EMDRIANEWSLETTER



New Leadership for EMDRIA in 2012

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Office Hours

Monday - Thursday, 8am to 5pm CT Friday, 8am to 4pm CT

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MARCH 2012

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President's Message From the Board Room



BY WARREN FABER, PH.D. EMDRIA PRESIDENT

It is with a great deal of gratitude, and a dose of humility, that I step into the role of EMDRIA President for 2012. So many outstanding Board Members and Presidents have preceded me, influenced and inspired me to be a part of a vision bigger than any one of us could ever imagine.

True to EMDRIA's mission statement, under the guidance of our Executive Director, Scott Blech, we have continued to grow in numbers and influence and are recognized as a "membership organization of mental health professionals dedicated to the highest standards of excellence and integrity in EMDR" throughout the world. In addition, I would like to recognize our Associate Director, Gayla Turner, for her dedication and service to EMDRIA for the past fifteen years. Gayla has been with EMDRIA from the very beginning and her steadfast commitment to this organization has been nothing short of stellar.

I would also like to thank all of you in the membership who have volunteered your time and service to this organization. To those of you, who are new members, welcome to the EMDRIA community!! This is an exciting time of growth for EMDRIA, and I invite you to partake of all the benefits and opportunities to grow, both personally and professionally that this organization has to offer its membership.

As you probably know by now, Scott Blech, our Executive Director, is retiring after eight years of service to the organization. He will be missed by all of us. Scott has brought leadership and stability to EMDRIA when we needed it most. Membership has increased even in the most difficult economic times and thanks to him, EMDRIA is strongly positioned to continue moving forward.

"Moving forward" is just what the current Board of Directors is about. The Board has contracted with the Alford Group Executive Search firm to partner with EMDRIA on a nationwide search for its next Executive Director. This process includes key past and present Board members and administrative staff who provide input, expertise, time and effort in our search to find our next Executive Director.

I consider the Board to be both stewards and servants to this organization. We are committed to listening to you, the membership, and to developing policies that continue to guide the Executive Director and administrative committees in promoting the highest standards of excellence and integrity in EMDR practice, research and education. The Board of Directors works hard in committees and task groups to write policy that addresses such critical issues as diversity, public relations, marketing, collaboration with other mental health organizations, EMDR research resources, membership linkage and advocacy for EMDR, just to name a few.

Not long ago, my step-son introduced me to a poem by Constantine P. Cavafy, entitled *Ithaca*, that has resonated with me as I embark on this journey as your President. The first three lines read:

When you set out on your journey to Ithaca, pray that the road is long, full of adventure, full of knowledge.

I look forward to the adventure and invite you to get involved with this organization. Volunteer, join a committee, consider being on the Board. Thank you for your support. There's so much adventure and knowledge out there to experience and learn. •



EMDR INSTITUTE INC

2012 WINTER-SPRING SCHEDULE

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

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EMDRIA Executive Director Retires...

Scott Blech, CAE, EMDRIA Executive Director, retired at the end of February 2012. Scott had been in this position since March, 2004. "In the last eight years, Scott has brought leadership and stability to EMDRIA when we needed it the most. Membership has increased even in the most difficult economic times. Thanks to Scott, EMDRIA is known worldwide and the organization is strongly positioned to continue moving forward" said President Warren Faber. The Board of Directors has formed an Executive Director Search task Group chaired by President Faber and has retained the services of Alford Group Executive Search to assist with the search for Scott's successor.

2011 Call for Posters...

We are soliciting Abstracts for Poster Sessions for the 2012 EMDRIA Conference. The deadline for submissions is May 1, 2012. An award for the best poster will be given. To view more information on Poster Sessions and submission information please visit www.emdriaconference.com or contact Gayla Turner at gturner@emdria. org or Toll-Free at 866.451.5200 or 512.451.5200.

Online Voting for Upcoming Board of Directors Election...

The online voting system used in past Elections will be used again this year. When voting opens in a couple of months, please remember that "Your Vote Counts" and cast your vote online. We'll send out an email to let you know when it's time to vote, along with all the pertinent information you'll need. So, please make sure that we have your most current email address. For those of you without email addresses, a paper ballot will be sent to you.

Memorial Scholarship Fund...

EMDRIA is seeking contributions for this year's Memorial Scholarship Fund. The Memorial Scholarship Fund was established in 2004, in memory of long time EMDRIA member, Elizabeth Snyker, for the purpose of expanding professional development opportunities for members who would otherwise not be able to attend the annual EMDRIA Conference. Since 2004, this Fund has provided assistance to more than 50 EMDR clinicians. To donate, please click on the link on the homepage at www.emdria.org.

We Need Your Voice...

Did you know...that as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. Do you know of someone who would fit the descriptions of the awards below? If so, email your nominations to Gayla Turner at gturner@emdria.org before May 1, 2012.

Do you know an outstanding Regional Coordinator?...

The Regional Coordinating Committee is accepting nominations until May 1, 2012 for Outstanding Regional Coordinator for 2012. If you know that special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributions to the Regional Coordination effort over the past year, and you would like to nominate them, please send a paragraph describing why they should be selected to Sarah Tolino at stolino@emdria.org before May 1, 2012.

Searching for a workshop that's been approved for EMDRIA Credits?...

If you need to earn EMDRIA Credits and are looking for an on-site workshop in your region, be sure to check out our online Calendar of Events. When searching our online Calendar of Events, be sure to select "EMDRIA Credit Programs" from the pull down menu and then hit the filter button. Don't see anything in your area? Keep checking back -- new workshops are posted as soon as they are approved.

EMDR Conferences Around the World...

EMDR Europe will hold its 13th Annual EMDR European Association Conference in Madrid from June 15-17. For more information, visit www.emdr2012.eu/.

EMDR Canada Conference 2012: "EMDR: Bilingual, bilateral and integrated" is being held in Montreal from April 27-29. For more information, please visit www.emdrcanada.org.

Advertise with EMDRIA...

Want to get your products, services or workshops in front of thousands of people in the EMDR community? Advertise with EMDRIA! Learn about the different options for advertising in the EMDRIA Newsletter and monthly E-News by visiting the EMDRIA website and clicking on the Press Room tab. Contact Nicole Evans at nevans@emdria.org for more details.

EMDRIA Office Closed...

Please be aware that the EMDRIA office will be closed on May 28th for Memorial Day.

Executive Director's Message

When you read this I will have already retired from EMDRIA after eight rewarding years that concluded at the end of February. Serving you and the other dedicated EMDR therapists was a great way to finish more than 35 years of non-profit association management. It clearly was a highlight of an enjoyable and challenging career.

EMDRIA has been special to me because of the passionate therapists whom I have been fortunate to meet and get to know; the skilled professionals on the EMDRIA staff; and the volunteer leaders who have given their time and energy to help the association grow. I fondly look back and remember how inspired I was when I read "EMDR: The Breakthrough Eye Movement Therapy for Overcoming Anxiety, Stress, and Trauma" before I interviewed for this position. I thought then that I would like to be associated with the EMDR community. After talking with President Rosalie Thomas I was convinced that this opportunity was one that I would be honored to have.

I am not going to spend much time here reviewing some of EMDRIA's accomplishments during the last eight years. The highlights include: acceptance of EMDR by leading professional and international organizations and insurance companies; the Journal of EMDR Practice and Research; the growth in advanced EMDR education with the addition of distance learning and Regional Network EMDRIA Credit programs; the increase in number of Special Interest Groups; improved website with expanded directory search options; new basic EMDR training standards; conferences that feature more advanced and innovative programs and

BY SCOTT BLECH, CAE EXECUTIVE DIRECTOR

continuing education credits for nurses and psychiatrists; and the EMDR Research Foundation.

The credit for EMDRIA's successes is shared with the professionals with whom I have been privileged to work.



Special thanks to the current staff of Gayla Turner, Nicole Evans, Jennifer Olson, Lynn Simpson and Sarah Tolino for their dedication and professionalism; they and former staff professionals have provided you with the best programs and services. I also want to thank the present and past Board members who have contributed so much; and many thanks to the dedicated committee chairs and committee members, Regional Coordinators, SIG Chairs and other volunteers.

The future is bright for EMDRIA and EMDR. I am confident that the volunteers and staff with your input will continue the efforts to spread the word about the power of EMDR and to increase its presence in mental health treatment. I salute each of you as you continue your mission to help those who suffer. It has been an honor to be part of the EMDR community.

In recognition of his retirement, the EMDR Research Foundation expresses gratitude to

Scott Blech



for his dedication and service to the Foundation.

We celebrate his accomplishments

– past, present and future.





رحہر^{مرک}البری The Conference Corner

ome and be a part of the largest and most anticipated EMDR event in the United States! The 2012 EMDRIA Conference "EMDR & Attachment: Healing Developmental Trauma" is sure to be exciting and well attended, so please mark your calendars today! It will be held October 4th – 7th in Washington, D.C., at the Crystal Gateway Marriott.

We are pleased to announce our Conference Plenary, Pre Conference and Cutting Edge session speakers:

Plenary Speakers

Friday – Rachel Yehuda, Ph.D. Saturday – Colin Ross, M.D. Sunday – Francine Shapiro, Ph.D.

Pre-Conference Speakers

Deany Laliotis, LICSW Deborah Korn, Ph.D. Steven Silver, Ph.D. Joan Lovett, MD

Cutting Edge Session

Stephen Porges, Ph.D.

This year's Conference will be held at the Crystal Gateway Marriott. The hotel is located in Crystal City, VA, surrounded by Arlington's best shopping and dining at the Crystal City shops, the Fashion Centre at Pentagon City. There is easy access to Washington, DC via the Crystal City Metro stop accessed from the lobby of the hotel. EMDRIA has a special group rate at the Crystal Gateway Marriott of \$179/single/double for EMDRIA Conference attendees. It's not too early to book your reservation. Give them a call at (703) 920-3230 and ask for the EMDRIA rate!

Washington, DC is one of the most visited and most beautiful cities in the world. Visitors come to see the monuments and memorials and to revel in the nation's history. It is more than a city of government and politics; it's a place of distinctive, historic neighborhoods and an ever-changing, modern capital. It is not too early to start planning your visit to Washington, DC! Go to http://washington.org to find all the fun "things to do" in the area.

EMDRIA is seeking contributions to the Memorial Scholarship Fund to help others attend the Conference; a link to a donation form is at www.emdria.org. The Memorial Scholarship Application also is available; visit the EMDRIA Conference website to download the form if you would like to be considered for a scholarship to help with funds to attend the Conference.

Be sure to keep an eye on your email inbox, the EMDRIA Conference website (www.emdriaconference.com), the

ENews and future issues of the Newsletter for updates and highlights about the 2012 Conference.

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

EMDRIA Memorial Scholarship Fund



Donate Now to provide development opportunities to EMDRIA members and help them attend the 2012 EMDRIA Conference.

Donations can be sent to: EMDR International Association Attn: Memorial Scholarship Fund 5806 Mesa Drive, Suite 360 Austin, TX 78731





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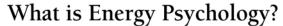
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psychological exposure with the stimulation of the energy matrix of the body (i.e. acupuncture points, chakras, or the bio-field) in the treatment of a variety of emotional conditions. The additional activation of the body's energy systems appears to increase therapeutic effectiveness. The client often feels deep relief, often within a single session (per stressful event).



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2012: Revealing the Science Behind the Miracle



BY WENDY FREITAG, Ph.D. EMDR RESEARCH FOUNDATION PRESIDENT

Happy 2012! May this year bring you much joy, abundance and life satisfaction. As is common with new beginnings we look forward to future accomplishments, doing things differently or maybe just improving on what is. Often it is a time to look

forward to where we want to be next year at this time. In my last article, I reflected back on 2011 with hopes of what is to come in the future. In this article I write to tell you it is time to take the Foundation to the next level. Increasing peer-review journal publications, providing additional research grants, expand our understanding of EMDR's mechanism of action and spreading the word of EMDR's effectiveness are on our agenda for 2012. To accomplish these it is necessary to encourage volunteer involvement, increase the number of Visionary Alliance members as well as one-time annual donors this year.

Before setting the intentions for this year, I begin with my sincere gratitude to Scott Blech and want to publicly thank him for his many years of service to EMDRIA and more recently, the EMDR Research Foundation. Many of the board members currently serving the Foundation were serving on the EMDRIA Board when Scott arrived. During the interview process, I vividly remember sitting across the table from him, listening to his newfound passion for EMDR and his genuine respect for therapists in the trenches. Since we revived the Foundation he has supported it personally,

financially and most importantly, with his staff. When I met Scott, it truly seemed he wanted to serve EMDR and the membership. Now as I reflect back on his eight years with EMDRIA--he did exactly that! I will personally miss Scott. I wish both Scott and his wife Hedie a very wonderful retirement. Thank you and many blessings to you both.

Thus far, the EMDR community has been generous to the Foundation and its mission. That generosity has provided a strong foundation on which we will expand our donor pool, secure grants and partner with larger funding organizations to support high quality EMDR research. In keeping with our goal to take the Foundation to the next level, it has become apparent the Board needs additional hearts and hands to make that happen. We are providing the opportunity for willing volunteers to become involved in one of newly formed committees. If you are new to the EMDR community and feel the excitement to "get involved" here's your chance. Or if you are aware of someone who knows the benefits of EMDR or has experience with non-profits or just has a willingness to give of their time and talent to a very worthy organization, here's their chance. There is so much that needs to be done! As a volunteer you can be a part of this exciting endeavor and share your expertise in an area of interest all for a few hours of time. The level of involvement is up to you, and will offer you a chance to share your skills and help to fill a gap that is now apparent, given our success thus far. To find out more information about the types of committees and activities involved. please contact either of Katy Murray (katymurraymsw@ comcast.net) or Barbara Hensley (bhens14456@aol.com) who are serving as co-chairs of our Volunteer Committee.

The Foundation is excited to announce the theme of our 2012 fundraising campaign "Revealing the Science Behind the Miracle". One essential goal of the Foundation is to increase the number of high quality research studies

The EMDR Research Foundation is a nonprofit, charitable organization created to further the development of EMDR through research and the education of mental health professionals and the public.

The Foundation is funded by voluntary contributions from EMDRIA members and other supporters of EMDR. The Foundation is recognized by the IRS to be exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code. Contributions are tax deductible under section 170 of the Code. Contributions can be made by mailing a check made payable to:

EMDR Research Foundation 5806 Mesa Drive, Suite 360 Austin, TX 78731-3785

Contributions can also be made online at:

www.emdrresearchfoundation.org

Take a moment to donate now! Remember, your donations are tax-deductible! Please check the EMDR Research Foundation website for updates on fundraising status. Give in honor of your friends, colleagues, clients and family members. Support EMDR research by a tax-deductible gift to the EMDR Research Foundation.

EMDR Research Foundation

published in peer-reviewed journals. This is central to increasing the understanding of what happens during EMDR, as well as increasing the awareness of its effectiveness. As a donor, you can help to achieve this goal. Our 2012 campaign is targeting two areas for growth.

In August 2011, we launched the Visionary Alliance. This program offers our donors the opportunity to make a sustaining pledge by automatic monthly donations. As of 12/31/11, we are proud to announce that we have 128 Visionary Alliance members. Thank you to those individuals who have pledged their support! Our goal in 2012 is to increase the number of Visionary Alliance members to 200. This predictable, continuous stream of income offers the Foundation leverage when we pursue funding from larger organizations, granting agencies and foundations. It also allows the regular offering of grants to quality research projects. The second goal is to increase the number of one-time annual donors by 50%. This past year, because of the generous support of the EMDR community, we were able to offer four research grants totaling \$40,000. We are grateful to those of you who made this possible. Just imagine what we could accomplish if we are able to fund an additional six to ten studies? Working together, we can make it happen! If you are not currently a donor, either through the Visionary Alliance or through annual giving, we offer this opportunity to be a part of this important effort.

In 2012, the Foundation is again accepting applications for a Research Grant Award (up to \$10,000), with revised eligibility criteria to broaden access and participation. We are also accepting applications for a Doctoral Dissertation Award (up to \$5000). This year there will be two funding cycles and the applications are due February 1 and July 1. The recipients of the award will be notified of their selection by April 15 and September 15, respectively. You can access the Request for Proposal information on our website http://www.emdrresearchfoundation.org/research. If you are interested in reading about the studies that have been funded previously, you can find that exciting information at the same link. There is a great deal to be accomplished in 2012. We look forward to your involvement in whatever fashion or style you make that happen. The Foundation Board knows first hand that any participation in this important endeavor will be an enriching and satisfying experience.

"VOLUNTEER—not so you can build your resume, but so you build yourself."

~ Unknown Author &

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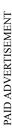
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John J. McCarthy (Jack) and Margaret S. Bacon (Peggy) met in 1992, while participating on a consultation team. Both were psychologists who shared a passion for learning, understanding diversity, challenging situations and travel.

Peggy was born in Washington D.C. to Margaret Hope Bacon and Samuel Allen Bacon. Her parents met at Antioch College and married. Her father, from an old Quaker family, was a conscientious objector in World War II, doing his military service at Schwenkesville Mental Hospital. Service was paramount in Peggy's family. Her father worked for the Friends' Service Committee and as a Social Work Administrator in Settlement Houses. Her mother was a writer, publishing numerous books about Quaker historical figures.

at the Griffin Hospital Outpatient Unit in Derby, CT. In 1979, she was a Post-Masters Fellow at the Child Development Center at Yale University and was influenced by their Object Relational perspective. She wrestled between her early training in bio-psychiatry and her later, more clinical, influences. Clinical work triumphed and she attended the University of Minnesota receiving a joint degree in Developmental and School Psychology in 1989. Her dissertation was in conjunction with a long-term study concerning the power of attachment in an at risk population from 3 months preterm to 9 years old. By 1990, she moved to New Bedford, MA and began her general psychology private practice. She was a Psychological Consultant at New Bedford's Regional Vocational and Technical High School.

THE SPOTLIGHT: BY MARILYN LUBER, Ph.D. JACK MCCARTHY & PEGGY BACON

Peggy lived in an affluent suburb that did not fit with her family's values. She learned early how important it was for children to have someone to talk to when they were having difficulty adjusting. She found a sense of community

when she moved to Philadelphia to attend Germantown Friends School. In 1969, she completed college at the University of Pennsylvania. Shaped by the times, she grew interested in alternative lifestyles and volunteered for a Quaker sponsored work camp with Afro-American Activists in Los Angeles during her Junior Year and then later worked in a Czechoslavkian orphanage with students from Russia, Britain and the USA. They shared how they perceived the world and life resulting in the shattering of her worldview when

her privileged American upbringing clashed with seeing the effect of American policy in the world. Consequently, the world got "bigger, complicated and nuanced." Earlier, she volunteered for the Friends Neighborhood Guild in North Philadelphia. She noted, "We all take for granted how people live. I felt like I was in boot camp." After college, she was a Case Worker in a North Philadelphia Mental Hospital, then, worked in the Philadelphia Public Assistance Department. She conducted house visits, talking to clients about their financial and social service needs.

After Peggy married, she moved to Connecticut with her first husband. In 1972, she graduated with her MSW from the University of Connecticut. She worked in a community mental health setting with adolescents, adults and couples

By 1992, she became interested in trauma while dealing with very disturbed clients.

Jack grew up in an entirely different setting. Jack was born in

Sebring, Florida while his father was doing military service, and then moved back to South Boston with his family. Jack was part of the Irish Catholic community where people identified themselves by parish. His grandparents came from Ireland and his father, John McCarthy, was born in South Boston where he first became a liquor salesman and then the Assistant Register of Deeds in Boston. His mother, Katherine Goode, was an educated woman and became an elementary school teacher. She was the only one in both families who graduated college. She was a multi-

faceted teacher who enjoyed working with new immigrants and teaching people horticulture through her Victory Garden on the Fenway. John and Katherine met through her brother Joe. They had to wait for years to get married because of the economy.

Jack is an only child and attended the oldest public high school in the country, Boston Latin School. He was a History major at the College of the Holy Cross (Worchester), graduating in 1967. He then went on to complete his MA in History. He taught and coached at Dartmouth High School in Southeastern, MA and became fascinated in the students who struggled and underperformed for no apparent reason. After 2 years, he became a Guidance Counselor and later an Adjustment Counselor at an alternative school with 20 of the most difficult students. To be better equipped for his students, Jack enrolled in Boston College's Counseling Psychology



Program and graduated in 1982. He was also a Clinical Supervisor for 4 years at New Bedford Area Center for Human Services, working with clients with thought disorders.

In 1984, he began his private practice and learned that he needed training in family therapy to best serve the referrals he was receiving. He attended the Family Institute of Cambridge's Intensive Program meeting once a week for a year and continued Family Therapy Consultation with several supervisors, including David Treadway.

It was then that Peggy and Jack met at their consultation

"We benefit daily from the protocols and research of our colleagues. We experience a reciprocity between the work of the EMDR community, the courage of our

clients and our increasing comfort with an

ever expanding range of issues. For this, we are deeply grateful."

team meeting. They were both in Private Practice working with individuals, couples and families. Jack was married and Peggy was single. In this team, they worked mostly with couples. One group member brought in a couple, another member would interview them and the 3rd and 4th members would reflect on what they saw, talking among themselves.

Jack's first wife had died in 1993 after an ongoing illness. During this time, the team continued to meet.

By the spring of 1994, Jack realized one day that Peggy was not just "my esteemed colleague" but that "she is a woman!" It turned out that Peggy had been thinking about him too and they married in 1995.

They continued their interest in learning by training in Psychodrama (Robert Ginn, Richard Chasin), Dissociative Disorders (James Chu), Mindfulness Based Stress Disorders (John Kabat Zinn), Couples Therapy (Richard and Antra Borofsky), and Dialectical Behavior Therapy of Borderline Personality Disorder (Marsha Linehan).

In 1997, they heard Bessel van der Kolk present on EMDR and took the EMDR training. At the time, it was "The Wild West of EMDR" with no cautions, so they went out, used it immediately and received supervision from Libby Call.

Jack's youngest daughter went to Madagascar with the Peace Corps, and he and Peggy visited for 5 weeks in 1997. They wondered about bringing EMDR to remote places and also thought this when visiting a nephew in the Peace Corps in Nicaragua. Their opportunity came when Libby got involved with the Burma Border Projects. She was asked to teach medics how to deal with mental health issues after, and asked Jack and Peggy if they wanted to come. They gave a wholehearted, "YES!" In January 2000, they went to the Burmese Border to teach about trauma and its effects. Libby did a great job and they were invited back. The medics told them of their horrifying experiences at the hands of the Burmese Army.

Through businessman Michael Forhan, who had worked in Burma and wanted to do something for the people, Libby met Dr. Cynthia Maung, a Burmese physician who had created a clinic and resource center for the Karen Hill people on the border between Burma and Thailand. Jack and Peggy "fell in love" with the wonderful people there who transcended their own suffering to take on the demanding roles of medics and women's groups organizers. The situation was dire as the refugees were there without permission and had to choose life in the refugee camps or work as illegal aliens in Thailand. There was a great deal of domestic violence and addictive behaviors. There was also a need for financial help to provide for orphanages and schools. Michael, with the help of Libby, Peggy and Jack, founded Burma Border Projects, a non-profit organization, to raise money to help

with these basic needs.

Baptist missionaries came to their land in the 1900's, but the people felt they could not ask the preachers or monks to help cope with the breakdown of the family. Although the Karen were Christian, they were Christian within a Buddhist Culture and the ideas of compassion and experiencing were pivotal to understanding them. They had no tradition of mental health treatment. Accordingly, Peggy and Jack started with the basics such as motivational

interviewing, how to relate with others, how to listen, and how to elicit problem solving in others. They also incorporated the Karen's cultural values and morals and validated the work the Karen were doing already. The women were the organizers and through "tend and befriend," they started schools and safe houses for women, often getting arrested by Thai police. The men had lost everything – their property, businesses, status and role as providers. Consequently, some drank and became abusive to the women and children.

By 2001 -2007, three times a year, they closed their practices and went to the Border. They had hoped to work there full-time but funding did not work out. They told their clients what they were doing and only one woman fired them. When they went, they made contacts through the Karen's Women's Organization and worked with the medics or leaders. They set up trainings along the border and did 3-4 day trainings teaching how to cope with trauma. They did some EMDR work, but because of the volatile political situation, it was impossible to track those trained. Before they left, they had trained 800 people and completed 35-40 trainings. The Burma Border Project continues to operate on the border supporting social projects and providing counseling training.

By 2008, Jack became a Trainer for EMDRHAP. He has done trainings in Community Mental Health Centers in the Northeast US, Boise, Idaho and Ruston, Louisiana. He updated the "Traumatology and Stabilization" presentation, at the request of EMDRHAP staff, and has taught clinicians who are working with developmentally disabled populations.

Recently, their youngest daughter moved to Zambia and works for the Clinton Foundation in Public Health and her husband is a Neurologist working in a hospital there.

In the Spotlight continued...

When Peggy and Jack visited last year they presented on trauma and stabilization. When they return this year, they plan to conduct the first of a series of EMDR trainings in Zambia through EMDRHAP. The hope is to help develop a self-sustaining EMDR community in Zambia that will address the impact of their devastating HIV/AIDS epidemic and collaborate with other EMDR programs throughout Africa.

Jack and Peggy had these words for the EMDR community:

We have found that as we practice EMDR and pursue our own learning, our clients' situations become more and more available to us. We benefit daily from the protocols and research of our colleagues. We experience a reciprocity between the work of the EMDR community, the courage of our clients and our increasing comfort with an ever expanding range of issues. For this, we are deeply grateful.

Besides their interest in their work, Peggy and Jack have found time to hike in the Italian Alps and the Canadian Rockies. They also enjoy reading, kayaking, gardening and their 7 grandchildren.

We are lucky that Peggy and Jack have come together to make this mutual contribution to our EMDR community. •



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RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

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

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

Dunne, T., & Farrell, D. (2011). An investigation into clinicians' experiences of integrating EMDR into their clinical practice. Journal of EMDR Practice and Research, 5(4), 177-188. doi:10.1891/1933-3196.5.4.177

Derek Farrell, University of Birmingham, College of Medical & Dental Sciences, 52 Pritchatts Road, Edgbaston, Birmingham, UK. E-mail: <D.P.Farrell@bham.ac.uk>

ABSTRACT This study was conducted in the United Kingdom at two major conferences to examine how therapists (N = 83) integrated eye movement desensitization reprocessing (EMDR) into their clinical practice. Data from a mixed methodology suggests that up to 40% of the sample experienced difficulties post-EMDR training. Results indicated that analytically trained and humanistic therapists experienced significantly more difficulties in integrating EMDR into the current clinical practice than integrative or cognitive behavioral clinicians. This study also ascertained that EMDR clinicians experienced workplace difficulties and challenges. Consideration is given to how the study findings may have implications for both the teaching and learning of EMDR and workplace issues.

• • •

Eckert, A. (2011). "Zimmer mit aussicht": Erinnern als unverzichtbares therapeutisches element. / "Room with a view": Remembrance as indispensable therapeutic element. Forum Der Psychoanalyse: Zeitschrift Für Klinische Theorie & Praxis. doi:10.1007/s00451-011-0079-3

Andrea Eckert: Klinik fur Psychosomatische Medizin und Psychotherapie, Klinikum Harlaching, Sanatoriumsplatz 2, Munchen, Germany, 81545. E-mail: <andrea.eckert1@freenet.de>

ABSTRACT I address the reconstruction of the traumatic event as an indispensable phase in the therapy of traumatized patients. Reconstruction that results in integration covers both external and internal reality which are in equal measure not easily approachable. Reconstruction is seen as a process that needs an adjustment of the setting. Case histories show psychotherapeutic reconstructive work with inpatients with the aid of eye movement desensitization and reprocessing (EMDR).

Field, A., & Cottrell, D. (2011). Eye movement desensitization and reprocessing as a therapeutic intervention for traumatized children and adolescents: A systematic review of the evidence for family therapists. Journal of Family Therapy, 33(4), 374-388. doi:10.1111/j.1467-6427.2011.00548.x

Annalisa Field, Consultant Child and Adolescent Psychiatrist East Leeds Child and Family Unit, St James' Hospital, Leeds, LS9 7TF, UK. E-mail: <annafield@doctors.org.uk>

ABSTRACT Eye movement desensitization and reprocessing (EMDR) is a relatively new form of psychotherapy for post-traumatic symptoms of relevance to systemic therapists. The literature available on individual EMDR in traumatized children is reviewed in this article. A sample of eight studies was examined, consisting of three controlled trials, two uncontrolled studies and three case reports or series. The controlled trials compared EMDR with waiting list controls or cognitive behavioural therapy (CBT). The study samples were small and their methodological quality variable. In all the studies, the results suggested a positive effect for EMDR but did not appear superior to CBT. It is therefore possible that systemic interventions may be improved by the integration of EMDR and family therapy with children and adolescents.

Hornsveld, H. K., Houtveen, J. H., Vroomen, M., Aalbers, I. K. D., Aalbers, D., & van den Hout, M. A. (2011). Evaluating the effect of eye movements on positive memories such as those used in resource development and installation. Journal of EMDR Practice and Research, 5(4), 146-155. doi:10.1891/1933-3196.5.4.146

Hellen K. Hornsveld, Utrecht University, Clinical and Health Psychology, PO Box 80140, 3508 TC Utrecht, The Netherlands. E-mail: <H.K.Hornsveld@uu.nl>

ABSTRACT Resource development and installation (RDI) is an eye movement desensitization and reprocessing (EMDR)-related procedure developed to strengthen positive associations in positive and resourceful memories (Korn & Leeds, 2002). This study tested the assumption that bilateral stimulation (horizontal eye movements [EM]) in RDI "appears to lead to spontaneous, rapid increases in affective intensity . . . and to rich, emotionally vivid associations"

13

(Korn & Leeds, p. 1469). This study also tested whether eye movement effects could be better accounted for by working memory or by interhemispheric interaction theory. Fifty-three undergraduate students each recalled three memories of pride, perseverance, and self-confidence. They provided pretest and posttest ratings of each memory for vividness, pleasantness, and experienced strength of the positive quality, before and after performing three simultaneous tasks during recall: horizontal EM, vertical EM, and recall only. Results were fully in line with working memory predictions, with significant decreases for all variables following both eye movement tasks. There was no support for the interhemispheric hypothesis. It is concluded that the effectiveness of bilateral stimulation in RDI is questionable. Clinical implications are discussed.

• • •

Jarero, I., & Uribe, S. (2011). The EMDR protocol for recent critical incidents: Brief report of an application in a human massacre situation. Journal of EMDR Practice and Research, 5(4), 156-165. doi:10.1891/1933-3196.5.4.156

Ignacio Jarero, Boulevar de la Luz 771. Jardines del Pedregal. Álvaro Obregón, México City, 01900. E-mail: <nacho@amamecrisis.com.mx>

ABSTRACT This ongoing field study was conducted subsequent to the discovery of clandestine graves with 218 bodies recovered in the Mexican state of Durango in April 2011. A preliminary psychometric assessment was conducted with the 60 State Attorney General employees who were working with the corpses to establish a triage criterion and provide baseline measures. The Impact of Event Scale (IES) and the short posttraumatic stress disorder (PTSD) rating interview were administered, and the 32 individuals whose scores indicated moderate-to-severe posttraumatic stress and PTSD symptoms were treated with the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI). Participants were assigned to two groups: immediate treatment (severe scores) and waitlist/delayed treatment (moderate scores). Each individual client session lasted between 90 and 120 minutes. Results showed that one session of EMDR-PRECI produced significant improvement on self-report measures of posttraumatic stress and PTSD symptoms for both the immediate treatment and waitlist/delayed treatment groups. This study provides preliminary evidence in support of the protocol's efficacy in a natural setting of a human massacre situation to a group of traumatized adults working under extreme stressors. More controlled research is recommended to evaluate further the protocol's efficacy.

Konuk, E., Epozdemir, H., Haciomeroglu Atceken, S., Aydin, Y. E., & Yurtsever, A. (2011). EMDR treatment of migraine. Journal of EMDR Practice and Research, 5(4), 166-176. doi:10.1891/1933-3196.5.4.166

Hejan Epözdemir, Adult and Family Center, Institute for Behavioral Studies, Valikonagi 173 Kat: 6/2 Nisantasi, 34363, Istanbul, Turkey. E-mail: <epozdemir@dbe.com.tr1>

ABSTRACT This pilot study was conducted at Gaziosmanpaşa Hospital, Istanbul, to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) on migraine headache by specifically treating traumas related to headaches. The sample consisted of 11 Turkish participants with chronic daily headache:

9 women (mean age of 31.7 years) and 2 men (mean age of 30.5 years). Participants had a history of migraine ranging from 2 to 30 years (mean = 12 years). Variables included participant daily ratings of headache frequency, duration, and intensity; medication intake; hospital emergency room (ER) visits; and scores on the Symptom Assessment-45 Questionnaire. The results showed a significant decrease in headache frequency and duration with no reduction in pain intensity. There was a significant decrease in the use of painkillers and ER visits. All results were maintained at 3-month follow-up, providing some preliminary evidence that EMDR may be effective and useful as an alternative treatment for migraine.

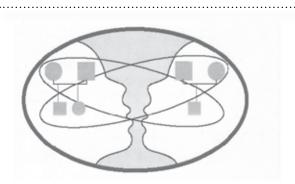
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Leiner, A. S., Kearns, M. C., Jackson, J. L., Astin, M. C., & Rothbaum, B. O. (2012). Avoidant coping and treatment outcome in rape-related posttraumatic stress disorder. Journal of Consulting and Clinical Psychology. doi:10.1037/a0026814 [Epub ahead of print]

Barbara O. Rothbaum, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, 1256 Briarcliff Road, Atlanta, GA 30306. E-mail:

emory.edu>

ABSTRACT Objective: This study investigated the impact of avoidant coping on treatment outcome in rape-related posttraumatic stress disorder (PTSD). Method: Adult women with rape-related PTSD (N = 62) received 9 sessions of prolonged exposure (PE) or eye movement desensitization and reprocessing (EMDR). The mean age for the sample was 34.7 years, and race or ethnicity was reported as 67.7% Caucasian, 25.8% African American, 3.2% Latina. and 3.2% other. PTSD was assessed with the PTSD



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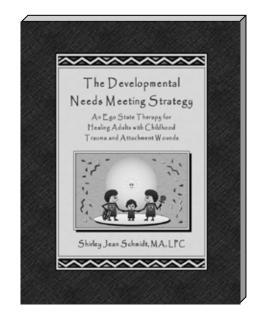
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— Joan Bacon, Psychologist, EMDRIA Instructor & Consultant



Mevissen, L., Lievegoed, R., Seubert, A., & De Jongh, A. (2011). Do persons with intellectual disability and limited verbal capacities respond to trauma treatment? Journal of Intellectual & Developmental Disability, 36(4), 274-9. doi:10.3109/13668250.2011.621415

Liesbeth Mevissen, Accare, Diepenveenseweg 169, 7413 AP, Deventer, the Netherlands. E-mail: <l.mevissen@accare.nl>

ABSTRACT Background - There is not one case report of successful trauma treatment with the use of an

evidence-based treatment method in people with substantially limited verbal capacities. This paper assessed the applicability of eye movement desensitisation and reprocessing (EMDR) in two clients with moderate ID, serious behavioural problems, and histories of negative life events.

Method - The 8-phase protocol of EMDR, a first-line treatment for psychological trauma, was applied. Results In both cases, posttraumatic stress disorder (PTSD)-like symptoms decreased in a total of only 6 and 5 sessions, respectively. Gains were maintained at 32 and 10 months follow-up.

Conclusions - EMDR seems to be an applicable psychological trauma treatment for persons with limited verbal capacities. Considering the importance of these findings, further and more rigorous research is required.

• • •

Nazari, H., Momeni, N., Jariani, M., & Tarrahi, M. J. (2011). Comparison of eye movement desensitization and reprocessing with citalopram in treatment of obsessive-compulsive disorder. International Journal of Psychiatry in Clinical Practice, 15(4), 270-4. doi:10.3109/13651501.201 1.590210

Hedayat Nazari, PO Box: 13185-1678, Tehran, Iran. E-mail: <nazari hedayat@yahoo.com>

ABSTRACT Objective. Obsessive-compulsive disorder (OCD) is one of the chronic anxiety disorders that interfere with routine individual life, occupational and social functions. There is controversy about the first choice of treatment for OCD between medication and psychotherapy. Aim. The aim was to investigate

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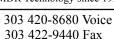
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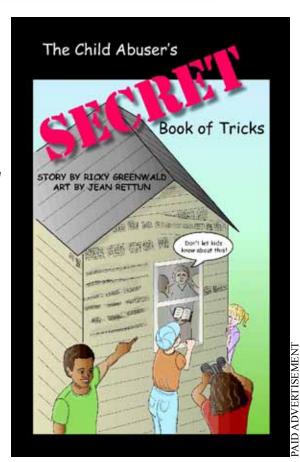
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the efficacy of eye movement desensitization and reprocessing (EMDR) compared with medication by citalogram in treatment of OCD. Methods. This randomized controlled trial was carried out on 90 OCD patients that randomly were assigned into two groups. They either received therapeutic sessions of EMDR or citalopram during 12 weeks. Both groups blindly were evaluated by the Yale-Brown scale before and after the trial period. Results. Pretreatment average Yale-Brown score of citalopram group was about 25.26 as well as 24.83 in EMDR group. The after treatment scores were 19.06 and 13.6, respectively. There was significant difference between the mean Yale-Brown scores of the two groups after treatment and EMDR was more effective than citalogram in improvement of OCD signs. Conclusion. It is concluded that although both therapeutic methods (EMDR and Citalopram) had significant effect in improving obsessive signs but it seems that in short term EMRD has better effect in improvement of final outcome of OCD.

Pocock, D. (2011). The promise of EMDR in family and systemic psychotherapy: A clinical complement to Field and Cottrell. Journal of Family Therapy, 33(4), 389-399. doi:10.1111/j.1467-6427.2011.00547.x

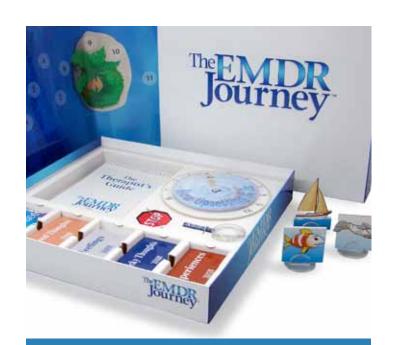
David Pocock, Consultant Family Therapist, Swindon Community Child and Adolescent Mental Health Services. Psychoanalytic Psychotherapist in independent practice. Address for correspondence: 3 Castle Street, Calne, Wiltshire, SN11 0DX, UK. E-mail: <david@poey.demon. co.uk>

ABSTRACT Annalisa Field and David Cottrell's careful and balanced summary of the current state of evidence of the effectiveness of eye movement desensitization and reprocessing (EMDR) with children and adolescents is to be welcomed. They conclude that there is, despite an overall lack of good quality studies, some encouraging emerging evidence. They set out a future scenario for development in which these hopeful indications may be sufficient to convince clinicians to train and consider using EMDR in practice. That may in turn lead to more people publishing the results of their nascent practice, and greater availability of therapists would enable larger scale randomized controlled studies to be designed and carried out. In this clinical addendum I seek to complement Field and Cottrell's sense of promise by setting out ways in which EMDR has become incorporated in my systemic psychotherapy practice during the last 3 years.

Renner, W., Bänninger-Huber, E., & Peltzer, K. (2011). Culture-Sensitive and resource oriented peer (CROP)groups as a community based intervention for trauma survivors: A randomized controlled pilot study with refugees and asylum seekers from Chechnya. Australasian Journal of Disaster and Trauma Studies.

Walter Renner: University of Innsbruck, Dept. of Psychology, Innrain 52, Innsbruck, Austria, A-6020, E-mail: <walter. renner@uibk.ac.at>

ABSTRACT Asylum seekers and refugees frequently suffer from post-traumatic stress and culturally sensitive methods towards reducing symptoms should be taken into account. The aim of the work reported here was to examine the effectiveness of Culture-Sensitive and Resource Oriented Peer (CROP)—Groups for Chechen asylum seekers and refugees towards reducing



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post-traumatic symptoms, anxiety, and depression. Some ninety-four participants were randomly assigned to 15 sessions of CROP—or Cognitive Behavior Therapy (CBT)—Groups, to 3 single sessions of Eye Movement Desensitization and Reprocessing (EMDR), or to a Wait-List (WL). The results indicated that CROP was significantly superior to WL, and was equally effective as CBT in reducing post-traumatic symptoms, anxiety, and depression. Improvements still were present at three and six month follow-up occasions. EMDR yielded negative results. According to this pilot study, CROP-Groups pose a promising, culturally sensitive alternative to psychotherapy with Chechen migrants.

Stergiopoulos, E., Cimo, A., Cheng, C., Bonato, S., & Dewa, C. S. (2011). Interventions to improve work outcomes in work-related PTSD: A systematic review. BMC Public Health, 11(1), 838. doi:10.1186/1471-2458-11-838

Carolyn S Dewa, Centre for Research on Employment and Workplace Health, Centre for Addition and MentalHealth, 455 Spadina Avenue, Suite 300, Toronto, M5S 2G8, Canada. E-mail: <carolyn_dewa@camh.net>

Full text available at: http://www.biomedcentral.com/1471-2458/11/838

ABSTRACT BACKGROUND: Posttraumatic stress disorder acquired at work can be debilitating both for workers and their employers. The disorder can result in increased sick leave, reduced productivity, and even unemployment. Furthermore, workers are especially unlikely to return to their previous place of employment

after a traumatic incident at work because of the traumatic memories and symptoms of avoidance that typically accompany the disorder. Therefore, intervening in work-related PTSD becomes especially important in order to get workers back to the workplace.

METHODS: A systematic literature search was conducted using Medline, PsycINFO, Embase, and Web of Science. The articles were independently screened based on inclusion and exclusion criteria, followed by a quality assessment of all included articles.

RESULTS: The systematic search identified seven articles for inclusion in the review. These consisted of six research articles and one systematic review. The review focused specifically on interventions using real exposure techniques for anxiety disorders in the workplace. In the research articles addressed in the current review, study populations included police officers, public transportation workers, and employees injured at work. The studies examined the effectiveness of EMDR, cognitive-behavioural techniques, and an integrative therapy approach called brief eclectic psychotherapy. Interestingly, 2 of the 6 research articles addressed add-on treatments for workplace PTSD, which were designed to treat workers with PTSD who failed to respond to traditional evidence-based psychotherapy.







ASIA

PAKISTAN

Derek Farrell reports: "We have over 100 people trained in EMDR in Pakistan and another 35 have just completed Part 1 training. This is in a country with only 300 psychiatrists, 300 psychologists and a population of over 180 million. The newly established EMDR Association of Pakistan is proving very dynamic in developing RCT EMDR research projects within an academic environment."

SRI LANKA

Sister Janet Nethisinghe reports: "All EMDR practitioners in Sri Lanka were trained by US and Israeli HAP, after the devastating tsunami in 2004. Until then EMDR was not known publicly in Sri Lanka. The Sri Lanka EMDR Association (SEA) was inaugurated soon after, but remained dormant for several years. In 2010, I attended the EMDR Asia Conference in Bali, Indonesia. There I made important contacts with EMDR experts that would help EMDR work in Sri Lanka. The SEA was revived and is now functioning with a limited membership. Currently I am the President of the Association. Most of those who were trained following the tsunami continue to practice EMDR and vouch for its tremendous efficacy. There is a need for counseling for those traumatized people of Sri Lanka, especially since a 30year war has ended recently. Right now our focus is to train counselors in EMDR and many are interested. We are enlisting the help of International trainers, since there are no trainers yet in Sri Lanka. It is the hope of the association that this dream becomes a reality in 2012."

AUSTRALIA

Pamela Brown reports: "In November, the EMDR Association of Australia held our first annual general meeting and elected a

new Board, which has now been expanded to nine members. One goal is to address anomalies in government policy and legislation regarding EMDR. In September 2011, five members attended the EMDRIA Conference in Anaheim, CA and were pleased to accept Chris Lee's EMDRIA award for his work on the SAMHSA recognition project. The association also donated \$1000 to the EMDR Research Foundation in celebration of achieving 100 members last year and as a special thanks to Francine Shapiro's 2010 Australian visit to present at the International Congress on Applied Psychology. The number of basic trainings has expanded significantly and there is a resurgence of interest in EMDR."

NEW ZEALAND

Sian Morgan reports: "Following the earthquake in Christchurch in February 2011, HAP UK & Ireland responded to a request from New Zealand mental health professionals for EMDR training to help treat those affected and support their recovery. Sandi Richman provided Part 1 training in January 2012, which was organized by Phil Nottingham, an EMDR Accredited Consultant trained in the UK who now works in Auckland. Phil and Sandi will provide supervision to trainees while HAP Australia will provide supervision via Skype."

EUROPE

BOSNIA-HERCEGOVINA

Sian Morgan reports: "In 2009, we began a Bosnia-Herzegovina (BiH) project in partnership with the University of Tuzla's Institute of Psychiatry. In May 2011, 22 participants had completed their full EMDR training thanks to Michael Patterson and Keith Piper who provided ongoing supervision via Skype. Many clinicians are working toward their Accredited Practitioner status. Although she is based in St. Louis, MO, USA, we are pleased to have Sanja Oakley as a supervisor who provides supervision to colleagues in their native language. Through Skype she is able to connect with EMDR colleagues worldwide on a regular basis. In Spring 2012, we are extending our project to Sarajevo. Mevludin Hasanovic, our principal partner in Bosnia, is working with Alma Dzubur-Kulenovic to recruit our next cohort of EMDR trainees. We hope by 2014 we will have established a national EMDR Association in Bosnia-Herzegovina working in collaboration with EMDR Associations in other Balkan countries. Mevludin is a great ambassador for EMDR and works hard to promote EMDR in the region by speaking at national conferences and publishing professional papers."

GREECE

Domna Ventouratou reports: "In February 2012, the Introduction to Trauma Treatment and Stabilization and Treatment Planning took place. The next trainings will occur in Thessaloniki, Greece for the first time. Parts 1, 2 and 3 of Basic Training will occur over the course of 2012, including supervision and more practice. The continued training that started in October in Athens will be completed this month. We also are planning a workshop, "Help the Helpers – about prevention of secondary traumatization" in May."

PALESTINIAN AUTHORITY

Mona Zaghrout reports: "With the help of HAP US, had two Part 1 and two Part 2 trainings. Each training was four days, not including the 10-hour consultation in between. We also did a 3-day Advanced Training with Michael Keller. I am now a full trainer and will be training practitioners in the Arab world."

TURKEY

Joan Lovett reports: "In November 2011, I presented "EMDR with Children" to therapists in Istanbul."

UNITED KINGDOM & IRELAND

Michael Tidbury reports: "I walked across the Andes in Peru, and invited people to sponsor me. This event rose over £800 for HAP. A friend suggested the idea for sponsorship when she heard that I was doing the walk. The thought had not occurred to me but I was going to do the walk anyway and hoped to complete it. Sponsorship seemed an excellent way of giving me that extra encouragement at the critical times (and there were several). The sites which I have used are www. justgiving.com and www.charitygiving. co.uk. It is easy to set up a web presence for your event, and sponsors can make donations easily. The money goes directly to the charity without your having to do any administration. The 'event' or 'challenge' can be anything that you plan to do which might be a little out of the ordinary for you – it does not have to be a spectacular life-changing experience. The real test is: will my family, friends and colleagues be prepared to sponsor me for this? Thank you again to my sponsors, the funds went directly to HAP, now I lay down the challenge to you to find things for which people could sponsor you!"

Sian Morgan reports: "HAP's new webmaster, Mark Brayne, took up Michael's challenge, with a plan to cycle from his home in Cirencester to Moscow, via St. Petersburg (about 3000 miles) and then a quick Transsiberian cheat on the train, from Beijing to Hanoi. Mark is an accredited EMDR Consultant and former BBC Foreign Correspondent and will be blogging at www.psychlotherapist.com. On the site you can sponsor Mark per mile, per broken spoke or per country. Mark is no stranger to the territories he will be travelling through or to long-distance biking, having completed a 4000-mile round trip ride to Budapest in 2008. At 62, he'll be hoping his knees hold out. As well as raising funds for HAP, Mark is looking to generate money for the Rory Peck Trust, a charity supporting freelance camera folk and journalists worldwide who cover zones of conflict."

NORTH AMERICA

CANADA

Phyllis Amato reports: "The EMDR Canada Conference: "EMDR: Bilingual, Bilateral and Integrated" will be held April 27-29, 2012 in Montreal. A Call for Papers has gone out. Also, EMDR Canada has donated \$1,000 to the EMDR Research Foundation."

UNITED STATES

FLORIDA

Regina Morrow reports: "In January, Cherilyn Rowland Petrie, EMDRIA C-I-T, shared two presentations on 'Attachment and Domestic Violence'. Congratulations to Lynda Ruf on becoming an EMDR HAP Trainer. Lynda hit the ground running and has not stopped. Be on the lookout for Marina Lombardo's winter 2012 EMDRIA Journal article on organizing your Targeting Sequence Plans, which she agreed to present in May. The Trauma Recovery Network (TRN) had a phone meeting in February."

NEW YORK

Phoebe Kessler reports: "Over the past three years, my Co-Regional Coordinator for the Long Island EMDRIA Regional Network, Mark Dworkin, and I have been working to breathe life back into the EMDR Community locally. We plan meetings twice yearly, with presentations from within to encourage local EMDR clinicians to hone their specialties and become invested in the EMDR world. During our October meeting, Herb Cohen presented 'Integrating Creative Arts Therapy with EMDR'. At our March 23rd Regional Meeting, Lynn Goldstein will present on 'EMDR and Energy Kinesiology'."

Seena Russell Axel and Susan Sullivan report: "EMDR practitioners met and identified a need to form Trauma Recovery Networks (TRNs) in their local communities for times of disaster. In August 2010, the Long Island TRN was formed. Consisting of both Nassau and Suffolk counties of Long Island, EMDR practitioners have met regularly since its August inception. We co-chair the meetings and they take place in both counties. We interfaced with already existing TRNs (Western Mass, Oregon and Manhattan) and they have been helpful in our development. We are working with local disaster relief agencies and have begun to educate Long Island service agencies and educational institutions regarding the nature and benefits of EMDR treatment. All interested EMDR practitioners are welcome. Please contact us at susancsullivan@ verizon.net or drsrussell@aol.com.

SOUTH AMERICA

EMDR IBEROAMERICA

Maria Elena Aduriz reports: "There will be an EMDR Iberoamerica – CONO SUR (Chile, Agentina and Uruguay) meeting August 30 – September 1, 2012, in Buenos Aires, to share what is going on in the EMDR world, to celebrate our successes and give us courage to keep going."

ARGENTINA

Maria Elena Aduriz reports: "EMDR is spreading through Argentina as more than 70 colleagues completed EMDR Basic training this year. There is an EMDR Center in Salta, where there are monthly, full-day group meetings to increase practitioner's skill with EMDR. EMDR is spreading to Posada en Misiones, which is north of Argentina, and Paraguay. In Buenos Aires, there were EMDR training throughout 2011 and a post-graduate course about 'EMDR and Trauma in Children'."

Esly Carlvaho reports: "In May, the Colombians are hosting an Andean EMDR IBA Conference in Bogota and EMDR IBA Argentina is organizing a regional Conference in August in Buenos Aires. We continue to expand in Latin America, and are happy the EMDR Europe Conference will be taking place in Madrid, Spain. We hope to take a significant delegation to participate there."

BOLIVIA

Maria Elena Aduriz reports: "The University of Bolivia has invited us to give a post-graduate course on EMDR, including EMDR Basic Training."

BRAZIL

Esly Carlvaho reports: "We will soon add new cities to our list of training sites, which will bring the total to 16 cities that presently have Basic Training. We train an average of 300 therapists a year and hope to continue to grow since we now have the infrastructure to do so. We are also proud to announce that Silvia Guz is now an EMDR Trainer. She will help us handle our outreach to new cities in Brazil. We have started training a blind therapist and are excited about the possibilities of reaching out to the visually impaired through her work. I just published a new book, "Healing the Folks Who Live Inside: How EMDR can be applied to Role Therapy". It is the first book written by a native Brazilian in Portuguese on EMDR and has almost gone through its first printing. I hope to have it out in Spanish and English in 2012."

URUGUAY

Maria Elena Aduriz reports: "Myriam Calero is now an EMDR Trainer. Her mission is to work in a psychiatric hospital helping patients convicted of violent behavior and those who dissociate."

Ecredit Programs

To view a list of EMDRIA Approved Distance Learning Workshops, please go here: http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=54

(As of January 31, 2012)

(As of January 31, 2012)				
Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
01008-56 12 Credits Treating Problem	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D. Behaviors	Karen Steward	413.774.2340	March 21-23, 2012 Northampton, MA
01008-57 12 Credits Child/Adolescent	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D. Trauma Treatment Intensive	Karen Steward	413.774.2340	March 26-30, 2012 Northampton, MA
09003-13 12 Credits Mindfulness, Med	Awake Mind, LLC Julie Greene, LPC <i>litation, and EMDR</i>	Julie Greene	303.544.4705	March 30-31, 2012 Austin, TX
RC11000-35 3 Credits EMDR and Panic	Greater New Haven EMDRIA Regional Network Carl Nickeson on DVD Disorders (DVD Presentation)	Lynn Persson Don deGraffenried	203.874.1781 203.675.3179	March 31, 2012 Fairfield, CT
04003-27 22.5 Credits EMDR Advanced	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D. Clinical Workshop and Refresher (Part 3)	Esalen Institute	831.667.3000	April 1-6, 2012 Big Sur, CA
03002-19 12 Credits Attachment Base	Maiberger Institute Barb Maiberger, MA, LPC & Arielle Schwartz d Trauma and EMDR	Barb Maiberger c, Ph.D.	303.875.4033	April 14-15, 2012 Boulder, CO
06003-35 6.5 Credits Treating Complex	Kathleen Martin, LCSW Kathy Steele, MN, CS Developmental Trauma Disorders: Integratin	Kathleen Martin og EMDR & the Theory of Si	585.271.3050 x7 tructural Dissociati	Niagara Falls, NY
06003-36 6.5 Credits Treating Complex	Kathleen Martin, LCSW James Knipe, Ph.D. Developmental Trauma Disorders: Integratin	Kathleen Martin	585.271.3050 x7 tructural Dissociati	Niagara Falls, NY
RC11000-37 3 Credits EMDR and Panic	Western WA EMDRIA Regional Network Carl Nickeson on DVD Disorders (DVD Presentation)	Sonja Rudie	425.739.9483	April 21, 2012 Bellevue, WA
99003-64 12.5 Credits EMDR and the A	EMDR Institute Robbie Adler-Tapia, Ph.D. t of Psychotherapy with Children	Robbie Dunton	831.761.1040	April 21-22, 2012 Albuquerque, NM
99003-70 12 Credits The Recent-Trau	EMDR Institute Elan Shapiro, Ph.D. & Brurit Laub, Psy.D. matic Episode Protocol (R-TEP): A Comprehe	Robbie Dunton ensive Approach for Early E	831.761.1040 MDR Intervention	April 21-22, 2012 San Diego, CA
06003-37 6.5 Credits Treating Complex	Kathleen Martin, LCSW Kathleen Martin, LCSW Developmental Trauma Disorders: Integratin	Kathleen Martin og EMDR & the Theory of Si	585.271.3050 x7 tructural Dissociati	Niagara Falls, NY
06003-38 6.5 Credits Treating Complex	Kathleen Martin, LCSW & Roger Solomon, Factor Developmental Trauma Disorders: Integrating		585.271.3050 x7 tructural Dissociati	Niagara Falls, NY
00015-50 7 Credits Belief Focused E	Roy Kiessling, LISW Roy Kiessling, LISW MDR	Roy Kiessling	513.324.3637	April 27, 2012 South Bend, IN
06005-10 14 Credits The Embodied Se	Jill Strunk, Ed.D., L.P. Sandra Paulsen, Ph.D. elf: Somatic Methods for EMDR Practitioners	Jill Strunk	952.936.7547	April 28-29, 2012 St. Louis Park, MN
10012-05 6.5 Credits EMDR, Mindfulne	Carrie Ann Cherep, MA, LCPC Carrie Cherep, MA, LCPC ess & Between Session Client Self-Assessme	Carrie Cherep nt	708.448.7848	May 3, 10, 17, 24, 2012 Telecourse

Credit Programs

Program # EMDRIA Credits Title	Provider Name Presenter(s)	Contact	Telephone	Dates Location
11004-01 6.5 Credits EMDR, Mindfulne	Sheri Rezak-Irons, LCSW Carrie Cherep, MA, LCPC ess & Between Session Client Self-Assessmen	Sheri Rezak-Irons	314.304.3292	May 3, 10, 17, 24, 2012 Telecourse
RC11000-38 3 Credits EMDR and Panio	SW Washington EMDRIA Regional Network Carl Nickeson on DVD Disorders (DVD Presentation)	Katy Murray	360.438.0306	May 5, 2012 Olympia, WA
RC0005-00 Credits Vary 8th Annual Spring	Western MA EMDRIA Regional Network Various Presenters g Training Event	Jane Laskey	413.534.2781	May 5, 2012 Amherst, MA
05007-05 12 Credits EMDR Boot Cam	DaLene Forester Dalene Forester, Ph.D. p	DaLene Forester	530.245.9221	May 11-12, 2012 Redding, CA
03002-17 12 Credits EMDR Toolkit for	Maiberger Institute Barbara Maiberger, MA, LPC & Katie Asmus Complex PTSD	Barb Maiberger , MA, LPC, BMP	303.875.4033	June 16-17, 2012 Denver, CO
04003-28 22.5 Credits EMDR Advanced	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D. Clinical Workshop and Refresher (Part 3)	Omega Institute	800.944.1001	July 29 - Aug 3, 2012 Rhinebeck, NY
99003-66 12.5 Credits EMDR and the A	EMDR Institute Robbie Adler-Tapia, Ph.D. rt of Psychotherapy with Children	Robbie Dunton	831.761.1040	August 25-26, 2012 Overland Park, KS
04003-29 22.5 Credits EMDR Advanced	Laurel Parnell, Ph.D. Laurel Parnell, Ph.D. Clinical Workshop and Refresher (Part 3)	Hollyhock	800.933.6339	Sept 28 - Oct 3, 2012 Cortes Island, BC CANADA
06003-34 25 Credits The Art of EMDR	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.271.3050 x7	April 22, 2012 Ottawa, ON CANADA
03002-18 12 Credits Somatic Interven	Maiberger Institute Barbara Maiberger, MA, LPC tions and EMDR	Barb Maiberger	303.875.4033	October 27-28, 2012 Boulder, CO
99003-65 14 Credits Treatment of Atta	EMDR Institute Robbie Adler-Tapia, Ph.D. chment Trauma & The Dissociative Sequelae	Robbie Dunton Through the Life Span: EM	831.761.1040 IDR & Case Conce	November 3-4, 2012 Raleigh-Durham, NC eptualization

Regional Metallogical Regions (As of January 31, 2012) Republic

These meetings may or may not offer EMDRIA Credits. For Credit information, please refer to the EMDRIA Credit Program Schedule located on the previous page. For the most current information, go to http://www.emdria.org/calendar.cfm

Location Regional Meeting	Regional Meeting Schedule	Regional Coordinator Contact Information
CALIFORNIA Greater Sacramento EMDRIA Regional Network	March 9, 2012 April 13, 2012 May 11, 2012 June 8, 2012 July 13, 2012 August 10, 2012 September 14, 2012 October 12, 2012 November 9, 2012 December 14, 2012	Merrill Powers 530.852.5066 merrill@powerstherapist.com
San Diego County EMDRIA Regional Network	March 3, 2012 April 7, 2012 May 5, 2012 June 2, 2012 July 7, 2012 August 4, 2012 September 1, 2012 October 6, 2012 November 3, 2012 December 1, 2012	Sue Goodell suegoodell@sbcglobal.net
CONNECTICUT Greater New Haven EMDRIA Regional Network	March 3, 2012 March 31, 2012	Lynn Persson Ikpersson@aol.com Don deGraffenried donald@traumatreat.com
MASSACHUSETTS Western Massachusetts EMDRIA Regional Network	May 5, 2012	Jane Laskey wmassemdria@gmail.com
NEW YORK Long Island NY EMDRIA Regional Network	March 23, 2012	Phoebe Kessler pkessler1@optonline.net
TEXAS North Texas EMDRIA Regional Network	March 23, 2012 April 27, 2012 May 25, 2012 June 22, 2012 July 27, 2012 August 24, 2012 September 28, 2012 October 26, 2012 November 23, 2012 December 28, 2012	Jordan Shafer 972.342.2448 jshafer@compassionworks.com
WASHINGTON Southwest WA EMDRIA Regional Network	May 5, 2012 November 3, 2012	Katy Murray katymurraymsw@comcast.net Susan Kravit sekravit@yahoo.com
Western WA EMDRIA Regional Network	April 21, 2012	Sonja Rudie sonja@sonjarudie.com



EMDR & EATING DISORDERS

Contact: DaLene Forester at daleneforester@yahoo.com Tel: 530.245.9221

EMDR & WRITING

Contact: Susan Borkin at susan@susanborkin.com Tel: 408.973.7877

EMDR & RESEARCH

Contact: Elena Guagenti-Tax at EMMGT@aol.com Tel: 914.948.3251

EMDR & MEDICAL ISSUES

Contact: Linda Bowers at lindamimi@earthlink.net or Mary Dumlao at m.dumlao@oasiscenterforhealth.com

EMDR & JUVENILE CORRECTIONS

Contact: Don Self at padre.don@gmail.com

EMDR & PUBLIC PRACTICE AND DIVERSITY

Contact: Lloyd Cloud at lecloud@att.net

EMDR & ENERGY MEDICINE AND SPIRITUALITY

Contact: Irene Siegel at irene@allocca.com Tel: 631.547.5433

EMDR & PSYCHOANALYSIS

Contact: Ruth Heber at rheber@rcn.com

EMDR WITH CHILDREN AND ADOLESCENTS

Contact: Marsha Heiman at marslh@aol.com Tel: 732.548.7165

EMDR & PERFORMANCE ENHANCEMENT

Contact: Pat McGuinness at patmcguinness@comcast.net
Tel: 603.228.3862 x30

EMDR & THE MILITARY

Contact: Beverly Dexter at badexter@cox.net

EMDR WITH CHILDREN & ADOLESCENTS SIG UPDATE

Eighth Annual Regional Conference

We are excited to announce that Robbie Tapia-Adler, PhD is the presenter at our annual conference on June 8-9, 2012 in Montclair, NJ. Dr. Tapia-Adler is co-author of EMDR and the Art of Psychotherapy with Children and EMDR and the Art of Psychotherapy with Children- Treatment Manual. The workshop, which is only 14 miles from Manhattan, begins mid-day on Friday, June 8th and continues all day Saturday, June 9th. Details will be announced soon on the SIG listserv and at http://childadolsigconference. wordpress.com.

New and Returning Chairs

We are pleased to welcome Gael Thompson, LPC as the new Communications Chair and Katie O'Shea, MS, LMHC, who is leading Special Projects. Returning as Executive Chair is Marsha Heiman, PhD, and Maureen Clancy, LCSW is moving from Communications Chair to Publications Chair. All other Chairs remain unchanged: Barb Peck, LPC is Training Chair, Laurie Donovan, LMFT, LCSW is Membership Chair, and Ann Waldon, LPC is Budget Chair.

Brochure

We have finalized our brochure for the child welfare system, and it is now available free to download from the Child & Adolescent Special Interest Group page on the EMDRIA website. The brochure is designed to educate professionals and caregivers on the effects of childhood trauma and how EMDR can be used to treat these effects. Send feedback to Maureen Clancy at mclancy@exit10.org.

Listserv

Post a case, ask a question, get unstuck, share successes! The listserv is a valuable resource in the use of EMDR with children and adolescents. To join, send an email to Laurie Donovan at Idonovan@austin.rr.com.



WELCOME New EMDRIA Members

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

Elizabeth R Adams, M.Ed., LPC Jasmine Rose Alexander, MA (cand), RPC (cand) Knute Elizabeth Anderson, Psy.D. Catharine G Andrew, MA, ABS Corinne Barcet, MA Corie Cole Beckmann, MA, LPC, LLC Terry Bissett, Psy.D. Rejean Blain, MA Amy Blanchard, Ph.D. Jason S Bluemlein, Ed.D. Cristina Bluthgen, Psychologist Michael J Boike, MA, LAMFT Marie-Josée Bourassa, MA Kasey Brady, LCSW Julie A Brams, MA, MFT Laura E Brash, MA, MFT Cynthia Brizius, MSW, LCSW, ACSW Charles S Broadfield, Ph.D., LPC, LMFT Janice D Bryer, MA, LPC Linda S. Cannon, M.Ed., LPC Deanne Carter, LMHC Jill Case, MA, LPC, NBCC Samantha H Case, Psy.D. Monica Chace, LICSW Katarina Chin, BSc., MA Carrie J Chomicz, Psy.D., LP Jim Christrup, MSW, LCSW Elizabeth R Clark, MA, LPC Craig P Coenen, MA Victoria S. Cole, MSSW, LMSW Deborah Cox, MA Amy C Cox-Martins, LCSW Irene A Cunningham, LCSW Margery R David, LCSW Cherilyn E Davidson Cibelli, Ph.D. Deborah Dawson-Crain, LCSW Susan L Deakyne, LCSW Patricia Deignan, MSW, LCSW Glynn D Dilbeck, MA, CAS, CSAT

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EMDR GALL FOR PAPERS PRACTICE GALL FOR PAPERS AND RESEARCH

ou are invited to participate in the *Journal of EMDR Practice and Research*, a quarterly, peer-reviewed publication devoted to integrative, state-of-the-art papers about Eye Movement Desensitization and Reprocessing. It is a broadly conceived interdisciplinary journal that stimulates and communicates research and theory about EMDR, and their application to clinical practice.

For the Journal to be the premiere resource on EMDR, all members of EMDRIA and the mental health community are encouraged to contribute manuscripts.

Manuscript Preparation and Submission

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

Thank you in advance for your participation.

Louise Maxfield, Ph.D., CPsychEditor, *Journal of EMDR Practice and Research*

Case studies

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

Research studies

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

Need Submission Ideas?

Clinical contributions

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

Review articles

 Summarize literature and research in a particular domain

Theoretical reviews

Summarize research and propose hypotheses



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