go with that magazine

SUMMER 2020
Vol 25 / Issue 2
emdria.org

Changing Lives ////// EMDRIA Conference 2020 Issue

25 years EMDRIA

SUMMER 2020
Volume 25 / Issue 2

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ISTOCKPHOTO

On the Cover

When the COVID-19 pandemic hit us hard in March and April of this year, our ways of doing business - and doing life - changed drastically. This issue speaks to those changes which have thrown us into a new, virtual world.

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Adversity and Awakening

CAROL MILES, PRESIDENT, EMDRIA

2020 has been a year of adversity and awakening. When we experience adversity, it can test our resilience and strength, and when we awaken, we build our character and values. This year, those struggles have been particularly difficult for each of us as individuals, professionals, and organizations.

COVID-19 has tested our strength and resilience personally and organizationally. In this magazine, you will read about some of how EMDRIA responded organizationally to the COVID-19 crisis. You will see the plans we are making for our conference and how COVID-19 has forced us to make other changes.

I really want to focus here on the awakening that is being seen in our society and our organization on the issues of race, justice, equity, and inclusion.

We know EMDRIA has a problem of underrepresentation of black and other minorities in its membership. This fact reflects systemic racism across society and in the mental health professions. EMDRIA and our mental health community have operated in that environment without a deep enough look or sufficient interventions to address those systemic challenges we face and that our black colleagues live with daily.

Our organization itself has structures and processes that have contributed to a status quo that is unacceptable. For EMDRIA to live its stated values regarding diversity and equity, we must take a comprehensive look at our culture, structure, processes, and policies. With a majority white membership, our members have significant unlearning, learning, and re-examination to do. As individuals who value equality for everyone, and especially as clinicians committed to healing for all those in need, perhaps our first duty resides in the phrase, "Physician, heal thyself."

As an organization, our work is overdue. We want to work fast and make visible changes. Those changes will be important. We are aware that both EMDRIA and our society have engaged in the past in moments of awakening. We have tried to take some obvious steps, only to see attention shift and efforts dwindle. Some have tried to raise concerns and make changes, but like many organizations, EMDRIA never fully engaged in examining how it could change. The real work, to change EMDRIA as an organization/institution, will require honest conversations and even harder, real listening. It will require a commitment to build equity into our organization's heart and blood so that our structures, decisions, and actions truly reflect our values.

None of this will be simple or easy. The first commitment we need to make,

as an organization and as individuals, is to continue to stay awake and aware. The Board is working to create a path forward for both short and long-term actions for racial justice and equity in EMDRIA. We all gain by making our organization a true community where we all feel like we are wanted and belong. We are committed to transparency, engagement, and accountability for following through on the plans and commitments this organization makes.

As individual members, we want to encourage you all to join the EMDR and Public Practice and Diversity community, to share resources, stories, strategies, and information to help us all be better clinicians who have the awareness, knowledge, and tools to address racial issues. Please go to the EMDRIA Online Communities, join the EMDR and Public Practice and Diversity community, participate in these important conversations, and help us make meaningful plans. **CM**

News & Announcements

Antiracism Resource Page

We were inspired by items shared within the *EMDR and Public Practice and Diversity* online community library to create a collection of antiracism resources. To access these resources on our website (www.emdria.org), click on **Publications & Resources** from the top navigation menu and then **Antiracism Resources**. Included are resources for mental health professionals, adults, and children. The professional resources include webinar opportunities, podcasts, books, articles, and videos representing a variety of ways to engage. We want to become better listeners and active advocates as we travel together learning and UNlearning on the journey to heal trauma caused by racism. In addition, the *EMDR and Public Practice and Diversity SIG* online community is newly revitalized. We encourage you to join in this discussion in that group as well! Just click on EMDRIA Online Community from the top navigation to find it and join. And please feel free to add additional resource documents to the EMDR and Public Practice and Diversity Library or send suggestions to info@emdria.org.

Certification application process moves to online!

The EMDRIA Certification application is now an online process. With the new online application, you will be able to:

- Add documents as you attain them
- Save your application as pending until you are ready to submit it
- Pay the application fee online
- Check the status of your application once submitted

Please visit our Certification tab located on our website to view more information on certification and begin the application process online.

NEW OnDemand Content – Coming Soon!

We're excited to announce 20+ programs will soon be added to EMDRIA's OnDemand program – from our 2018 and 2019 EMDRIA Conferences. In addition, these new programs, as well as our current programming, are moving to a new, improved e-learning platform. As an EMDRIA member, you'll receive preferred pricing for these programs and can earn CE's from certain accrediting bodies, as well as EMDRIA Credits.

Research Corner

At this time, very little published research regarding, or even related to, the delivery of online EMDR therapy is available, identifying a need for research in this area. Although the current circumstances are not ideal for many reasons, one hopeful outcome would be that a body of EMDR therapy research may grow out of this tumultuous time. The rapid adjustments and adoption of online tools that the EMDR community is making in order to continue giving care in the best way possible could form the basis for research in this area.

Peer Reviewed Articles:

Marotta-Walters, S.A., Jain, K., DeNardo, J., Kaur, P., & Kaligounder, S. (2018). A review of mobile applications for facilitating EMDR treatment of complex trauma and its comordities. Journal of EMDR Practice and Research, *12(1), 2-15. Open access: http://dx.doi.org/10.1891/1933-3196.12.1.2*

Spence, J., Titov, N., Johnson, L., Dear, B. F., Wootton, B., Terides, M., & Zou, J. (2013). Internet-delivered eye movement desensitization and reprocessing (iEMDR): An open trial *[version 2; peer review: 2 approved]. F1000Research, 2:79. Open access: https://doi.org/10.12688/f1000research.2-79.v2*

Todder, D., & Kaplan, Z. (2007). Rapid eye movements for acute stress disorder using video conference communication. Telemedicine and e-Health, *(13)4, 461-464. http://doi.org/10.1089/tmj.2006.0058*

EMDRIA Board Action on Racial Justice and Equity

In its June meeting, the EMDRIA Board of Directors adopted an initial plan for addressing racial equity and justice. The motion approved by the Board included several different components for action. The Board adopted the Race Forward model for use in EMDRIA's work to develop a strategy and response for racial equity and justice initiatives in the Association. This model is widely used in literature and is featured in a publication from the National Museum for African American History and Culture written by Angela Y. Davis. This diagram illustrates how racism can be seen and addressed using this model:

INDIVIDUAL-LEVEL RACISM

INTERNALIZED RACISM lies within individuals. These are our private beliefs and biases about race and racism, influenced by our culture. Internalized racism can take many different forms including racial prejudice toward other people of a different race; internalized oppression, the negative beliefs about oneself by people of color; or internalized privilege, beliefs about superiority or entitlement by white people. An example is a belief that you or others are more or less intelligent, or beautiful, because of your race.

INTERPERSONAL RACISM occurs between individuals. These are biases that occur when individuals interact with others and their private racial beliefs affect their public interactions. Examples include racial slurs, bigotry, hate crimes, and racial violence.

SYSTEMIC-LEVEL RACISM

INSTITUTIONAL RACISM occurs within institutions and systems of power. It is the unfair policies and discriminatory practices of particular institutions (schools, workplaces, etc.) that routinely produce racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities. An example is a school system that concentrates people of color in the most overcrowded schools, the least-challenging classes, and the least-qualified teachers, resulting in higher dropout rates and disciplinary rates compared with that of white students.

STRUCTURAL RACISM is racial bias among institutions and across society. It involves the cumulative and compounding effects of an array of societal factors including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. An example is the overwhelming number of depictions of people of color as criminals in mainstream media, which can influence how various institutions and individuals treat people of color with suspicion when they are shopping, traveling, or seeking housing and employment – all of which can result in discriminatory treatment and unequal outcomes.

Using this model, the Board will have separate initiatives focusing on individual racism and systemic racism.

To address personal and personally mediated racism concerns, the Board will be organizing a group of members to develop and sharpen attention on such matters as raising the consciousness of racial bias and racism, increasing racial and cultural awareness and competence within the membership, examining self-of-therapist issues, how to be more effective and resilient in doing racial equity work, and the clinical implications of being an anti-racist therapist. The result of this group's work and review should be programming, articles, and presentations that provide learning, guidance and growth for EMDR therapists in racial equity.

To address issues of systemic racism, the Board will be organizing a group of members to help frame and identify challenges to equity and inclusion in EMDRIA and identify possible strategies for addressing them. This group will help lead the organization through an examination of its structures, policies, processes, and mechanisms to understand how EMDRIA has perpetuated racism in its own structure

Continues

and actions. With this review, recommendations will be developed for how EMDRIA might embody its values of diversity and equity. Additionally, there will be a review of how EMDRIA should address issues of racial justice and equity in the larger public and mental health community in which it operates.

The Board has also committed to review and articulate more fully where and how issues of racial equity fit into EMDRIA's priorities, especially as the work groups outlined above begin to offer recommendations. The Board expects the Executive Director to develop a work plan that addresses new objectives in the plan regarding racial equity. At this time, the Board anticipates that this will be a multi-year initiative for the next 3-5 years.

As part of this work overall, the Board is seeking to build meaningful and effective engagement with the black and other minority communities to better understand and to be able to respond to the unconscious aspects of racism and inclusion in EMDRIA. We have a lot to unlearn and learn, and much to do. We want our organization to embody the values of diversity and inclusion in creating global healing, health, and hope.

EMDRIA Board Action on Virtual and In-Person Training Standards

In its June 2020 meeting, the EMDRIA Board took significant steps to initiate changes in the review process and approval standards of Approved Trainers for EMDR Basic Training. These changes will occur over the next 18-24 months and will conclude with the establishment and implementation of a direct review of individual trainers for approval and renewal of Approved Trainer status.

Interim Virtual Standards Extended

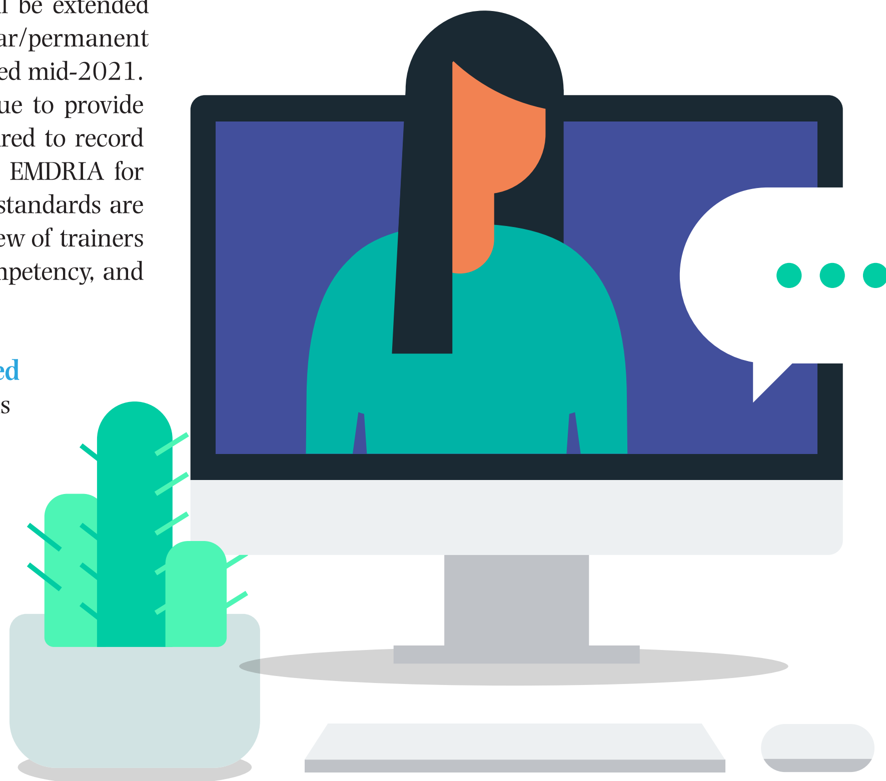
The Interim Virtual Training Standards will be extended through December 31, 2021. The regular/permanent standards for virtual training will be published mid-2021. At that point, trainers who wish to continue to provide virtual trainings beyond 2021 will be required to record portions of their training for submission to EMDRIA for review. While full competency and content standards are in development, it is anticipated that the review of trainers will include a focus on delivery, content, competency, and professional quality.

In-Person Training Approval to be Revised

As the process and standards for approval as a virtual trainer are being developed, the Board will also be undertaking a process to revise the standards for in-person training. As with virtual training, new standards will be established that will include a review of individual trainers in addition to the content of the manual for training. More information will be forthcoming on the process for standard development and implementation soon.

Virtual Training Philosophy and Rational Background Paper

The Board has approved a paper entitled Virtual EMDR Training Philosophy and Rationale for review by members. It can be accessed on our website (www.emdria.org) by clicking About EMDRIA, then Board News and Updates.



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
EMDR International Association

We have audited the accompanying financial statements of EMDR International Association (a nonprofit corporation), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the EMDR International Association as of December 31, 2019, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Allman & Associates, Inc.

Austin, Texas
May 26, 2020

EMDR INTERNATIONAL ASSOCIATION
(Nonprofit Corporation)

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2019

Assets

Current Assets	
Cash and cash equivalents	$ 26,723
Investments - short term	1,652,967
Accounts receivable	21,630
Prepaid expenses	75,747
Total Current Assets	1,777,067
Deposits	6,864
Furniture and equipment, net	11,527
Investments - long term	1,001,365
Total Assets	$ 2,796,823

Liabilities and Net Assets

Current Liabilities	
Accounts payable	$ 30,170
Accrued vacation	29,597
Deferred revenue	1,151,996
Accrued expenses	257
Total Current Liabilities	1,212,020
Total Liabilities	1,212,020
Net Assets	
Without donor restrictions	
Undesignated	1,584,803
Total Net Assets	1,584,803
Total Liabilities and Net Assets	$ 2,796,823

EMDR INTERNATIONAL ASSOCIATION
(Nonprofit Corporation)

STATEMENT OF ACTIVITIES

YEAR ENDED DECEMBER 31, 2019

Changes in Net Assets Without Donor Restrictions:	
Revenue	
Membership dues	$ 1,423,923
Conference fees	826,928
Education and training fees	526,741
Investment return	35,346
Publications	92,529
Total Revenue	2,905,467
Expenses	
Program services	
Membership	754,419
Conference	676,778
Education & training	298,385
Total program services	1,729,582
Supporting Services	
General and administrative	433,527
Total Expenses	2,163,109
Change in net assets without donor restrictions	742,358
Net assets, beginning of year	842,445
Net assets, end of year	$ 1,584,803

VISIONARY & VIRTUAL: ALIGNING OUR ONLINE PRACTICES

BY SUSANNA KAUFMAN

A healthy therapeutic alliance is central to successful EMDR therapy, but how do EMDR therapists ensure relational success in the uncharted territory of telehealth? As clinicians have always done in unchartered waters, EMDRIA members are discovering what works best one step at a time.

In normal circumstances, EMDR therapy is best delivered in person and face to face. The research evidence base clearly indicates the benefits of delivering EMDR therapy in person. In addition, on a practical level, conveying therapeutic presence and empathy is easier in person. Assessing a client's readiness for reprocessing is easier in person and, should an abreactive response occur with the client, the therapist can more easily attune to and ground the client to the present moment when in the same room.

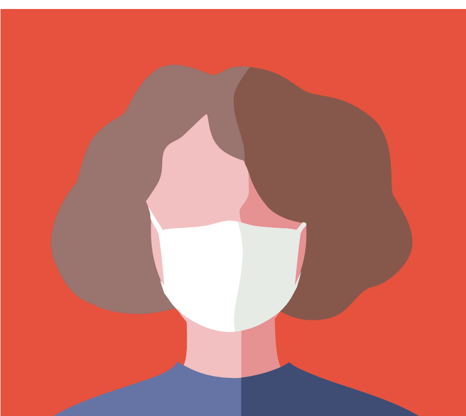
However, a global pandemic is anything but normal, and we are not in normal circumstances. We are in uncharted waters and, as clinical practice has always done in unchartered waters, we are figuring out what works best one step at a time.

The *EMDRIA Guidelines for Virtual EMDR Therapy* provides a framework around the topic of online EMDR therapy delivery, underscoring the importance of adhering to state licensing regulations, privacy laws, informed consent obligations, telehealth certifications, cultural awareness, and ethical codes when beginning a telehealth practice.

Many EMDR therapists have likely taken steps to understand and begin using telehealth, learning a whole new language around technology, legal responsibilities, and privacy issues involving the delivery of telehealth services. The *EMDRIA Guidelines for Virtual EMDR Therapy* states:

> *"There is insufficient evidence to endorse or deny the delivery of EMDR therapy in a virtual format, however this innovation has already begun to be put into practice by many in the field. We encourage all clinicians who are implementing this format to contribute to our growing body of knowledge and research as we strive to determine best practices for the virtual delivery of EMDR therapy."*

Seeing how the EMDR community has come together is exciting. Pro-



fessionals are striving to determine what works best in online EMDR therapy services while continuing to support their clients and each other.

EMDRIA members have committed to helping each other by sharing best practices and resources in the online EMDRIA COVID-19 Resource Community. Many are sharing free online webinars and videos regarding the provision of online EMDR therapy, and disseminating free tools, apps, grounding techniques, and books via social media.

The following are some best practices that EMDRIA members are using to maintain a healthy therapeutic alliance when delivering online EMDR therapy.

Allow time for adjustment if switching to telehealth.

Switching to teletherapy is an adjustment for both client and therapist. Work together to find the best way forward for both of you. Instill confidence in the process and acknowledge that although the process may not go perfectly, you are both learning along the way.

Communicate logistics.

Take some time, especially in a first online session, to inform the client about benefits and risks of teletherapy in general. Discuss the importance of a secure internet connection. Work out exactly what will happen if the face-to-face connection drops.

Make a test call to the number they provide to make sure you can reach them. Establish a plan and a contact for emergency situations. Assess the client's environment for safety. Be flexible with inevitable life interruptions in a session and calmly reconnect to therapy if a distraction occurs.

The addition of a screen can impact two sensory aspects of the

Tips for maintaining the therapeuitc relationship in

EMDR THERAPY

COMMUNICATE LOGISTICS

- Informed consent is key for any therapy relationship.
- Prepare a plan with client for how therapy will continue if the connection drops.
- Ensure client feels they have a safe and private spot for therapy.
- Be transparent about how the addition of a screen can affect the relationship.

EASE INTO ONLINE THERAPY

- Allow time for trust to build in 'new' environment.
- Consider extra time in preparation to facilitate secure relationship.
- Review resourcing and safe place exercises to aid client in adjustment.

ESTABLISH SAFETY

- Therapist can no longer provide a safe environment, but we can help client to do this for themselves.
- Suggest having a favorite drink or comfortable seat for session.
- Use voice, eye contact, and presence to create a calming environment.

NORMALIZE STRESS RESPONSE

- Creating new routines can cause anxiety, discomfort.
- Anxiety is the body's way of trying to protect itself.
- Work with the brain and body to bring the stress response down.
- Use grounding techniques like breathing, mindfulness, and sensory awareness.

THERAPEUTIC ALLIANCE

Hope, empathy and trust. Collaboration on goals and needs in treatment. Mutual understanding and flexibility. Genuine curiosity and respect.

ASSESS BEFORE REPROCESSING

- Assess appropriateness of client for reprocessing.
- Explore the client's preferred method of BLS/DAS in new environment.
- Work out the therapist process for handling a situation if connection drops during reprocessing.
- Consider beginning with stabilization before accessing past memory networks.

GROUND

- Ensure client will feel safe upon leaving the session - especially important without the natural transition of leaving the office.
- Ask if the client feels balances physically, emotionally, mentally, prepared to reconnect with reality?
- Suggest client have a routine to transition back to normal life.

INSTILL HOPE

- Let the client know you truly care about the work you do together:
  - Trust the process.
  - You can get better.
  - We are in this together.

CONTINUE TO EVALUATE

- Check in with the client on ways to improve the experience of online therapy.
- Ask client what they like or dislike about online therapy.
- Explore suggestions they may have to make the process better.

emdria
EMDR International Association
CREATING GLOBAL HEALING, HEALTH & HOPE

therapeutic alliance: eye contact and voice attunement. Take some time to figure out how to maintain the best eye contact with the client. For instance, encourage the client to face the camera directly, and arrange the client's face on your screen as close to your camera as possible. If a client has trouble hearing your voice, suggest using headphones or earbuds so they can hear your voice clearer. This also creates less distraction and increases privacy.

Ease into online EMDR therapy.

If transitioning, clients may need time to adjust to this new way of therapy and to trust the EMDR therapist in a new environment. Consider spending extra time revisiting resourcing and safe place in preparation phases, if needed, before jumping into reprocessing. New clients may also need some extra time here to develop a secure relationship. Co-create a few go-to grounding techniques should the client feel distress in this new set-up.

Ensure that the client feels comfortable using these grounding techniques during the week between sessions as needed. Spend time identifying and highlighting times in the past in which the client has adjusted to change positively and exercised flexibility.

Assess whether the client is able or willing to work with whatever form of BLS/DAS you decide to use during this additional positive resourcing time. This helps both client and therapist practice the BLS/DAS experience prior to working with a trauma target.

Normalize trauma response.

Creating any new routine, especially one made in response to a global pandemic, can create anxiety. In response to anxiety, the body wants to protect itself by fighting, fleeing, or freezing and releases stress hormones in this process.

Ensure that the client feels comfortable using these grounding techniques during the week between sessions as needed. Spend time identifying and highlighting times in the past in which the client has adjusted to change positively and exercised flexibility.

The brain's normal way of integrating experiences gets knocked offline. Emotions may be heightened. Normalize these very common physiological responses and explore the ways the client experiences this stress. Use grounding techniques to help alleviate this response. Deep breathing, mindfulness, and moving the body could be helpful self-regulation tools.

Establish safety.

Since EMDR therapists are no longer able to provide the safe therapeutic environment of an office, prepare the client to set up their ideal therapy environment. This can be a fun activity for the client.

Share ideas for your client to create a comfortable, private physical space:

- Find a comfortable seat.
- Have some tissues nearby.
- Doodle or journal with colored pens or pencils.
- Make a comforting drink.
- Use a favorite essential oil.
- Cuddle into a blanket.

In addition, the therapist can arrange a calming space. Use presence, voice, eye contact, and consistency in setting as best you can to create a safe space through your screen. Continue the same level of professionalism in dress and warmth displayed prior to moving to telehealth.

Collaborate in reprocessing.

Online EMDR therapy may not be appropriate for every client. Therapists must carefully consider the risks for dissociation. If the EMDR therapist is comfortable and determines the client's best interest is to move forward with reprocessing, a first step is to work with the client to find their preferred form of BLS/DAS. As mentioned, starting this in the preparation phase is a possibility. Consider revisiting the *Guidelines for Virtual EMDR Therapy* "EMDR Specific Technique" (pgs. 17-18), where suggestions are made.

Posts in the EMDRIA COVID-19 Resource Community have mentioned different apps with eye movements and/or alternating auditory tones in headphones. Some can be used in conjunction with other telehealth platforms and allow the therapist to administer the BLS/DAS experience. Visit the COVID-19 Resource Community to read about best practices and report successes or opportunities that you experience.

Physical tappers (if the client has them) and butterfly hug taps have also been reported to have successful outcomes. Some therapists advocate for *tapping with* the client to foster connection or using two types of BLS/DAS simultaneously.

Consider beginning with a less intense target before jumping into deeper traumatic networks, assessing SUD levels and changes in affect along the way. Some therapists are setting aside previous treatment goals to focus on how the client is coping with their current situation, keeping reprocessing focused on stabilization rather than past memory networks.

Above all else, monitor the safety of the client when approaching reprocessing. Before reprocessing with a client, work out how the EMDR therapist will handle a situation with a client in reprocessing if the connection drops. Re-establish the stop signal with clients. Practice a ritual that will help the client feel connected with the present moment.

Ground.

Make sure clients feel safe and grounded at the end of a session as normal. If needed, allow extra time at the end of session. Suggest clients create their own routine to transition back to normal life after the session. Perhaps they take an extra 10 minutes after their session or take a walk outside.

Continue to evaluate.

Check in often with the client to ask for feedback and ensure they are adjusting to this new way of being in therapy.

Instill hope.

Remind clients to trust the process. They can heal. EMDR therapy helps integrate a painful past with a new and meaningful present and future.

This time of fear and unpredictability is when people need EMDR therapy. This is a time of accelerated learning for EMDR therapists switching to telehealth. As a result, several therapist qualities seem to be helpful: flexibility, caution, consultation, good clinical judgement, and willingness to share stories.

To see EMDR therapists join together to share the knowledge they are learning with each other is remarkable. This cooperation in the EMDR community is not only heartwarming, but also points to a future where online EMDR therapy begins to reach remote areas and people who have limited access to mental health services — and can work toward global healing, health, and hope.

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Guidelines for Virtual Delivery of EMDR therapy

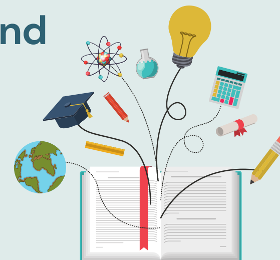
EMDRIA offers the following guidelines which are non-binding but meant to minimize risk and inform clinicians

Ethical Integrity

Follow applicable laws, licensing standards, and maintain fidelity to EMDR therapy when delivering therapy virtually.

Preparation and Training

Clinicians advised to receive additional training in telehealth and use of technology.

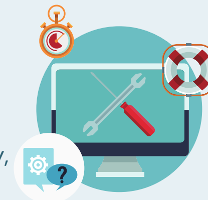


Relational Attunement

Use additional screening and assessment tools to build a strong therapeutic relationship. Maintain cultural sensitivity and awareness.

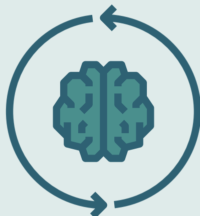
Technical Considerations

Stay informed as technology changes quickly. Obtain education and equipment to ensure technology runs as smoothly, securely, consistently, and safely as possible.



EMDR Specific Technique

Dual Attention Stimulus (DAS) are ideally administered by the clinician in discrete sets. Take appropriate measures for abreactions, and add safety by graduating targets, monitoring SUD levels, and staying attuned throughout the process.



Crisis Management

Plan ahead for potential crises and emergencies. Use relational attunement, collaboration with client, and informed consent paperwork to prepare for:

- Abreaction
- Dissocation
- Emergency Preparedness

Payor Sources and Insurance

If insurance is a potential payor source, find out whether insurance coverage is available for telehealth services. Let the client know.

Malpractice Insurance

Review your Malpractice insurance policy to determine whether your services are covered. Consider limitations or jurisdictional restrictions that may be in place.

View full Guidelines and Report at www.emdria.org

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EMDR International Association
CREATING GLOBAL HEALING, HEALTH & HOPE

MANAGING EMDRIA IN THE COVID-19 CRISIS

BY MICHAEL BOWERS, EXECUTIVE DIRECTOR

I knew I was sick very early in March. My wife had been in New York City for a week before COVID-19 became part of the public consciousness, researching her dissertation. She was riding the subways and local trains, diving into library and archive collections, and having lunch with a nurse from a hospital in Westchester.

I had been in jury duty pool selection with about 100 friends I didn't know. On March 10, I went into the office, and the staff voted me off the island. We didn't know too much about the virus at that time, but we had all heard enough about its contagion levels. I respected the fact that although my illness didn't feel like more than bad allergies, the staff preferred I not be in the office space, where we shared a kitchen and meeting space.

Warnings escalated over the next few days. A week later, we were scheduling staggered shifts in the office. Staff were alternating days so we could keep appropriate physical distance and engage in a cleaning and disinfecting routine to keep everyone as healthy as possible. Meanwhile, I was still at home, significantly impaired by respiratory symptoms and fatigue.

Doctors kept a check on me, but Texas testing sites had a very poor testing regime. I was presumed positive, but since testing would not have informed treatment, I was not approved for one of the few tests available.

Only a week later, Austin issued a stay at home order. With little notice, EMDRIA went from an office-based, collaborative, engaging work team to a distributed, remote workforce. While we had emergency procedures for the office, we didn't have "prepare to work remotely in response to a global pandemic" on our bingo card. How did we respond to the circumstances in which we suddenly found ourselves?

Triage Level One — Member Needs

First, we knew that our members were experiencing the same things EMDRIA was going through. Over 10,000 professionals were trying to manage disruptions to clinical care with all the related safety and treatment concerns that arise from suddenly being unable to deliver services in person.

EMDRIA was in the middle of a two-year process of examining both virtual delivery of EMDR therapy and virtual basic training in EMDR therapy. The virtual task force had just completed its first year, and the board had recently approved guidelines for consideration in virtual EMDR therapy. We immediately published those guidelines and notified the membership.

Second, within a few days, we placed relevant resources about practicing during a pandemic in a special section of the EMDRIA website, which would make it easily accessible. We purposefully posted it publicly, not behind a member login, because we wanted to provide essential resources as widely as possible for clinical care, whether one was a member of EMDRIA or not. This section of our website is now updated regularly.

Third, we initiated a weekly COVID-19 newsletter with updates on resources and clinical issues. We distributed the newsletter to members for over a month and is now sent out as needed, when we discover new, relevant information that will be broadly informative or helpful.

Fourth, we created a COVID-19 online community for all EMDRIA members to engage in challenges, issues and needs related to COVID-19. Every member received daily digests. This was the first time EMDRIA had added every member to a community to receive regular updates. This community continues to be used frequently.

> EMDRIA was in the middle of a two-year process of examining both virtual delivery of EMDR therapy and virtual basic training in EMDR therapy. The virtual task force had just completed its first year, and the board had recently approved guidelines for consideration in virtual EMDR therapy.

Fifth, we identified and distributed information about self-care issues for therapists in the pandemic through all these channels. We are grateful to have compassionate, committed members who were willing to freely share these resources through webinars, videos, and other channels. Those who provide care must also be able to sustain and care for themselves.

Triage Level Two — Trainer Challenges

Because EMDRIA already had a virtual task force in place, beginning stage work was already underway. We explored issues and established standards for virtual basic training in EMDR. Emergency stay-at-home orders interrupted some trainings. Others were scheduled to begin imminently and had to be delayed.

EMDRIA was clear about two things: 1) clinical needs for trauma and trauma-related injury were going to increase, and 2) the capacity to meet that need was unmet. We knew that services would be offered virtually for at least a significant period going forward. We had no clinicians who had trained and developed experience in EMDR in the virtual world. In short, no EMDR clinicians could be considered clinical digital natives. Creating capacity and competence in this medium became an important focus for work.

Process Development and Work Plan

EMDRIA developed a three-stage process and work plan.

First, address interrupted trainings. The task force worked diligently to create standards and an approval process for emergency virtual training for interrupted trainings. We published those standards. Trainer

applications were due on April 3, 2020. Twenty-eight trainers submitted applications to complete interrupted trainings virtually.

For the second stage, the task force focused on rapid development and deployment of standards that would allow trainings scheduled for the near term through 2020 to be conducted. They identified two tracks: one for emergency remote training and another more in line with contemporary distance education best practices. EMDRIA published these standards the third week of April. To date, over 60 trainers have applied and been approved to offer virtual EMDR training.

Third, the task force is now engaged in its original task: to review and develop standards and principles that would apply to virtual training or virtual components of basic training in EMDR. The EMDRIA Board has committed to a baseline standard that would be consistent with graduate-level distance education policies and practices established by the US Department of Education. The first two phases of interrupted and interim trainings will be used as demonstration models to help understand and define the standards.

Triage Level Three—Staff Capability

When EMDRIA shifted to a distributed workforce model due to stay-at-home orders, it was necessary to ensure that the business systems and processes that would allow staff to serve members were in place. This shift required thinking through not only how we would meet strategic objectives, but also some of the granular details of how we might respond to specific member needs.

We had to retool much of the usual collaboration and coordination processes of the staff team. This change was complicated because we were in the middle of a significant technological overhaul of our association's membership database and our website. Without belaboring that side of the work, which is not visible to members most of the time, the staff stepped up and did new things in new ways with a spirit of commitment and diligence. The EMDRIA staff team has risen to every challenge it has faced in my time as Executive Director, and I am proud to be part of a group as focused and dedicated as this group of professionals.

Triage Level Four—Organizational Sustainability

The fourth level of triage involved ensuring the organization itself would remain sustainable through the length of this pandemic — however long it may last. The board began meeting more frequently and has been diligent in fulfilling its fiduciary duty. Thankfully, our financial reserves were not in the stock market. And while the reserves are not exorbitant, they are sufficient to carry us through this immediate period.

The board has begun scenario planning, examining EMDRIA's points of exposure. Canceling the in-person conference could have meant a cancelation penalty of well over $300k. We were able to negotiate that down significantly, which helped the decision to make our conference virtual.

We are focused now on how to continue to build resources for members while keeping our costs as low as possible. This scenario planning includes the possibility of ending our office lease (which expires in November) and making EMDRIA a distributed employee workplace. One non-negotiable must be excellence in service and responsiveness to members.

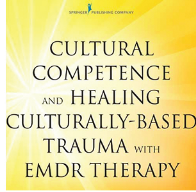
I couldn't be more honored to stand with you through this unimagined time and experience.

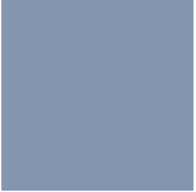
Final Thoughts

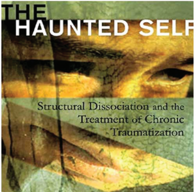
After 8 weeks, my health is back to normal, although my daily routines are not, nor almost any part of any of our personal or professional lives. Here's what I've seen. Our members have focused on their work of helping people through the traumas associated with the pandemic. They have been resilient in the face of challenges that none of us had thought of even two months before this beginning.

Our board has demonstrated exceptional leadership and care in managing the association. The staff embraced developing resources for members from home, even if they didn't have a conducive physical space for their work. I have watched both small and large gestures of us working to take care of each other.

I couldn't be more honored to stand with you through this unimagined time and experience.







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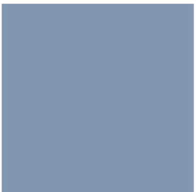
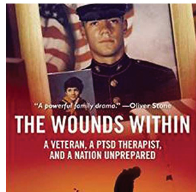

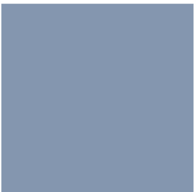

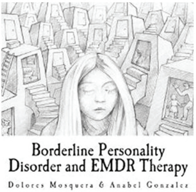

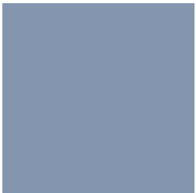
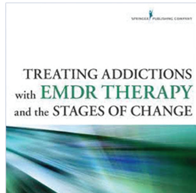

Celebrating 25 Years of EMDRIA

2020 will be a year to remember. In spite of the challenges, EMDRIA also has a reason to celebrate, as the organization turns 25 this year. In these pages there are snapshots of our history, so we can remember and celebrate. With over 10,000 members, we are making great progress. Thanks and honor to those who have led EMDRIA over the years, and all of our members who work to bring global healing, health, and hope.

SEPTEMBER 12

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EMDRIA

Honoring Francine Shapiro and 30 years of EMDR!

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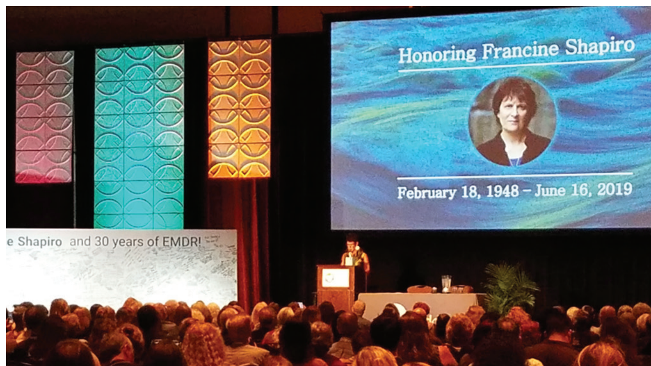
Honoring Francine Shapiro
February 18, 1948 – June 16, 2019
e Shapiro and 30 years of EMDR!

25
years
EMDRIA

And here's to the next 25 years and beyond!

Ready. Set. Go Virtual.

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Our Mission:

The EMDR International Association strives to provide a Conference dedicated to high quality presentations by trained clinicians and researchers to establish, maintain, and pro-mote the highest standards of excellence and integrity in EMDR therapy practice, research, and education. With this in mind, participants will be able to identify best practices and emerg-ing research in the treatment of trauma; they will be able to apply advanced clinical skills in the use of trauma treatment modalities; and they will be able to identify ethical dilemmas and appropriate resolutions in educational settings, clinical supervision, and clinical practice.

EMDRIA Conference 2020: We Are Going Virtual!

LESA SWANSON, LICSW
CHAIR, EMDRIA CONFERENCE COMMITTEE

This year's EMDRIA Conference is going virtual!

This development enables you to attend the conference from the comfort of your home or office. The EMDRIA Conference 2020 has an exciting line up of virtual offerings. We invite you to attend — and continue your journey in helping those suffering during these unprecedented times of a global pandemic and the unpredictability, helplessness, and loss that goes with it.

Every year great attention is given to ensuring that the program offerings are packed with diversity. We understand that our membership comes from a variety of backgrounds with a variety of needs. In the past, as a conference attendee, you were limited to the sessions for which you registered.

This year, we are recording the sessions so you can attend as many sessions as you wish during the allotted time. Also, the full-day preconference offering is included in the registration. EMDRIA Conference 2020 is an incredible value and an excellent opportunity to expand your skills in many areas.

Conference Highlights

International expert on trauma and dissociation, Dr. Janina Fisher, will join us and share her comprehensive approach toward healing the fragmented self. Renown clinician, author, and founder of The Colin A. Ross Institute of Psychological Trauma, Dr. Colin Ross will discuss how EMDR therapy has changed lives. Lastly, Dr. Ad de Jongh of the University of Amsterdam Clinical Psychologist, Professor and co-author of more than 300 articles and book chapters, will shed light on some of the innovations that he and his practice partner, Suzy Matthijssen, have been developing with EMDR therapy.

You will not want to miss this conference. The flexible schedule and virtual offering provide an incredible value for continuing education credits without the need for airline, hotel, or travel expenses. We look forward to seeing you virtually this fall as we celebrate 25 years of EMDRIA! Visit www.emdriaconference.com to register today!

How It Works

REGISTER!

You can register for the Conference at www.emdriaconference.com! Be sure to register by August 25 to get the discounted Early Bird Rate! Registration includes access to ALL educational sessions offered! Once you've registered, you'll receive a confirmation email from conference@emdria.org.

ACCESS!

A couple of weeks prior to the Conference, you'll receive an email containing your login information and a link to access the virtual Conference site. Once you have access, we encourage you to take some time to familiarize yourself with our new e-learning platform.

DETAILS!

A few days prior to the Conference, we'll send another email explaining how the Conference will work. The event will officially begin on Saturday, September 26, and run through Sunday, October 4. Please see page 38 for the Schedule at a Glance.

CONFERENCE BEGINS!

To attend the virtual Conference and be able to interact with the presenters, you'll login using the credentials provided and join your fellow EMDR colleagues, starting with the Opening Address on Saturday morning, September 26th. A live online Q&A with the presenter will be held in the last few minutes of every session. After the Opening Address, you will have the opportunity to choose from 3 different full day sessions. Similar schedules, with even more breakout offerings, will follow on the remaining Conference days. Check the Conference website www.emdriaconference.com for full schedule details.

CERTIFICATES!

After each session, you will be asked to complete a quiz and a session evaluation. Once you've completed those requirements, an email containing your certificate of completion will be immediately sent to you.

KEEP LEARNING!

Registering for the Conference gives you access to ALL sessions for up to 60 days (through November 25, 2020). No missed CEs or learning opportunities. No confusing schedules. Just lots and lots of learning. So, whatever you don't get to attend live - you can access later at your convenience!

One-on-one with: **Janina Fisher**

GWT: Tell us a bit about yourself!

I joined what was then the beginnings of the trauma treatment field in 1989 at the start of my predoctoral internship, and had two years of postdoctoral training with Judith Herman. In 1995, at the beginning of the neuroscience 'revolution' I joined Bessel van der Kolk's Trauma Center as a Supervisor. Over the years, I became increasingly interested in the clients for whom EMDR was difficult, if not impossible, and set out to find ways of working with fragmented individuals that were both stabilizing and healing.

GWT: What was the inspiration for your presentation this year?

My clients have always been my inspiration. They stretch me beyond the limits of what I knew or inspired me to find new ways of understanding and working with them.

GWT: Both of your presentations are fascinating in that they get to the heart and the work that needs to be done to achieve healing for the client who may struggle with EMDR itself. What is happening in the client's mind as they appear to be making progress but in actuality are struggling?

Dissociation can sometimes imitate progress by creating 'false positive' 0 SUDS or allowing one part of the mind to process or to function while other parts struggle. Most often, I hear from clients that the therapist feels they are making progress but they feel increasingly 'crazy.' They rarely have a framework for understanding why they FEEL worse when they are doing 'better' in therapy or struggling to function despite 'good' sessions. One of the most important lessons EMDR training taught me was to evaluate progress based on what happened between sessions rather than during sessions. Yes, processing tends to continue after the session, but struggling should not.

GWT Follow up: What are the indicators for the therapist that this is happening during the process?

During processing, it can be hard to tell. Sudden shifts in SUDS from 8-10 down to 0, increased client anxiety about doing EMDR, or sudden shifts in mood or behavior are telltale signs, but the best indicator in my mind is the client's between-session experience.

GWT: What is important to you as we listen to your presentation? What are the key takeaways?

I hope that therapists can increasingly see and hear the subtle signs of dissociated parts in the client's initial presentation and preparation phase. If we attribute baffling or frustrating symptoms as borderline or resistant, we will miss the signs of fragmentation and dissociation—the signs that the client may not have a smooth easy course with EMDR. We may have to manage trauma processing very delicately to ensure resolution.

GWT: What is the spark for your work with EMDR?

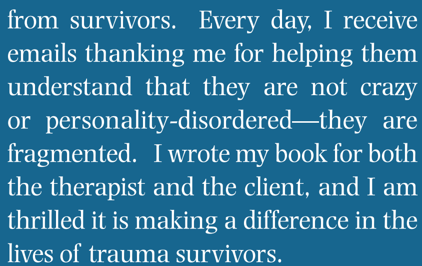
I want to see the understanding and treatment of trauma improve around the world. EMDR therapists are a very important 'tribe' in this mission. The belief that the client just 'has to talk about it' still dominates the mental health world. EMDR was the first treatment to dramatically demonstrate the fallacy in that belief, and I am very grateful to have been trained so early in my career.

GWT: Why is this work important?

The incidence of trauma remains so high around the world, creating a much bigger need than the resources available to meet it. We live in traumatic times right now, and the repercussions of societal trauma will be felt for years to come.

GWT: What are you most excited about?

The responses to my book (*Healing the Fragmented Selves of Trauma Survivors*)



from survivors. Every day, I receive emails thanking me for helping them understand that they are not crazy or personality-disordered—they are fragmented. I wrote my book for both the therapist and the client, and I am thrilled it is making a difference in the lives of trauma survivors.

Reference List:

Fisher, J. (2017). *Healing the fragmented selves of trauma survivors: overcoming self-alienation.* New York: Routledge.

Shapiro, R. (2016). *Easy ego state interventions: strategies for working with parts.* New York: W. W. Norton.

Schwartz, R. C. & Sweezy, M. (2019). *Internal family systems,* Second Edition. New York: Guilford Press.

EMDRIA ONLINE COMMUNITIES

JOIN TODAY!

EMDRIA Online Communities are an EMDRIA member benefit for networking and knowledge-sharing! These online forums are places in which EMDRIA members can share resources and best practices around the use of EMDR therapy with a population, setting, or topic area. Join the discussions today at www.emdria.org/emdria-community/.

EMDRIA has 20 online communities:

- COVID-19 Resource Community
- EMDR and Addiction
- EMDR and Autism
- EMDR and Dissociative Orders
- EMDR and Eating Disorders
- EMDR and Expressive Arts Therapy
- EMDR and Intimate Partner Violence
- EMDR and Medical Illness
- EMDR and Performance Enhancement
- EMDR and Positive Psychology
- EMDR and Public Practice and Diversity
- EMDR and the Body
- EMDR and the Military
- EMDR Early Intervention
- EMDR, Energy Medicine, and Spirituality
- EMDR for First Responders & Protective Services Personnel
- EMDR for Perinatal Mental Health
- EMDR in the University
- EMDR Research
- EMDR with Children and Adolescents

One-on-one with: **Annie Monaco**

GWT: Tell us a bit about yourself!

I am a Licensed Clinical Social Worker and a Registered Play Therapist practicing in the field for almost 30 years. I was a director at a nonprofit for over 10 years overseeing the EMDR/Family therapy program and Restorative Justice programs for juvenile and adult offenders. In private practice my specialties include out of country adoptions, foster care and dissociation with children and teens. I am also a faculty member of both the Child Trauma Institute and University at Buffalo School of Social Work. Prior to COVID, I was traveling throughout the US and internationally providing trauma-informed trainings and agency and therapist consultation. I am a trainer of EMDR, EMDR with Children and Teens, Progressive Counting and Attachment & Dissociation. I am also the Chair of the EMDRIA Child and Adolescent Special Interest Group and most recently joined the JEMDR Council of Scholars.

Many therapists ask me how I take care of myself with all of the work I do. My day begins with a full hour of meditation at 4am. And then I bike, kayak, hike, ski throughout the week with my husband, friends and family! I also throw fabulous food parties as I am a first generation Italian! My Italian parents are still alive and continue to teach me how to cook and grow vegetables…

GWT: What was the inspiration for your presentation this year?

Many clinicians struggle with identifying dissociation as the key symptom and/or disorder in children. When I present this topic in trainings, many clinicians have the "aha" moment of what is occurring with their child clients. They walk away with saying "My client is not ADHD or bipolar, they are dissociating!".

I co-edited a book with Ann Beckley-Forest that due to COVID won't be released until October 2020, "EMDR with Children in the Play Room". This book was an opportunity to finally put down some of my interventions I have been using for over 30 years with children. My chapter in the book is understanding dissociation with children and utilizing the play therapy process.

GWT: What are some of the most powerful results you have seen by using the "Play Room Parts of Self" process?

A child recognizing that they have parts of themselves that are similar to their caregivers/perpetrators but they realized, they just imitated them and don't have to have that symptom or behavior. They are released from living a life of pain and have the freedom to be happy and live a playful life.

GWT: What is important to you as we listen to your presentation? What are the key takeaways?

Play is the language of children. For those clinicians who therapeutically want their child clients to use playful options to help share openly about their parts of self in drawing or sand, we offer an opportunity to learn how to do this. We will also teach clinicians how to teach parts of self to work as a team to heal the traumas. Therapists struggle with knowing what to do with parts of self after they have been identified. We offer the next step in teaching children to have their parts be accepted, loved, heard and wanted.

GWT: What is the spark for your work with EMDR?

I was new in the field (30 years ago). It was difficult to keep teenage offenders out of trouble—to stop committing crimes in our community. I thought about leaving the field. A fellow clinician urged me to take EMDR training. I saw success in healing these teenagers' traumas and they stopped their problem behaviors! Probation started questioning my methods as they were seeing rapid changes in the clients.

I began using it with sex offenders and these individuals were suddenly having empathy towards their victims and wanting to repair their harm.

How do you turn back after that?

GWT: Why is this work important?

I teach clinicians to take risks with doing trauma work with children. Why? If I can stop more children from becoming adults ending up in the prison system, I feel I have truly contributed to the world. I have worked with prisoners and criminals and all started as children who were in foster care, adoptions at late ages or they endured horrific abuse. We put our most vulnerable behind four walls. Many therapists are afraid to use EMDR with children. I teach how to provide safety in their lives (even in the most difficult homes) and do trauma therapy.

GWT: What are you most excited about?

I want therapists to feel like they have the incredible skills of healing. We are dealing with so many difficult life situations, and to be able to help heal a child from their past, see them happy, playful and connected to family and other systems is the reward of our profession.

GWT: What readings do you recommend on this subject?

My teachers are so many. Joyanna Silberg and Fran Waters are the leading people in the field of Dissociation. Ana Gomez has written great books to teach children and parents about their dissociation.

VIDEOS THAT GET AT THE HEART OF HEALING CHILDREN THROUGH EMDR

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EMDR with Children

Are you interested in what EMDR with children really looks and sounds like? Case discussions of EMDR without video omit 80% of pertinent information (such as attunement, relationship, body language, facial expression, pacing and eye contact, among others). This set of DVDs of EMDR with children shows:

Excerpts of actual sessions with children aged 1-5 (and older)

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- Matters of technique and attunement
- Group EMDR with children and treatment effectiveness results

All therapy sessions are conducted by Bob Tinker, internationally known EMDR expert with children. The group EMDR was conducted by Sandra Wilson, Ph.D., EMDR trainer.

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18 E. Monument St., Colorado Springs, CO 80903

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*Bonus DVD contains the "Mary" tape, well-known for its use in EMDR trainings over 15 years; and a documentary "Alternatives Uncovered", about EMDR.

**12 CEUs available through EMDRIA on completion of a short quiz, proof of purchase and a Verification of Course Completion.

One-on-one with: **Colin Ross**

GWT: Tell us a bit about yourself!

I completed medical school at the University of Alberta and psychiatry training at the University of Manitoba in Canada. I'm a Past President of the International Society for the Study of Trauma and Dissociation, and the author of over 230 papers and 34 books. I have reviewed for over 30 different professional journals.

I am the Director of a hospital-based Trauma Program in Denton, Texas. I'm in the process of creating a Partial Hospitalization Program in the Austin, Texas area.

I have several different hobbies including travel, hiking and running, and have produced short films and documentary films.

GWT: What was the inspiration for your presentation this year?

First, I hope my presentation is a testament to Francine Shapiro. In my lifetime, only she and Aaron Beck have personally started therapy methods that grew into international organizations with numerous randomized controlled trials. In addition I wanted to talk about my own efforts to bridge EMDR and the dissociation field and why I think that is important.

GWT: We all love EMDR stories of healing and change. There are so many stories to cover within your talk in just an hour. Tell us about a clinician that had great success with a client using EMDR that you wish you had had more time to talk about.

One of my Texas colleagues was able to treat a woman with a long-standing and very disabling conversion disorder to full remission in quite a short period of time using EMDR – not just BLS but general principles of EMDR.

GWT: What is important to you as we listen to your presentation? What are the key takeaways?

I hope that I can provide some perspectives that others haven't thought of on EMDR and its contributions to our culture. I plan on taking a broad view and setting EMDR in the context of the history of psychiatry and psychology.

GWT: What is the spark for your work with EMDR?

The spark for my taking EMDR training, publishing in the EMDR journal and speaking at EMDRIA conferences in the US and Europe was hearing from clinicians how effective it is. Also, I set myself the task of trying to bridge the EMDR and dissociation fields because both can learn from the other. For example, EMDR therapists can get in trouble if they do not realize that a person has a dissociative disorder. I think of EMDR as a trauma-dissociation therapy – therefore the dissociation field could borrow the large set of EMDR treatment outcome studies as an evidence base for the treatment of trauma and dissociation. EMDR is all about targeting unintegrated aspects of trauma, which means dissociated aspects of trauma.

GWT: Why are these stories important?

They prove that there is real hope for recovery. They also prove that there is lots of room for new discoveries and innovations in psychotherapy. I frequently tell patients that the only reason my work has any meaning is because they and their lives have meaning. It's a two-way street – therapists could huff and puff (or do BLS) as much as they want but it wouldn't count for anything if the clients made no use of it, or got no benefit from it.

GWT: What are you most excited about?

Professionally, I am inspired by the therapy I provide and seeing the endlessly amazing movement made by patients, and I really like writing, publishing and speaking. T.S. Eliot wrote that, "April is the cruelest month, breeding lilacs out of the dead land." I disagree: the perpetual renewal of the biosphere is an inspiring wonder.

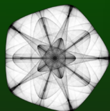
GWT: What readings do you recommend on this subject?

Of course, the essential reading is the books by Francine Shapiro. After that, books by Jim Knipe, Paul Miller and Dolores Mosquera have meant the most to me. There are lots of other excellent EMDR authors as well. Actually, what I recommend the most is that therapists read books from outside the mental health field for their general education – history, philosophy, literature, current affairs, biographies, whatever interests them. To be a good therapist, it is essential to have a rich life outside the workweek. My favorite authors are all classical English literature writers – Shakespeare, Donne, Blake, Hopkins, D.H. Lawrence and others. I write poetry myself and am thinking about doing a "translation" of Chaucer's Canterbury Tales into modern English. I might not get that done, but hopefully I can complete at least one tale.

Reference List:

Ross, C.A. (2015). When to suspect and how to diagnose dissociative identity disorder. *Journal of EMDR Practice and Research*, 9, 114-120.

Mosquera, D., & Ross, C.A. (2016). Application of EMDR therapy to self-harming behaviors. *Journal of EMDR Therapy and Research*, 10, 2, 119-128.



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One-on-one with: **Roger Solomon**

GWT: Tell us a bit about yourself!

I am a psychologist specializing in the areas of trauma and grief. Currently I am the Program Director and Senior Faculty (since 1993) with the EMDR Institute. I enjoy traveling and have had enjoyed teaching EMDR therapy in many different places and meeting our international colleagues. I am a consultant with the US Senate, and in the past, I have provided consultation to law enforcement and government agencies, including the FBI, Secret Service, NASA, U.S. Attorney's Office, and U.S. Army. For over 35 years I have worked with families of first responders killed in the line of duty. For the past 15 years, I have focused on the utilization of EMDR therapy in the treatment of complicated grief, complex PTSD and trauma related dissociation. I have authored or coauthored 48 articles and book chapters pertaining to EMDR therapy, grief, complex trauma, acute trauma, and law enforcement stress.

GWT: What was the inspiration for your presentation this year?

The death of a loved one can be very distressing and the adaptation to the loss can be quite challenging. Even when grief is uncomplicated, the emotional pain can significantly disrupt life. It is important for the EMDR therapist to be knowledgeable about theoretical frameworks that can guide case conceptualization and treatment for the distress/trauma of the loss and promote adaptation.

Grief, particularly in this era of COVID-19 is a very relevant topic. People are dying, and COVID-19 brings complications. Further, we have all suffered loss because life as we knew it has changed. Loss of safety, control, predictability, and our usual life style have impacted us all.

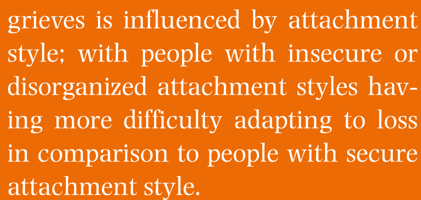
GWT: Grief and mourning are universal human emotions. Since everyone experiences grief at some point in life, what are the indicators that someone would need EMDR for their processing of emotions?

Grief is the reaction to loss and mourning is the process of adaptation to loss. The grief reaction can be of traumatic proportions, particularly when the death is sudden, unexpected, and violent. Further, the loss of a loved one, in and of itself, can be overwhelming. The trauma of the loss can significantly impact daily functioning and interfere with daily functioning and quality of life. If a loss is significantly impacting a person after six months (when Prolonged Grief Disorder can be diagnosed) treatment is indicated and EMDR therapy can be used to treat the trauma of the loss, and facilitate adaptation. However, even if grief is uncomplicated it can still be quite painful. EMDR therapy will not take away appropriate emotion, or anything that the client needs. Therefore, EMDR therapy can be used even with uncomplicated grief and process the obstacles that can complicate the mourning.

GWT: How does attachment affect grief reactions and would you share an interesting case with us, perhaps one that surprised you?

Almost all people who seek grief therapy have had their attachment system activated by the loss (Kosminsky and Jordan, 2016). Infants are wired to attach to a care-giver for safety. Attachment styles (e.g. secure, avoidant, anxious, disorganized) develop in early childhood in response to the caregiver's ability to meet the needs of the child, particularly in times of distress. Attachment styles, in terms of thee AIP model which guides EMDR, can be understood as memory networks organized around child-caregiver interactions, and provide a foundation of emotional information about self and other, and therefore influencing relationships.

The loss of a loved one can evoke childhood reactions that were experienced in childhood when there was separation from an attachment figure. Consequently, how a person



grieves is influenced by attachment style; with people with insecure or disorganized attachment styles having more difficulty adapting to loss in comparison to people with secure attachment style.

Surprising case example: I worked with one man whose father died, which triggered earlier memories of abandonment. For two years (ages 4-6), he had to live with his grandparents while his parents had to return to their country of origin. We first processed memories having to do with the abandonment, and then focused on the trauma of the father's death (e.g. starting with hearing the news of his death). This cleared up grief symptoms, increased his ability to be more present with people and less avoidant, and increased his level of alertness and ability to focus. What was surprising to us both was that his compulsive shopping - a way to fulfill attachment needs - stopped.

GWT: What is important to you as we listen to your presentation? What are the key takeaways?

The takeaways are a) EMDR therapy, with processing the trauma of the loss, enables the formation of an adaptive inner representation composed of positive, heartfelt memories that bring the mourner a sense of connection. Hence the mourner goes from "I can't connect" to "I can connect", moving from a connection through pain to a connection through love. b) video tapes of EMDR sessions that show the treatment of complicated mourning (including working with people who are afraid that if they lose the pain, they lose the connection to the loved one). c) understanding how different frameworks of grief and mourning can guide EMDR therapy.

GWT: What is the spark for your work with EMDR?

It never ceases to amaze me how clients find their own, unique resolution when processing negative memories.....the mind finds a way.

GWT: Why is this work so important?

Loss is inevitable, and can be of traumatic proportions. EMDR therapy stimulates the natural healing mechanisms of the mind to enable integration of the loss.

GWT: What are you most excited about?

I am excited about showing interesting and informative client EMDR sessions that illustrate clinical phenomena and therapeutic strategies for dealing with loss.

GWT: What readings do you recommend on this subject?

Reference List:

Bowlby, J. (2008). *A secure base: Parent-child attachment and healthy human development.* New York, NY: Basic Books.

Kosminsky, P.S., & Jordan, J. J. (2016). *Attachment-informed grief therapy: The clinician's guide to foundations and applications.* New York, NY: Routledge.

Solomon, R.M., and Hensley, B.J. (in press). EMDR Therapy Treatment of Grief and Mourning in times of COVID-19. *Journal of EMDR Practice and Research.*

Solomon, R.M., (2018). EMDR treatment of grief and mourning. *Clinical Neuropsychiatry* (2018) 15, 3, 173-186.

Solomon R., & Rando, T. (2012). Treatment of grief and mourning through EMDR: conceptual considerations and clinical guidelines. *European Review of Applied Psychology*, X, 231-239.

Solomon, R. M., & Rando, T. A. (2015). EMDR therapy and grief and mourning. In M. Luber (Ed.), *Eye Movement Desensitization & Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Trauma and Stressor Related Conditions,* (pp. 230-252). New York, NY: Springer Publishing Co.

Schedule at a Glance

SATURDAY 9/26

9:30AM - 10:30AM — **GENERAL SESSION 1**
1 CE Credit

10:45AM - 4:00PM — **BREAKOUT SESSIONS**
4 CE Credits

SUNDAY 9/27

9:00AM - 10:30AM — **GENERAL SESSION 2**
1.5 CE Credits

11:00 AM - 12:30PM — **BREAKOUT SESSIONS**
1.5 CE Credits

1:30PM - 5:00PM — **BREAKOUT SESSIONS**
3 CE Credits

TUESDAY 9/29

10:00AM - 12:00PM — **GENERAL SESSION 3**
2 CE Credits

THURSDAY 10/1

10:00AM - 12:00PM — **GENERAL SESSION 4**
2 CE Credits

SATURDAY 10/3

9:00AM - 10:00AM — **GENERAL SESSION 5**
1.5 CE Credits

11:00AM - 12:30AM — **BREAKOUT SESSIONS**
1.5 CE Credits

1:30PM - 5:00PM — **BREAKOUT SESSIONS**
3 CE Credits

SUNDAY 10/4

9:00AM - 12:30AM — **BREAKOUT SESSIONS**
3 CE Credits

1:30PM - 3:00PM — **GENERAL SESSION 6**
1.5 CE Credits

All times listed are Central Standard Time.

Registration & Pricing Information

Dates:
September 26/27
September 29
October 1
October 3/4

Early-Bird Registration Deadline:
August 25th

Registration Deadline:
September 25th

Cancellation Policy:
Cancellation requests from registrants must be made by completing the online Cancellation Form on our website. No cancellation or refund requests will be accepted by phone or email. A total refund of paid registration fees, minus a $100 processing fee, will apply to all cancellations submitted by August 25, 2020. No refunds will be issued after August 25, 2020.

Early Bird (July 15 - August 25)	Regular (August 26 - Sept. 25)
$575 Non Member	$625 Non Member
$450 Member	$500 Member
$250 Student Member	$250 Student Member

Session Categories

Alcohol & Substance Abuse
Session 414
Anxiety & Panic Disorders
Session 324
Attachment Issues / Personality Disorders
Session 102
Children / Adolescents
Sessions 101, 213
Chronic Illness / Medical Issues / Somatics
Sessions 223, 312, 322
Clinical Dilemmas
Session 416
Cultural Competence And/Or Diversity
Sessions 222, 313, 413
Depression, Grief & Mourning
Sessions 415, GS6
Dissociation / Complex Trauma
Sessions GS5, 321, 412
Eating Disorders
Session 224
Ethical / Legal Issues
Session 221
Models / Theory
Sessions GS1, 214, 325, 411
Neurobiology
Session 323
PTSD
Sessions 103, 316
Public Practice / Agencies
Session 212
Research
Session 215
Spirituality
Session 311
Techniques / Strategies
Sessions 314, 315
Training / Consultation In EMDR
Session 211
Trauma, Race, and EMDR
Sessions GS2, 225, GS3, GS4, 326

SATURDAY, SEPTEMBER 26, 2020

GENERAL SESSION 1

9:30am - 10:30am (1 Credit Hour)
Colin Ross, M.D.
Introductory | Intermediate | Advanced

How EMDR Has Changed Lives - For Clients and Clinicians

In this talk, Dr. Ross will describe how EMDR has affected his own thinking and practice and how it has changed the lives of both clients and clinicians. For him personally, it has changed his thinking about trauma therapy both technically and in terms of Adaptive Information Processing. EMDR has changed the lives of clients by providing effective therapy for both single traumas and complex, chronic trauma. EMDR has changed the lives of clinicians by giving them a model of trauma therapy that includes many clearly defined tools, techniques and strategies.

SESSION 101

10:45am - 4:00pm (4 Credit Hours)
Ana Gomez, MC, LPC
Intermediate

The World of Stories & Symbols

The bihemispheric structure of the brain imposes on clinicians the challenge of therapeutically relating and strategically embracing the full biology of the human mind. For clients with developmental injuries, trauma left them in a constant state of physiological activation while unable to verbally tell their life accounts. Sandtray techniques provide distance and an entrance into the unspoken world that lays beneath the aware and conscious mind. This presentation will show how to incorporate Sandtray techniques into the eight phases of EMDR therapy. In addition, it will address how utilizing Sandtray strategies can be a powerful portal into traumatogenic material.

SESSION 102

10:45am - 4:00pm (4 Credit Hours)
Deany Laliotis, LICSW
Introductory | Intermediate | Advanced

Pathways to Connection: Attachment in Everyday Life

During this time of increased isolation, our usual means of getting our attachment needs met are not as available in the ways we are normally accustomed to. In addition to the life stressors of these unprecedented times, staying connected becomes even more of a challenge. In this workshop, you will be introduced to a model that proposes a hierarchy of attachment needs offering a practical approach to helping ourselves as well as our clients navigate this unchartered territory. Using the EMDR Life Stress protocol, you will be able to develop new patterns of response, generating opportunities for personal growth and connection.

SESSION 103

10:45am - 4:00pm (4 Credit Hours)
Joanne Twombly, LICSW
Introductory | Intermediate

Safe and Practical EMDR for Complex PTSD

Complex-PTSD, while not a diagnosis in itself, is thought of as a category of PTSD resulting from multiple traumas, often occurring over time, often within an atmosphere of attachment disordered relationships and neglect. This workshop will provide essential information on the treatment of Complex- PTSD within the 8 phases of EMDR. Gain knowledge of: assessment, coping skill and resource development; treatment of traumatic material through paced and titrated EMDR processing designed to keep clients on track with their healing process, provide protection from decompensation; integration of gains and adjustment to a life not based on traumas from the past.

SUNDAY, SEPTEMBER 27, 2020

GENERAL SESSION 2

9:30am - 10:30am (1.5 Credit Hours)

Session Information Announced Soon!

SESSION 211

11:00am - 12:30pm (1.5 Credit Hours)

Michelle Gottlieb, Psy.D., MFT, LPCC

& Deborah Silveria, Ph.D.

Introductory | Intermediate

OOPS! EMDR Clinician Common Errors: Bloopers & Blunders

There are many common errors made by EMDR clinicians. Often therapists are not even aware that they are committing errors. These errors prevent clinicians from being as effective as they could be in working with their clients. Common errors in each of the Eight Phases, Treatment Planning, the Three Prongs and General Practice will be reviewed. Participants will be informed of current EMDRIA guidelines for effective practice. The workshop will be delivered in a humorous and engaging style.

SESSION 212

11:00am - 12:30pm (1.5 Credit Hours)

Carol Logan, Ph.D.; Christie Sprowls, Psy.D.; Genaro Sandoval, LCDC; & Peggy Brewer-Dowling, Ph.D.

Intermediate

Delivery of EMDR in a Metropolitan Police Department: A Pilot Program

There is currently an urgent situation within our nation's police force: police officers are suffering increased psychological symptoms and sometimes suicidal risk. At the same time, there is a rising public outcry against police 'excessive use of force', or 'police brutality '. Recent groundbreaking research in neurobiology illuminates the root cause of this crisis. This innovative pilot program leverages these neurological findings to offer a treatment specifically designed to respond to the unique characteristics of this population. This pilot program is designed to provide unprecedented widespread access to treatment within the police department that is actually in accordance with police culture.

SESSION 213

11:00am - 12:30pm (1.5 Credit Hours)

Annie Monaco, LCSW, RPT & Ann Beckley-Forest, LCSW, RPT-S

Intermediate | Advanced

INTEGRATIVE PRESENTATION

PartsatPlay:IntegratingDissociationTheory and Play Therapy with EMDR

Learn to recognize, access and build cooperation among self-states of children in the play room applying key principles to guide treatment. We will practice two play-based interventions utilizing sand tray and drawing. Use the lens of dissociation to understand the themes in child-centered play therapy with young children. For older children, participants will practice a scripted intervention called "The Play Room Parts of Self Process" useful with drawing or sand tray which is a version of Frasier's Table for children. The workshop teaches safety and gradual exposure in the play room to allow self-states to emerge during preparation for EMDR.

SESSION 214

11:00am - 12:30pm (1.5 Credit Hours)

Jillian Tucker, LCSW

Introductory

INTEGRATIVE PRESENTATION

Improving Object Relations with EMDR

This presentation draws a direct parallel between EMDR and a classic psychological theory: object relations. Throughout history, humankind has grappled with how to navigate the internal battle between "good and bad." Object relations theorists posit that improving object relations will not only relieve clients from past traumas, but also serve, in the words of W.R.D. Fairbairn, as "mental immunization therapy" against future stressors. Citing the works of the preeminent object relation theorists, this presentation outlines how the eight-phases of EMDR both neutralize internalized bad objects and enhance internalized good object relations to promote mental wellbeing.

SESSION 215

11:00am - 12:30pm (1.5 Credit Hours)

Ricky Greenwald, Psy.D.

Intermediate | Advanced

Writing for the Journal of EMDR Practice & Research

Many EMDR therapists have something to contribute to the field, but may be unsure about how to write a paper for a scholarly journal. Participants in this workshop will learn to identify the types of papers that might be submitted, and how to determine in which category their own project belongs. Participants will also learn a clear structured model for composing a paper so it will have its best chance of favorable review. Finally, participants will be guided to evaluate their own project and develop a plan to bring the project to publication.

SESSION 221

1:30pm - 5:00pm (3 Credit Hours)

Steven Silver, Ph.D.

Introductory | Intermediate | Advanced

Ethics and EMDR: A review for EMDR Clinicians, Consultants, and Trainers

EMDR shares with other psychotherapies ethical issues. Two additional areas emphasize the need for a clear understanding of ethical conduct. The first is EMDRIA's use of ethical codes provided by professional organizations a member may also be a part of and, when a member has no other affiliations providing such a code, making use of the ethical guidelines of the American Psychological Association, a code some may not have familiarity. The second reflects the unique quality of EMDR work and its relative youth. For example, EMDR may be conducted without the therapist knowing the specifics of the client's particular experience.

SESSION 222

1:30pm - 5:00pm (3 Credit Hours)

Paul Miller, M.D.; Jess Converse, LCSW; Victoria Blom, LCSW; & Jenna Burton, LMHC

Introductory | Intermediate

INTEGRATIVE PRESENTATION

EMDR therapy for the trauma of downward social drift in the LGBTQ+ community

The research on social drift up to this point focuses on the hypothesis that illnesses, both physical and mental, can cause one to have a downward mobility within society. We hypothesize that illnesses can cause the descent of individuals into lower socioeconomic classes, resulting in a disenfranchisement that further exacerbates mental health symptoms and dysfunction. Our presentation seeks to encourage insights into how non-heteronormative identifying individuals can experience downward social drift as trauma. It is

our belief that EMDR therapy can be utilized as an effective intervention to resolve these traumas, leading to upward mobility and increased mental well-being.

SESSION 223

1:30pm - 5:00pm (3 Credit Hours)

Jamie Zabukovec, Psy.D.

Introductory | Intermediate | Advanced

Using EMDR for Chronic Pain: Focus on Phases 1 and 2

Shapiro (1995, 2001, 2018) expanded "trauma" treated by EMDR psychotherapy to include illness and somatic disorders. The Adaptive Information Processing Model, EMDR's 8 Phases and 3-Pronged Approach provide a framework to conceptualize multidisciplinary treatment of the chronic pain patient, integrating the mosaic of presenting problems and contributing factors, and identifying targets for reprocessing. Phase 1 History-Taking and Treatment Planning along with Phase 2 Preparation considerations will be examined. Information about pain and conceptualization strategies will be provided. How Phase 1 History-Taking and Phase 2 Preparation can establish a strong foundation for holistic treatment of chronic pain clients is illustrated.

SESSION 224

1:30pm - 5:00pm (3 Credit Hours)

DaLene Forester, Ph.D.

Intermediate

EMDR Therapy with Eating Disorders

This workshop will address the spectrum of eating disordered behaviors from a trauma perspective with EMDR therapy. Individuals are rarely born with distorted eating patterns. An increasing number of studies make the connection between adverse life experiences and the development of inappropriate relationships with food and exercise as coping mechanisms. Inappropriate relationships with food and exercise develop along a full continuum from disordered eating to a full blown eating disordered behavior. The trainer will present from her 20+ years of experience utilizing the 8-phases and 3-pronged protocol of EMDR therapy with individuals suffering from eating disorders and disordered eating.

SESSION 225

1:30pm - 5:00pm (3 Credit Hours)

Quandra Chaffers, LCSW & Karla Brown, MA, LMFT

Introductory

Healing the Healer: EMDR-IGTP-OTS & Vicarious Trauma in Black Clinicians

Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol in Ongoing Traumatic Stress (EMDR- IGTP-OTS) has been studied effectively in Latin communities since 1997 (Jarero, 2010), but not yet with African American communities. As anti-racism awareness grows, a need arises to resource black clinicians who absorb stories of racism from their clients. Previous research focused on preventing secondary trauma in therapists mostly by increasing coping skills. Little research exists on race-related secondary trauma and the treatment of race-related trauma in therapists. These presenters will detail the use of EMDR-IGTP-OTS in decreasing traumatic stress in black clinicians.

TUESDAY, SEPTEMBER 29, 2020

GENERAL SESSION 3
10:00am - 12:00pm (2 Credit Hours)
Wendy Ashley, Psy.D., LCSW &
Allen Lipscomb, Psy.D., LCSW
Intermediate

EMDR Therapy with an Afrocentric Critical Race Perspective

EMDR is an evidenced based intervention designed to resolve unprocessed traumatic memories. Despite EMDR's efficacy, there are minimal references to diversity in EMDR research, and no protocol adaptations for African American clients. Without consideration of the lived experiences of African Americans or acknowledgement of stigma, shame and historical trauma, the relevance of identity, privilege and inclusion in treatment is obscured. Utilizing an Afrocentric Critical Race perspective, case studies of African American clients who received EMDR are critically examined. Emphasis is placed on clinician positionality in alleviating oppression-based trauma and clinical implications for promoting anti-oppressive EMDR practice with African American clients.

THURSDAY, OCTOBER 1, 2020

GENERAL SESSION 4
10:00am - 12:00pm (2 Credit Hours)
David Archer, MSW, MFT
Intermediate

Racial Trauma, Neurons, and EMDR: The Path Towards an Anti-Racist Psychotherapy

Although race is a social construction, it carries great significance and dire consequences in our North American culture. This presentation will explore how Anti-Black racism, racial trauma, and White Supremacy can impact psychotherapy. Using Young's Five Faces of Oppression model, we will discuss how Anti-Black racism affects clients and therapists. In addition to discussing how systemic racism impacts service delivery, we will also explore the impact that Anti-Black racial microaggressions can have on the nervous system (e.g. allostatic load) of our clients. Recommendations for conducting EMDR from an Anti-Racist perspective will be discussed and encouraged. Case examples will be provided.

SATURDAY, OCTOBER 3, 2020

GENERAL SESSION 5
9:00am - 10:30am (1.5 Credit Hours)
Janina Fisher, Ph.D.
Introductory | Intermediate | Advanced

Healing the Fragmented Selves of Trauma Survivors: Overcoming Self-Alienation

Self-alienation maintains attachment to abusive caregivers by disowning one's self as "bad," a solution made possible by the innate ability of young children to create imaginary worlds. The cost is a painful failure of self-acceptance maintained by shame, self-loathing, dissociation, and denial. Without internal compassion, it becomes difficult to take in the acceptance of others or tolerate rejection. To overcome self-alienation, the therapy must focus on transforming the implicitly remembered traumatic experiences by helping clients observe painful emotions and body sensations as communications from their disowned selves and then providing the 'missing experiences' for which their child parts have longed.

SESSION 311

11:00am - 12:30pm (1.5 Credit Hours)

Stephen Dansiger, Psy.D., MFT

Introductory | Intermediate

The Role of Spirituality in Trauma Wounding and The Healing of EMDR Therapy

EMDR therapy clients with Complex PTSD, PTSD and/or addictions often report that spiritual crises play an integral role in their suffering and use spiritual terms when describing healing. The AIP model posits that maladaptively processed traumas and adverse life events have a profound impact on a client's ability to make meaning, which is perhaps the core issue addressed by spirituality. Participants will discover the role of spirituality and spiritual wounds in the etiology and treatment of Complex PTSD, PTSD and addictions utilizing the 8 Phase Protocol. Case examples will highlight implications for case conceptualization, treatment planning, and specific spiritual interventions.

SESSION 312

11:00am - 12:30pm (1.5 Credit Hours)

Jonas Tesarz, M.D.

Introductory | Intermediate

INTEGRATIVE PRESENTATION

EMDR in the Treatment of Pain - Underlying Concepts and Current Evidence

The lecture outlines the use of EMDR in the treatment of chronic pain. In the context of this lecture, we will first address the question of how emotional stress and psychological trauma lead to physical pain, before dealing the specificities of EMDR in the treatment of chronic pain conditions. Minor modifications of the standard EMDR protocol will be discussed that allow the processing of pain, pain-related illness anxiety and pain catastrophizing thoughts. At the end of the lecture a profound overview on the current scientific evidence for the use of EMDR in pain therapy will be given.

SESSION 313

11:00am - 12:30pm (1.5 Credit Hours)

Viviana Urdaneta, LCSW

Introductory | Intermediate | Advanced

EMDR Therapy in College and University Settings in a Brief Therapy Model

This workshop discusses tools to increase utilization of EMDR therapy in university settings. College students experience high rates of sexual assault and other traumatic events. Campus counseling services face challenges due to great diversity of the student population, a brief therapy model, and the complexity of traumatic events that impact the students' life and academic performance. College counseling offers an opportunity to increase awareness and understanding of EMDR and its effectiveness to process trauma with diverse populations including different migration status, race, gender, and sexual orientation. This workshop will describe ideas to provide psychoeducation, case conceptualization, treatment planning, and intervention.

SESSION 314

11:00am - 12:30pm (1.5 Credit Hours)

Michael Hase, M.D.

Introductory | Intermediate | Advanced

The Evolution of EMDR: From Technique to Psychotherapy - Implications for Clinical Practice

Since Dr. Shapiros first publication on EMD the technique evolved to a comprehensive therapy - EMDR Therapy. EMDR Therapy consists of theory (AIP Model), description of a comprehensive therapy and offers different treatment plans as well as a number of techniques for memory processing or resource enhancement. EMDR basic training offers training on application of techniques to reprocess or modify memories and ideas on treatment planning, but leaves the

therapist quite often confused regarding the complexity of EMDR Therapy. A concept of six levels in EMDR Therapy offers an easy to comprehend structure to understand the complexity of EMDR Therapy.

SESSION 315

11:00am - 12:30pm (1.5 Credit Hours)

Sheila Bender, Ph.D. & Maria Masciandaro, Psy.D.

Introductory

INTEGRATIVE PRESENTATION

EMDR Therapy Facilitated by Hypnosis Distillates: Spoken and Unspoken

This presentation distills procedures, strategies and tools from hypnosis principles that do not necessitate induced trance and applies them to EMDR therapy; case conceptualization in general, and within the 8 phases and 3 prongs in particular. Verbal and non-verbal communication in the therapeutic dyad is described and methods to reduce negative attunement are discussed. Tools to develop negative/positive cognitions and appropriate therapeutic interweaves are taught. Attention to and responses to non-verbal communication between therapist and client are also examined. Important non-verbal communications that occur between the client and the therapist during session are identified to help therapists craft effective interventions.

SESSION 316

11:00am - 12:30pm (1.5 Credit Hours)

Amanda Roberts, MA, Ph.D.

Discussant: Elan Shapiro, MA

Moderator: Cheryl Rogers, LPC-S, LMFT-S

Introductory | Intermediate | Advanced

INNOVATIVE PRESENTATION

The Third Wave: The EMDR Standard Group Protocol, SGP

The "First Wave" occurred with the development of the individual standard protocol. This protocol is the foundation of all EMDR practice. The IGTP and G-TEP, both designed for emergency situations, represent the "Second Wave". Up until now, there has been a "missing protocol" We have needed a group protocol that targets long term memories. The Standard Group Protocol, SGP is that protocol. The standard group protocol represents the "Third Wave" Participants will master the SGP treatment package and be prepared to implement the protocol on Monday morning. The presentation will combine lecture, power point, video case examples and open discussion.

SESSION 321

1:30pm - 5:00pm (3 Credit Hours)

Janina Fisher, Ph.D.

Introductory | Intermediate | Advanced

Using EMDR with Fragmented Clients: A Protocol for Overcoming Self-Alienation

Clients' trauma-related fragmentation presents challenges for the EMDR therapist when dissociative responses complicate or disrupt trauma processing. The processing may appear to be going smoothly but, despite apparent success, doesn't result in resolution and completion for the client. Or the client may become flooded and de-stabilized. Traumatized clients have one body and one mind but can also have many parts holding different trauma responses to the same event. In this workshop, participants will be introduced to a protocol for working with fragmented or dissociatively disordered clients that can enable effective processing of the trauma and facilitate self-compassion.

SESSION 322

1:30pm - 5:00pm (3 Credit Hours)

Tyler Orr, LPC/MHSP

Intermediate

Somatic and Attachment Focused EMDR

Therapy for Chronic Pain—The SAFE Model

The AIP model states that most pathologies are derived from earlier life experiences that are maladaptively stored in the nervous system. This is easy to see with symptoms like depression and anxiety, but the same is often true for chronic pain. Effective treatment requires the reprocessing of early life experiences that lead to pain in adulthood. This workshop will cover ways of working with pain in all eight phases using the basic EMDR protocol and utilize history taking, preparation, targeting, and reprocessing approaches informed by neuroscience and attachment theory to desensitize the physical and emotional disturbance associated with chronic pain.

SESSION 323

1:30pm - 5:00pm (3 Credit Hours)

Uri Bergmann, Ph.D.

Intermediate

Recent Neural Findings: The Dormant Potential of the Body Scan

Can recent neurobiological findings inform EMDR treatment? Is the unconscious/implicit mind important? Research has evidenced how the human brain develops in the context of somatosensory stimulation and relational intersubjectivity. This data charges us to become more, fluent and clinically comfortable with the right hemispheric somatosensorial language of our patients and ourselves. This seminar will integrate the data regarding the Default Mode Network and the Mirror Neuron System to illustrate the implications of this material with respect to current EMDR treatment; with specific focus on the expanded utilization of the body scan to render it more robust.

SESSION 324

1:30pm - 5:00pm (3 Credit Hours)

Andrew Leeds, Ph.D.

Intermediate

INTEGRATIVE PRESENTATION

EMDR Treatment of Simple, Complex and Dissociative Panic

This presentation provides clinicians with research and clinically informed treatment plans for alleviating symptoms of panic across of range of cases. This includes those with only a panic disorder diagnosis, those with developmental trauma and co-occurring anxiety or personality disorders, and those with a dissociative disorder and dissociative phobias. Emphasis is placed developing a case conceptualization founded on the Adaptive Information Processing model and integrating Attachment Theory and the Theory of Structural Dissociation. Clinical examples and guidelines are presented for identifying targets, when to extend preparation phase work, and when to address core attachment material or hidden dissociative phobias.

SESSION 325

1:30pm - 5:00pm (3 Credit Hours)

Craig Penner, LMFT

Introductory | Intermediate | Advanced

INTEGRATIVE PRESENTATION

Accurately Tracking Resiliency and Disconnections Using a Somatic Focus

Therapy is more effective when we assess our clients' "resiliency" accurately at each moment. The more acutely the therapist tracks subtle shifts to more hyper- and hypo-arousal, the closer the therapy can focus on problematic dynamics that cause our clients to disconnect. Somatic signs lead us into non-verbal processes, as do numerous other indicators of client disconnection from full presence. These crucial "non-presenting problems" strongly impact therapy. Tracking "disconnections" guides us into our clients' process: somatic bracing, incongruities (smiling when sad), rhetorical questions, collapsing, vagueness, interrupting self, wishing/hoping, signs of sympathetic and dorsal vagal activation, shifts in contact, and more.

SESSION 326

1:30pm - 5:00pm (3 Credit Hours)

Rocio Hernandez, Ph.D., MFT, LPCC

Introductory | Intermediate | Advanced

EMDR Diversity & The Spectrum of Trauma Prevention

Diversity and inclusion of EMDR expands beyond skin color. Simultaneously, trauma prevention must be viewed from working with individuals to creating policies to better protect our communities. This course provides a framework for understanding EMDR access across categories of diversity. Special EMDR examples will show implications for immigration, unlearning racism, and ways to modify EMDR for accessibility. Virtual and in-person tools provide options for setting up culturally humble sessions that meet our clients where they are. Examples across the Spectrum of Prevention offer a perspective for rethinking the role of an EMDR therapist in trauma prevention for generations to come.

SUNDAY, OCTOBER 4, 2020

SESSION 411

9:00am - 12:30pm (3 Credit Hours)

Ad de Jongh, Ph.D. & Suzy Matthijssen, Ph.D.

Discussant: Louise Maxfield, Ph.D.

Moderator: Tara May, Ph.D. PLLC

Intermediate | Advanced

INNOVATIVE PRESENTATION

EMDR 2.0. An Enhanced Version of EMDR Therapy?

In recent years there have been numerous new developments in research on, and the application of, EMDR therapy. Perhaps the most important one is experimental research into the working memory theory. The purpose of this workshop is to gain new inspiration, based upon this knowledge, for the treatment of patients who display high levels of anxiety and dissociation, and show limited treatment effects. Effective new applications that vary from modality-specific working memory-taxing techniques, to destabilizing memories will be demonstrated through video fragments of treatments in clinical practice with the aim to inspire clinicians to make their EMDR even more effective.

SESSION 412

9:00am - 12:30pm (3 Credit Hours)

Shirley Jean Schmidt, MA, LPC & Lynn James, LCPC, LMHC

Introductory | Intermediate | Advanced

INTEGRATIVE PRESENTATION

Ego-State Therapy Interventions to Prepare Dissociative Clients for EMDR

Workshop will introduce a collection of ego state therapy interventions from the Developmental Needs Meeting Strategy (DNMS) for stabilizing dysregulated, dissociative, and attachment-wounded clients. It will describe ways to talk directly to triggered wounded child parts (1) to welcome them; (2) to, attune, validate, and empathize with them; (3) to get them bonded with loving internal Resources; (4) to orient them to present time; and (5) to reassure them that their perception of "reliving" an old trauma is just a harmless recording playing back. When these interventions are provided together, in the right order, they have a profound stabilizing effect.

SESSION 413

9:00am - 12:30pm (3 Credit Hours)

Mark Nickerson, LICSW

Introductory | Intermediate | Advanced

Social Trauma and Adversity: Restoring Connectedness and Resilience

Human beings are social animals with a fundamental need for social connectedness and inclusion. Yet many

people feel they don't fit, experience social anxiety, face threatening societal dynamics, or otherwise struggle in groups. Socially adverse experiences including developmental social trauma, stigmatization, discrimination, exclusion, being "canceled" and marginalization can lead to isolation, invisibility, addiction and alienation. This true "workshop" will include clinical tools and experiential exercises designed to convey key concepts including the nature of social information processing, ingroup/outgroup effects, a new category of resonating NC/PCs (connectedness/belonging), social identity formation, internalized social messages, the impact of "isms" and multiple cultural considerations.

SESSION 414

9:00am - 12:30pm (3 Credit Hours)

Lauren Day, LPC, LCDC

Intermediate | Advanced

INTEGRATIVE PRESENTATION

EMDR with Substance Use & Co-occurring Addictive Behaviors

Treating addictive disorders is becoming an exponentially acute need due to the impairment and potential fatality that accompanies many addictive disorders. EMDR Psychotherapy aims to address more than symptom reduction and address the core issues and experiences that contribute to the development and maintenance of addiction. This program focuses on understanding treatment for addictive disorders such as substance abuse, eating disorders, self-harm behaviors, and love/sex addiction using EMDR Therapy. This program provides insight into case conceptualization and treatment planning when working with clients suffering with substance use disorder and co-occurring addictive behaviors.

SESSION 415

9:00am - 12:30pm (3 Credit Hours)

Roger Solomon, Ph.D.

Introductory | Intermediate | Advanced

Utilization of EMDR therapy with Grief and Mourning

The death of a loved one can be a time of unparalleled distress. EMDR therapy can be integrated into treatment of grief and mourning to process distressing memories and present triggers that complicate the bereavement and enable assimilation and accommodation of the loss and adaptive functioning in the future. Different theoretical frameworks (including attachment theory which research shows underlies the variation in grief reactions) will be presented to guide case conceptualization and utilization of the 8 phases of EMDR therapy for grief and mourning. Video tapes of sessions will illustrate the concepts.

SESSION 416

9:00am - 12:30pm (3 Credit Hours)

Derek Farrell, Ph.D.

Intermediate

EMDR Therapy & Dyslexia

The lived experience of Dyslexia highlights lifelong emotional and social effects, often describing experiences of education as a 'hostile environment' of judgment, failure, ridicule, isolation, and stigma. This presentation will explore the 'lived experience' of Dyslexia through the lens of Adaptive Information Processing (AIP). It will outline how the AIP paradigm is used for case conceptualization and subsequent treatment using EMDR Therapy. It will highlight the importance of psychoeducation and trauma processing in regard to trauma resolution, challenging stigma, resilience, and post-traumatic growth. In addition, the presentation will utilize clinical material to support the interface between theory and clinical practice.

GENERAL SESSION 6
1:30pm to 3:00pm (1.5 Credit Hours)
Arne Hofmann, M.D.
Introductory | Intermediate | Advanced

EMDR in the Treatment of Depression - The EMDR DeprEnd Protocol

Severe depression is one of the most common mental disorders and affects between 15-20 % of the general population in their lifetimes. Although many psychotherapeutic and pharmacologic interventions exist that are considered to be effective in depression, the treatment results are often less than satisfactory. High relapse rates (ranging at 50% after two years), unsatisfactory remissions and suicidal risks are among the major problems. EMDR is internationally recognized as one of the most effective tools to treat posttraumatic stress disorder (WHO 2013). More and more studies now show that stressful life events play a major role also in depressive disorders. Therefore, it makes sense, that EMDR comes more and more into focus as a new intervention tool in the treatment of depressive disorders. Our European EDEN study group has conducted research on the subject since 2007, published 5 controlled studies (three of them RCTs) and treated at least 500 depressive patients using our DeprEnd manual. The studies and our cases show that EMDR is at least equal to CBT treatment in depression (equivalence) but seems to result in more complete remissions than other interventions. EMDR may also lead to a decreased risk of relapses, as an incomplete remission increase the risk of relapse 5 times. In the workshop the evidence will be presented and our treatment manual (DeprEndr protocol) will be introduced.

Guest Speaker Bios

Colin A. Ross, M.D., is the Director of a hospital-based Trauma Program in Denton, TX. He is a Past President of the International Society for the Study of Trauma and Dissociation and is the author of 34 books and 230 peer-reviewed papers. He has spoken widely throughout North America and Europe, and in China, Malaysia, Australia and New Zealand. He has been a keynote speaker at prior EMDRIA and EMDR Europe conferences.

Ana M Gómez, MC, LPC is the founder and director of the AGATE Institute in Phoenix, AZ. She is an EMDR Institute, and EMDR-IBA trainer of trainers. She is a psychotherapist, author, and an international speaker on the use of EMDR therapy with children and adolescents with complex-developmental trauma, generational wounds and dissociation. Ana is the author of EMDR Therapy and Adjunct Approaches with Children: Complex Trauma, Attachment and Dissociation and several books, book chapters and articles on the use of EMDR therapy with children. One of the many programs and protocols Ana has developed is the EMDR-Sandtray Protocol.

Deany Laliotis, LICSW, is an international trainer, consultant, and EMDR practitioner who specializes in teaching EMDR therapy as a psychotherapy approach with a focus on healing attachment wounds using the therapeutic relationship as an integral part of treating complex trauma. As the Director of Training for EMDR Institute, Deany worked closely with Francine Shapiro to develop the training curriculum as EMDR evolved into a more comprehensive treatment approach. Deany was

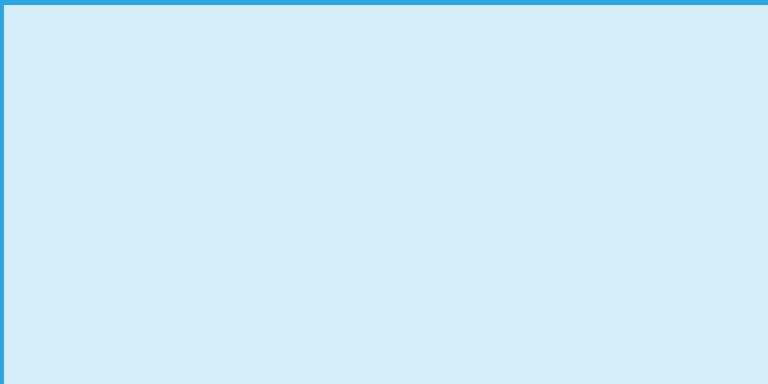
awarded the Francine Shapiro Award for Outstanding service and Clinical Excellence by the EMDR International Association in 2015. She has authored and co-authored several articles and book chapters and currently maintains a private clinical and consultation practice in Washington, DC.

Joanne Twombly, LICSW, is in private practice in Waltham, MA. She specializes in C-PTSD and Dissociative Disorders, provides trainings and consultation. She has written on EMDR and Dissociative Disorders, EMDR and Internal Family Systems, and on working with Perpetrator Introjects. Her commitment to providing clients healing has resulted in her becoming a HAP Facilitator, an EMDR Consultant, Internal Family Systems Certified, and an American Society for Clinical Hypnosis Consultant. She is past president of the New England Society of Trauma and Dissociation, served on various ISSTD committees and the board. She received ISSTD's Distinguished Achievement Award and is a Fellow.

Steven Silver, Ph.D., trained with Francine Shapiro in 1991 and became an EMDR Institute Senior Trainer. He was EMDR-HAP's first Programs Chair. A Marine and Army veteran, he worked with veterans since 1972 and directed an inpatient PTSD Program. He led EMDR teams to Bangladesh, Croatia, Bosnia-Herzegovina, and Northern Ireland. Co-author, with Dr. Susan Rogers, of "Light in the heart of darkness," he has over 50 publications. He received EMDR-HAP's Elizabeth Snyker Memorial Award, the EMDR Institute's Ronald A. Martinez, Ph.D., Memorial Award, and EMDRIA's Outstanding and Sustained Service Award. He has been a consultant to over 800 EMDR clinicians.

Janina Fisher, Ph.D. is the Assistant Educational Director of the Sensorimotor Psychotherapy Institute and a former instructor, Harvard Medical School. An international expert on the treatment of trauma, she is co-author with Pat Ogden of Sensorimotor Psychotherapy: Interventions for Attachment and Trauma (2015), author of Healing the Fragmented Selves of Trauma Survivors: Overcoming Self-Alienation (2017) and the forthcoming book, Transforming the Living Legacy of Trauma: a Workbook for Survivors and Therapists (in press). She is best known for her work on integrating newer body-centered interventions into traditional psychotherapy approaches. More information can be found on her website: www.janinafisher.com.

Arne Hofmann, M.D., is specialist for internal and psychosomatic medicine. He is head of the EMDR-Institute Germany and co-leader of an EMDR Trauma hospital near Cologne. He learned about EMDR in 1991 during a residency at the Mental Research Institute in Palo Alto, California and has learned EMDR there from Dr. Shapiro. He has introduced EMDR in the german-speaking countries, founded one of the first inpatient units for victims of trauma in Germany and has helped to develop aftercare programs after mass disasters. Dr. Hofmann is a founding board member of EMDR-Europe, a founding and honorary member of the German speaking society of traumatic stress disorders (DeGPT) and a member of the German national guideline commission for the treatment of PTSD. He is teaching, researching and publishing internationally in the field of psychological trauma, EMDR and depression. He has received a number of scientific awards, including the EMDRIA Award for outstanding research in 2015 and 2018. For his work he was also rewarded with the German Federal Cross of Merit.



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