The
EMDRIA Newsletter

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From the President: Wendy Freitag, Ph.D.

New Beginnings

At the time of this writing I am in the midst of my first of 15 months as the EMDRIA President. I am very excited and honored to serve in this position. It is an opportunity for me to give back some of what I have received from EMDR, both professionally and personally. At the time you receive this Newsletter we will be in the midst of the many holidays our membership celebrates at this time of the year. I wish for all of you a blessed and peaceful holiday season. I want to especially remember our many colleagues in the Middle East that once again live in fear. Everyone reading this message right now, please take a moment to wish or pray for protection and good will for our esteemed colleagues in danger.

For EMDRIA members in the United States, we are in the midst of a lively and heated Presidential Campaign. We are constantly bombarded with lofty promises and expectations, character assassinations and the typical campaign rhetoric. As the new EMDRIA President it has made me pause and wonder, "What does the EMDRIA membership expect of me for the next 15 months?" I am not going to pretend to know the answer to this very general question, but I would like to take this opportunity to describe what I see as important and hope to accomplish.

EMDRIA has grown fast and furious the few years we have been in existence. Our membership is over 3800 members worldwide in only 3 short years. For most professional organizations, this type of growth is unheard of. I guess this says something special about the EMDR practitioner, whether that be their professionalism, love for EMDR, or both. I would certainly like to keep that trend going, but I also believe that EMDRIA needs to grow in depth, rather than just numbers. I believe we are at a critical point in our development and feel that movement to the next level will take some stabilization. By stabilization, I mean to strengthen our foundation to support and enable the continued and desirable growth. I believe Board members (both past and present) would agree that we have made some mistakes by jumping into a program or activity without a great deal of forethought. I think we have learned from our mistakes and see the wisdom in planning our programs and activities more carefully than in the past. Therefore, during my presidency, the amount of new programs and activities may be minimal in lieu of strengthening and solidifying the ones already on board or in the planning stages.

One way I see to stabilize and develop EMDRIA, is to strengthen our committees. We have some absolutely wonderful people who have given freely of their time and energy as committee chairs and members, now and in the past. The Board of Directors need to support these dedicated individuals by giving clear direction and vision for the future of EMDRIA. However, we also need help from our membership. There is always more work than people to do it, so membership involvement is of utmost importance. I invite you to become involved in a committee, the Board, or as an Officer. For more information on how to get involved, please contact the Administrative Office or David Wilson, Ph.D., Chair of the Nomination and Elections Committee.

As you read through this and future newsletters, you will see information about the many committees and programs in place or planned. I would like to highlight some of the new directions for the future. As you know, in 1999, we instituted Certification of therapists, Approved Consultants and Instructors. We are now looking for ways to expand the means

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Highlights

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Inside

- 2001 Annual Conference Announced
- New EMDRIA Board & Officers Announced
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From the desk of the Executive Director

Carol York, MSSW, LMSW-ACP
Executive Director
Conference Chair

"Thank you" is simply not enough!

How does one go about saying "thank you" to Jennifer Turner for the contributions and her dedication in developing EMDRIA? Jennifer has been the Associate Director since EMDRIA moved to Austin. She will be leaving the Association at the first of the year to attend to her growing and demanding business as a professional photographer.

When the Board solicited my assistance in saving a floundering EMDRIA, I sought Jennifer's assistance in this mission. Jennifer's knowledge and experience in business management was a needed skill, as well as her interest and commitment to EMDR. Her knowledge and guidance has led to an organization that is maturing and is now financially solvent. Membership has grown beyond our own expectations, and it is certain that the success and growth is due in large part to Jennifer's direction and hard work.

I could attempt to describe what she has done and what she has contributed to the Association, but there are really no words that can bring justice to the "thanks" we all owe her. On a personal note, I want to thank Jennifer for accepting my offer, for being a colleague, a creative and dedicated professional, and most importantly, for making each day fun. I will miss you. EMDRIA will miss you.

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Goodbye? I Don't Think So...

Jennifer Turner
Associate Director, EMDRIA
Managing Editor, The EMDRIA Newsletter

Almost 4 years ago, to date, I was sitting in a restaurant with Carol York and debating on a new adventure with her. I had seen what EMDR had done for her clients, for many years, and felt very honored to help the Association continue its mission to support and foster the practice of EMDR. I felt equally honored to be asked to work with Carol again. I agreed to a part-time position, with virtually no supervision duties and just the primary responsibility of keeping the books and setting up this "little association". Well, Carol and I have never done "small" very well and soon we had a staff of 6 and over 3500 members. The "little association" had grown up, and I with it in many ways.

I have been in the presence of greatness. I have seen amazing levels of caring, thoughtfulness, and strength in watching Dr. Shapiro and those who work with her. I have been humbled by the strength, intelligence, kindness, and professionalism of Robbie Dunton, and have made friends that I will treasure for a lifetime within the various Board members who have served EMDRIA. The Presidents who have served EMDRIA will always be special to me. I leave knowing that Wendy Freitag will continue this hard work with not only the intelligence, but also the sophistication and integrity that this position calls for.

I have had the unique opportunity to work with a staff that, at times, has made me speechless with their professionalism, knowledge, creativity, and kindness. It is rare to work in an office environment where the staff truly cares about each other. EMDRIA would not be where it is without them.

And then there is Carol York, someone I truly admire. She has given me the opportunity to grow and reach for my dreams and, if not for her, I would not be where I am today. Thank you is never enough for that type of person. She is a true visionary with the knowledge and drive to make any project succeed. She is the epitome of class and sophistication, with the spunk of a true redhead. It has been an honor to work with her, and I look forward to our continued friendship.

Gayla Turner will take over the position as Associate Director in January. I have known Gayla for many, many years and leave EMDRIA in her hands without reservation. You will find her to be organized, almost to the point of obsession, and yet funny, caring, creative, and intelligent. She will help Carol to take EMDRIA to its next level of growth and I will watch like a proud parent as the association heads into its next growth spurt.

My new venture is the realization of a childhood dream to open a children's photography studio. It has been only with the tremendous support of my family, friends, as well as Carol and our staff, that I have been able to do this. I will not disappear completely, however. I will continue as the "Managing Editor" and graphic designer for the EMDRIA Newsletter as well as serve on a consultation basis whenever EMDRIA needs me.

So to close, I have been honored. Honored to work with the best in the business. Honored to have met outstanding clinicians doing wonderful work in the mental health field. Honored to have been a part of preserving the integrity of EMDR, and protecting the public. And finally, honored to have served the EMDRIA membership whom I have the utmost respect for.

Thank you~

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of obtaining EMDRIA Credits for Certification/reCertification. One such way is a home study program just voted on by the Board. Also approved by the Board was the formalization of the Special Interest Group (SIG) program.

Lastly, I would like to acknowledge David Wilson, Ph.D., EMDRIA's Past President. David has been a dedicated soldier for EMDR and EMDRIA and deserves a special thank you for his enthusiasm and commitment to our cause. Thank you, David.

In closing, as President, although my goals do not appear lofty or grandiose, I do believe they are realistic and necessary to the continued growth and development of EMDRIA. I have an "open door" policy, so please contact me with questions, ideas or comments at WJF@PursueExcellence.com or through the Administrative Office in Austin.

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The Use of 'Exposure' in EMDR

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An important feature of PTSD is that it is not very likely that the same traumatic event will happen again. For example, if a client has been raped and succesfully been treated with EMDR, generally not many clinicians will feel the urge to prepare the client for a next rape. Conversely, in a number of cases (for instance phobic conditions) the client does have to anticipate future situations in which the former phobic stimuli are present; and where he will have to interact with these. As a result of the application of the EMDR basic protocol, the likelihood or severity of the initial threat may have been reappraised, and the incident that initially felt traumatic may have been reattributed to an innocuous event. However, if a dental phobic has been successfully treated for his phobia, it is likely that he will still have to undergo invasive dental work, such as injections, root canal treatments or extractions. This has implications for treatment. Therefore, with specific phobias, after any successful reprocessing of anxiety related material occurs, it is of paramount importance that the client be properly prepared for future confrontations with the anxiety provoking objects and situations.

Through the application of the previous steps of the EMDR procedure, the client may even have discovered hidden resources for dealing with possible future threats. However, it is still possible that the client is not completely convinced of her ability to cope with a future encounter with the phobic stimulus. In addition, clients may have avoided such activities for so long that they no longer know how to behave and how to feel secure in a potentially phobic situation. If this is the case, it is important that the therapist identifies and counters existing irrational beliefs that contribute to a sense of threat and anxiety. For instance, by disputing the client's negative and irrational beliefs through a Socratic style of questioning and reflection, but it could also take the form of in vivo exposure assignments. The purpose of this procedural step is to access the residue of the material to be resolved and to 'test' the (cognitive and emotional) changes due to treatment in real life.

The term 'in vivo exposure' when used in relation to the phobia protocol presumes an underlying habituation model. However, in the behavior therapy version of exposure the client is requested to stick to the troublesome task during the session until anxiety alleviates and under no circumstances to run away. Conversely, in EMDR the in vivo exposure step of the protocol is an opportunity to test if the treatment effects are generalized to all associated triggers or aspects of the situation. By encountering the situation, all triggers are pertinent and potentially access the dysfunctional response. Thus, the exposure step in the EMDR phobia protocol is a test of the treatment effects in order to make sure that these are fully comprehensive. In addition, this procedure can be considered in terms of a cognitive change model in which exposure is explicitly used to test the predictions the client has about how dangerous a situation is; that is, to gather information that disconfirms client's dysfunctional erroneous cognitions. In cognitive therapy, such a procedure is termed a 'behavioral test'. This means that the encounters with the phobic cues are set up as tests of the clients' catastrophic cognitions so that the client gains an experience where the catastrophe he fears does not occur, and that his fear is therefore unfounded. In EMDR terms, real-life exposure, after successful reprocessing of the traumatic memories, may further strengthen the believability of the positive cognition as the NC (and other still existing assumptions and beliefs) is contradicted by the consequences of acting in new ways. Concomitantly, the encountered situation gives the client the opportunity to perceive or evoke mastery through observing that no danger exists.

As with any of the other steps in the phobia protocol, the in vivo exposure part should be a joint venture of client and therapist. Unforced willingness must be ensured. Some gentle persuasion is certainly permissible, but it must be clear to the client that nothing will happen against his or her will during the confrontation with the phobic stimuli or situation. Unexpected introduction of new fearful material is counterproductive as this can both damage confidence and lead to a revision of estimates of the likelihood of threat and increased caution. Also, there is always a real danger that the client will drop out. The essence of the confrontation is that it is safe. The client is invited to ask questions about the nature and changing quality of their experiences. The task of the therapist is to help the client reinterpret his or her experiences in the framework of normal psychological and physiological processes when and where necessary. Furthermore, the therapist may help the client to pay attention to features of their experiences that are positive or interesting, to identify negative thought content, to cognitively reconstruct the situation, and to give advice to help the client cope with both the situation and their own mental and bodily sensations. Understanding his or her emotional reactions and knowing what features of a situation arouse them, increases clients' sense of control over these phenomena. All varying stimulus elements within a situation should be explored. Therefore, the eliciting situation should hold the client's attention. One helpful way to maintain attention to the task is to ask the client to describe the most notable features of the situation. For instance, a person fearful of high places could be encouraged to climb an apartment building that is not too distressful while paying attention to what is happening in a street or to certain objects such as trees, cars and persons. It is important to anticipate various possibilities regarding elements that can be manipulated to ameliorate or to intensify the impact. It is our experience that it is helpful to make variations with regard to the stimulus dimensions 'action', 'distance' and 'time'. That is, in a real-life confrontation, for example with an animal, the animal can be induced to be more or less lively, close or more distant, to be positioned with its head to the client or not, and during a long or a more limited period of time. Make sure that confrontations are repeated so that the reduction in distress is fully consolidated before moving on.

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If necessary the therapist can demonstrate to the client how he or she would handle the feared object (e.g., by petting a dog). The therapist should act in such a confident and relaxed manner that the client feels prepared for any eventuality. This helps the client to acquire faith in the notion that his or her anxiety is not physically harmful and that these emotional reactions will subside and fate over time. Thus, it is important that clients expose themselves to the feared stimuli until they have achieved a degree of self-mastery and feel that they are able to handle a certain level of anticipatory anxiety and fear with confidence. Thus, the overall aim is to foster confidence in a general ability to cope despite variations in circumstances.

The instructions at the end of the session are essential. The therapist makes it clear that it is important to keep practicing in daily life after the therapy has been concluded in order to ensure that the changes are maintained. The client should be told to stop the avoidance behavior in daily life as much as possible and to consider each confrontation with the feared stimulus as an opportunity to put the newly acquired skills into practice.

Step 7. Closure

It is important that the therapist helps the client to plan new activities and to overcome avoidance. To this end, it will often be necessary to combine EMDR with homework (exposure) assignments. Such self-managed programs should incorporate critical situations in real-life. The main aim of homework tasks is to enable clients to put what they have learned into practice. Clients are encouraged to confront situations they would normally avoid and tolerate sensations of anxiety as much as possible. This would allow them opportunities to further gain self-confidence through overcoming their fears on their own, the learning of new and more independent and appropriate ways of coping, and perceiving further progress.

Dependence on the therapist should be avoided. Clients are expected to confront situations regularly and alone on the basis of agreed homework tasks, mostly in the form of behavioral tasks. These may include taking a holiday flight, visiting a dentist for a check-up, opening a window of their house on summer days when wasps are flying, using elevators, meeting people with dogs, climbing towers in case of height phobia, or swallowing solid food in case of choking phobia. Clients are also expected to positively reinforce themselves when their task has been achieved.

With regard to blood phobia the procedure is different in that the clients are instructed to practice the applied tension technique in real-life situations, while exposing themselves to their anxiety provoking stimuli as much as possible. For example, watching violent films with bloodshed, paying visits to a blood bank, and talking about blood-related topics.

The length of the interval between sessions will depend on several factors, including the nature of the problem, the frequency with which significant eliciting situations are encountered and the availability of the therapist and the client.

It is sometimes inevitable that clients experience a relapse. In many cases this is due to the fact that they now are being exposed to situations which they avoided for a long period of time. Also, a spontaneous return of fear or anxiety should be expected to occur during the interval between sessions. This may lead to increased arousal which in turn could render clients disappointed about the improvements that they expected, thus interpreting this as a sign that their problems will only worsen. It is therefore important to label their behaviour in a positive sense and to redefine the relapse as a challenge to put into practice what is learned.

After the application of the phobia protocol there may still be a need for additional targeting and other strategies necessary to ensure that the treatment goals are met. An evaluation of what still remains to be done should be made at the beginning of the next session. The client is asked about his current complaints, and about his progress in terms of success in carrying out homework tasks. It is advisable to always evaluate a client's SUD level in terms of the already processed material. If the disturbance level has increased these reverberations need to be targeted or otherwise addressed. If the previous treatment session has resulted in new behavior on the part of the client, possible consequences of these new developments have to be dealt with. The therapist should therefore assess the necessity of teaching the client additional self-control and relaxation techniques or other relevant exercises which could enhance his ability to confront the former anxiety-provoking situation in real life.

Repeated rehearsal and reinforcement for success is emphasized. To encourage hope and foster engagement in treatment, it is crucial that therapy sessions and homework assignments furnish experiences of success which clients can attribute to themselves. In this respect, these successes provide clients with experiential evidence that anxiety can, through their own effort, be controlled. Clinically it is often observed that once a client manages to realize even a small achievement, the vicious circle of dependency, low self-esteem, avoidance, and further anxiety is broken. Therefore, it is important to work towards attainable and personally gratifying goals.

Caveat

In order to fully profit from the effects that are obtainable with EMDR the full phobia protocol should be applied. Firstly, the source, and related memories should be identified and addressed. In addition, attention should be placed on present triggers, situational disturbances, and the installation of a template needed for the future. Yet, there are several other strategies to apply EMDR with phobias that may result in a successful outcome. For example, solely targeting one or more traumatic events has been found to initiate changes in the disturbing memory into one that is no longer emotionally distressing. The mental representation of such an event may change so that other (safer) aspects of this situation comes to consciousness. There are indications that it is possible to initiate substantial psychological improvement by asking the client to just focus on his emotions or on a future image rather than on the target memory. For instance, in describing his treatment of a snake phobia, Young (1994), gives the following information about the procedure he used: "She was asked to picture herself with a snake with the associated feelings of terror and helplessness" (Young, 1994, p. 130). The fact that the treatment was successful suggests that reprocessing a single node may result in a generalizing effect to a larger part of the memory network. However, it is our

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experience that such a response is rather exceptional. Solely reprocessing one aspect of the pathology, such as the emotions or one or more past events, will often lead to a situation where the therapeutic goals will not be met.

In conclusion: what can EMDR contribute to the treatment of specific phobias?

EMDR has been found to be a structured, prescriptive, minimally stressful, non-invasive, and time-limited treatment for trauma-related anxiety disorders. It can easily be applied as a specific intervention, or within the broader context of other treatment approaches. The treatment of specific phobias with EMDR is primarily focused on resolving the memories of events that drives current symstoms. In contrast with the learning model which proposes a strategy of gradual exposures to the feared stimuli (CS-exposure) the primary goal in EMDR is the processing of traumatic memories, which are thought to be impaired. One advantage of EMDR above an exposure approach involves client comfort. Prolonged real-life exposure to anxiety provoking stimuli or thought is not always easy to pursue. Consequently, clients are not always ready or motivated enough to endure such a procedure; a procedure which also holds a potential risk of drop out before treatment can be successfully concluded. Another possible advantage of EMDR relates to the costs of treatment. For example, it may be more useful to apply EMDR than exposure in vivo to treat flying phobia for which in many cases, as part of their in vivo treatment, clients have to take costly flights. The most important advantage seems to be the possibility of utilizing EMDR for situations where the critical elicitors cannot be reproduced or simulated in real life (e.g., certain sexual, illness or death situations) or, more generally, for which phobic stimuli are hard to obtain. For example, not every therapist will have small and large dogs, rats, wasps or snakes readily available in his office.

Thus, compared to other approaches, such as exposure in vivo, there are a number of advantages in using EMDR for the treatment of specific phobias. This may hold particularly true for traumatically induced phobias. However, until research ascertains that EMDR's clinical effects exceed those of established treatments such as graduated exposure in vivo, one should remain cautious with regard to the application of EMDR for the treatment of specific phobias.

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Box I: Most prevalent fears[1]

• Situational type	1. Thunderstorm
	2. Enclosed spaces
	3. Darkness
	4. Heights
	5. Flying
• Animal type	1. Snakes
	2. Spiders
• Mutilation type	1. Injections
	2. Dental
	3. Injury

Box II: Classical conditioning (overall)

Box III: Phobias and their traumatic origin (I)

phobia type	study	direct conditioning rate (range)
• Snakes		1 %
	Ollendick & King, 1991	
• Water phobia		0-2%
	Menzies & Clarke, 1993	
	Graham & Gaffan, 1997	
• Spider		0-6 %
	Kirby et al., 1995	
	Jones & Menzies, 1995	
	Davey, 1992	
	Kleinknecht, 1992	
• Flying		8 %
	Goorney & O'Connor, 1970	
• Thunderstorms		10 %
	Liddell & Yvons, 1978	
• Agoraphobia		7-13%
	Goldstein & Chambless, 1978	
	Burglass et al., 1977	
• Heights		11-18 %
	Menzies & Clarke, 1993 & 1995	
	Menzies & Clarke, 1995	

Box IV: Phobias and their traumatic origin (II)

phobia type	study	direct conditioning rate (range)
• Dogs		13-38 %
	Di Nardo et al., 1988	
	King et al., 1997	
	Doogan & Thomas, 1992	
• Social phobia		44 %
	Steinberger et al., 1995	
• Blood-injury phobia		58-60 %
	Thyer et al., 1985	
	Kleinknecht, 1994	
• Driving		70 %
	Munjack, 1994	
• Dental		84 %
	Moore et al., 1991	
•Public speaking		89 %
	Hofmann et al., 1995	

Box V: In vivo exposure for a client with spider phobia

1. The client is introduced to a spider in a sealed container at a distance the client considers safe until much of the client's anxiety has subsided.
2. The client is asked to either approach the container or pull it closer.
3. If the client feels confident he or she is asked to look at the container closely and to open it.
4. The client touches the spider with a pencil, later with a finger, and finally the client allows the spider to creep on his or her bare hands and fingers.
5. The client is encouraged in between sessions to practice with approaching the phobic objects while refraining from avoidance and escape behaviors as much as possible.

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Box VI: A phobia of alcoholics

A client visited the first author to help her overcome her phobia of alcoholics. She noticed she had severe fear reactions if she saw someone drinking alcohol. It came to light that she had a father who was a heavy drinker. The problems that were caused by her father's drinking behavior influenced her childhood extensively. She and her mother were beaten up so often and heavily that their lives had frequently been in danger. In the life of this person the very fact that someone would drink alcohol gained a negative meaning with many connections, not only to different life-threatening situations during childhood, but also with issues of trust and her self-concept.

Box VII: A client with a medical phobia

John is a 40-year old man who developed a phobia of medical situations after a horrifying event during his recovery from a heart operation twenty years earlier. A new heart valve was implanted, but after the operation blood leaked into his chest. As his condition worsened medical emergency personnel were forced to intervene rapidly by opening his chest. This happened while he was still in his hospital bed. What he remembered was that they used a pair of scissors to cut loose the stitches in his chest; a large flow of blood gushed from the wound. Although he survived the operation that followed the incident, it appeared that the heart valve had a technical defect. Meanwhile, now twenty years later, many of the people who received the same type of heart valve have died, while others have had their valve removed and replaced by another one. John is fully aware that he should do the same, but fear prevents him from undergoing a new operation. A cardiologist refers him to a psychologist in order to create an psychological opening for the life threatening situation in which he is in.

Box VIII: EMDR protocol for specific phobias

1. Preparation

2. Processing of target memories
   Apply EMDR standard protocol for:
   a. The first time the fear was experienced (conditioning event)
   b. Other representative, frightening experiences in the past
   c. Present triggers

3. Installation of PC on an representative image of a possible future situation

4. Test: 'running a mental videotape'
   Identify and target any disturbing aspect of the happenings if necessary (including PC)

5. Body scan

6. Preparation for future confrontations
   (e.g., exposure in vivo, self-control techniques etc.)

7. Closure and homework

Box IX: Examples of appropriate cognitions (NCs and PCs) used in EMDR for specific phobias

Animal type phobias

• I am weak	• I am strong
• I am a prey (e.g., dogs and insects)	• I am someone like anyone else. • I am OK.

Situational type and natural environment type phobias

• I am a coward	• I am OK

Mutilation phobias:

• I am a number/ a piece of meat (e.g., in hospital situations)	• I am a human being

Any type of phobia:

• I am helpless/ powerless, not in control	• I can handle it/ I can deal with it • I can cope/ I am in control

Box X: Targeting specific phobias

1. "Bring up the original picture"

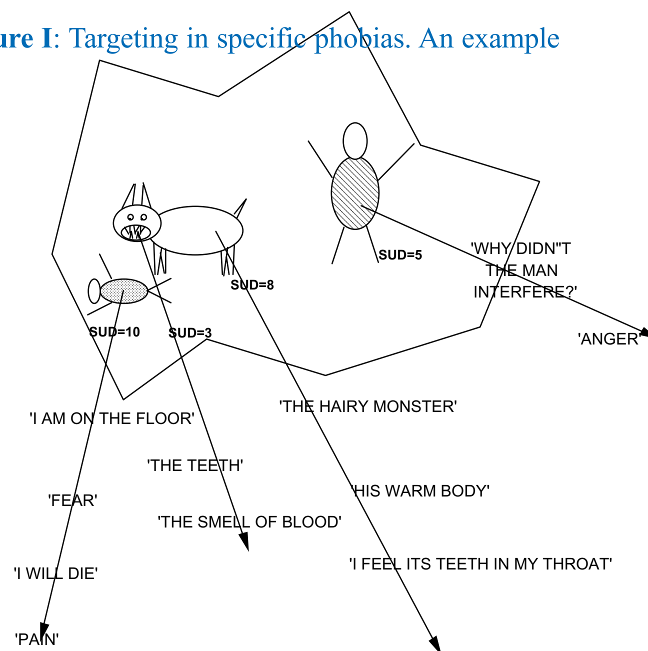
2. "How disturbing does it feel to you now?"

3. "Which aspect of the picture provokes this (or: most) disturbance? (Another possibility is: "What in the picture makes it a....- repeat SUD score -)

4. "OK, go with that"

5. Set of eye movements

Figure I: Targeting in specific phobias. An example



[1]DSM-IV: (1) animal type (2) natural environment type (3) situational type (4) blood-injury-injection type.

From the Chair of the Public/Professional Relations Committee

Sandra "Sam" Foster, Ph.D.
Chair, 1998-2000

This is my last column as Chair of the Public/Professional Relations Committee. As founding Chair, I have worked with a wonderful team of colleagues in the development of activities and projects for the past three years. I feel it is time for me to retire and cheer others on as the work of this committee continues into 2001 and beyond.

Curt Rouanzoin, Ph.D., established this committee when he was EMDRIA President. He suggested its mission be to provide a balanced yet positive voice for EMDRIA and EMDR in the media, to be a positive presence at professional meetings and conferences, and to make EMDR information available to the general public and professional community. In January 1998, six of us launched our efforts to fulfill this purpose with input from the EMDRIA Board of Directors and their final approval for our written projects. Five committee members deserve the highest praise for their commitment and creative contributions to this effort. They are Deany Laliotis, LCSW-C, who will serve as Interim Chair beginning January 1, 2001, Debbie Korn, PsyD, Doug Cybela, Ph.D., Wendy Freitag, Ph.D., (who served as Board Liaison and will continue to do so), and Jocelyne Shiromoto, LCSW. Soon, new members will join the committee to take the places of those retiring at the end of 2000.

Our projects have included establishing a media packet for representatives of the electronic and print media, creating the "What is EMDR?", "Brochure for Professionals", and the "EMDR Presenter Packet" (just updated and available in a new form on diskette). We have sent a brief piece about EMDR to the state psychological association newsletter editors of all fifty states and US territories. At the last three EMDRIA conferences, we hosted a media breakfast to allow media representatives to meet with Dr. Shapiro and key presenters. We have responded to numerous requests from the media for interviews and have assisted many EMDR practitioners in outreach to their local media.

We feel pleased with our outcomes and invite you to contact the EMDRIA office if you are interested in ordering the "What is EMDR?" brochure, "Brochure for Professionals", or the revised "Presentation Packet". If you already own a Presentation Packet, you can purchase the revised overheads and the diskette for a nominal fee.

If you have need of assistance in working with the media in your area or know of a newsworthy event involving the use of EMDR, please contact Deany Laliotis, the new Interim Chair. Her e.mail address is DLALIOTIS @aol.com. Thank you for your interest in and support of this committee.

The Board of EMDRIA would like to thank Sam for her commitment and hard work over the past several years. She has been, and will continue to be, an effective and brilliant asset to the EMDR community and EMDRIA.

Pre LicensedClinicians Support Committee: A Sub Committee of the EMDRIA Membership Committee

Nicole Nestor

It continues to become apparent how important this committee is to the pre-licensed clinicians. We receive emails regarding information on trainings, questions concerning certification, people looking for a supervisor/consultant for their EMDR cases, and just general information. We are here to help and appreciate your suggestions, and encouragement!

Here is a letter the committee received from a clinician in Wisconsin:

" I'd like to express my appreciation for the support I've received from the PLCC. When EMDRIA first announced plans for EMDR Certification, I was quite excited until I realized that I was pretty much excluded from the process because of my "beginner" status. PLCC gave voice to my concerns and has made it possible for myself and others like me, not only to be included in a positive manner, but to be treated fairly and with respect. Their actions are a reflection of the type of people I see over and over in the EMDR community. People who practice the highest caliber of professionalism that continue to stand up to the rigors of science. While at the same time encompassing the spirit of true compassion for clients and colleagues alike. Thanks again PLCC for keeping true to the spirit that EMDR was born of."

Linda Richards, M.S., N.C.C
Oshkosh, WI

Be watching for us on EMDRIA's website!
If you have a question or comment contact Nicstor@earthlink.net

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? What services would you like to see provided to the membership?

? How can we improve the services we are already offering?

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Contact: Linda Vanderlaan, Ph.D.
EMDRIA Board of Directors, Secretary
Membership Committee, Chair
Lvanderlan@aol.com

The Clinicians' Clipboard

Speak To The Wind

Richard Evans, M.D.

Seven years after a tree suddenly fell across their car in a rainstorm, severely injuring her husband, but sparing her, a woman of 58 was referred to me with a curious, persistent post traumatic symptom. In most regards she had recovered well from the accident which left her husband seriously brain damaged and wheelchair bound in a nursing home where she visited him frequently. She worked regularly in the business department of a theatre company, had a strong social network and had, in several years of traditional therapy, been able to move beyond her rage and sorrow concerning the event. She was, however, "terrified of the wind" and this fear, while not having major impact upon her daily activities, often led to night time awakenings when the wind "howled" outside her window, and limited her outdoor activity whenever there was moderate wind. She was determined to "overcome" this last residue of the accident and was told by a client who had worked with me that EMDR could be of help.

She felt comfortable enough in our first session to access the accident scene and begin EMDR. As she reviewedthe event, she came to the point where she was lying on a hospital bed, hearing the wind howling and wondering in terror what had happened to her husband who had been taken to another hospital. As she "heard" the wind she began to shiver and reported distress at a 10 level. With several reviews and use of resources from her "safe place" her distress persisted at a high level but when the session ended she nonetheless felt "hopeful" that the problem could be resolved. At our second session a week later she reported nothing new and was able again to recall the hospital scene, "hear" the wind and felt terror at a distress level of 10. At this point I asked her: "What does the wind say?" and after a moment she replied, "It says, 'Your husband is dead." She seemed amazed at this and repeated it several times. I then suggested that she "speak to the wind" and she replied rather quietly ,"Go away and leave me alone". When I commented upon her tone and level she replied that she could not say it louder. Reminding her of King Lear (given her familiarity with the stage) I suggested that she imagine "speaking to the wind" the way Lear had done. She close her eyes, slowly began to smile and said, "I did it…I screamed and the wind died down". She repeated this several times with EMDR installations and at the end of the session reported no distress when she recalled the hospital scene and heard the wind. At our third session she reported that she had walked "happily" with friends on a windy, rainy evening and had slept through a storm which would have formerly awakened her. At a one year follow-up these gains had persisted.

As is often the case with EMDR facilitated therapy, this resourceful woman used the opportunity to transform the memory of a moment of mute terror into one in which she found the "voice" to speak out against what had been done to her and her beloved husband. I have found in several other cases that the suggestion to transform "passive into active", presented at an opportune moment in the review of a traumatic event, can be of great value. A model of treatment which incorporates this as a central feature can be found in Waking The Tiger by Peter Levine.

References

Levine,P.A. (1997). Waking The Tiger- Healing Trauma,The Innate Capacity to Transform Overwhelming Experiences . Berkeley,CA. USA North Atlantic Books

INTERESTED IN JOINING A S.I.G.?

Guidelines for Special Interest Groups have been approved by the EMDRIA Board. Several groups met during the Toronto conference and have started to communicate with each other. The contact persons from those groups will be receiving copies of the Guidelines and an Application form shortly. If you are interested in a Special Interest Group and wish further information, please contact Zona Scheiner at Zonags@aol.com

YES

Future columns of the *Clinician's Clipboard* would like to highlight different techniques and tips from EMDR Clinicians. The articles are anecdotal in nature and have not been proven with research or controlled studies. If you would like to submit a short case study or technique you have tried, please send your article to Jennifer Turner at emdriaJT@aol.com or by fax at (512) 451-5256.

CLASSIFIED ADVERTISING SECTION

"From Trauma to Triumph: Helping Clients Reach Their Best with Advanced EMDR-Based Performance Enhancement" This workshop is Part 2 of the EMDR Peak Performance Specialty Training taught by Sandra Foster, Ph.D.
Presenter: Sandra Foster, Ph.D.
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Location: Oakland, CA
Date: Saturday, March 3, 2001
For more information call (707) 579-9457 or email DrLeedsOfc@aol.com.

"Integrating EMDR into the Treatment of Panic, Phobia and Obsessive Compulsive Disorder"
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WANT TO HAVE A LOUDER VOICE IN EMDRIA ?

The Nominations and Elections Committee is now accepting nominations for President-Elect, Secretary-Elect, and Treasurer-Elect, as well as 3 positions on the Board of Directors. For more information or to submit a nomination, please contact Committee Chair, David Wilson, Ph.D., or the Administrative Office.

HELP US.....HELP THEM

EMDRIA CREDIT SCHEDULE

As of 10/31/00

Provider # / Program #	Provider Name / Title	Contact	Phone No.	Dates / Location	Presenter(s)
99019 99019-11	Andrew Leeds, Ph.D. **Strengthening the Self**	Andrew Leeds	707-579-9457	**6/2-3/01 Toronto, ON CANADA**	**Andrew Leeds, Ph.D.**
99019 99019-10	Andrew Leeds, Ph.D. **Strengthening the Self**	Andrew Leeds	707-579-9457	**4/21-22/01 Philadelphia, PA**	**Andrew Leeds, Ph.D.**
99019 99019-09	Andrew Leeds, Ph.D. **Strengthening the Self**	Andrew Leeds	707-579-9457	**3/31/01 & 4/101 Portland, ME**	**Andrew Leeds, Ph.D.**
99028 99028-04	Sandra Foster, Ph.D. **From Trauma to Triumph: Helping Clients Reach Their Personal Best with Advanced EMDR-Based Performance Enhancement**	Sandra Foster	415-931-3156	**3/31/01 Austin, TX**	**Sandra "Sam" Foster, Ph.D.**
99019 99019-08	Andrew Leeds, Ph.D. **Strengthening the Self**	Andrew Leeds	707-579-9457	**3/10-11/01 Dedham, MA**	**Andrew Leeds, Ph.D.**
99028 99028-03	Sandra Foster, Ph.D. **From Trauma to Triumph: Helping Clients Reach Their Personal Best with Advanced EMDR-Based Performance Enhancement**	Sandra Foster	415-931-3156	**2/24/01 Washington, DC**	**Sandra "Sam" Foster, Ph.D.**
99028 99028-06	Sandra Foster, Ph.D. **Coaching Clients to Reach Their Personal Best with Advanced EMDR-Based Performance Enhancement**	Sandra Foster	415-931-3156	**2/2/01 Vancouver, BC CANADA**	**Sandra "Sam" Foster, Ph.D.**
99015 99015-01	Maureen Kitchur Consulting, Inc. **The Strategic Developmental Model for EMDR**	Maureen Kitchur	403-270-0652	**12/9-10/00 Long Island, NY**	**Maureen Kitchur, MSW, RSW**
00015 00015-03	Roy Kiessling, LISW **Bridging the Gap**	Roy Kiessling	513-680-6271	**12/2/00 Cincinnati, OH**	**Roy Kiessling, LISW**
99003 99003-05	EMDR Institute **2000 Vacation Workshop**	Staff	831-372-3900	**12/4-8/00 Whistler, BC CANADA**	**Marcia Whisman, LCSW**

WANT TO BECOME AN EMDRIA CREDIT PROVIDER?

To receive an application packet, please contact the EMDRIA Administrative office

(512) 451-5200

Yes! Sign me up!

IN THE SPOTLIGHT: Reyhana Seedat-Ravat

Marilyn Luber, Ph.D.

At a time in all of our lives when conflict, racism and divisions are rampant throughout the world, Reyhana Seedat-Ravat offers an alternative way of being in the world and addressing these issues.

Reyhana is from South Africa. She is "a Muslim girl" who comes from a politically active family who has fought the battle of racism for as long as she can remember. She comes from a "traumatized society" and notes that it is common for people to suffer from Post-traumatic Stress Disorder (PTSD) in this environment where large numbers of hijackings, murders, sudden deaths, house break-ins and children exposed to all of the above, occur.

EMDR was just what Reyhana needed to address the realities of the Post-Apartheid Era. As she worked with the trauma of Apartheid, she noted that trauma is not sensitive to color and, indeed, both blacks and whites suffer the same terrible symptoms of PTSD. "Whites" serving their 2-year compulsory military service have been exposed to the horrific results of war such as deaths, murders and bombings. She told the story of one 39-year-old veteran who had endless nightmares about his job in the army that consisted of putting his dead comrades into body bags. After 2 months of therapy and using EMDR, he was able to sleep through the night. Other mental health care workers who have been trained in EMDR are using it with great success for their veteran population. Also, Reyhana has been using EMDR with children who have secondary PTSD due to hearing about the violence. She has had excellent results in dealing with symptoms of anxiety and nightmares.

In every aspect of her life, Reyhana is concerned about children, not only her own children, but the world's children at large and those in South Africa, specifically. She is an expert child therapist and advocate and she is known in her homeland for her skill. Also, she speaks English, Urdu, Gujerati and Zulu.

She began her studies "late" after she had her 4 children: Junaid, Fatima, Mariam and Ayesha. They are her pride and joy and her motivation for the work she does. She was among 25 students who began a Social Work correspondence course through the University of South Africa; she was one of three students who finished this program with honors in 4 years. She worked for 2 years as a social worker at the Health Department. However, the year that she qualified for her Masters of Medical Science of Social Work (J. Med. Sc. S.W.), her 19-year-old daughter was arrested as a result of her political activity. It was a pivotal moment for Reyhana and her husband, Hashim. They had dealt with fathers, uncles and aunts incarcerated for their beliefs, but their daughter's arrest shook them to the core and they decided to emigrate.

In 1985, Reyhana and her family moved to Canada and Reyhana continued her advocacy for children at Metro Children's Aid Society in Toronto. Her major focus was on racism and she became involved in cross-religion adoption and foster care as there was nothing for the large Muslim population of Somalis and Pakistanis that were living in Canada at the time. She was involved in a highly publicized case where the children of a Pakistani father who murdered his wife were to be sent into foster care with a non-Muslim Canadian family. In her precedent setting work, Reyhana was able to re-instate these children with their maternal grandparents in Pakistan. With great delight she noted, "It worked wonderfully!" She spoke on talk shows and was influential in changing the situation of Muslim children needing adoption or foster care in Canada.

The unexpected then happened. Mandela was released! Reyhana and her family sat and listened with shock and then joy. They unanimously decided to return to their home, South Africa.

During the course of her acclimatization to Canadian social work culture, Reyhana discovered continuing education! This was a concept unheard of in South Africa and during her stay in Canada, Reyhana became "a continuing education junkie"! As a result of her new passion, Reyhana vowed to bring continuing education to South Africa. When she returned, she brought in instructors to teach courses in Hypnosis, Play Therapy, Imago Therapy and, of course, EMDR. Recently, continuing education has become mandatory in South Africa. Reyhana is proud that, because of her track record for excellent workshops, she has received full accreditation.

In 1996, Reyhana was nominated by Femina Magazine to be "Woman of the 90's" for her innovative work with children. Her name is synonymous with Play Therapy in her country. She has worked with the world's greatest play therapists and has brought the work of Gary Landreth, Virginia Axline, Louis Carey, Kevin O'Connor, and Helen Benedict to South Africa. Her hope is to combat racism and its effects as well as other psychological issues with this modality.

Reyhana's introduction to EMDR was through The Family Therapy Networker. She was so fascinated that she called the EMDR Institute and attended and completed EMDR training in 1994. She went on to become a Facilitator. She returned to South Africa and began talking about EMDR everywhere. She persevered with her colleagues and arranged the first training in 1995, with Gary Fulcher from Australia. There were two trainings in 1995, and interest was growing in South Africa. In 1996, Gerry Puk came to pinch hit for Gary and has been coming back yearly.

Through the efforts of Francine Shapiro who was sponsored by the Young Executive's Club to talk about EMDR and due to Bessel van der Kolk who has been educating South Africans about trauma over the last 3

Cont. on Pg. 19

Cont. from Pg 18

years, the concept of trauma and EMDR have become familiar in South Africa. As, EMDR has gained more respect throughout the academic world, one of the major Afrikaaner universities has shown interest and sponsored EMDR trainings in August, 2000. The excellent quality of the training has been an important factor in the flourishing of EMDR in South Africa. She is very pleased that a number of the participants of color that took the course will go back into their communities to work with their groups. Also, people from the rest of Africa have been inquiring about EMDR training such as Zimbabwa and Kenya.

Reyhana's main interests in life are her family, her work, her cooking and entertaining. She takes them all seriously and is content when her life includes them all. Wednesday afternoons are devoted to charity work for children who need therapy and whose parents are unable to afford it. Her latest interest is in Filial Therapy which promotes the healthy growth of relating between blood relations. Reyhana believes that, "If we can do effective parenting, it will result in a sane and humane society. We will take away the violence".

Reyhana has been integrating EMDR into her life at every level. With her grandchildren, she uses bilateral stimulation to soothe them, for herself she uses it to relax her on plane trips and, in her practice of other modalities, such as marital work and play therapy, EMDR is used with great success. She notes that EMDR allows people to move forward faster and with better results. She says, "I believe in it. I am a believer. The reason EMDR is a success in South Africa is because it does what it says it does."

Reyhana is a model for us all.

Regional Meetings Defined

Jari Preston, M.Ed., CMFT, Chair

The Regional Coordinating Committee has spent the last year working on the definitions of a Region and a Regional Meeting. The Regional Coordinators attending the luncheon at the Toronto conference were the first to hear the definitions and guidelines newly adopted by the EMDRIA Board.

"A Region will be defined as generally following state lines unless population or geography would suggest otherwise. In cases where a Region does not follow state lines, the applicants(s) for Regional Coordinator will be asked to submit the Zip Codes they would like included in their Region, and a name for their Region. The Region, for those applications, will be negotiated by the EMDRIA office on an individual basis. In the case of two or more Coordinators, they will be asked to divide the territory or to coordinate together. For larger meetings, coordinators from adjoining Regions may also coordinate the effort together."

"A Regional Meeting will be defined a having the following goals: high quality, low cost, accessible, using and developing local talent and sharing local knowledge. They are held for the purpose of networking and support. These meetings may or may not have educational content sufficient to allow for EMDRIA Credits. They must be not-for-profit and they may not be co-sponsored by any for-profit organization nor contain any for-profit activity. Regional Coordinators and Presenters may be reimbursed for out-of-pocket expenses incurred by the Regional Meeting. Regional Coordinators and Presenters may not receive a fee for their time or their presentation."

These definitions echo the original goals for the Regional Coordinating program. They are also echoes from the information we received from the surveys. The summary of that survey information appeared in the last Newsletter (September 2000). That article contains excellent information for those of you who may be considering becoming a Regional Coordinator.

A major focus of the Regional Coordinating Committee over the next year will be to recruit more Regional Coordinators in more Regions. There are many states without Regional coordinators. Regional Coordinators must be EMDRIA Certified. Ideally, they will organize at least one Regional Meeting a year. So, if you like people, like to learn and share what you know, and if you aren't afraid of work or of having fun doing it, please think about becoming a Regional Coordinator.

There was much discussion at the luncheon in Toronto about the amount of paperwork required to have EMDRIA approved Regional Meetings, especially in those regions that have several meetings a year. The Standards and Training Committee is looking at the paperwork issue and may soon have good news for Regional Coordinators in the form of reduced paperwork.

There was also a request made to advertise all Regional Meetings so folks can attend presentations of interest in other regions. The EMDRIA website has that information. The Regional Coordinating Committee will be revamping and upgrading that website over the next few months. Look for the changes.

With her election to the position of Treasurer-Elect, Rosalie Thomas resigned as chair of this committee. She will, however, remain on the committee as the Board Liaison. She deserves many thanks for her work this past year. The committee and EMDRIA have benefited from her clarity, determination and excellent guidance. Other members of the committee, all returning for another year, are:

Darlene Wade, MSW;
Marcia Whisman, MSW;
Harriet Mall, Ph.D. ; and
Nancy Errebo, Psy.D.

The Conference Corner...

Gayla Turner,
Conference Coordinator

Another EMDRIA Conference has come and gone. We are happy to report that this year's Conference in Toronto was our biggest success yet, with a record attendance of over 900 participants! While we were excited at the growth of the Conference, we had not anticipated so much of an increase from the previous years' histories (550-600 participants for the past 3 years). We began working with the Royal York Hotel, when we realized the amount of registrations coming in, to try to accommodate this large increase in number. Unfortunately, they could only do so much, as there was another Conference going on at the same time. Friday was the most difficult, and we were unable to obtain any larger rooms for the breakout sessions. We do apologize for the inconvenience and discomfort this caused some of our participants, and we thank you for your patience. For Saturday and Sunday, we were able to add a few larger rooms to make space for more people. We hope your experience was more comfortable on those days.

As all of you who attended will remember, we also had to close quite a few of the sessions that were offered. This was due to the rooms being filled to capacity because of our rise in number of participants. We are anticipating close to the same number of people for this coming Conference in June of 2001, being held in Austin, Texas, but want to urge all of you to register as early as possible to ensure that you get into the sessions you want. The space we have reserved should accommodate everyone, but we have some sessions that are extremely popular and those are the ones that could close, even if we have larger rooms. So, please register early.

One issue that is always at the top of the list for suggested improvement is the signing in and out of sessions for continuing education credit. We are looking into several different strategies for making the process easier and to flow better. Please bear with us, as we may be doing things a little different this coming year. Our hope is to make the process of obtaining continuing education credit as stress free and efficient as possible, while still adhering to the guidelines set forth by the various accrediting agencies. We would also like to take this opportunity extend a special "Thank you!" to all of the Room Monitors. It goes without saying that our Conference could not have been as successful as it was without all of you.

In closing, I would like to say thank you to those of your who attended this year's Conference in Toronto, and I hope that you will mark your calendar for the next EMDRIA Conference to be held in Austin, Texas, June 21 – 24, 2001. There will be some exciting additions offered this year that will be new to the EMDRIA Conference. We hope you will join us!

2001 EMDR International Association Conference

The Renaissance Hotel

Austin, Texas

June 21 ~ 24, 2001

MARK YOUR CALENDARS!

Look for the Conference brochure in early 2001!

Argentina

Irene Segat is a member of the Board of EMDRIA Latino-America in charge of Communications to the media. She notes with pride that EMDRIA Latino America has opened a website (www.emdrialatin.cor.ar and also www.emdr.com.ar) where all the Spanish-speaking community has access to information about EMDR. In Buenos Aires, there are monthly presentations about the use of different EMDR protocols in order to expand the use of the method to the more recently trained clinicians. At the last trainings done by Pablo and Raquel Solvey, there were many participants from different provinces which means that EMDR is expanding throughout the whole country! By the end of the year, three editions of "Noticias de EMDRIA Latinoamerica", their local newsletter, will be published. One of the Board members and EMDR Facilitator, Graciela Rossi, went to a provincial city, Tucuman, where she gave a talk on the radio about the use of EMDR; she received many inquiries about EMDR. She also presented on "The use of EMDR in PTSD" the Psychiatric Association conference in the city of Cordoba.

Pablo Solvey reports that EMDR is growing in Argentina mostly by word of mouth and because of his recent cable television program seen all over the country on this subject. They are conducting monthly seminars that are becoming more and more popular and writing the above-mentioned newsletter that will soon be sent to all Spanish-speaking therapists.

Susana Nofal deTagliavini writes in that she and Graciela Rodriguez continue their dissemination of EMDR in different presentations and Congresses of the Argentina Anxiety Disorders Association and Psychiatric Association. In the fall, Susana presented a seminar on "EMDRIA New Paradigm in Psychotherapy" with Graciela and another one with Liliana Orsi, "EMDR in Trauma of Accidents Victims and Their Families". In November, 2000, she and Graciela presented on EMDR at the Latino-American Traumatic Stress Meeting.

Canada

The biggest news from Canada is David Hart's award for the important contributions he has made to EMDRAC (EMDRIA-Canada). David was responsible for setting up EMDRAC, taking on Board responsibilities and editing the EMDRAC Newsletter. He has been a tireless supporter of EMDR and the therapists who practice it. Our congratulations to you David for all that you have done.

Janet Taylor, the new editor of the EMDRAC/EMDRIA Newsletter sends in the information that The British Columbia School of Professional Psychology is presenting training in EMDR. This model will have a beginning training, followed by 15 hours of supervised practice, a five-month break to allow for clinical experience and further advanced work, and a second more advanced training. It will be taught by Marshall Wilensky in Vancouver, Sue Fraser in Toronto, St. Catherine's and Ottawa and Lois Rosine in Mississauga. Jan Yordy, a Certified Play Therapist, will teach a course on EMDR and Children in St. Jacobs, Ontario.

Denmark

From Lene Jacobson, the news is that EMDREA Denmark was started a year ago. She has been an active member of the Turkish team and has started to do a specialty training that has added new dimensions to her work. She was asked to be part of the EMDR European Child Board and their meeting in London, in October, 2000.

Europe

The new EMDR-EUROPE website is up and running (www.emdr-europe.net). Thanks goes to Udi Oren's son Danny who is a computer whiz.

Israel

Alan Cohen reports the first EMDR-related publication in the Israeli journal, Sichot (Israeli Journal of Psychotherapy) by Mooli Lahad and Alan Cohen. The title is "Case Report: Treatment of a PTSD Patient with EMDR Technique".

Udi Oren notes that EMDR-Israel has officially joined EMDR-Europe. Frankie Klaff gave a day seminar about EMDR with children that was well attended. Udi presented two lectures about EMDR to the Child Protection Services and to Emergency Services Personnel for a city outside Tel Aviv.

Mexico

Luciana Weissmann writes that trainings in Mexico are continuing to occur.

Spain

Isabel Fernandez is pleased to announce that EMDR-Italy and EMDR-Europe have helped foster the birth of an EMDR association in Spain. In September, 2000 she conducted a pre-Congress workshop on EMDR at the Congress of the European Association for Behaviour and Cognitive Therapy (EABCT) in Granada, Spain.

Sweden

Kerstin Bergh Johannesson, the Coordinator for EMDR-Sweden, writes EMDR is becoming known among the psychotherapists in Sweden with over 350 trained! Their trainings even have a waiting list! As most countries' in Europe, they are scheduling a bridge day between the beginning and advanced courses. Kerstin is working with The Medical Board of Health on a research project to look at EMDR and its efficiency for use with children and adolescents after trauma. The Swedish EMDR Association has over 100 members and Kerstin is the President. Currently, they have one conference day per year and present workshops to deepen their knowledge of the use of EMDR.

Turkey

Jim Knipe continues his inspiring work in Turkey. He reports that 159 Turkish therapists are now trained in EMDR and have begun to staff the second permanent Trauma Treatment Center in Ismit. Ismit is the center of the area damaged by earthquakes one year ago. In Central

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Cont. from Pg. 21

Istanbul, the first Trauma Clinic has been operating for six months. Therapists rotate through both locations on a pro bono basis. In addition, EMDR outcome research with earthquake survivors will begin in mid-October. More trainings are planned for mid-winter.

Jim also writes in that "As of the first part of September, an estimated 8000 plus sessions of EMDR have been done with earthquake survivors. On a nationwide TV broadcast on August 17, 2000, the anniversary of the first quake, survivors were interviewed. One man, whose family members were killed and who was trapped under rubble for over a day, was asked by the interviewer, "You can talk about this so easily, after going through something so terrible. Why is that? " The man said, "I went to the Turkish Psychological Association and got EMDR!" Another interviewee, a teenage boy, gave a similar testimonial".

"Many of those who were emotionally traumatized by the earthquakes are people unaccustomed to psychotherapy, and this unfamiliarity has been a major obstacle in connecting up these people with an EMDR therapist. There is a new effort, using university psychology students, to go door-to-door in the new prefabricated housing, and interview families regarding PTSD symptoms with a careful explanation of how EMDR can help earthquake survivors get over these symptoms". This program began in October, 2000".

United Kingdom

John Spector writes that a three-part program on Phobias was made for BBC TV, featuring different treatments. The program included a successful treatment of a phobic client by William Zangwill. In September, John entered a public debate at Oxford with Professor Paul Salkovskis of Oxford who is one of the main critics of EMDR. The debate was organized by the Oxford and Midlands Region CBT organization. The debate went very favorably for EMDR. Despite the fact that the debate was on Professor Salkovskis turf at Oxford and with a CBT group, the audience refused to vote on the motion, "EMDR is a movement not an advance" on the grounds they found John's arguments too compelling! One of Professor Salkovskis colleagues, the chair of the meeting and a well-known researcher asked to do a training in EMDR!

United States

Richard Christy (Seattle) presented an EMDR-based perspective entitled *"What If? The Implications of Neurological Research Findings: A Call for the Integration of Treatment and Psycho-Education for Increasing the Probability of Victim Safety"* to the Washington State Domestic Violence Intervention Professionals (WADVIP) in July, 2000. Richard thinks that this was an important invitation given that the Domestic Violence intervention community is generally anti-treatment.

Carol Crow (Tampa) reports that counselors, social workers and psychologists are becoming interested in EMDR and received her presentation at the Hillsborough County School Board with many interesting questions.

Marsha Heiman (New Jersey) has done two presentations on EMDR at statewide conferences this year. The first was in October, 2000 at a multi-discipline Child Abuse Conference that the Task Force on Child Abuse and Neglect hosts every 2 years. She, also, presented at the Annual National Social Workers conference, Each conference was attended by 1000 people across the state of New Jersey.

Priscilla Marquis (San Francisco) was off to Japan in August to take the lead in training there. The team was well received and the experience a good one. She will go to Cuba in December to present her research on EMDR and hopefully set up some HAP trainings in the area.

Roger Solomon (Buffalo)has begun doing his Critical Incident Stress Management training in Italy and will present at two different psychotherapy conferences in Milan and Turin. Recently, he had an article accepted in the Norwegian psychologist's journal; Atle Dyregrov is the co-author.

Marcia Whisman (St. Louis) writes in to tell of all the work that she has been a part of over the years. She was the only EMDR therapist trained in Missouri and through much hard work she has been instrumental in having over 250 clinicians trained in her region where she is the Regional Coordinator. At the moment, she is writing a journal publication on the efficacy of incorporating EMDR into the Treatment of Anxiety Disorders.

Sandra Wilson writes in about the beginning and advanced HAP trainings for the psychotherapists who are working with students, staff and parents from Columbine High School. She and Bob Tinker provided a 2-day EMDR workshop on children. The therapists have free consulting and therapy available from EMDR clinicians. Recently, another sixth grade boy committed suicide. This makes seven suicides since the shootings, and, many unsuccessful attempts. The on-going events have been taking their toll on the health care providers. With this in mind, Sandra and Bob organized an extraordinary retreat that the Spencer Curtis Foundation and Sandra and Bob sponsored for four Columbine High School psychotherapists. They are hoping to provide more of these retreats in the future".

Sandra continues her good works by presenting "EMDR: A critical tool for emergency service professionals" to a conference for Emergency Service Professionals sponsored by Buffalo State College and the Police/Mental Health Coordination Project. Sandra is training Dr. Ruth Lanius and her staff in the Trauma Clinic at the University of Western Ontario, Toronto to conduct a research project to measure pre/post EMDR with the FMRI machine. In October, 2000, Bob was a Plenary Speaker for the first "EMDR Clinical Application with Children Conference" in London for all European countries; the conference is sponsored by the Association for Child Psychology and Psychiatry.

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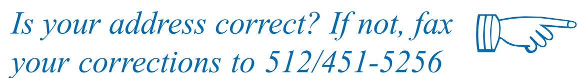

It's Renewal Time!!

This is the last issue of the Newsletter for the 2000 Membership year, please renew soon if you haven't yet.

CALL FOR EMDR PAPERS

The Publications Committee is continuously seeking material on EMDR case studies, clinical experiences, techniques, and protocols for our new clinical publication.

The next deadline is February 15, 2000.

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