you don't specify, it will be left anonymous).

Book Review:

EMDR as an Integrative Psychotherapy Approach

Edited by Francine Shapiro, PhD

Deany Laliotis, LCSW-C

EMDRIA Approved Consultant, Bethesda, Maryland

dlaliotis@aol.com

We have been looking for ways to explain effectively this revolutionary approach to our colleagues. Edited by Shapiro, "EMDR as an Integrative Psychotherapy Approach" brings us not only clinician-friendly language to explain EMDR, but the voices of our respected luminaries, and master clinicians in the field, who describe EMDR from their own perspectives. The scope of this book is vast and the contributions are tightly written and packed with useful information including conceptual models, research references, case studies, and perspectives on what is cutting edge within the various domains of psychotherapy and neurobiology.

There is something here for every practicing EMDR clinician. Daniel Siegel presents a neurobiological perspective. Bessel van der Kolk discusses somatic experience and subcortical imprints in trauma treatment. Paul Wachtel offers a chapter on EMDR and psychoanalysis while Clifford and Arnold Lazarus discuss the multimodal nature of EMDR. Stephen Gilligan contributes his perspective on EMDR and hypnosis. Nancy Smyth and A. Desmond Poole write about EMDR and cognitive-behavioral therapy. Young, Zangwill and Behary discuss EMDR and schema-focused therapy. Arthur Bohart and Leslie Greenberg present perspectives on EMDR and experiential psychotherapy. Laura Brown contributes on feminist therapy and EMDR. Kaslow, Nurse, and Thompson discuss EMDR in conjunction with family systems therapy. Transpersonal psychology and EMDR is presented by Sheila Krystal, John Prendergast, et. al. The final chapter by Norcross and Shapiro nicely summarizes the many ways EMDR can be interpreted and applied.

Shapiro herself authors the first two chapters, where she eloquently describes EMDR as a comprehensive psychotherapy approach that brings about not only the amelioration of symptoms, but also the opportunity for deeper personality changes. She emphasizes how the Adaptive Information Processing Model utilizes the indissoluble link between mind and body, and how it can inform the clinician on how to successfully conceptualize a case using their own theoretical framework.

We now have an encyclopedia of techniques and procedures that are grounded in theory and are being applied to EMDR, making the treatment more robust. Whether you are a clinician, an academic, a clinical consultant, or a trainer, this book is a "must have" for your professional library. In addition to being a resource book for the EMDR clinician, it also offers a way to introduce EMDR to colleagues while at the same time honoring their clinical orientation. It offers a common language to share across orientations and sets a high standard of inclusion for our profession.

Reference:

Shapiro, F (Ed.) (2002), "EMDR as an Integrative Psychotherapy Approach."
Washington, DC: American Psychological Association

EMDRIA Committee Reports

For information or assistance regarding any of EMDRIA's Committees, please contact the Administrative Office at (512) 451-5200 or info@emdria.org

Regional Coordinating

*Jari Preston, M. Ed.
Chair*

The Regional Coordinating Committee is looking forward to receiving nominations for the third annual Outstanding Regional Coordinator Award to be given at the September, 2003, EMDRIA Conference. (Please see this issue's ad.) This is the first year nominations have been solicited directly from the membership rather than a committee. We urge you to consider participating.

The process is simple. If you know an innovative, dedicated, or especially hard working Regional Coordinator, write us a brief paragraph about why you think this person should be honored as Outstanding Regional Coordinator for 2003. Send it to the Regional Coordinating Committee via Terri Curtis at the EMDRIA office, tcurtis@emdria.org.

Our committee is also in the early stages of planning a lunch gathering for Regional Coordinators at the next EMDRIA Conference in Denver, Sept. 18-21, 2003. Many RCs have told us that they missed the opportunity to meet together as a group at the conference in San Diego. And we missed meeting with the RCs! We missed hearing about your activities, and having an opportunity to answer questions and discuss common issues and problems. We are determined to provide that opportunity in 2003. More later.

The on-going mission of the Regional Coordinating Committee is to recruit more RCs in those parts of the country where there are none. If you are certified in EMDR and want to get together with other EMDR trained clinicians, but there is no group in your area, consider

contacting us about how to start one. Find four or five other people who want to meet. This can often build into a larger group. The important part is not size. The value lies in getting together; talking about EMDR; and helping each other become better clinicians. You may or may not decide to apply to offer EMDRIA Credits for one of your meetings. Either way, the EMDRIA office and the Regional Coordinating Committee are here to help you every step of the way.

Standards and Training

*Jari Preston, M. Ed.
Chair*

The Standards and Training Committee has been through a lot of changes this past year. Curt Rouanzoin retired this summer as Chair after eight years of working on the development of Standards and Training for EMDRIA. The Committee is grateful to Curt for the many decisions he made, and the battles he fought to husband the standards of EMDRIA to professional levels of excellence. Curt's unflinching insistence on holding EMDRIA, and the educational programs and clinicians it certifies, to the highest academic standards, is to be lauded and emulated.

The committee also lost its vice chair this summer when Byron Perkins resigned to devote full attention to his position as President of EMDRIA. Earlier in the year Nancy Smyth left the committee to concentrate her efforts as Research Committee Chair. After many years of service to the committee, Sandra Kaplan also resigned after an auto accident. We wish them all well and thank them so very much for their many hours of service to Standards and Training and the members of EMDRIA. Five new members have been added to the Standards and Training Committee. Robyn Butler-Hall, Ed Hallsten, John Nash, Shanti Shapiro, and Rosemary Vienot. They join the remaining members Mark Dworkin, Andrew Leeds, Celia Grand, Bennet Wolper, Dan Merlis, Wendy Freitag, Ginger Gilson, and myself.

This committee is charged with the development and monitoring of policies and procedures regarding EMDRIA credits and applications, Certification in EMDR, and Approval of Consultants, Instructors, and curricula in EMDR. As such it is incumbent upon the committee to hold itself and EMDRIA to the highest academic and professional standards. We have a responsibility to the public to guarantee that EMDRIA Certified Clinicians have been trained and mentored through a rigorous and

thorough training program. We have a responsibility to those Clinicians to guarantee that EMDRIA Approved Consultants and Instructors are being held to the highest academic and professional standards backed by research and scholarly publications.

As the membership is aware, the committee initiated a review of the standards for certification, consultation, instruction and credits. We continue to request membership input about these standards. Earlier in the spring, proposals were sent out about certification and consultation. At the Conference in San Diego, the committee offered information about problems with certification and consultation, and sought the suggestions and ideas of those attending the presentation. At a second presentation in San Diego, the Approved Instructors were asked to offer ideas about how to strengthen the teaching of EMDR. Audiotapes of these Conference presentations are available. (Ordering phone number: 866-222-8273) The Standards and Training Committee is seeking guidance from the Board of Directors about a process for reviewing and revising standards. We will be informing the membership about any developments in the process. If you have questions, comments, ideas, or suggestions about any of the work of the Standards and Training Committee please contact us through Sarah Tolino at the EMDRIA office: stolino@emdria.org

Publications

*Dan Merlis, LCSW
Chair*

This has been a transition year for the Publications Committee. In preparation for my retirement, which will be effective by the time this issue of the Newsletter is mailed, we have been working to revise various administrative processes related to the functioning of the Committee and our principal area of focus, the Newsletter. Jim Gach graciously has stepped forward to shoulder the position of Co-Chair and Gene Schwartz, Newsletter Clinical Editor, has also agreed to serve as Co-Chair to fill my vacancy.

This year has also seen the retirement of Brad Wasserman, formerly managing editor for the Newsletter and later the editor for special clinical editions. EMDRIA is indebted to Brad for his hard work attitude and capacity to tolerate the many challenging aspects of editorial work within a young and growing non-profit organization. Brad's work with the three clinical editions of the Newsletter still are

recognized as worthy achievements and set a high standard for what will surely follow. We wish Brad much success in his other professional endeavors. We are very fortunate that the Newsletter continues to enjoy the services of our very able managing editor, Jennifer Turner. Jennifer and Gene are the key people to making the Newsletter happen. Feel free to email either or both to share a concern over or, just as importantly, your appreciation for some aspect of their work.

The Publications Committee will be in the process of formulating its goals for Y2003 including plans for special clinical issues of the Newsletter. The Committee will continue to improve on streamlining the review process for clinical submissions to both the quarterly Newsletter issues and the special clinical issues. Development of the very dynamic EMDRIA website will allow access by members to earlier Newsletter issues and special clinical issues. The addition of a Letters to the Editors section of the Newsletter should allow for more informal thoughts, reflections, and dialogue over areas of concern within the EMDR community and within the EMDRIA organization. I leave the Committee with a vision of continued growth, change, and expanding dialogue which parallels the growth of the larger organization. I am pleased that I had the opportunity to contribute to this as committee chair for the past four years. It is time now for new ideas and new leadership. If you have interest in joining the Publications Committee, please contact Jim Gach or Gene Schwartz. This is important work and a great opportunity to make a meaningful contribution to the EMDR community.

Research

*Nancy J. Smyth, PhD, CSW,
Chair*

The Research Committee has had a busy year. Here's what we have accomplished:

- Organized the research seminars, networking sessions, and poster sessions at the annual conference.
- Provided one-time and ongoing consultation to people who are at all stages of planning or conducting EMDR research (including student dissertations). This included helping people choose the focus of their research projects, design their studies, select appropriate measures, design fidelity assessment procedures, plan data

collection strategies, plan data analyses strategies, interpret research results, and write up their findings.

- Provided feedback on EMDR scholarship in order to assist authors in getting published.
- Facilitated a listserv to provide relevant information for EMDR researchers or researchers-in-training. This listserv provided information about grant funding opportunities and conference call-for-papers. In addition, it has served as an electronic group for people who've wanted to get feedback on research ideas from other researchers, as well as those who've wanted to organize EMDR research symposia at various conferences. Information on joining this listserv can be found on the EMDRIA website.
- Wrote articles on research-related topics for the newsletter.
- Worked with the Electronic Communications Committee to put research content onto EMDRIA's web pages.
- Responded to email and phone inquiries on the status of EMDR research on a variety of topics.

We've also identified several new projects that we think will help to advance EMDR research. These include the following:

- Collecting EMDR research manuals so we can consolidate the core components into one standard research manual. This manual will serve as a starting point for researchers developing research protocols for their EMDR studies.
- Creating web-based databases for EMDR researchers, EMDR-friendly doctoral programs, and EMDR research projects. These will provide more up-to-date sources of information than the paper directory we published in the past.
- developing guidelines for EMDR research in several key topic areas.
- Strengthening the research resources that are available on the website.

Pre-Licensed Clinician Support Subcommittee

*A subcommittee of the EMDRIA
Membership Committee
Linda Vanderlaan, Ph.D., Chair
Nicole Nestor, MFT, Co-chair*

This subcommittee was developed by interns and psychological assistants who have discovered the difficulty, as well as the importance, of staying connected to the rapidly growing field of EMDR. Pre-licensed clinicians often have few connections in the therapeutic community, and unless pre-licensed clinicians are being supervised by an EMDR trained therapist, they cannot ethically practice EMDR in many states. We have found that many of these clinicians, including those who are not being supervised by an EMDR trained supervisor, begin to lose confidence in their EMDR skills or get 'disconnected' from the current developments in EMDR while they await licensure. Out of this concern, the need for a support committee was born.

This subcommittee was established for the benefit of all pre-licensed clinicians who have received training in an EMDRIA approved training course. The purpose of this subcommittee is to provide support for pre-licensed clinicians who desire to stay current with EMDR research, techniques, new protocols, and the overall growth of EMDR.

Our primary objective is to promote and maintain the integrity of EMDR. Pre-licensed therapists are recognized as an integral part of the future of EMDR, and their passion for learning can be enhanced with proper guidance and education. We recognize that accountability and up-to-date information regarding EMDR is vital to the growth of new clinicians.

This subcommittee is invested in helping to produce EMDR clinicians, of the highest quality, by providing a list of EMDRIA approved Consultants and EMDRIA approved Instructors who may be willing to offer reduced-fee services to pre-licensed clinicians.



IN THE SPOTLIGHT:

Gary Fulcher

By Marilyn Luber, Ph.D.

Many of us -in this psychotherapeutic community- have faced our own trials and tribulations. Gary Fulcher is one of us who has turned his tragedy into an inspiration for us all.

In Sydney, Australia, during 1996, Gary had an accident while in his car. The outcome was that he was burned from head to toe, lost all of his fingers and had a severe inhalation injury. He was hospitalized in the Burn Unit at Concord Hospital. All of us in the EMDR community who knew Gary, held our breaths and sent our prayers, as we waited to find out how he would be in the wake of his accident. I am happy to report that Gary is alive and well and as “wicked” as ever!

Gary is a native Australian from Sydney. He has had Psychology in his blood ever since he began reading his brother’s Psychology textbooks from University rather than doing his own high school homework! Despite his passion for the field, he had to delay his pursuit of Psychology after his father became ill. Three weeks before his final exams for University, Gary took over the family transport business (HG Fulcher & Son). He did finish his BA in 1971 at the University of New South Wales, and then spent the next 12 years managing the family business. During that time, he married and had 3 children (2 girls and 1 boy). By the late 70’s, he realized that “this was not the plan” and was able to return to school. He completed his first MA in 1980, where he also won the Simmat Prize. By 1983, he was awarded his Master of Psychology, along with the Martin Prize and in 1994 he received his Ph.D. All these degrees were from the University of Sydney.

Gary’s first job, after retiring from the transport business, was at the Developmental Disabilities Service at Laurel House, in Parramatta, where he was very interested in adults with intellectual disabilities. Due to his excellent academic record, Gary was approached by a psychiatrist who wanted assistance in doing research in Health Psychology. In 1983, he began working as a Research Assistant at the Concord Hospital, a Veteran’s hospital affiliated with the University of Sydney. The first area of study was in the psychological aspects of cardiac health. Gary was intrigued and did his dissertation in the area of Quality of Life after coronary bypass surgery for patients and their spouses. In 1987, as his clinical interest in the field of Health Psychology was growing as well as his research

acumen, Gary became the Director of the Department of Psychology at Concord Hospital.

During his work with the VA, Gary’s interest in working with war veterans and the field of trauma grew. As he read, more in the field of trauma, Gary learned about EMDR and Francine Shapiro. He was acquainted with Don Heggie who had worked with Dr. Shapiro and who invited him “to go across” to learn EMDR. It was in 1991 that Gary was trained and he became involved with the management of the early trainings that occurred in Australia. Later, he returned to the United States to become a facilitator and eventually, in 1994, a trainer. He trained EMDR practitioners all over Australia, in Japan and in South Africa. By this time, his day job was as a Research Coordinator/Clinical Consultant at St. John of God Hospital, Burwood.

“And then”, in Gary’s words, “I had my own trauma which was the accident of being burned. That was pretty interesting. I then used a modified EMDR to treat my own Acute Stress Disorder in the hospital. It was very funny! I used the standard EMDR approach and nearly killed myself! I created a continuous flashback and I couldn’t stop it. I realized it was not the way to go! Standard self-approach was just stupid! If I had listened to all the advice, I would never have done it! What I realized was that there was a different way. I could just use modified exposure. And so, I would do that. Gradually, as the distress lessened by using relaxation, centering and calming, I would then use the eye movements to reinforce the calmness. Exposure, calming, eye movements, exposure, calming, eye movements. That really worked well! The exposure, I guess, was for about an hour and then the eye movement reinforcing the calmness and to stress being in control and surviving and getting the process change.”

After the accident, Gary was in the hospital for 6 months and then was in Rehabilitation for 6 more months. After one year, he was ready to return to work, but it took the insurance companies 6 more months until they got him the equipment he needed, and had clearance from his physicians to return to work. He did not return to St. John of God Hospital, as they did not like his post-accident appearance. In 1998, he was hired by the Multiple Sclerosis Society of New South Wales as a Senior Clinical Psychologist and Research Development Officer. It is here that Gary’s personal and clinical experience have been integrated into and transformed his current clinical acumen.

As Gary says, “I am a better psychologist. I just have a much more profound appreciation of life. I now have a whole range of disabilities, but none of them matter. And, I understand that. Now, I work with incredibly disabled people with MS, and I have a greater understanding what it means, and what it does not. It means that it does not prevent you from being a person and totally in life and every aspect of life. It does not mean that there is

any part of life that you can’t have. And, I know that. I lived that, and when I now work with people that have disabilities -because I know that it does not rob me of any aspect of life - I can share that with people that I work with. It is part of my life and my philosophy. EMDR will, of course, be part of what I use. Also, I use it a lot with my MS clients. I find it most effective for alleviating the trauma aspect of their condition and their diagnosis. I have carried out some detailed research in this area and have some papers in preparation and review with “Journal of Traumatic Stress and Trauma Response”.

Gary continues to be an active member of his professional and academic communities. He has been the Chairperson of the Australian Psychological Society and a Senior Supervisor. He has taught Clinical Masters and Doctoral students as an Associate at the Universities of Sydney, NSW, Wollongong, Macquarie and Western Sydney. He is a Consultant for the NSW Department of Health, Department of Education, and the Department of Veterans Affairs. Currently, he is the National Coordinator of EMDR Australasia. He is a full member of the Australian Psychological Society, the College of Clinical Psychologists, and the Australian Behaviour Modification Association. He is a full international member of the Association for the Advancement of Behavior Therapy, and a member of the EMDR International Association. He has authored, co-authored and presented many articles and presentations in areas that include Coronary Artery Bypass Surgery, Diabetes, EMDR, Multiple Sclerosis, Posttraumatic Stress Disorder, Psychology, Schizophrenia, and Self-Injurious Behavior.

When I asked him if he had a message for the EMDR community he said the following: “ My message to the EMDR community is to keep doing what they are doing. I remain impressed with the dedication to peace and to universal healing such as that organized by HAP. With EMDR now firmly established, I hope that its practitioners can forget the backyard critics and just continue using it effectively and accumulating the evidence for its efficacy. Maintenance of the highest standards and clinical competence is paramount and should be continually supported by the Institute and the Association. I am still training and am experimenting with a different format (same content) of small groups (8-10 participants only) over 3 full days, with 3 practicum opportunities and a greater emphasis on assessing the cognitions that drive the affect. It seems to be producing better and more confident practitioners”.

Gary’s creativity, intellectual integrity, and adaptability to change have flourished through the years. As an integral member of our EMDR community, he is a true inspiration to us all from his “wicked” humor to his profound understanding of suffering and transformation. We are all hoping to see him soon in the United States or his native Australia.

Announcing!

Announcing...

Membership Renewal Notice!

This is just a reminder that your membership will expire on December 31, 2002. You should have already received a renewal notice by now. If you haven't renewed your membership as yet, we encourage you to do so as soon as possible in order to avoid a lapse in your membership. If you didn't receive a renewal notice or have misplaced it, please feel free to call or email our office, and we will be happy to send another one.

2003 EMDRIA CONFERENCE

'CALL FOR POSTERS'

September 19-21, 2003 * Denver, Colorado

SUBMISSION DEADLINE

July 1, 2003

We are soliciting Abstracts for Poster Sessions for the 2003 EMDR International Association Conference.

What is a Poster?

A Poster is a visual presentation of your research or clinical project. Use schematic diagrams, graphs, tables and other strategies to direct the visual attention of the viewer, rather than writing text as you would for a journal article. At most professional conferences, Poster Sessions are the primary vehicle for the presentation of new research, case study applications, literature review summaries, and new assessment instruments. An award for the best poster will be given. If you would like more information on Poster Sessions and/or to receive submission information, please email Nancy Smyth, Ph.D., at njsmyth@buffalo.edu, or call Terri Curtis at our Administrative Office at (512) 451-5200.

"Outstanding Regional Coordinator"

2002-2003

NOMINATIONS

The EMDRIA Regional Coordinating Committee is now inviting nominations from EMDRIA members for the "Outstanding Regional Coordinator, 2002-2003"

This award will be presented at the 2003 EMDRIA Conference in Denver, CO, to a Regional Coordinator who has demonstrated exceptional dedication, or innovation, or made other significant contributions to the Regional Coordination effort over the past year.

Nominations (a simple paragraph stating why your nominee deserves this award) should be submitted

NO LATER THAN May 1, 2003, to:

Regional Coordinating Committee
C/o EMDRIA, Attn: Terri Curtis Box 141925, Austin, TX 78714-1925
Fax: 512-451-5256

Or e-mail Terri Curtis: tcurtis@EMDRIA.org



Australia

Christopher Lee wrote in that the Government and local authorities are beginning to determine how to respond to the traumatized tourists and relatives of the deceased Australians, that were killed in the terrible bombings in Bali. Chris is in contact with them to offer assistance from EMDR-Australia.

Belgium

Ludwig Cornil reports from Belgium that EMDR-Belgium has changed its name to the Belgian Institute for Psychotraumatology and EMDR. The members of the Belgian EMDR community have been concerned with the lack of formal training in the field of Psychotraumatology in Belgian universities. Ludwig notes, "Once you realize trauma is everywhere and has a pervasive effect not only on people's lives but on society as a whole, it's difficult to understand the little attention that's being paid to it. It's hard for us to accept that people keep on suffering the consequences of trauma partly because the helping professions don't always recognize the symptoms quickly enough or don't always have the necessary knowledge to relieve the suffering. This is exactly what we want to help change in Belgium with our new non-profit organization. The overall goal of their organization is "to offer to society expertise among its members regarding prevention, diagnostics and psychotherapy of trauma victims and their families. Because BIPE is a national organization, it will have a Flemish wing and a French wing. In fact, we managed to get together a group of very motivated French-speaking therapists, who will be organizing the first level 1 for the French part of Belgium in April 2003!! David Servan-Schreiber will be our trainer! In October, we will have our first advanced training with Arne Hofmann and David Servan-Schreiber as trainers.

Burma

Elizabeth Call writes in that "The Burma Mental Health Project" continues to blossom under the auspices of Burma Border Projects, a non-profit organization co-founded by Peggy

Bacon, Elizabeth Call and Jack McCarthy, to address the needs of refugees along the Thai-Burma border. Jack McCarthy and Peggy Bacon spent November on the border following up on recent visits in March and July of 2002. Our vision is to build basic mental health knowledge and skills into every aspect primary care services at the Burmese MaeTao Medical clinic and provide mental health education, training and treatment to groups along the border who request it. We are continuing to teach the Butterfly Hug combined with drawings of a safe place for the medics and workshop participants who themselves are traumatized, and they in turn are offering this method to their patients. We now have a core group of medics who are emerging as counselors and trainers; Peggy wrote a 50-page curriculum that they can use to guide their teaching. Our workshops on domestic violence have sparked important discussions among the refugees, and, with their typical pluck, the Mae La refugee camp women's organization has established a Safe House for victims of abuse in the camp. We are proudest of the relationship of mutual trust which has grown between our Burmese friends and us over the years and we believe that this collaborative relationship is the essential foundation for the program's success. Please visit our website if you are interested:

www.Burmapborderprojects.org."

Canada

David Hart writes in that in Vancouver, on November 29, 2002, EMDRAC had an AGM in conjunction with a workshop on Psychoneurology for EMDR clinicians by Ulrich Lanius. Soon we hope to announce the results of an election for President-Elect, Treasurer, and a Director.

China

Helga Matthes was part of the HAP-Germany team that went to China earlier this fall. The other members included: Arne Hofmann, Franz and Ester Ebner, Joany Spierings (Holland), Toddy Sochaczewsky and Silke Mehler. She writes the following about the trip there:

The organization of this 10-day seminar was done by Professor Qian, vice-president of the International Psychotherapy Organization and Professor at Peking-University. The vice-director of the University was there as was the director of the Psychology Department. There were even television reports about the seminar as well as a newspaper interview. It seems that trauma-therapy is also "en vogue" in China!

In the seminar, there were more than 50 Chinese colleagues, many trainees were

from the university or were teachers of psychotherapy. Because of the difference in training styles between East and West, we had to change our way of presenting. The participants wanted many examples, cases, and role-plays. They were particularly appreciative of Joany Spierings animated presentation style. We called it "Talking with hands and feet"!

In this first of three proposed seminars, we focused on teaching about the general aspects of trauma, diagnostics, and stabilization. EMDR was used only in the one self-experiencing session we gave to every participant. Instead of working with the full protocol, we decided to use resource installation. We were thrilled, as were they, when the SUDS decreased and new resources were installed.

We are in the process of thinking about how to introduce the EMDR techniques in a way that will work with our Chinese colleagues way of learning and understanding. We already decided that a "normal" level 1 would be a flop as we had to change our presentations in China during this first trip. Next time, it would be better to prepare it at home before! We will discuss this among the team members in the next weeks in order to make the next talks the most effective! We are looking forward to the next course in March 2003 in Beijing.

Columbia

John Hartung reports that three Colombians from Pereira have now taken the advanced training in EMDR where they are combining EMDR with various techniques from "alternative medicine" in the treatment of psychologically traumatized patients who present with medical symptoms. It is hoped that this will provide a model for other cities in Colombia.

Ecuador

Esly Regina Carvalho announces that there was a training (both parts) in Quito, Ecuador, in mid-November taught by John Hartung. They had mental health workers from Panama and Chile attend. They are hoping to hold workshops in Chile in the near future. Esly, John and Ligia Barascout de Piedra Santa are working on a book of EMDR case studies.

Finland

Paivi Saarinen is now the new EMDR sponsor of Finland following the good works of Soili Poijula. September 2002 was the occasion for EMDR beginning and advanced training. The trainer, Roger Solomon, presented his "The Art of EMDR". Paivi notes that "We spent three wonderful days in a very nice place near the lake". The model for this workshop was an

intensive training situation where all involved stayed throughout the 3 days. This was the first type of workshop like this in Finland for EMDR therapists themselves. It was a great success and they are hoping to do one again next year. Roger adds his commentary "We did our "Art of EMDR", a workshop with emphasize on supervised practicums where the focus is on understanding the interactional aspects of EMDR, observing the non-verbal and behavioral signs of processing and varying the dual attention stimulation to maximize processing.

Israel

Brurit Laub writes that she participated in the World Congress for Psychotherapy in Vienna where Francine Shapiro presented a lecture following the ceremony where she received the Freud price. Brurit gave her workshop on "Resource Connection" which was favorably accepted.

Udi Oren reports that "over 750 Israeli Psychologists, Psychiatrists, Psychiatric Social Workers and other licensed mental health professionals that work in different mental health facilities in Israel, including Mental Health Centers, Educational Psychology Services, and Hospitals have been trained in Israel. In a position paper, published several months ago by the Israeli National Council of Mental Health specifying the ways to assess and treat terror victims, EMDR was one of the three recommended forms of therapy. (see www.mentalnet.org.il This site is in Hebrew). Also, EMDR-Israel's experience shows that mental health professionals that are EMDR-trained have the ability to provide treatment that help the victims of terror to overcome their trauma in the fastest way possible. These findings were presented in a workshop on "EMDR in the Treatment of Terror Victims" that took place on October 4th in Raanana, Israel. Recently, EMDR-Israel was invited, through a United Jewish Appeal project, to train the mental health staff of the "Hillel Yaffe" hospital in the city of Chadera. This city had been particularly hit by many terrorist attacks. (see www.emdr.org.il This site is in Hebrew). In the last two years, EMDR-Israel has provided many of its trainings to educational psychologists who work with school aged children. We intend to continue our training efforts for the benefit of Israeli children and youth who under went trauma".

Fran Yoeli notes that "We had "terror-trauma" day with presenters from the field so to speak. Five people talked about their experiences with clients following terrorist attacks with people who were directly hit".

Mexico

John Hartung writes that a Facilitators Day for EMDR Institute trainers and facilitators was held in Mexico City on October 24, 2002. Attendees came from five countries. Participants also received EMDRIA Credits towards becoming EMDRIA Approved Consultants. The course covered advanced EMDR strategies for identifying and working with core treatment targets. It was open to Spanish-speaking individuals. Information for Spanish speaking participants can be obtained from John Hartung at jhartung@mail.uccs.edu.

South America

John Hartung also writes in that "The Latin America team is sponsoring a Spanish language book on EMDR case studies, to be edited by Ligia Barascout de Piedra Santa (EMDR Institute trainer in Guatemala), Esly Carvalho (facilitator from Brazil and Ecuador), and John Hartung (Latin America team coordinator). Persons interested in being published are encouraged to write to Esly at eslyc@attglobal.net for information on format and style. All drafts must be written in Spanish.

United States

Arizona

Laurie Tetrault writes in that "The new regional committee in Arizona is being coordinated by Susan Sugar, and plans are underway to prepare for training in the Phoenix area for EMDR-trained therapists. Stay tuned! We in the Southwest applaud her for making possible thus much-needed training venue".

Florida

Carol Crow writes in the following: "One of my colleagues, Robby Adcock, was featured on the front page of our "Bay Life" section of the Tampa Tribune - photo and all - with comments from some of his clients. EMDR received some great press in the Tampa/St. Pete area. At Robby's suggestion, Robbie Dunton was interviewed, along with Gina Colelli from New York. This all increased the impact of the article, even though the writer had to present a small portion of the "other side" for "balance". We are looking forward to the HAP fund-raiser on St. Pete Beach in January. Hope to see lots of our friends from all over the country here then."

Al Zbik writes in that he recently co-authored a chapter in a medical textbook that is primarily read by anesthesiologists specializing in pain management. The chapter is entitled "Cognitive Therapy and Beyond". In short, we brought in all of the latest research on the neurophysiological aspects of pain, with an important focus on memory. Toward the end of the chapter, I discussed EMDR and

provided a case illustration. The chapter provides for the latest in brain physiology and the role of memory and provides a link between neurophysiology and EMDR.

New York

Carol Forgash fills us in on EMDR activity in the New York and Long Island areas, "As the Long Island Coordinator of the EMDR HAP Disaster Mental Health Recovery Network, I was looking for ways to let the public know about the free EMDR services offered on Long Island regarding 9/11.... I submitted a proposal and a script to Long Island Cablevision for a Public Service Announcement that was accepted for taping this summer. This 30 second Announcement will be seen on all of the Major Cable Stations on Long Island. It will be seen in prime time for the entire month of September. The spot will promote the Disaster Mental Health Recovery Network offering no cost EMDR treatment for those directly affected by 9/11. This free spot amounts to an in kind donation to HAP of \$40,000 (the amount that Cablevision says the production costs equal) as well as invaluable coverage for EMDR".

Pennsylvania

Steve Silver reports that "He continues to be busy with the responses to 9/11. The growing popularity of "Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors" is resulting in greater awareness of the psychological issues resulting from such experiences. A large number of EMDR clinicians are using it for a review of the EMDR protocol and one reports using it in her free study group along with Shapiro's textbook. What he has found a little surprising is that non-EMDR clinicians are using the book as well". He noted that "When I was teaching in Atlanta a VA Psychologist said that a peer was using it for developing a training program for clinicians and that led to his interest in EMDR."

Virginia

Marilyn Spiro notes that "Two EMDR colleagues and I presented a symposium at the VA Psychological Association in Richmond in October. Sandra Barker, Ph.D. presented her admirable clinical research at the Medical College of VA. Nancy Willner of Charlottesville and I did case presentations, including treatments of a retarded woman and (my favorite) a woman with a 75 year phobia that had to be cured before she could move into a senior living center with an elevator."



The Conference Corner...

Terri Curtis
Assistant Conference
Coordinator

We are looking forward to the 2003 EMDR International Association Conference to be held in Denver, Colorado, on September 18-21, 2003.

We have selected the Adam's Mark Denver Hotel as the site for the 2003 Conference. The hotel is located four (4) blocks from the Colorado Convention Center, Denver Center for the Performing Arts, the State Capitol, US Mint, and Denver Art Museum. The mile-long 16th Street Pedestrian Mall, directly outside the hotel's front door, provides free shuttle service to over 150 shops, restaurants, and entertainment establishments. The EMDR International Association group rate at the Adam's Mark Hotel is \$159.00 Single, \$169.00 Double, \$179.00 for Triple, and \$189.00 for Quad. When reserving your room, mention that you will be attending the EMDR International Association Conference to receive the conference rate.

By now you should have received the 2003 Call for Papers. You can also access the Call for Papers on the EMDRIA website at www.emdria.org. We especially welcome submissions that have the primary focus on the use of EMDR and presentations that are geared to the advanced practitioners of EMDR. EMDR research presentation and posters are another area of high interest at the EMDRIA Conference. As is customary, submissions related to other aspects of psychotherapy, along with EMDR, are welcomed as usual. If you're interested in presenting next year, be sure to complete one and send it in by the deadline of December 15, 2002.

As in years past, we try to make each Conference better than the last, so please plan on joining us in Denver next year.

EMDR

I laughed out loud tonight -
left, right, left, right, left, right...
when a friend called
and told me something funny.
Left, right, left, right, left, right...

I haven't laughed in days -
left, right, left, right, left, right...
so sad, so sad, such a broken heart -
left, right, left, right, left, right...
eye motions changing things in my brain
so that tears might stop.
Left, right, left, right, left, right...

I laughed out loud tonight -
left, right, left, right, left, right...
and when I thought of her again
there were no tears.
Left, right, left, right, left, right...
"Take a deep breath,
and tell me what you feel."

I feel relief. I feel connected
to myself once more.
I feel I might succeed
at finding me again.

Thank you!

*~Jackie Chinsky,
an EMDR Recipient*

**Don't Forget
to...**

Mark Your Calendars NOW for Next Year!

2003 EMDR International Association Conference
to be held in

Denver, Colorado

at the Adam's Mark Denver Hotel (800) 444-2326

September 19-21, 2003 including a Pre Conference Day on September 18, 2003

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Is your address correct? If not, fax  *your corrections to 512/451-5256*

It's Renewal Time!!

This is the last issue of the EMDRIA Newsletter for the
2002 Membership year.

Please renew soon if you haven't already.

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