EMDRIA

March 2014 The Information Resource for EMDR Therapists Vol 19 Issue 1

Reaching Out: Encouraging Your Fellow EMDR Colleagues to Join EMDRIA

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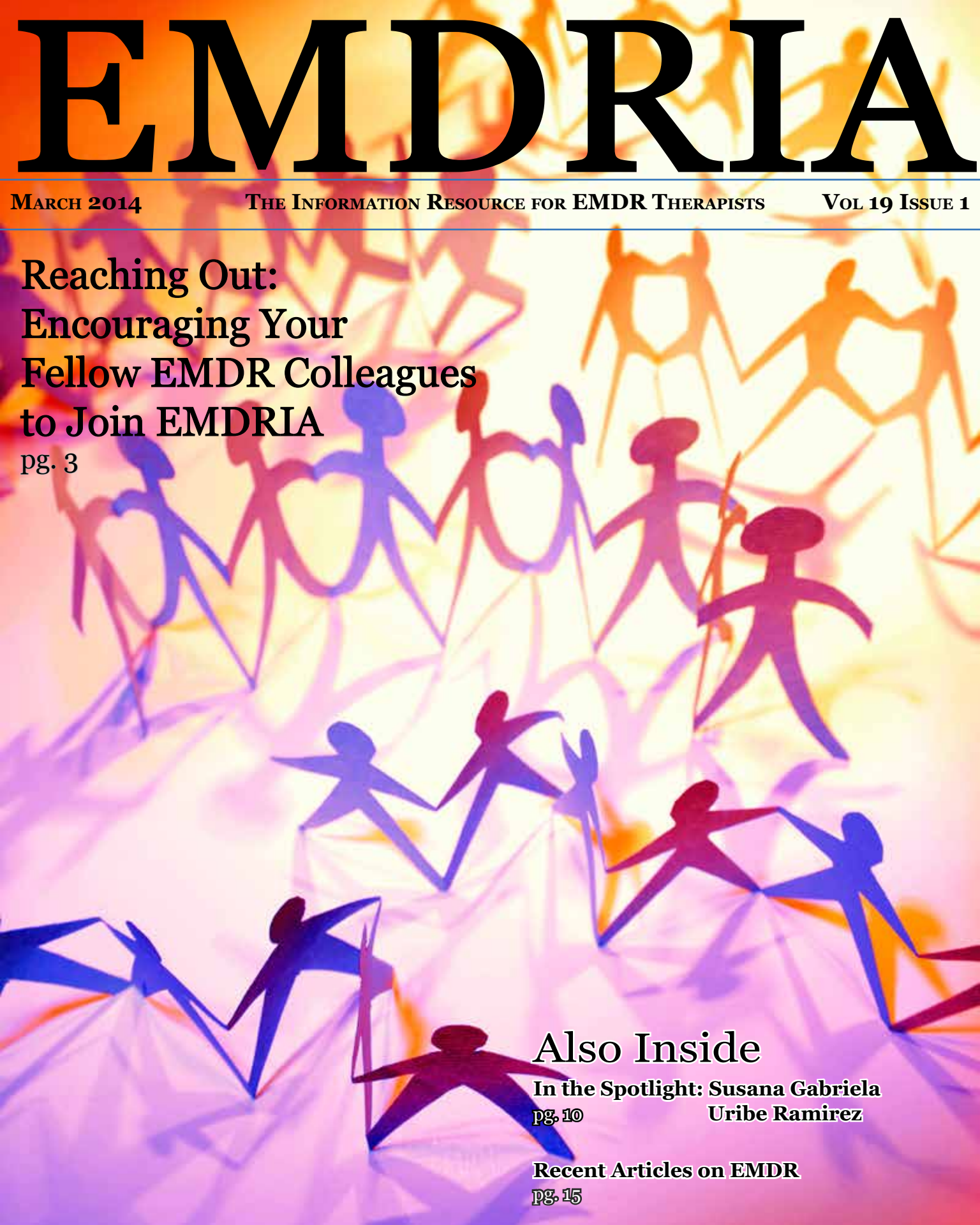

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A word from the President...

Welcome to the 25th anniversary year of EMDR!

Mark Nickerson, LICSW
EMDRIA President

So many of you have helped make the practice of EMDR what it is today. I hope you can take great satisfaction in what you've built. Others of you are newly trained in EMDR and are discovering the difference it has made in your work.

While this milestone year invites an opportunity for celebration and reflection, the EMDRIA Board knows that it is not a time for our progress to plateau. Indeed, our organization remains fully committed to the ongoing dynamic development and recognition of EMDR here in the United States and globally. As EMDRIA members, we are all, in part, stewards of EMDR.

The EMDRIA Board of Directors met earlier this year and reaffirmed our commitment to five primary goals over the next 3-5 years, with a focus on goals 1 and 2 for the upcoming year:

1. EMDRIA will increase membership.
2. EMDRIA will be the indispensable resource for member networking and professional development.
3. EMDRIA will advocate for EMDR practice and research.
4. EMDRIA will be recognized for achieving and maintaining the relevance of EMDR in a culturally diverse and evolving world.
5. EMDRIA will promote the advancement and knowledge of EMDR to consumers.

In this first newsletter of the year, I want to focus on our goal of increasing membership. While this may seem insular and self-serving, we have affirmed this priority because an enlarged membership builds both the financial and personnel resources needed to achieve our other goals.

The EMDR community is a creative, inspired and dynamic group. As your membership organization, EMDRIA seeks to channel ideas and guide meaningful efforts to enhance your practice and provide a forum for you to network with colleagues and grow in your EMDR skill. Greater financial resources will also allow us to maintain updated technology, improve our "Find-a-Therapist" feature and institute other state-of-the-art practices to provide accessible and effective training and education for our members.

On a macro level, EMDRIA works to strengthen the place of EMDR in the world. Additional funds from membership and other sources enable us to move powerfully in many directions including more compelling advocacy for the availability of EMDR for all of our combat veterans, encouraging and promoting research, sponsoring booths at an array of mental health conferences to educate and attract other professionals to EMDR, and getting the word out to the general public.

EMDRIA would like to double its membership. That may seem ambitious but it is not unrealistic. If each member recruits one new member this year, we'll be there. How hard is that? There are many who have been trained in and continue to use EMDR but haven't yet joined EMDRIA. I encourage each of you to stretch your comfort zone and encourage your active EMDR colleagues who are not members to take this step now.

Some of us in leadership, teaching and mentoring roles are well-positioned for outreach. Regional meetings, basic and advanced trainings, and even consultation conversations are opportunities to inform and invite. As a regional coordinator, I welcome anyone trained in EMDR to join our activities, but I have become bolder in urging them to join EMDRIA. People new to EMDR need to know the many things the EMDRIA administration provides to support strong EMDR practices. It's easy to take these for granted. For those non-members who are well-trained and reaping the benefits of their EMDR knowledge, membership is also a gesture of gratitude with an understanding that sustaining and developing the place of EMDR requires the continued work of EMDRIA.

Of course, the membership commitment is not just financial. It shows a higher level of personal investment in the EMDR community and with it comes an added ownership of the difference that EMDRIA continues to make.

As to the robustness of our EMDR community, it is not too early to start looking forward to our 25th anniversary Conference in Denver this September 18th-21st. Save the date! We expect a record turnout for tone-setting plenary presentations and an engaging array of workshops, meetings and other activities. Now's the time to begin talking with your local EMDR colleagues about attending our annual conference. Come as a group. Remember, members get a discount! ❖

Announcements

2014 Call for Posters

We are soliciting Abstracts for Poster Sessions for the 2014 EMDRIA Conference. The deadline for submissions is May 1, 2014. An award for the best poster will be given. To view more information on Poster Sessions and submission information, please visit www.emdriaconference.com or contact Nicole Evans at nevans@emdria.org or Toll-Free at 866.451.5200.

Online Voting for Upcoming Board of Directors Election

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

EMDR Europe Conference

The 15th Annual EMDR Europe Conference will take place June 26-29, 2014 in Edinburgh, Scotland. For more information on the Conference, please visit www.emdr2014.com.

EMDR Canada Conference

The 2014 EMDR Canada Conference takes place May 2nd-4th in Quebec City. Guest Speakers include Uri Bergmann, Ph.D. and Ludwig Cornil, MA. For more information, please visit http://emdrcanada.org/conference/.

Nominate a Colleague for an EMDRIA Award!

Did you know...that as an EMDRIA member, you can nominate your colleagues for EMDRIA Awards? Each year at the EMDRIA Conference, EMDRIA holds an Awards & Recognition Dinner recognizing outstanding contributions made to EMDR and EMDRIA. Do you know of someone who would fit the descriptions of the awards? If so, email your nominations to Gayla Turner at gturner@emdria.org before May 1, 2014.

Do you know an outstanding Regional Coordinator?

The Regional Coordinating Committee is accepting nominations until May 1, 2014 for Outstanding Regional Coordinator for 2014. If you know a special Regional Coordinator who has demonstrated exceptional dedication, innovation, or made other significant contributionsto the Regional Coordinator effort over the past year, and you would like to nominate them, please send a paragraph describing why they should be selected to Sarah Tolino at stolino@emdria.org before May 1, 2014.

Need EMDRIA Credits?

If you need EMDRIA Credits and are looking for a workshop in your area, check out our online Calendar of Events. When searching the Calendar of Events, be sure to select "EMDRIA Credit Programs" from the drop down menu and then hit the filter button. Don't see anything in your area? Keep checking back as new workshops are received and added to the calendar every week or view the list of Distance Learning Programs that offer EMDRIA Credit.

Executive Director's Message

Mark G. Doherty, CAE
EMDRIA Executive Director

With the EMDRIA board having formulated a strategic plan and prioritized goals, it becomes incumbent on the staff to develop and execute activities to implement the plan. The board's number one goal is to increase membership. So, we are beginning with the basics. We are changing our membership/association management system to a new generation software as a service model that should help us enhance customer service and the member experience, improve functions like "Find-a-Therapist", build special interest communities with new utilities to allow members to connect, etc.

We also went back over the past few years to determine how many newly EMDR trained therapists there were in North America. The numbers surprised us, but it's always better to substitute facts for impressions. In 2013, 1,901 newly trained therapists completed EMDR basic training. (There may have been more who have begun the training process, but have not yet completed it.) We had 743 new EMDRIA members in 2013 of which 283 were categorized as newly trained and 122 joined from agencies/community mental health facilities. In 2012, there were 1,811 that completed EMDR basic training. We gained 793 new members of which 143 were newly trained and 121 from agencies. We also found out that some of our "new" members joined after a year or two in which they determined that they were assimilating EMDR into their practices. Seeing how difficult it was to aggregate information on the newly trained, we decided to improve record keeping by having providers of EMDR basic training submit information in an electronic format. This way we can determine how large the pool of potential members is to follow-up with.

We are revamping our marketing and membership materials. We also are working to improve our communications with our Regional Coordinators as well as providers of EMDR basic trainings and EMDRIA Credit workshops to encourage membership in EMDRIA. These groups are out there on the front lines educating therapists and they need to have good information on what EMDRIA membership can do to help those who are newly trained and beginning to integrate EMDR into their practices. We value their commitment to EMDR trainings and their abilities to help build our community.

I send out an email to each new EMDRIA member to welcome them and give some practical guidance on how to get more from their membership. We are finding new ways to enhance the value of membership to increase retention and continuously evaluating activities and looking for new ways of improving the membership experience.

Our second goal is for EMDRIA to be the indispensable resource for member networking and professional development. A good example is our annual Conference at which we offer a wide variety of continuing education units (CEUs) from various professional organizations in addition to EMDRIA Credits. As an organization, we are investigating how to expand opportunities for professional development. The new association management system we are installing has the capacity to build special interest communities to encourage member communications and improve networking.

We just completed a survey of EMDRIA Certified Therapists (CTs) and Approved Consultants (ACs) in an effort to understand what motivated them to continue their professional development and EMDR training. We need to understand our members who have a vested interest in EMDRIA and our community. There was a significant response. Certified Therapists responded with the main reason for them seeking certification was to be a better clinician. Approved Consultants wanted to provide consultation to other therapists. Both results are not surprising in and of themselves, but we also collected quite a few comments that were revealing. Now, we need to sort through the data and see what information and knowledge we can glean to recruit members and increase the number of CTs and ACs.

We are completing a PowerPoint presentation on EMDR that will be distributed to universities for use in classroom discussions of evidence-based psychotherapies. The intent of the presentation is to familiarize students with EMDR therapy, encourage them to become trained in EMDR, and make them aware of a community of professionals who use EMDR. If you are aware of universities that might be interested in utilizing such a presentation, please let us know and we will follow up with them.

EMDRIA recently exhibited at the Evolution of Psychotherapy Conference. We had great crowds who wanted to learn more about becoming trained in EMDR. Dr. Francine Shapiro presented a number of times at the conference, which certainly helped spur interest. We next plan to exhibit at the Psychotherapy Networker Conference in Washington, DC in March. We view this outreach as an excellent way of gaining exposure for EMDR. We want to increase the number of clinicians trained in EMDR, thereby increasing the pool of prospective EMDRIA members so we can build our community.

Your thoughts and ideas can be most helpful as we engage in operationalizing our strategic plan. Always feel free to contact me at mdoherty@emdria.org or 512.451.5200. ❖

Conference Corner

EMDR: CELEBRATING 25 YEARS OF HEALING TRAUMA

The EMDRIA Conference is a wonderful opportunity to learn from each other, the experts in the EMDR world and also to gain insight and information from leaders in other fields who share our passion for healing. The Conference Committee has made it a priority to continue to bring you a quality educational experience. In addition to searching for dynamic speakers who bring exciting new information to EMDRIA, we offer opportunities to the speakers to become more familiar with EMDR and with our community. This approach has reaped benefits! Our speakers are more familiar with who we are and what we do, are excited about EMDR and its potential, and are helping us to build bridges to other trauma-treatment associations and to additional applications for EMDR.

This year we celebrate 25 years of EMDR and our 2014 EMDRIA Conference in Denver, September 18-21, 2014. The theme is **"EMDR: Celebrating 25 Years of Healing Trauma."** EMDR has grown and developed so much in these first 25 years! It's now known and practiced around the world. The Conference Committee wants to highlight the broad applications of EMDR across cultures, diagnostic categories, and throughout the lifespan.

We are excited to announce the line-up of plenary speakers! We have confirmed Francine Shapiro, Ph.D. for Friday's plenary, Christine A. Courtois, Ph.D., ABPP for Saturday and will wrap-up on Sunday with Rolf Carriere. We are in the process of finalizing the rest of the program and will announce all speakers and sessions in April.

Registration Information

We anticipate registration to be open online on the Conference website (www.emdriaconference.com) at the end of April. An email will be sent out to the membership when registration has been opened. You will also receive a registration brochure in the mail.

Hyatt Regency Denver Convention Center

Registration Prices

Single Day – Pre-Conference

EARLY BIRD (Before August 1st)
Member | $160 Non-Member | $215 Student | $75

REGULAR RATE (After August 1st)
Member | $185 Non-Member | $240 Student | $75

Pre-Conference & Main Conference

EARLY BIRD (By August 1st)
Member | $520 Non-Member | $630 Student | $200

REGULAR RATE (After August 1st)
Member | $545 Non-Member | $655 Student | $200

Main Conference Only

EARLY BIRD (By August 1st)
Member | $425 Non-Member | $535 Student | $150

REGULAR RATE (After August 1st)
Member | $450 Non-Member | $560 Student | $150

Single Day – Main Conference

EARLY BIRD (By August 1st)
Member | $195 Non-Member | $250 Student | $75

REGULAR RATE (After August 1st)
Member | $220 Non-Member | $275 Student | $75

Hotel Information

This year's Conference will be held at the Hyatt Regency Denver Convention Center. EMDRIA has secured a special group rate of $179/single/double for EMDRIA Conference attendees. It's not too early to book your reservation! To register online, please visit https://aws.passkey.com/event/10752383/owner/21829/home. To register over the phone, please call 303.436.1234 and let ask for the EMDRIA group rate. *Please note: This year's Conference is being held at the Hyatt Regency Denver Convention Center Hotel, not the Denver Convention Center.* ❖

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INVITED PRESENTATIONS

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Gregory Nicosia, PhD Past President of ACEP
Cassandra Vietans, PhD President of IONS

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7 Yoga Skills to Empower Your Clients
Mindfulness Based Energy Psychology
EP Approaches to Attachment and Autism Disorders

TWO DAY PRE-CONFERENCE TRAININGS *including*

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Level 2 is Post-conference: June 2-3

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EMDR RESEARCH FOUNDATION

BY WENDY J. FREITAG, PH.D. *- PRESIDENT, EMDR RESEARCH FOUNDATION*

The EMDR Research Foundation is not a part of EMDRIA; this article is published as a service to EMDRIA members.

The Year of Education - A Call to Action

As we move into 2014, a very exciting year for EMDR, I want to briefly recap the ERF's activities in the last quarter of 2013. I am excited to report that Catherine Butler, Ed.D., MFT was the second recipient of a Consultation Award. Dr. Butler was the recipient of an ERF's Dissertation Award in 2012. In her desire to get the study published, she requested funds to aid in this process. Given increased scientific publications is one of the ERF's highest priorities, we are glad to support her in the process. Dr. MaCayla Sarco, who was awarded the first Consultation Award in 2012, also submitted her study for publication in 2013. For more information about the types of the grants offered and past recipients, please visit the Research and Grants page on the ERF's website.

What is the purpose of funding high quality research? In medicine, clinical trials and scientific research dictate efficacious treatment protocols. As well, research findings often facilitate necessary adaptations as new information becomes available. For the ERF, as the only funding source dedicated solely to EMDR research, our Vision is similar. It has been, and continues to be, our intention to see the scientific literature abound with EMDR research that advances our knowledge of efficacious EMDR treatment protocols. With this goal in mind, the ERF's Board announced new research priorities in December 2013. We developed three tiers of research priorities to 1) advance evidence-based practice, 2) address the global burden of trauma, and 3) build clinical evidence in areas where little or no research exists. These priorities apply to research across the lifespan, so a study might address adolescent addiction or geriatric depression. For a complete understanding of the new priorities, please visit the Research and Grants page on the ERF's website. We also hope the new priorities create a greater number of grant applications in the near future. The number of submissions has diminished over time, with only one application submitted during the first cycle of 2014.

Also in late 2013, the ERF's Board created a new award entitled the "Research Dissemination Award." This financial support will be granted to EMDR researchers who present their EMDR research findings at non-EMDR conferences. It is intended to help defray some of the costs encountered by the researcher. This is yet another way for the ERF to promote the dissemination of research findings. For more information about the award or to review the application requirements, please visit the "Research Dissemination Travel Award" link on the ERF's website.

In 2014, education is one the most important areas of focus needed by the ERF. As our Mission states, "… promotes health and growth of human beings through the support of … compassionate, **well-informed** clinicians." I believe much of clinical practice, EMDR and psychotherapy in general, is driven less by research as compared to medical practice. I think we need to engender excitement in our EMDR colleagues about EMDR research in general and promote research driven practice and clinical decision-making. EMDR research should not only be a priority, it should be a necessity for our clinical practice. I would like to see this change happen in 2014, as we celebrate the 25th Anniversary of Shapiro's 1989 publication in the *Journal of Trauma Stress*. One way the ERF has been promoting the link between research findings and their implications on clinical work is through the "Translating Research into Practice" (TRIP) Column in the *Journal of EMDR Practice and Research*. It offers clinicians the opportunity to share how a particular research finding has impacted their work with clients. To promote an interest in research, I urge you to take some time to review one of the many excellent resources of research articles. For example, the ERF archives our topical monthly newsletters for review. Or go to the Francine Shapiro Library and search for a subject matter of interest. Or read one of the articles posted in Andrew Leeds' column "Recent Articles on EMDR" in this newsletter. EMDRIA's *Journal of EMDR Practice and Research* is another obvious source of great information on EMDR Research. If you find one of the studies or articles to be of help to you in your clinical work, I strongly encourage you to share your experience with us. Our Education Committee Chair, Katy Murray (katymurraymsw@comcast.net) can provide you the details of how to participate in this important effort.

The EMDRIA Board under the leadership of President Mark Nickerson also promotes an interest in EMDR research. Our organizations are collaborating to support each other in this very important effort. With the permission of EMDRIA, the ERF will disseminate information about our activities, available grants, the avenues of support to clinicians and researcher, as well as fundraising efforts to be distributed at Regional Network meetings and EMDRIA Credit workshops in the coming year. We hope this increases the interest in research findings to guide clinical practice, invites a TRIP column submission, or even encourages a clinician to conduct a research study.

This year is one of celebration! Twenty-five years ago this April, the first EMDR research study was published. For the ERF, it feels like this is the genesis of our being. To honor our heritage, the ERF is launching our "**25 Years of EMDR Research**" fundraising campaign. You might consider a tribute gift of $25, $250 or $2500 in the name of EMDR Research. Another way to acknowledge the 25th year is to

become an ERF's Visionary Alliance donor with a monthly pledge of $25. Of if you are already a monthly donor, you might consider raising your pledge TO or BY $25. Another reality is as EMDR ages so do the clinicians using it. Is this the year you consider the ERF in your planned giving arrangements? There are many options to choose from, such as an Endowment Gift, where the funds are used annually in perpetuity or maybe you name the ERF as a beneficiary in your Will or Trust. Please visit the "Get Involved" page of our website to learn how to support us now and well into the future. ***Let's Celebrate!***

Lastly, I want to close by bidding a very warm farewell to one of our original Board officers and my good friend, Jim Gach. Jim has decided after many years of unselfish Board service to both EMDRIA and the ERF to move on, but promises to not go too far. Jim's positive nature, wisdom, humor and voice of reason provided a stable force to the Board. His collaborative and genuine style and kind and generous spirit brought something very special to the Board that will never be duplicated. I am entirely grateful for your Board service all these years to both EMDRIA and ERF and I have so enjoyed working with you these past 16 years. Although you will be deeply missed on the Board, I know we all wish you the very best in your retirement. Be well, my friend.

"The goal of education is the advancement of knowledge and the dissemination of truth."
— John F. Kennedy ❖

In the Spotlight: Susana Gabriela Uribe Ramirez

BY MARILYN LUBER, PH.D.

Susana's love of her family, her community and her country are the guiding principles that inspire the choices in her life. She is the sixth child of seven born to Tarsicio Uribe and Susana Ramirez in Guadalajara in the state of Jalisco and in the country of Mexico. Her father was an attorney who was passionate in his love for the country. Through his government position, he flew all over the state helping the Mexican people with their agricultural needs. During this time he took his young daughter with him to learn about the power of helping build community, instead of giving charity. Her mother was a homemaker to the seven children (five boys and two girls). Even though they were not wealthy and sometimes it was difficult, she worked hard showing her children the importance of a loving family that included discipline, loyalty, strong values and the respect for her elders. She also grew up in a family of boys – her "man-team." They had fun all of the time and they helped to make her "brave."

During high school, her family moved to Mexico City where she continued her studies. She wanted to be a doctor and belonged to the first aid team, where she was one of the first on-site if someone got hurt. In 1979, her family had their own tragedy. Her 3rd eldest brother died in an accident. As she was aware of the effects of injury from her first aid work, she became alert to the reactions of her family following his death. It was here that she realized that traumatic grief takes a terrible toll and she began her quest to figure out what to do and how to help.

This original trauma was compounded in 1982 when her parents died in an accident. At the time, Susana was 20 and her younger sister was 15. Instead of continuing in pre-med, she took a graphic design program so that she could be at home more and be of assistance. Her brothers were also living at home, and as a group, they cared for each other. During these very hard years each of her siblings tried to cope with these tragic losses. They went on with their lives, but she began to see that something was wrong. Their mother had left a legacy of self-reliance, independence and a great deal of internal resources. They did what they could on their own.

While in college, she met and fell in love with Eduardo Fabre. In 1983, they were married and in 1985 she graduated with a BA in Graphic Design. She took time off to raise her two daughters, Maria Susana (born in 1986) and Renata (born in 1988). While her children were little, Eduardo and Susana decided to move to Cuernavaca where the climate was not polluted.

When her children went to school in 1994, she decided she would study human development and attended the Centro de Desarrollo Humano Jusan XXXIII connected with a Jesuit University, Universidad Iberoamericana. She received a diploma in 1999. She began to work for a project in a big company. It was the Pepsi Project and its mission was to help people to deal with family matters. For four years, Susana went to the big factories all over the state and Mexico City, teaching families about self-esteem and communication.

At the same time she took a Thanatology Diploma, to assist her in her practice, while working in the regional hospital, Hospital General Jose G. Parres, in the Intensive Care Unit and in the ER. During that time, she was still looking for meaning and felt that something was missing, so she enrolled in a Logotherapy and Existential Analysis (in groups) Program with the Institute of Logotherapy. She would talk to her professors about this, and found that a strong, spiritual life helped but did not give her the meaning that she was looking for. Still in search of answers, she enrolled in the Thanatology MA Program at the Universidad La Laguna in Tenerife, Spain. It was a great experience. She continued her work with people in the terminal stages of life and could see that not only were the patients traumatized, but often the nurses and doctors as well. She worked hard with the tools she had from logotherapy and mourning and grief studies but realized that *something was still missing*.

It was around that time that she heard about Ignacio (Nacho) Jarero and his team and took a course on Critical Incident Stress Management (CISM) with him. She used the skills that she had learned in the hospital, but, *something was still missing*. In 2006, the Pasta de Conchos mine disaster occurred, near Nueva Rosita, and 65 miners died. As members of the Mexican affiliate of La Sociedad Española e Internacional de Tanatología (SEIT) from Spain, Susana and her partner went there to work with the relatives of the miners. She realized that they were suffering from PTSD and she did not have the skills to help. By then, she had lost contact with Nacho but found him there working with EMDR. It was at that moment that *she realized what was missing*.

She signed up for the EMDR Basic Training with Nacho and Lucy Artigas as her trainers. Her initiation into EMDR had begun. Nacho became her Supervisor as she studied and became an EMDR Institute Facilitator, EMDRIA Approved Consultant and later an EMDR Institute Trainer. Currently, she is on the Board of Directors of EMDR Mexico and a Vice President for this organization. She became a member of the Asociación Mexicana para Ayuda Mental (AMAMECRISIS) and later a member of its Directing Council.

Susana took on many courses of study to deepen her knowledge of the work that she was doing. Although she had a very stable life, she knew that something was still bothering her as she was not really sleeping well and was living in fear that something would happen to anyone she loved. As she has always been a strong person, she went into EMDR treatment and realized that although she had had counseling, logotherapy and thanatology interventions, it was not until she had EMDR therapy that she had real relief. Her family noticed the change and saw her become happy, easy going and not terrified when they went out. She, herself, felt more integrated and could feel the change in her innermost being. Her experience as a patient gave her the opportunity to tell the people whom she trains that EMDR therapy truly works.

She became a Trainer for the International Critical Incident Stress Foundation (ICISF) certified in Individual and Group Interventions, and Terrorism Counseling; a Field Traumatologist and Compassion Fatigue Educator certified by the Green Cross Academy of Traumatology; and a Group Facilitator and Moderator for Family and Education then a Promotor in Human Development for the Estudios Superiores en Desarrollo Humano Familiar.

In 2008, she went with the AMAMECRISIS team to Tabasco, to train 30 therapists who were working directly with the survivors of the November floods, to help them learn how to address recent trauma. Later, she went to Michoacán, Morelia, México and was part of the team giving training in Crisis Intervention to mental health professionals. They worked with the survivors of the September 15, 2008 Mexican Independence Day terrorist attacks where at least 8 people were killed and 100 people were injured. Since she joined Amamecrisis, she has not stopped working and responding to humanitarian needs.

As a result of all of her experience, Susana began giving “EMDR and Grief” trainings. In Cuernavaca, Morelos she worked with people whose family members were executed as a result of the drug cartels. She has found that these kinds of deaths do not resolve easily and the consequences are terrible, as violence only generates more violence.

With Nacho, she had several articles published in the *Journal of EMDR Practice and Research* and *Revista Iberoamericana de Psicotraumatología y Disociación* about using the EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) to address the ongoing trauma that occurs in the wake of a human massacre situation where the clients continued to be subjected to ongoing trauma because of their occupations. Also, they wrote 2 chapters in *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disaster: Models, Scripted Protocols and Summary Sheets* (2013) about “Recent Trauma Response: Actions for an Early Psychological Intervention,” and “Worst Case Scenarios in Recent Trauma Response.” In 2013, the Fundacion Latinoamericana y del Caribe para la Investigación del Trauma Psicológico was awarded the Francine Shapiro Award from the EMDR Iberoamérica Association for their research. This group has been an inspiring one for Susana.

In the past several years, her husband moved to Qatar for his job. Also, her youngest daughter has moved there and soon, her married daughter. Since Susana visits there frequently, she has learned more about the situation of expatriates in this country. Mental health issues are not addressed very often and there is a great deal of hidden violence against women, including overseas female workers whose employers mistreat and abuse them. She is hoping to do more work there to heighten their awareness of mental health issues and trauma specifically. Now that Susana has all of these skills, she believes that it is her responsibility to follow in the spirit of Hillel the Elder when he said, “If I am not for myself, then who will be for me? And, if I am only for myself then what am I? And, if not now, when?”

To the EMDR Community, Susana wants to convey the following:

"I urge you to try EMDR yourselves. I know that we believe it, but to experience it in your own bodies allows you to truly understand it, and share it. I think that we are privileged and have a big responsibility. We have a medicine for some of the most painful illnesses in the world. If we do not share it, it is a shame. We have a treasure and a very big responsibility. It is important to touch as many people as we can, as it will have huge consequences for them and their families. It is not too late. It is never too late."

When Susana is not out in nature walking in the forest or riding horses at her father’s ranch, Las Palomas, she finds it important to do her Yoga practice and meditate to take care of her physical, mental and spiritual well-being. Also, she has a wonderful group of women friends with whom she meets to talk, chat and enjoy each other. Life is a rich event for Susana and she works with diligence and joy to take care of herself and others. She is a wonderful member of our EMDR community. ❖

TRAUMA RECOVERY/HAP UPDATE

***BY CAROL R. MARTIN** - EXECUTIVE DIRECTOR, TRAUMA RECOVERY/HAP*

TRAUMA RECOVERY is not a part of EMDRIA; this article is published as a service to EMDRIA members.

Enhancing EMDR Credibility on the World Stage

I am very pleased to share with you that on February 7th, I received word that our application to the United Nations Committee on NGO's was recommended to the UN Economic and Social Council (ECOSOC) to receive Special Consultative Status. ECOSOC is the only main UN body with a formal framework for NGO participation. The purpose of this collaboration is to enable the Council to secure expert information and advice from organizations that have special competence in a particular subject such as mental health. It also provides a forum for NGOs that represent important elements of public opinion to express their views. This recommendation along with the recognition of EMDR therapy by the World Health Organization enhances our credibility on the world stage.

You might be wondering what this means for Trauma Recovery/HAP? As a member with consultative status, we could:

- Provide expert analysis on issues directly for our experience in the field:
- Serve as an early warning agent;
- Help monitor and implement international agreements;
- Help raise public awareness of relevant issues;
- Play a major role in advancing United Nations goals and objectives;
- Contribute with essential information at organization events.

We will have the chance to influence work of the Council and to be a part of the conversation about mental health and the ways that EMDR therapy can change mental health outcomes throughout the world. Each of you discovered the amazing power of EMDR therapy for those who have experienced trauma and are suffering. This opportunity provides us with an opportunity to be heard by a truly global audience and contribute to its agenda on mental health. We will be asked to attend international conferences and events, make written and oral statements at these events, organize side events and have opportunities to network and lobby.

Since its inception, many of Trauma Recovery/HAP's volunteers have worked passionately to bring EMDR therapy and training to underserved countries throughout the world, always with the goal of nurturing a local community of EMDR therapists. In the few years that I have been a part of Trauma Recovery/HAP, we have supported work in Haiti, India, Ethiopia, Kenya, Palestine, Saudi Arabia, Iceland, Jordan, Egypt, Bangladash, Sri Lanka, Uganda, Zambia and the Philippines. This list includes only those countries that we sponsored over the last three years and doesn't include all the international work that has been done previously. I am aware of nearly 30 countries where Trauma Recovery/HAP volunteers contributed their time through the years. Of course, our international work is complemented by the work of EMDR Europe, EMDR Asia and EMDR Iberoamerica.

The Board of Trauma Recovery/HAP has established an International Committee comprised of Michael Keller, Janet Wright and Bob Gelbach. The committee was asked to look at Trauma Recovery/HAP's international work to develop "Best Practices" for working in other countries. Their focus was looking at programs, where as a result of Trauma Recovery/HAP's collaboration with local partners, a significant group of local clinicians have emerged.

Rosalie Thomas and Marilyn Luber have worked diligently as a part of the EMDR Global Alliance to facilitate the establishment of training standards throughout the world. Most recently, Rosalie participated in the EMDR Asia meeting that continued to develop and refine their by-laws throughout Asia. While in the Philippines, Rosalie, along with Sushma Mehrotra, President of EMDR Asia, provided EMDR training to nearly 100 Filipino clinicians. She also continues to develop and nurture clinicians in India and Sri Lanka. She celebrated, as did I, when the EMDR clinicians in India were recognized by their government as an organization.

Janet Wright continues to support and nurture the groundbreaking work that is being done in the West Bank and other occupied territories. She visited there last month as a part of a group that included Bob Gelbach. I hope to include an article in the next Trauma Recovery/HAP newsletter about their visit and the amazing work of the Palestinian clinicians. In the last few years, the work of Janet and Peggy Moore has been devoted to the project in the East Jerusalem YMCA and in Rehabilitation Center in Remollah. Mona Zahgrout, Ferdoos Alissa, Kader Rasras and their associates are now leading the EMDR therapy clinical work and along with Philip Dodgson wrote an article describing their outcomes. To my knowledge, Mona is the only Arab speaking clinician.

Dorothy Ashman and Joset Munro, through funding we've received from the Hoffman Foundation, continue their work in Ethiopia. Their training began by training staff at Hope for Children, an Ethiopian orphanage. This work has expanded to include Ethiopian mental health workers from many other organizations and agencies.

The Kenyan EMDR Trust continues their work of training and building the numbers trained in EMDR therapy. We are currently seeking additional funding to help our Kenyan colleagues provide further training and add to their curriculum. I've heard from Alice Blanchard that she has spoken to Michael Keller and Robbie Adler-Tapia to name a few.

While in Zambia, Jack McCarthy continues to provide EMDR therapy trainings each year and provides consultation on an ongoing basis.

Of late, the international work that we have accomplished is supported by the grants that we secure and by generous donations by individuals and corporations. We will continue to seek funding so that we answer the requests by other parts of the world.

I realize that these are just a few of the examples of the extraordinary international work of Trauma Recovery/HAP volunteers over the last few years and space precludes elaboration. Please let me know of other projects that you wish for me to include in future articles. I welcome your input.

Of course, this all began nearly 20 years ago and there are many of you who have volunteered, nurtured and supported Trauma Recovery/HAP's international work. You must know that the results of your work have been and will be seen through the hope and healing that EMDR therapy can provide. Thank you! ❖

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Montgomery AL.	July 25-27	Aug 8–10
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Recent Articles on EMDR

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

Note: a comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://emdr.nku.edu/

Aslani, J., Miratashi, M., & Aslani, L. (2013). Effectiveness of eye movement desensitization and reprocessing therapy on public speaking anxiety of university students. *Zahedan Journal of Research in Medical Sciences*.

Jalil Aslani, Department of Psychology, Faculty of Psychology, Allameh Tabatabai University, Tehran, Iran.

ABSTRACT

Background: Public speaking anxiety is a prominent problem in the college student population. The purpose of this study was to determine the effectiveness of eye movement desensitization and reprocessing on public speaking anxiety of college students.

Materials and Methods: The design of research was quasi-experimental with pre-post test type, and control group. The sample consistent of 30 students with speech anxiety that selected base on available sampling and assigned randomly in experimental (N=15) and control (N=15) groups. The experimental group was treated with EMDR therapy for 7 sessions. In order to collect the data, Paul's personal report of confidence as a speaker, S-R inventory of anxiousness was used. To analyze the data, SPSS-19 software and covariance analysis were used.

Results: The multivariate analysis of covariance showed that the eye movement desensitization and reprocessing reducing public speaking anxiety. The one-way analysis of covariance for each variable shows there are significant differences in confidence of speaker (p=0.001) and physiological symptoms of speech anxiety (p=0.001) at the two groups.

Conclusion: These results suggest that treatment of eye movement desensitization and reprocessing is effective on reducing physiological symptoms of speech anxiety and increasing the speaker's confidence.

Bae, H., Han, C., & Kim, D. (2013). Desensitization of triggers and urge reprocessing for pathological gambling: A case series. *Journal of Gambling Studies*. doi:10.1007/s10899-013-9422-5

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ABSTRACT

This case series introduces the desensitization of triggers and urge reprocessing (DeTUR), as a promising adjunctive therapy in addition to comprehensive treatment package for pathological gambling. This addiction protocol of eye movement desensitization and reprocessing was delivered to four male inpatients admitted to a 10-week inpatient program for pathological gambling. The therapist gave three 60-min weekly sessions of the DeTUR using bilateral stimulation (horizontal eye movements or alternative tactile stimuli) focusing on the hierarchy of triggering situations and the urge to initiate gambling behaviors. After treatment, self-reported gambling symptoms, depression, anxiety, and impulsiveness were all improved, and all the participants reported satisfaction with the therapy. They were followed up for 6 months and all maintained their abstinence from gambling and their symptomatic improvements. Given the efficiency (i.e., brevity and efficacy) of the treatment, a controlled study to confirm the effects of the DeTUR on pathological gambling would be justified.

Beaumont, E., & Hollins Martin, C. J. (2013). Using compassionate mind training as a resource in EMDR: A case study. *Journal of EMDR Practice and Research*, 7(4), 186-199. doi:10.1891/1933-3196.7.4.186

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ABSTRACT

This case study examines the contribution of compassionate mind training (CMT) when used as a resource in the eye movement desensitization and reprocessing (EMDR) treatment of a 58-year-

old man, who presented after a recent trauma with psychological distress and somatic symptoms—an inability to sign his name. Self-report questionnaires (Hospital Anxiety and Depression Scale [HADS], Impact of Events Scale-R [IES-R], and Self-Compassion Scale [SCS]) were administered at pretherapy, midtherapy, posttherapy, and 9-month follow-up. EMDR with CMT facilitated recall of forgotten memories about his sister's traumatic death decades previously, with related emotions of shame and grief, creating insight into how these past events linked to his current signature-signing phobia. Eight sessions of therapy resulted in an elimination of the client's signature-signing phobia and a reduction in trauma-related symptoms, elevation in mood, and increase in self-compassion. Effects were maintained at 9-month follow-up. The "Discussion" section highlights the value of working collaboratively with clients to best meet their individual needs.

Bisson, J. I., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews (Online)*, 12, CD003388. doi:10.1002/14651858.CD003388.pub4

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ABSTRACT

BACKGROUND: Post-traumatic stress disorder (PTSD) is a distressing condition, which is often treated with psychological therapies. Earlier versions of this review, and other meta-analyses, have found these to be effective, with trauma-focused treatments being more effective than non-trauma-focused treatments. This is an update of a Cochrane review first published in 2005 and updated in 2007.

OBJECTIVES: To assess the effects of psychological therapies for the treatment of adults with chronic post-traumatic stress disorder (PTSD).

SEARCH METHODS: For this update, we searched the Cochrane Depression, Anxiety and Neurosis Group's Specialised Register (CCDANCTR-Studies and CCDANCTR-References) all years to 12th April 2013. This register contains relevant randomised controlled trials from: The Cochrane Library (all years), MEDLINE (1950 to date), EMBASE (1974 to date), and PsycINFO (1967 to date). In addition, we handsearched the Journal of Traumatic Stress, contacted experts in the field, searched bibliographies of included studies, and performed citation searches of identified articles.

SELECTION CRITERIA: Randomised controlled trials of individual trauma-focused cognitive behavioural therapy (TFCBT), eye movement desensitisation and reprocessing (EMDR), non-trauma-focused CBT (non-TFCBT), other therapies (supportive therapy, non-directive counselling, psychodynamic therapy and present-centred therapy), group TFCBT, or group non-TFCBT, compared to one another or to a waitlist or usual care group for the treatment of chronic PTSD. The primary outcome measure was the severity of clinician-rated traumatic-stress symptoms.

DATA COLLECTION AND ANALYSIS: We extracted data and entered them into Review Manager 5 software. We contacted authors to obtain missing data. Two review authors independently performed 'Risk of bias' assessments. We pooled the data where appropriate, and analysed for summary effects.

MAIN RESULTS: We include 70 studies involving a total of 4761 participants in the review. The first primary outcome for this review was reduction in the severity of PTSD symptoms, using a standardised measure rated by a clinician. For this outcome, individual TFCBT and EMDR were more effective than waitlist/usual care (standardised mean difference (SMD) -1.62; 95% CI -2.03 to -1.21; 28 studies; n = 1256 and SMD -1.17; 95% CI -2.04 to -0.30; 6 studies; n = 183 respectively). There was no statistically significant difference between individual TF-CBT, EMDR and Stress Management (SM) immediately post-treatment although there was some evidence that individual TF-CBT and EMDR were superior to non-TFCBT at follow-up, and that individual TFCBT, EMDR and non-TFCBT were more effective than other therapies. Non-TFCBT was more effective than waitlist/usual care and other therapies. Other therapies were superior to waitlist/usual care control as was group TFCBT. There was some evidence of greater drop-out (the second primary outcome for this review) in active treatment groups. Many of the studies were rated as being at 'high' or 'unclear' risk of bias in multiple domains, and there was considerable unexplained heterogeneity; in addition, we assessed the quality of the evidence for each comparison as very low. As such, the findings of this review should be interpreted with caution.

AUTHORS' CONCLUSIONS: The evidence for each of the comparisons made in this review was assessed as very low quality. This evidence showed that individual TFCBT and EMDR did better than waitlist/usual care in reducing clinician-assessed PTSD symptoms. There was evidence that individual TFCBT, EMDR and non-TFCBT are equally effective immediately post-treatment in the treatment of PTSD. There was some evidence that TFCBT and EMDR are superior to non-TFCBT between one to four months following treatment, and also that individual TFCBT, EMDR and non-TFCBT are more effective than other therapies. There was evidence of greater drop-out in active treatment groups. Although a substantial number of studies were included in the review, the conclusions are compromised by methodological issues evident in some. Sample sizes were small, and it is apparent that many of the studies were underpowered. There were limited follow-up data, which compromises conclusions regarding the long-term effects of psychological treatment

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Devilly, G. J., Ono, M., & Lohr, J. M. (2013). The use of meta-analytic software to derive hypotheses for EMDR. *Journal of Behavior Therapy and Experimental Psychiatry*, in press. doi:10.1016/j.jbtep.2013.10.004

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ABSTRACT

Not available. First page of article can be viewed at: http://www.sciencedirect.com/science/article/pii/S0005791613000785

Farrell, D., Keenan, P., Knibbs, L., & Hicks, C. (2013). A q-methodology evaluation of an EMDR Europe HAP facilitators training in Pakistan. *Journal of EMDR Practice and Research*, 7(4), 174-185. doi:10.1891/1933-3196.7.4.174

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ABSTRACT

This article is an evaluation of eye movement desensitization and reprocessing (EMDR) Europe Humanitarian Assistance Program (HAP) facilitators' training in Pakistan based on a project set up in the aftermath of the 2005 earthquake. Q-methodology was the method of choice for this research because it permits the systematic study of subjective experiences by combining the richness of qualitative protocols with the rigors of quantitative ones. Research participants were 6 recently trained EMDR Pakistan consultants and facilitators, of which 5 were consultant psychiatrists and 1 was a general practitioner (GP)/psychologist. The Q concourse addressed issues such as EMDR clinical practice, cultural application of EMDR in Pakistan, EMDR research and development, and their experiences of their EMDR-HAP training. Results highlighted issues around professional role and application of EMDR, the teaching and learning experience of EMDR, clinical supervision, the importance of the therapeutic relationship, and the cultural sensitivity and application of EMDR in Pakistan. The article also considers how the EMDR-HAP training program could be improved in Pakistan.

Greenwald, R., McClintock, S. D., & Bailey, T. D. (2013). A controlled comparison of eye movement desensitization & reprocessing and progressive counting. *Journal of Aggression, Maltreatment & Trauma*, 22(9), 981-996. doi:10.1080/10926771.2013.834020

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ABSTRACT

Ten therapists who were already trained and experienced in eye movement desensitization and reprocessing (EMDR) received training in progressive counting (PC), a newer trauma resolution method. Nineteen volunteers with single-incident trauma or loss were assigned to a therapist and then randomized to treatment condition; 15 completed treatment to termination criteria or until the 4th session. Participants in both conditions experienced significant reductions in post-traumatic stress disorder (PTSD) symptoms, memory-related distress, and presenting problems at one week posttreatment, and maintained at 12-week follow-up, with no significant differences in outcomes, treatment efficiency, or dropout rate. The preliminary findings of this pilot study suggest that PC is an efficient, well-tolerated, and effective trauma treatment that is relatively easy for therapists to master.

Groot, J. V., de Jongh, P. D. A., & Leusink, P. (2013). Geen zin meer in seks? Denk aan psychisch trauma! [Not interested in sex? Think of mental trauma!]. *Huisarts En Wetenschap*, 56(3), 134-137. doi:10.1007/s12445-013-0072-8

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ABSTRACT

Sexual problems can have several causes, both biological and psychosocial. During the investigation, the general practitioner should bear in mind that some patients with sexual problems may have been abused sexually or have had other unpleasant experiences, sexual or otherwise. In such cases the patient should be referred to a psychologist-sexologist for treatment that is primarily focused on the processing of negative (sexual) experiences, in addition to conventional sex therapy. This article describes the spectrum of sexual problems and indicates in which cases trauma therapy might be useful. This is illustrated by means of a case in which eye movement desensitization and reprocessing (EMDR) was used.

Jayawickreme, N., Cahill, S. P., Riggs, D. S., Rauch, S. A., Resick, P. A., Rothbaum, B. O., & Foa, E. B. (2013). Primum Non Nocere (First Do No Harm): Symptom worsening and improvement in female assault victims after prolonged exposure for PTSD. *Depression and Anxiety*. doi:10.1002/da.22225

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ABSTRACT

BACKGROUND: Prolonged Exposure (PE) therapy is an efficacious treatment for PTSD; despite this, many clinicians do not utilize it due to concerns it could cause patient decompensation.

METHOD: Data were pooled from four published well-controlled studies of female assault survivors with chronic PTSD (n = 361) who were randomly assigned to PE, waitlist (WL), or another psychotherapy, including cognitive processing therapy (CPT), Eye Movement and Desensitization Reprocessing (EMDR), or the combination of PE plus stress inoculation training (SIT) or PE plus cognitive restructuring. PTSD and depression severity scores were converted to categorical outcomes to evaluate the proportion of participants who showed reliable symptom change (both reliable worsening and reliable improvement).

RESULTS: The majority of participants completing one of the active treatments showed reliable improvement on both PTSD and depression compared to WL. Among treatment participants in general, as well as those who received PE, reliable PTSD worsening was nonexistent and the rate of reliable worsening of depression was low. There were no differences on any outcome measures among treatments. By comparison, participants in WL had higher rates of reliable symptom worsening for both PTSD and depression. Potential alternative explanations were also evaluated.

CONCLUSIONS: PE and a number of other empirically supported therapies are efficacious and safe treatments for PTSD, reducing the frequency of which symptom worsening occurs in the absence of treatment.

Jordan, J., Titscher, G., Peregrinova, L., & Kirsch, H. (2013). Manual for the psychotherapeutic treatment of acute and post-traumatic stress disorders following multiple shocks from implantable cardioverter defibrillator (ICD). *Psychosocial Medicine*, 10, Doc09. doi:10.3205/psm000099

Jochen Jordan - Department of Psychocardiology, Kerckhoff Clinic Heart and Thorax Center, Bad Nauheim, Germany.

While the abstract does not mention it, the manual emphasizes a central role for EMDR therapy as one of five treatment elements.

Full text is available online: http://www.egms.de/static/en/journals/psm/2013-10/psm000099.shtml

ABSTRACT

BACKGROUND: In view of the increasing number of implanted cardioverter defibrillators (ICD), the number of people suffering from so-called “multiple ICD shocks” is also increasing. The delivery of more than five shocks (appropriate or inappropriate) in 12 months or three or more shocks (so called multiple shocks) in a short time period (24 hours) leads to an increasing number of patients suffering from severe psychological distress (anxiety disorder, panic disorder, adjustment disorder, post-traumatic stress disorder). Untreated persons show chronic disease processes and a low rate of spontaneous remission and have an increased morbidity and mortality. Few papers have been published concerning the psychotherapeutic treatment for these patients.

OBJECTIVE: The aim of this study is to develop a psychotherapeutic treatment for patients with a post-traumatic stress disorder or adjustment disorder after multiple ICD shocks.

DESIGN: Explorative feasibility study: Treatment of 22 patients as a natural design without randomisation and without control group. The period of recruitment was three years, from March 2007 to March 2010. The study consisted of two phases: in the first phase (pilot study) we tested different components and dosages of psychotherapeutic treatments. The final intervention programme is presented in this paper. In the second phase (follow-up study) we assessed the residual post-traumatic stress symptoms in these ICD patients. The time between treatment and follow-up measurement was 12 to 30 months. Population: Thirty-one patients were assigned to the Department of Psychocardiology after multiple shocks. The sample consisted of 22 patients who had a post-traumatic stress disorder or an adjustment disorder and were willing and able to participate. They were invited for psychological treatment. 18 of them could be included into the follow-up study.

METHODS: After the clinical assessment at the beginning and at the end of the inpatient treatment a post-treatment assessment with questionnaires followed. In this follow-up measurement, minimum 12 months after inpatient treatment, posttraumatic stress was assessed using the "Impact of Event Scale" (IES-R). Setting: Inpatient treatment in a large Heart and Thorax Centre with a Department of Psychocardiology (Kerckhoff Heart Centre).

RESULTS: From the 18 patients in the follow-up study no one reported complaints of PTSD. 15 of them reported a high or even a very high decrease of anxiety and avoidance behaviour.

CONCLUSTIONS: The fist step of the treatment development seems to be successful. It shows encouraging results with an acceptable dosage. The second step of our work is in process now: we evaluate the treatment manual within other clinical institutions and a higher number of psychotherapists. This leads in the consequence to a controlled and randomised comparison study.

Lee, C. W., & Cuijpers, P. (2013). What does the data say about the importance of eye movement in EMDR? *Journal of Behavior Therapy and Experimental Psychiatry*, in press. doi:10.1016/j.jbtep.2013.10.002

Christopher William Lee, School of Psychology and Exercise Science, Murdoch University, South St., Murdoch, WA 6150, Australia. E-mail: chris.lee@murdoch.edu.au

ABSTRACT

Not available. First page of article can be viewed at: http://www.sciencedirect.com/science/article/pii/S0005791613000761

OBJECTIVE: This study assessed patient and clinician agreement about treatment type and its association with treatment helpfulness among World Trade Center rescue and recovery workers.

METHODS: A total of 187 outpatients and 280 clinicians completed a survey, which gathered information on patient characteristics, treatment types, and treatment helpfulness. Kappa statistics and sensitivity and specificity analyses were used, and the association between patient-clinician agreement and reported treatment benefit was determined. RESULTS Patient-clinician agreement was highest for group therapy, medication management, eye movement desensitization and reprocessing, and couples therapy. Agreement about medication management, individual psychotherapy, and workers' compensation evaluation was associated with higher reported treatment benefits.

CONCLUSIONS: Findings support the hypothesis that agreement regarding treatment type is associated with higher reported benefit and extend findings of previous studies to a linguistically diverse, naturalistic sample exposed to a disaster trauma. Results also highlight the need for better understanding of eclectic therapies offered in real-world clinical practice.

Maredpour, A., Naderi, F., & Mehrabizadeh, H. M. (2013). Comparing the efficacy of eye movement desensitization and reprocessing therapy with prolonged exposure therapy on the trauma impact symptoms in veterans suffering from chronic PTSD. *Armaghan Danesh*, 77(5), 256-367.

A. Maredpour, Department of Psychology, Science and Research Branch, Islamic Azad University, Khouzestan, Iran.

ABSTRACT

BACKGROUND AND AIM: Post-traumatic stress disorder is considered as set of symptoms developed afterward an individual witness, hear or involved. The current research was purposed to compare the efficacy of eye movement desensitization and reprocessing therapy with prolonged exposure therapy on the trauma impact symptoms in veterans suffering from chronic PTSD.

METHODS: in this clinical trail research randomly sampled 48 veterans diagnosed with PTSD who had psychiatric records in Salman City Hospital of Yasuj. The subjects devoted in three equal groups: two experimental and one control groups. As intervention procedures the two experimental groups were exposed to eye movement desensitization and reprocessing therapy (5 sessions) and prolonged exposure therapy (10 sessions) respectively. The control group received none. Subsequent to the treatment period the triple groups were post-tested by the prior pre test scales. The data were analyzed by implementing univariate analysis of covariance (ANCOVA) and Bonferroni post hoc test.

RESULTS: Both treatment procedures significantly reduced the trauma impact symptoms (p£0.001). The results also indicated that prolonged exposure therapy was more effective concerning the trauma impact symptoms improvement.

CONCLUSION: Intervention treatment procedures such as eye movement desensitization, reprocessing therapy, and prolonged exposure therapy sustain sufficient efficacy in trauma impact symptoms improvement while prolonged exposure therapy exceeded significantly.

Tsai, C., & McNally, R. J. (2014). Effects of emotionally valenced working memory taxation on negative memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(1), 15 - 19. doi:10.1016/j.jbtep.2013.07.004

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ABSTRACT

BACKGROUND AND OBJECTIVES: Memories enter a labile state during recollection. Thus, memory changes that occur during recollection can affect future instances of its activation. Having subjects perform a secondary task that taxes working memory while they recall a negative emotional memory often reduces its vividness and emotional intensity during subsequent recollections. However, researchers have not manipulated the emotional valence of the secondary task itself.

METHODS: Subjects viewed a video depicting the aftermath of three fatal road traffic accidents, establishing the same negative emotional memory for all subjects. We then tested their memory for the video after randomly assigning them to no secondary task or a delayed match-to-sample secondary task involving photographs of positive, negative, or neutral emotional valence.

RESULTS: The positive secondary task reduced memory for details about the video, whereas negative and neutral tasks did not.

LIMITATIONS: We did not assess the vividness and emotionality of the subjects' memory of the video.

CONCLUSIONS: Having subjects recall a stressful experience while performing a positively valent secondary task can decrement details of the memory and perhaps its emotionality.

Morrissey, M. (2013). EMDR as an integrative therapeutic approach for the treatment of separation anxiety disorder. *Journal of EMDR Practice and Research*, 7(4), 200-207. doi:10.1891/1933-3196.7.4.200

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ABSTRACT

This case study reports the use of eye movement desensitization and reprocessing (EMDR) and family therapy for a 10-year-old boy with severe separation anxiety disorder (SAD). It illustrates how the use of the standard EMDR protocol for the boy and his mother combined with family therapy, led to symptom alleviation and restored appropriate developmental functioning as evidenced by behavioral outcomes. The participant initially presented with severe anxiety about separating from his mother, several years after his parents went through a painful divorce. Treatment focused on processing the boy's disturbing memories of past non-traumatic events in 14 EMDR sessions; his mother received 4 EMDR sessions to address her perceived marital failure and guilt about the effects of her ensuing depression on him. Eight family therapy sessions were used to help the family spend positive time together. Prior to treatment, the child had been unable to play outside, checked on his mother frequently, and could not attend activities without her. At the end of treatment, he was able to play with friends outside, ride his bike around town, engage in after school activities, and sleep over at his friends' houses. Gains were maintained at 6-month follow-up. Treatment did not include instruction in parenting skills or psychoeducation for the mother, or any exposure therapy for the child.

Parker, A., Parkin, A., & Dagnall, N. (2013). Effects of saccadic bilateral eye movements on episodic and semantic autobiographical memory fluency. *Frontiers in Human Neuroscience*, 7(630). doi:10.3389/fnhum.2013.00630

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ABSTRACT

Performing a sequence of fast saccadic horizontal eye movements has been shown to facilitate performance on a range of cognitive tasks, including the retrieval of episodic memories. One explanation for these effects is based on the hypothesis that saccadic eye movements increase hemispheric interaction, and that such interactions are important for particular types of memory. The aim of the current research was to assess the effect of horizontal saccadic eye movements on the retrieval of both episodic autobiographical memory (event/incident based memory) and semantic autobiographical memory (fact based memory) over recent and more distant time periods. It was found that saccadic eye movements facilitated the retrieval of episodic autobiographical memories (over all time periods) but not semantic autobiographical memories. In addition, eye movements did not enhance the retrieval of non-autobiographical semantic memory. This finding illustrates a dissociation between the episodic and semantic characteristics of personal memory and is considered within the context of hemispheric contributions to episodic memory performance.

Ronconi, J. M., Shiner, B., & Watts, B. V. (2014). Inclusion and exclusion criteria in randomized controlled trials of psychotherapy for PTSD. *Journal of Psychiatric Practice*, 20(1), 25-37. doi:10.1097/01.pra.0000442936.23457.5b

ABSTRACT

OBJECTIVE: Posttraumatic stress disorder (PTSD) is a prevalent and often disabling condition. Fortunately, effective psychological treatments for PTSD are available. However, research indicates that these treatments may be underutilized in clinical practice. One reason for this underutilization may be clinicians' unwarranted exclusion of patients from these treatments based on their

understanding of exclusion criteria used in clinical trials of psychological treatments for PTSD. There is no comprehensive and up-to-date review of inclusion and exclusion criteria used in randomized clinical trials (RCTs) of psychological treatments for PTSD. Therefore, our objective was to better understand how patients were excluded from such RCTs in order to provide guidance to clinicians regarding clinical populations likely to benefit from these treatments.

METHODS: We conducted a comprehensive literature review of RCTs of psychological treatments for PTSD from January 1, 1980 through April 1, 2012. We categorized these clinical trials according to the types of psychotherapy discussed in the major guidelines for treatment of PTSD and reviewed all treatments that were studied in at least two RCTs (N=64 published studies with 75 intervention arms since some studies compared two or more interventions). We abstracted and tabulated information concerning exclusion criteria for each type of psychotherapy for PTSD.

RESULTS: We identified multiple RCTs of cognitive behavioral therapy (n=56), eye movement desensitization and reprocessing (n=11), and group psychotherapy (n=8) for PTSD. The most common exclusions were psychosis, substance abuse and dependence, bipolar disorder, and suicidal ideation. Clinical trials varied in how stringently these criteria were applied. It is important to note that no exclusion criterion was used in all studies and there was at least one study of each type of therapy that included patients from each of the commonly excluded groups. A paucity of evidence exists concerning the treatment of patients with PTSD and four comorbidities: alcohol and substance abuse or dependence with current use, current psychosis, current mania, and suicidal ideation with current intent.

CONCLUSIONS: Psychological treatments for PTSD have been studied in broad and representative clinical populations. It appears that more liberal use of these treatments regardless of comorbidities is warranted.

Tesarz, J., Leisner, S., Gerhardt, A., Janke, S., Seidler, G. H., Eich, W., & Hartmann, M. (2013). Effects of eye movement desensitization and reprocessing (EMDR) treatment in chronic pain patients: A systematic review. *Pain Medicine*. doi:10.1111/pme.12303

Jonas Tesarz, MD, Department of General Internal Medicine and Psychosomatics, Medical Hospital, University of Heidelberg, Im Neuenheimer Feld 410, D-69120 Heidelberg, Germany. Tel: +49-6221-56-37862; Fax: +49-6221-56-8450; E-mail: jonas.tesarz@med.uni-heidelberg.de

ABSTRACT

OBJECTIVE: This study systematically reviewed the evidence regarding the effects of eye movement desensitization and reprocessing (EMDR) therapy for treating chronic pain.

DESIGN: Systematic review.

METHODS: We screened MEDLINE, EMBASE, the Cochrane Library, CINHAL Plus, Web of Science, PsycINFO, PSYNDEX, the Francine Shapiro Library, and citations of original studies and reviews. All studies using EMDR for treating chronic pain were eligible for inclusion in the present study. The main outcomes were pain intensity, disability, and negative mood (depression and anxiety). The effects were described as standardized mean differences.

RESULTS: Two controlled trials with a total of 80 subjects and 10 observational studies with 116 subjects met the inclusion criteria. All of these studies assessed pain intensity. In addition, five studies measured disability, eight studies depression, and five studies anxiety. Controlled trials demonstrated significant improvements in pain intensity with high effect sizes (Hedges' g: -6.87 [95% confidence interval (CI95): -8.51, -5.23] and -1.12 [CI95 : -1.82, -0.42]). The pretreatment/posttreatment effect size calculations of the observational studies revealed that the effect sizes varied considerably, ranging from Hedges' g values of -0.24 (CI95 : -0.88, 0.40) to -5.86 (CI95 : -10.12, -1.60) for reductions in pain intensity, -0.34 (CI95 : -1.27, 0.59) to -3.69 (CI95 : -24.66, 17.28) for improvements in disability, -0.57 (CI95 : -1.47, 0.32) to -1.47 (CI95 : -3.18, 0.25) for improvements in depressive symptoms, and -0.59 (CI95 : -1.05, 0.13) to -1.10 (CI95 : -2.68, 0.48) for anxiety. Follow-up assessments showed maintained improvements. No adverse events were reported.

CONCLUSIONS: Although the results of our study suggest that EMDR may be a safe and promising treatment option in chronic pain conditions, the small number of high-quality studies leads to insufficient evidence for definite treatment recommendations.

Thomaes, K., Dorrepaal, E., Draijer, N., Jansma, E. P., Veltman, D. J., & van Balkom, A. J. (2013). Can pharmacological and psychological treatment change brain structure and function in PTSD? A systematic review. *Journal of Psychiatric Research*. doi:10.1016/j.jpsychires.2013.11.002

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ABSTRACT

While there is evidence of clinical improvement of posttraumatic stress disorder (PTSD) with treatment, its neural underpinnings are insufficiently clear. Moreover, it is unknown whether similar neurophysiological changes occur in PTSD specifically after child abuse, given its enduring nature and the developmental vulnerability of the brain during childhood.

We systematically reviewed PTSD treatment effect studies on structural and functional brain changes from PubMed, EMBASE,

PsycINFO, PILOTS and the Cochrane Library. We included studies on adults with (partial) PTSD in Randomized Controlled Trials (RCT) or pre-post designs (excluding case studies) on pharmacotherapy and psychotherapy. Risk of bias was evaluated independently by two raters. Brain coordinates and effect sizes were standardized for comparability.

We included 15 studies (6 RCTs, 9 pre-post), four of which were on child abuse. Results showed that pharmacotherapy improved structural abnormalities (i.e., increased hippocampus volume) in both adult-trauma and child abuse related PTSD (3 pre-post studies). Functional changes were found to distinguish between groups. Adult-trauma PTSD patients showed decreased amygdala and increased dorsolateral prefrontal activations post-treatment (4 RCTs, 5 pre-post studies). In one RCT, child abuse patients showed no changes in the amygdala, but decreased dorsolateral prefrontal, dorsal anterior cingulate and insula activation post-treatment.

In conclusion, pharmacotherapy may reduce structural abnormalities in PTSD, while psychotherapy may decrease amygdala activity and increase prefrontal, dorsal anterior cingulate and hippocampus activations, that may relate to extinction learning and re-appraisal. There is some evidence for a distinct activation pattern in child abuse patients, which clearly awaits further empirical testing.

Tsai, C., & McNally, R. J. (2014). Effects of emotionally valenced working memory taxation on negative memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(1), 15 - 19. doi:10.1016/j.jbtep.2013.07.004

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ABSTRACT

BACKGROUND AND OBJECTIVES: Memories enter a labile state during recollection. Thus, memory changes that occur during recollection can affect future instances of its activation. Having subjects perform a secondary task that taxes working memory while they recall a negative emotional memory often reduces its vividness and emotional intensity during subsequent recollections. However, researchers have not manipulated the emotional valence of the secondary task itself.

METHODS: Subjects viewed a video depicting the aftermath of three fatal road traffic accidents, establishing the same negative emotional memory for all subjects. We then tested their memory for the video after randomly assigning them to no secondary task or a delayed match-to-sample secondary task involving photographs of positive, negative, or neutral emotional valence.

RESULTS: The positive secondary task reduced memory for details about the video, whereas negative and neutral tasks did not.

LIMITATIONS: We did not assess the vividness and emotionality of the subjects' memory of the video.

CONCLUSIONS: Having subjects recall a stressful experience while performing a positively valent secondary task can decrement details of the memory and perhaps its emotionality.

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van den Berg, D. P. G., Van der Vleugel, B. M., Staring, A. B. P., De Bont, P. A. J., & De Jongh, A. (2013). EMDR in psychosis: Guidelines for conceptualization and treatment. *Journal of EMDR Practice and Research*, 7(4), 208-224. doi:10.1891/1933-3196.7.4.208

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ABSTRACT

A significant proportion of clients with psychosis have experienced childhood trauma and suffer from comorbid posttraumatic stress disorder. Research indicates that exposure to distressing early life events plays an important role in the emergence and persistence of psychotic symptoms—either directly or indirectly. The Two Method Approach of EMDR conceptualization and recent findings on reprocessing of psychosis-related imagery fit with the existing cognitive models of psychosis. This article presents a series of preliminary guidelines for conceptualizing EMDR treatment in psychosis, which are based on both theory and clinical experience and are illustrated with case examples. Several obstacles and related treatment strategies for using EMDR in psychosis are described. EMDR in psychosis can very well be combined with other standard interventions such as psychotropic medication and cognitive behavioral therapy.

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van den Hout, M. A., Eidhof, M. B., Verboom, J., Littel, M., & Engelhard, I. M. (2013). Blurring of emotional and non-emotional memories by taxing working memory during recall. *Cognition & Emotion*. doi:10.1080/02699931.2013.848785

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ABSTRACT

Memories that are recalled while working memory (WM) is taxed, e.g., by making eye movements (EM), become blurred during the recall + EM and later recall, without EM. This may help to explain the effects of Eye Movement and Desensitisation and Reprocessing (EMDR) in the treatment of post-traumatic stress disorder (PTSD) in which patients make EM during trauma recall. Earlier experimental studies on recall + EM have focused on emotional memories. WM theory suggests that recall + EM is

superior to recall only but is silent about effects of memory emotionality. Based on the emotion and memory literature, we examined whether recall + EM has superior effects in blurring emotional memories relative to neutral memories. Healthy volunteers recalled negative or neutral memories, matched for vividness, while visually tracking a dot that moved horizontally ("recall + EM") or remained stationary ("recall only"). Compared to a pre-test, a post-test (without concentrating on the dot) replicated earlier findings: negative memories are rated as less vivid after "recall + EM" but not after "recall only". This was not found for neutral memories. Emotional memories are more taxing than neutral memories, which may explain the findings. Alternatively, transient arousal induced by recall of aversive memories may promote reconsolidation of the blurred memory image that is provoked by EM.

Wood, E., & Ricketts, T. (2013). Is EMDR an evidenced-based treatment for depression? A review of the literature. *Journal of EMDR Practice and Research*, 7(4), 225-235. doi:10.1891/1933-3196.7.4.225

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ABSTRACT

It is not unusual for proponents of eye movement desensitization and reprocessing (EMDR) to claim it can be used to treat many mental health problems. Depression is an illness that affects the lives of millions across the world; the costs are high, economically and socially, and depression can be devastating for the individual. Despite this, depression is not well treated, so a desire to find other treatments is admirable. However, these treatments must be evidence based and although there is some evidence that EMDR may be a promising new approach, it cannot currently be described as an evidenced-based treatment for depression. There are studies under way across Europe that may produce the evidence needed to expand the recommendations for using EMDR with more than just posttraumatic stress disorder (PTSD). ❖

FACES OF EMDRIA

Have you ever wondered about your fellow EMDRIA Members? The new "Faces of EMDRIA" Program will highlight member news in the monthly E-News and quarterly in the EMDRIA Newsletter. It's an excellent way for you to get to know your colleagues and network with others. If you would like to be featured, please contact Nicole Evans at nevans@emdria.org for more information.

Name: Andrea Barbour

Location: Indianapolis, Indiana

Member Type: Student Member

Where are you currently enrolled? I am currently enrolled at Christian Theological Seminary in the Marriage and Family Therapy program. My area of focus is working with individuals, couples and families of various sexual orientations and cultures who have experienced mutiple traumas and who present with complex PTSD, dissociation, mood and personality disorders. I will graduate May 2014 with a MA in Marriage and Family Therapy.

Why did you join EMDRIA? I joined EMDRIA in order to become connected to other EMDR clinicians and to have access to the journals and research articles.

What would you say to someone who is thinking about getting trained in EMDR? I encourage fellow therapists interested in working with trauma to pursue EMDR training as a way of enhancing and better understanding of trauma knowledge and also having an effective way to treat trauma.

EMDR is... empowering.

Please explain your answer: EMDR is empowering for both client and therapist. It is so easy to feel so overwhelmed by the complexity of traumatic responses that clients present with. Knowing I have EMDR as a model to work within gives me a sense of empowerment as a clinician....being able to know, beyond a shadow of a doubt, that EMDR works and is effective enables me to have and convey a sense of hope for the treatment of complex PTSD. EMDR is empowering for my clients who, as a result of their experience of EMDR have found their voice, recovered their lives and relationships and believe in their ability to live freely again.

What is something you're passionate about outside your career? I'm passionate about advocating for equal rights for the GLBT community as well as working with immigrants and those seeking asylam in the United States. ❖

Name: Paul Velen, MS, LMFT

Location: Riverside, California

Member Type: Full Member since 2010

Contact Information: 951.536.0956 or paulvelen@earthlink.net

Why did you join EMDRIA? To be part of this life altering treatment process.

How has membership in EMDRIA been of value to you and your practice? EMDR training, and help from EMDR colleagues has informed my work, filled my heart, and improves the world. That makes EMDR invaluable.

EMDR is... transforming and has informed my work as a therapist.

Please explain your answer: EMDR and the AIP model has transformed the way I work as a therapist. EMDR has helped me to be comfortable with not knowing how the mind works, and how it heals itself, but given me confidence that healing is what the mind does. My work using EMDR has affirmed my confidence that human behavior is about feeling comfortable in our skins.

Why did you choose to get trained in EMDR? I had heard of EMDR's benefits to clients. It also seemed very strange, but after much procrastination, I decided to take a chance and invest the time and resources in training. Once I made the commitment and began to work under the supervision of Dr. Linda Vanderlaan, I became a cheerleader for EMDR, and I still am!

Please list a few of your most recent accomplishments: I've begun working with other therapists in the area who have not been EMDR trained. Getting help with triggered issues isn't easy for anyone, but the trust these professionals have in the process is humbling. Their response to just one or two sessions just fills me up. I am beginning to be seen in the therapeutic community as someone who can work adjunctively with other therapist's clients who are "stuck".

What is something you're passionate about outside your career? Improving the quality of care for people with neurocognitive impairment.

Paul Velen is a licensed Marriage, Family Therapist in practice in downtown Riverside, CA., as well as a group facilitator for caregivers. He received his Master of Science in Counseling from California State University, Fullerton in 1982, and was licensed as a Marriage, Family and Child counselor in 1985. Additionally he holds a certificate in gerontology from CSUF, and is a fully-certified Eye Movement Desensitization and Reprocessing (EMDR) therapist. Paul has found EMDR therapy useful, also, in resolving emotional triggers that can interfere with care-giving. He is currently working on a project he hopes will help provide support services for people diagnosed with mild cognitive impairment and their partners. Paul welcomes calls from individuals and family members, as well as professional caregivers, for counseling. He also enjoys opportunities for peer interaction and support. ❖

Name: Julie Miller, MC, LPC, LISAC

Location: Tucson, Arizona

Member Type: Full Member since 2008

Contact Information: 520.661.5376 or jmiller4721@gmail.com

Why did you join EMDRIA? I believe in the power of association, and being part of the EMDR professional community became very important to me while I was going through the process of being certified in EMDR. I read other members' journal articles and newsletters, and the fount of information available was very impressive; I had to have access to it myself.

How has membership in EMDRIA been of value to you and your practice? In addition to the newsletter and journal, both of which are tremendously important to me, I have received many referrals from the "Find a Therapist" link. I have been able to reach out to other EMDR therapists in other areas of the country by using this link, and others have reached out to me. I attend the annual EMDRIA conference, and I have found this to be a tremendous opportunity to meet and network with other EMDR enthusiasts, to learn from the top minds in the EMDR field, and to challenge myself to provide workshops for others. My first conference in Phoenix, AZ, in 2008, was so helpful to me in the work I was doing at that time in that I was learning how to use EMDR therapy in working with very complex trauma clients. At that conference, I learned how others were doing the same things I had been learning to do, and I was so grateful to learn from them. The experience at that conference was validating, educational, and affirming to my own work.

EMDR is... a fundamentally game-changing form of treatment for those who are trapped with their problems, especially those struggling with issues that do not easily or quickly respond to talk therapy.

Please explain your answer: EMDR therapy is one of the most fascinating fields I have studied. The variety of ways in which the standard and specialized protocols can be used is an art form, in addition to appealing to the scientific side of my interests.

Why did you choose to get trained in EMDR? I had an experience as a client in EMDR therapy that relieved me of my fear of going to the dentist and nightmares about experiences I had with a dentist as a small child. The power of this therapy always stayed with me, and when I went to graduate school, I knew I wanted training in EMDR therapy.

Please list a few of your most recent accomplishments: I am an EMDRIA Approved Consultant, EMDR Institute and HAP Facilitator, and Certified EMDR Therapist. I recently presented at the 2013 EMDRIA Conference in Austin, Texas. I also presented at the 2013 Canada EMDR Conference in Banff, Alberta. I am co-coordinator for the Arizona EMDR Trauma Response and Recovery Network (AETR2N) for Southern Arizona. I recently founded the EMDR Center of Tucson, LLC, with my colleague, Linda Ouellette, MA, LPC. The goal of the EMDR Center of Tucson, LLC is to provide advanced EMDR training in So. Arizona. I am in the process of finishing my first book entitled *EMDR and Complex Trauma: Essential Skills Beyond Basic Training*.

What is something you're passionate about outside your career? Quilting. There's a pattern, there are specific concrete directions, and I know when I'm complete with a quilt. Then, there is the artistry of choosing colors and design, putting my own stamp on the piece, and taking my time with the project. Who would have thought that chopping up big pieces of fabric into little pieces of fabric and then sewing it all back together would be so soothing and reassuring?

Julie Miller, MC, LPC, LISAC, is an EMDRIA Approved Consultant, EMDR Institute and HAP Facilitator, and Certified EMDR Therapist. She is in private practice in Tucson, Arizona, where she is also a contract EMDR therapist at Sierra Tucson, an international leader in the treatment of addictions, mental health and behavioral disorders. ❖

AUSTRALIA & NEW ZEALAND

Pam Brown reports: "Our accreditation system began this year and we have accredited practitioners from Australia and New Zealand. In November 2013, we held our second EMDRAA Conference, *EMDR and the Treatment of Addiction*, with the highest attendance ever. Guest speakers were Rodney Farrar (USA) and Maria Cervera (Spain). Our Association is growing augmented by our association with EMDR Asia."

BANGLADESH

Shamim Karim reports: "In February, I organized Hanna Egli's (EMDR Europe) visit to Bangladesh to encourage new training here in 2015."

BOLIVIA

Esly Carvalho reports: "In February, I went to Bolivia to graduate the first round of EMDR therapists (eleven) and start a new group."

BRAZIL

Esly Carvalho reports: "EMDR Treinamento e Consultoria (responsible for EMDR Basic Training in Brazil) is expanding and will soon be a publishing house. We have many wonderful contracts to translate EMDR authors' books into Portuguese including Uri Bergmann, Marilyn Luber, Ana Gomez and Anabel Gonzalez. A free e-course for *Healing the Folks who Live Inside: Using EMDR as Role Therapy* is now available at info@eslycarvalho.com. Books published by the EMDR Brasil Association, by Philip Manfield and several case-books by Brazilian authors will come out this year. In January, I presented a shortened version of *Healing the Folks who Live Inside* for the EMDR Israel Association in Tel Aviv. In May, Ana Gomez will return by popular demand."

CHINA

Fang Li reports: "This January, five members of EMDR China attended the EMDR Asia Conference in Manila and gave three lectures. I am currently training to be an EMDR trainer. The 3rd EMDR Asia Conference will be held in Shanghai, China in 2015 or 2016. We hope you come!"

CUBA

Priscilla Marquis reports: "In November 2013, I taught an EMDR Basic training at the University of Havana hosted by Alexis Lorenzo Ruiz."

ECUADOR

Esly Carvalho reports: "Ecuador's Glenda Villamarin just became an EMDR trainer and will do the EMDR Basic trainings for Bolivia, and become part of the EMDR Ecuador team of EMDR Iberoamérica."

EMDR ASIA

Rosalie Thomas reports: "I was privileged to participate in the EMDR Asia Conference in Manila. The presenters gave examples of their use of EMDR in Asia, ongoing research and EMDR in disaster response. It was truly inspiring. Elan Shapiro (Israel) conducted trainings in R-TEP and Sushma Mehrotra (India) and I conducted Part I trainings for approximately 90 practitioners in the Philippines. We had training facilitators from India, Indonesia, China, Japan and the United States! Many thanks to EMDRIA, Trauma Recovery/HAP, EMDR Europe, EMDR HAP Europe, EMDR Japan, and Trauma Aid Germany for their support for the Conference, the trainings and the disaster response in the Philippines. It continues to be a global effort."

EMDR LATINOAMERICA

Susana Buscaglia and Sandra Patricia Magirena report: "In EMDR Latinoamerica, we have over 100 therapists from Argentina and other Latin American countries. During 2013, we organized the following monthly professional activities: *New Resources for Treating Trauma - Clinical experiences with psychoanalysis and EMDR* (Silvio Zirlinger and Benjamín Uzorskis); *Bruxism and EMDR*, *Keys to Healing* (Alejandro Link); *Summary, Review and Comments on the EMDR Method*

– *Level 1* (Gerardo Mielnik); *EMDR Treatment for Trauma and Phobias in Pediatric Dentistry* (Susana Nofal); and *Successes and Vicissitudes of the EMDR Assistance Center, A Learning Space – A filmed Case* (Nora Benenti). In September, we organized a two-day seminar on *Integration of Techniques*, with topics such as: *Addictions: Ibogaine Therapy and EMDR*, *EMDR Resource Installation*, *EMDR in Children: Games and Resources* and *Psychoanalysis and EMDR*. Since 1999, we have been publishing our e-magazine, "Noticias EMDRIA Latinoamérica," three times per year. We have an EMDR Assistance Center, which is a Community Center where our therapists provide free EMDR therapy for low-income people."

ETHIOPIA

Dorothy Ashman reports: "For the 2014 Ethiopian trainings, I registered the students and much of the preparation via the Internet. Joset Munro and Reyhana Seedat flew to Addis and helped students gain proficiency by teaching a Part II training, *Using EMDR with Children and EMDR with Adults and with Addiction*. Next year, the Psychology Department of Addis Ababa University has requested a Part I training for Master's students. One Part II trained therapist teaches at AAU and hopes to teach EMDR in the future. Another agency requested a Part I training for therapists working in the southern Ethiopia refugee camps. Getting funding for both of these programs is our greatest challenge."

FRANCE

Jacques Roque reports: "I am in the process of writing my fifth book on psychological anatomy based on neuroscience to help clinicians to understand EMDR for patients with Complex PTSD."

INDONESIA

Shinto Adelar reports: "We organized an EMDR consultation workshop in Jakarta, which included participants outside Jawa. Dani Sadaturn and I conducted workshops on psychotraumatology and stabilization techniques in February. Our colleague, Nathanael, is working on a program with adolescent law offenders prior to their release from rehabilitation centers. We are planning to publish the results. Reni, in Central Java, conducted several trainings on stabilization techniques for psychologists who are involved in disaster response. In April 2014, we hope to sponsor an EMDR Part I training."

ISRAEL

Aiton Birnbaum reports: "My main EMDR activity of late was to translate and subtitle the TEDxGroningen lecture by Rolf Carriere, *Healing Truama, Healing Humanity*, (http://www.youtube.com/watch?v=CcXqcQecRXo0) into Hebrew. Anyone can translate this excellent pro-EMDR 16 minute lecture via the Amara website (http://www.amara.org/en/. I hope the TED lectures' reputation of TED attract viewers and give EMDR another significant push. Hats off to Francine, to Rolf Carriere, to the HAP Bangeladesh effort and everyone who helped make the lecture possible.

I am planning to introduce EMDR into the Collaborative Divorce process in Israel. I co-founded *Divorcing Peacefully* with therapist and lawyer colleagues several years ago, and published an article on it in the main Israeli psychology website: Hebrew Psychology. EMDR and R-TEP is useful with divorcing families, by allowing adults and children to process traumatic elements and anxieties relating to the divorce process. Using EMDR in conjunction with a collaborative divorce process facilitates the couple's ability to reach a fair settlement without court battles. This helps prevent divorce-related trauma by facilitating respectful communication, safeguarding relationships and kids, and avoiding unnecessary legal expenses, thus putting adults and kids in the best position to get on with their lives post-divorce."

Barbara Wizansky reports: "Last year, our EMDR organization sponsored regular trainings, workshops from local people and guests from abroad. Estie Bar Sade and I are working with child centers where children have suffered sexual trauma, throughout Israel. Udi Oren did adult training and then, Estie and I do our Part I for Child Therapists, geared to this population, together with five supervision sessions. We completed the initial training with a group in B'nai Brak, learning how open this religious community to the subject. I will offer continuing supervision. Within this project, we trained psychologists from Arab communities in the north. Earlier, we organized a study evening around this subject and invited therapists to give case presentations of their experiences using EMDR with children. There were more than 50 interested therapists in attendance. In addition, Estie and I went to Toulouse in February to give a Part I training."

JAPAN

Shige Ota reports: "In 2013, the biggest Japanese TV station, NHK, produced two programs on EMDR. One program lasted 60 minutes and featured Masaya Ichii and other Japanese therapists explaining PTSD and EMDR, as well as demonstrating EMDR. They also included USA therapists and how they do EMDR. In the second, a well-known Japanese child psychiatrist was interviewed during a popular program and spoke about doing EMDR. Following these TV programs, many telephone calls and emails came to the Japan EMDR Association and its affiliates to ask where they can get EMDR therapy. Viewing of our home page went up dramatically and all of our EMDR therapists here are very busy with new referrals since then. Our Part I training in March filled up with 72 participants in the first days, leaving more than 50 people on the waiting list! We need to consider the practical measures to deal with the situation.

Masaya Ichii added: "We must think about increasing the frequency of our trainings, as twice a year is not enough and we need to train more trainers."

KOREA

Daeho Kim reports: "Since 2003, Udi Oren and Gary Quinn have conducted Basic EMDR trainings. Last year, we added four new facilitators (Jae Hyun Bae, Daeho Kim, Joon Ki Kim, and Nam Hee Kim). Originally, only clinical psychologists and psychiatrists were able to attend. Now we have changed our criteria to include mental health professionals including social workers, psychiatric nurses and psychological counselors. We hope these modifications will increase the dissemination and use of EMDR in Korea. The Korean EMDR Association has been working with the national department of health, the military, law enforcement departments, child protection agencies and national emergency management agency concerning many domestic disasters and trauma management, to implement EMDR approaches into their official guideline and management plan for disaster response."

NORWAY

Janne Amundsenre reports: "In Norway the membership is growing and now have 272 Accredited Practitioners, 15 Accredited Consultants, 1 Adult Trainer and 1 Child and Adolescent Trainer. In April, our annual conference is in Bergen. Atle Dyregrov will speak about how EMDR has evolved in Norway over the last 20 years since he introduced EMDR in Norway. Dolores Mosquera will present *EMDR with Narcissistic Personality Disorders and Dissociative Disorders*. In 2013, we started a randomized controlled trial of metacognitive therapy (MCT) and EMDR for PTSD at the trauma clinic in Østmarka, St.Olav's Hospital. Trainer Bjørn Aasen is responsible for the fidelity of the EMDR sessions and three therapists are doing EMDR (myself included). There will be 60 participants both with single and complex traumas. We have completed working with the first participants and got good results for the EMDR group; there will be a follow up after 12 months."

UNITED STATES

California

Deborah Nielsen reports: "I am now the Co-Regional Coordinator with Sue Goddell here in San Diego. My practice includes work with children. Often, I combine art therapy with EMDR. We have a dynamic network and our new Trauma Response Network is hosting an R-TEP HAP training here in March."

Julie Stowasser reports: "In 2010, Sue Goodell (Del Mar) and I (San Luis Obispo), founded the EMDRIA Approved Consultant's listserv, which we currently moderate. We want all Approved Consultants to know they are eligible to join us, although their consultees are not. We discuss all things related to providing consultation from Basic Training, to Certification, to Consultation-of-Consultation."

Florida

Reg Morrow reports: "Our local EMDR mentor Carl Nickeson, is moving into semi-retirement. His many EMDR books will be sold to raise money for the EMDR Research Foundation. Carl set the tone for our community involvement in EMDR and has been a tremendous support to us since his first training in EMDR in 1991. Thank you Carl for your guidance, support and never-ending commitment to becoming a good therapist in a strong community of EMDR therapists. I wish a Carl for every community."

Maine

Celia Grand reports: "In the greater Portland area, we host biannual EMDRIA Regional Network meetings with EMDRIA Credit presentations by local therapists. We have some great talent here! Nancy Abel and John O'Brien are writing an EMDR book. They started as seasoned clinicians who took to EMDR like ducks to water. They became certified EMDR therapists then Approved Consultants. From there, they integrated EMDR with addictions and trauma and now work with EMDR with consecutive sessions. They have presented locally, at the Western Mass Conference and the EMDRIA Conference. It is great to watch their growth!"

Massachusetts

Mark Nickerson reports: "Jim Helling has joined me as Co-Regional Coordinator of Western MA. Jim is heading up the steering committee that organized the 10th Annual Western MA Regional Conference. Marilyn Luber will be the keynote speaker on the topic of *EMDR Protocols & EMDR Practice: A Clinicians Journey Toward Mastery*. The afternoon portion of our one-day event will feature an array of workshop options. Check us out at www.wmassemdria.com.

New Jersey

Monica Blum reports: "I started to develop a protocol for use with children and adolescents to work with ego states."

Washington

Katy Murray reports: "In the last 6 months, Washington State had four well-attended Basic Trainings offered through EMDRHAP and the EMDR Institute. Last fall, over 50 EMDR clinicians attended the Southwest Washington EMDRIA Regional Network Parts 1 & 2 of Dean Dickerson's DVD workshop, Integrating Neurobiology and EMDR. Parts 3 & 4 occurred in March facilitated by Susan Kravit. Our Network contributes monthly to the EMDR Research Foundation. On May 2-3, the EMDR Institute and I are sponsoring Susan Brown's workshop, EMDR in the Treatment of Complex Trauma Symptoms of Addictive & Compulsive Behaviors. She will present in Olympia, the site of the first integrated trauma treatment program using EMDR with Seeking Safety, as an enhancement in the Thurston County drug court program."

Wyoming

Jan Schaad reports: "In Wyoming, I continue to build the number of trained clinicians. This spring we start several networking groups. I have completed Trainer Training, providing trainings for HAP and I facilitate for both HAP and EMDR Institute. I have developed a 2-day Basic Training Refresher course, emphasizing utilizing interventions to facilitate processing and two-day specialty training, Clinical Treatment of Addictive Behavior with EMDR."

ZAMBIA

Jack McCarthy reports: "In February, Peggy Bacon and I returned to Zambia and conducted a Part II training for a group we trained in Part I, two years ago. One of the trainees is very interested in becoming a part of or forming a Trauma Response Network (TRN) to deal with major tragedies throughout Africa."

Errata: In the previous Around the World article from Illinois, it was stated that Harold Kudler and Howard Lipke are co-editors of ISTSS' newsletter, StressPoints; however, they are co-editors of the column, Trauma and World Literature, not the newsletter itself. ❖

EMDRIA Credit Programs

To view the full list of EMDRIA Approved Distance Learning Workshops, please visit www.emdria.org and click on Calendar of Events under the Get Involved tab.

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
13001-03 13 Credits *When There Are No Words: Reprocessing Early Trauma & Neglect in Implicit Memory with EMDR*	E.C. Hurley, Ph.D. Katie O'Shea, MS, LMHC	Nancy Hurley	931.553.6981	Mar 15-16, 2014 Nashville, TN
99019-57 14 Credits *Treating Borderline Personality Disorder with EMDR*	Andrew Leeds, Ph.D. Dolores Mosquera, Psych. & Anabel Gonzalez, Ph.D.	Andrew Leeds	707.579.9457	Mar 15-16, 2014 Los Angeles, CA
12002-22 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	Mar 15-16, 2014 Arlington, VA
10002-04 6.5 Credits *EMDR and Mindfulness*	Jamie Marich, Ph.D., LPCC-S, LICDC Jamie Marich, Ph.D., LPCC-S, LICDC	Ramona Skriiko	330.651.2555	March 19, 2014 Niles, OH
07002-18 6 Credits *EMDR Protocols for Changing Problem Behaviors: Featuring the Feeling-State Addiction Protocol*	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	March 21, 2014 Providence, RI
12012-05 13 Credits *Dissociative Disorders: What You Need to Know About Successful Treatment of Complex PTSD & Dissociative Disorders*	Karen Alter-Reid, Ph.D. Joanne Twombly, LICSW	Karen Alter-Reid	203.329.2701	March 21-22, 2014 Stamford, CT
13019-02 13 Credits *DeTUR (Desensitizing Triggers and Urge Reprocessing*	A.J. Popky, Ph.D. Arnold J. Popky, Ph.D.	Sue Genest	204.221.3619	March 21-22, 2014 Edmonton, AB CANADA
02004-21 6 Credits *The Recent Traumatic Episode Protocol (R-TEP)*	EMDR HAP/Trauma Recovery Maria Masciandaro, Psy.D. & Josie Juhasz, MA, LPC	HAP/Trauma Recovery	203.288.4450	Mar 22, 2014 San Diego, CA
99019-58 14 Credits *Treating Dissociative Disorders with EMDR: The Progressive Approach*	Andrew Leeds, Ph.D. Anabel Gonzalez, Ph.D. & Dolores Mosquera, Psych.	Andrew Leeds	707.579.9457	March 22-23, 2014 Alameda, CA
13008-02 12 Credits *Applications of Mindful Resonance to EMDR*	Irene Siegel, Ph.D., LCSW Irene Siegel, Ph.D., LCSW	Irene Siegel	631.547.5433	March 22-23, 2014 Huntington, NY
09011-03 12 Credits *Excellence in EMDR: (R-TEP) The Recent Traumatic Episode Protocol*	Brynah Schneider, Ph.D. Brynah Schneider, Ph.D. & Kathy Karn, M.Ed.	Brynah Schneider	519.679.1952	March 28-29, 2014 London, ON CANADA
01008-64 12 Credits *Treating Problem Behaviors*	Trauma Institute/Child Trauma Institute Ricky Greenwald, Ph.D.	Karen Steward	413.774.2340	Mar 31 - Apr 3, 2014 Northampton, MA
10011-08 6.5 Credits *Contain the Case - Set a Clear Path to Recovery*	Niagara Stress & Trauma Clinic Barbara Horne, MASc, RMFT	Barbara Horne	905.687.6866	April 2, 2014 Halifax, Nova Scotia CANADA
13019-04 13 Credits *DeTUR (Desensitizing Triggers and Urge Reprocessing)*	A.J. Popky, Ph.D. Arnold J. Popky, Ph.D.	Mary Ann Herzing	208.336.3217	April 4-5, 2014 Boise, ID

EMDRIA Credit Programs

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
10008-15 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	April 4-5, 2014 Dallas, TX
RC12110-03 4 Credits *Some Essentials of EMDR Model & Methodology (DVD Presentation)*	St. Louis EMDRIA Regional Network Francine Shapiro - DVD	Sheri Rezak-Irons	314.304.3292	April 5, 2014 St. Louis, MO
07003-11 12 Credits *An Introduction to the Integration of Ego State Therapy with EMDR*	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	April 5-6, 2014 Santa Barbara, CA
10008-16 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	April 7-8, 2014 Houston, TX
13016-02 7 Credits *Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness*	Lana Epstein, LICSW Lana Epstein, LICSW	Lana Epstein	781.862.0574	April 11, 2014 Amherst, MA
06003-45 20 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	April 11-14, 2014 Thorold, ON CANADA
10001-07 7.5 Credits *EMDR in the Treatment of Addictions and Compulsions: Beyond the Basics*	Susan Brown, LCSW, BCD Susan Brown, LCSW, BCD	Susan Brown	619.698.5435	April 12, 2014 San Diego, CA
00017-32 12 Credits *Healing the Wounds of Attachment and Rebuilding Self*	Deany Laliotis, LICSW Deany Laliotis, LICSW	Christina Zavalij	607.222.5623	April 12-13, 2014 New Orleans, LA
RC12101-20 2 Credits *Integrating Neurobiology & EMDR: Part 1 (DVD Presentation)*	New Haven EMDRIA Regional Network Dean Dickerson - DVD	Lynn Persson	203.874.1781	April 19, 2014 New Haven, CT
RC12102-17 2 Credits *Integrating Neurobiology & EMDR: Part 2 (DVD Presentation)*	New Haven EMDRIA Regional Network Dean Dickerson - DVD	Lynn Persson	203.874.1781	April 19, 2014 New Haven, CT
12012-06 6.5 Credits *Using EMDR in the Treatment of Chemical Dependency & Impulse Disorders*	Karen Alter-Reid, Ph.D. Hope Payson, LCSW, LADC & Kate Becker, LCSW	Karen Alter-Reid	203.329.2701	April 25, 2014 Stamford, CT
07002-19 14 Credits *Breaking the Cycle of Problem Behavior: EMDR Solutions for Problematic Anger, Acting Out & Behavioral Addictions*	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	April 25-26, 2014 Minneapolis, MN
03002-25 12 Credits *Addictions and EMDR*	Maiberger Institute Barb Maiberger, MA, LPC & John Gray, LPC	Barb Maiberger	303.834.0515	April 26-27, 2014 Boulder, CO
99003-94 14 Credits *The Use of EMDR with Complex Trauma & Dissociative Symptoms*	EMDR Institute Curt Rouanzoin, Ph.D.	EMDR Institute	831.761.1040	May 2-3, 2014 Salt Lake City, UT

EMDRIA Credit Programs

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
99003-96 14 Credits *EMDR in the Treatment of Complex Trauma with Symptoms of Addictive and Compulsive Behaviors*	EMDR Institute Susan Brown, LCSW, BCD	Katy Murray	360.438.0306	May 2-3, 2014 Olympia, WA
10008-17 12 Credits *Attachment-Focused EMDR: Healing Developmental Deficits & Adults Abused as Children*	R. Cassidy Seminars Laurel Parnell, Ph.D.	IAHB	800.258.8411	May 2-3, 2014 Boston, MA
09003-18 12 Credits *Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion*	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	May 2-3, 2014 Missoula, MT
RC00005-15 Various Credits *State of the Art EMDR 2014: Protocols and Practice (Annual Spring Event)*	Western MA EMDRIA Regional Network Various Presenters	Amanda Roberts	413.253.0440	May 3, 2014 Amherst, MA
06005-14 14 Credits *The Embodied Self: Somatic Methods for EMDR Practitioners*	Jill Strunk, Ed.D., L.P. Sandra Paulsen, Ph.D.	Jill Strunk	952.936.7547	May 3-4, 2014 Minnetonka, MN
12002-21 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	May 9-10, 2014 Chestnut Hill, MA
12002-23 13 Credits *The Feeling-State Theory of Behavioral and Substance Addiction and the FSAP*	Robert Miller, Ph.D. Robert Miller, Ph.D.	Robert Miller	626.429.4945	May 17-18, 2014 Monument, CO
09003-19 12 Credits *Earning Secure Attachment: EMDR, Mindfulness & Self-Compassion*	Awake Mind, LLC Julie Greene, LPC	Julie Greene	303.641.4997	June 6-7, 2014 Boulder, CO
07002-20 14 Credits *Breaking the Cycle of Problem Behavior: EMDR Solutions for Problematic Anger, Acting Out & Behavioral Addictions*	Mark Nickerson, LICSW Mark Nickerson, LICSW	Mark Nickerson	413.256.0550	June 13-14, 2014 St. Louis, MO
03002-26 12 Credits *EMDR Toolbox for Complex PTSD*	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	June 28-29, 2014 Boulder, CO
03002-27 12 Credits *Somatic Interventions and EMDR*	Maiberger Institute Hope Payson, LCSW, LADC & Arielle Schwartz, Ph.D.	Barb Maiberger	303.834.0515	July 26-27, 2014 Boulder, CO
12001-07 14 Credits *EMDR for Complex Trauma Found in Personality, Addictive and Dissociative Disorders*	Diane Clayton, LCSW Diane Clayton, LCSW	Jane Dunham	239.851.4438	July 26-27, 2014 West Palm Beach, FL
00000 Various Credits *EMDR: Celebrating 25 Years of EMDR*	2014 EMDRIA Conference Various Presenters	EMDRIA	512.451.5200	Sept 18-21 2014 Denver, CO
07003-12 12 Credits *Advanced Seminar on the Integration of Ego State Therapy with EMDR (10 part series)*	Farnsworth Lobenstine, LICSW Farnsworth Lobenstine, LICSW	Farnsworth Lobenstine	413.256.3637	Sept 19, 2014 - June 19, 2015 Amherst, MA

EMDRIA Credit Programs

PROGRAM # / EMDRIA CREDITS / TITLE	PROVIDER NAME / PRESENTERS	CONTACT	PHONE	DATES / LOCATION
03002-29 12 Credits *EMDR Toolkit for Complex PTSD*	Maiberger Institute Barb Maiberger, MA, LPC & Katie Asmus, MA, LPC	Barb Maiberger	303.834.0515	Sept 26-27, 2014 Wichita, KS
12006-09 14 Credits *The EMDR Toolbox: AIP Methods for Treating Complex PTSD & Dissociative Personality Structure*	Sue Evans, MA, LP Jim Knipe, Ph.D.	Sue Evans	612.870.7673	October 17-18, 2014 Bloomington, MN
06003-46 20 Credits *The Art of EMDR*	Kathleen Martin, LCSW Roger Solomon, Ph.D.	Kathleen Martin	585.473.2119	October 17-20, 2014 Halifax, Nova Scotia CANADA
01016-14 13.5 *EMDR in the Treatment of Complex Trauma with Symptoms of Addictive and Compulsive Behaviors*	EMDR Resource Center of Michigan Susan Brown, LCSW, BCD	Zona Scheiner	734.572.0882 x3	October 24-25, 2014 Ypsilanti, MI

EMDRIA Regional Meetings

LOCATION / REGIONAL NETWORK	2014 DATES	REGIONAL COORDINATOR / CONTACT INFORMATION
ARIZONA		
Central & Northern Arizona	April 12	Robbie Adler-Tapia | 480.753.1655
Southern Arizona	March 20, April 17, May 15, June 19	Linda Bowers | 520.326.5980
CALIFORNIA		
Greater Sacramento (Rocklin, CA)	May 10, July 12	Merrill Powers | 530.852.5066
Greater Sacramento (Elk Grove, CA)	April 11, June 13, August 8	Merrill Powers | 530.852.5066
San Diego County	April 5, May 3, June 7, August 1	Sue Goodell | 619.997.5333
CONNECTICUT		
New Haven	April 19	Lynn Persson | 203.874.1781
MASSACUSETTS		
Western Massachusetts	May 3	Mark Nickerson | 413.256.0550
MISSOURI		
St. Louis	April 5	Sheri Rezak-Irons | 314.304.3292
NEW YORK		
Long Island	March 28	Phoebe Kessler | 516.946.1222
OREGON		
Central Oregon	April 8, May 13, June 10	Karen Forte | 541.388.0095
TEXAS		
Central Texas	May 2, August 1	Carol York | 512.451.0381
WASHINGTON		
SW Washington	March 15, May 3	Katy Murray | 360.438.0306

Welcome New EMDRIA Members

Ericka J. Anderson, MA LPC
Eugenia T. Apaza, LICSW
Crystal Arber, MA
Christina A Arguello, LMFT
Amy A. Armstrong, MS, NCC, LPC
Nicole Asselin, B acc
Doris M. Bartel, MSW, LICSW
Rivkah Bauman, LCSW
Brenda Bayer, LPCC
Jane C Beatty, LMHC
Sylvie BÃdard, MA
Mary Anne Bedington, MA
C. Nathan Bergeron, LMFT
Jennifer M Bettger, MS
Barbara J. Bettini, LPC, NCC
David Bialik, LICSW
Marc Bibeau, MA
Mary Adrian Blanchard, LMHC
Lynette Bloise, MSW, LICSW
Katherine Bogushefsky-Reamer, LPC
Eliette Boisvenue, MA
Elspeth Bradley, Ph.D.
Yolanda Brailey, LMHC
Dixie Brown, MS, CAP, ICADC
Laura Brownstone, LCSW
Sam J. Bruno, LMFT
Lana Bryanton, MC
Rosemary Caldwell, MS, BA
Carolyn M. Campbell, Psy.D.
Jessica R. Campbell, PCC
Lori Rogness Cao, MA, LMFT
Coral Carosone-Link, MA, NCC
Stephanie Carroll
Jennifer Carscadden, MA
Gina R. Carter, MA/LPC
Karin A. Carver-Regan, MA
Rubye Cervelli, Ph.D.
Robyn S. Cherry, MSW,LCSW
Elana M. Clark-Faler, LCSW
Shanon A. Claussen, LISW, RPT-S
Heather Cohen, MA
Lisa M Collins, LCSW
Daniel E. Cout, MSW
Lisa M. Couture, MSW, LICSW
Christine A. Crowe, LMFT, CADCIII
Cynthia J. Crowson, MSW, LCSW
Joyce D. Cuddy, MS
Astra B. Czerny, MA, NCC, LPC
Elena P. Davis, LCSW
Nicole Desamparo, LMFT
Christopher Diani, LCSW
Leslie Dieter, MSW
Maureen Donley, M.A., MFT
Anne Lise DubÃ, MA
Marcel Aime Duclos, DCMHC, LCMHC, LPC, LISAC, LCS
Dana Duet-Champagne, LPC, NCC
Patricia E. Durner, LIMHP
Mandy Ellis, MSW
Frankie E. Fachilla, LPC, MHSP
Eliza Fernandes, MSW
Ron Figueroa, MA, LMHC
Birgit M. Fisher, Ph.D.
Holly Forman, LMFT
Brenda Frizell, MS, LMHC
Mary Angela Fuhr, Registered Psychiatric Nurse
Rossella Galati, M.A.
Anne Gallant, MA
Meredith L. Gilbert, Ph.D.
Sue A. Gill, Masters
Melissa Gochenour, PLMHP, NCC
Julie B. Gowen, MSW
Robin Grant-Hall, Ph.D.
Diana Greywolf, Ph.D.
Vicki F. Grove, MA, MFTI
Danny R. Guckenburg, LCSW
Osna L. Haller, PhD
Rita K. Ham, LMHP/LADC
Carol Hammon Paulson, PhD, LP, APRN, PMHNP-BC
Theressa J Hanson, Ph.D., LP
Shannon Haragan, MA, LPC-I
Didier Have, MA
Lisa P. Hay, MSW/LCSW
Alana Hecker, LCSW
Paul G. Helton, Ph.D., LPC, MHSP
Martha Elizabeth gray Herb, EdD
Jennifer Holmes, LIMHP, LCSW
Michael J. Hutt, MA
Claire J. James, Ph.D.
Diane Johnson-Mitchell, LPC-MH, QMHP
Eileen Johnstone, MSW
Nicole M Jones, Master of Clinical Psychology
Johnnie O. Judah, MS, LPC
Susanna Kaljur, MA
Suzanne Kassian, MA
Karen E. Katrinic, M.S., LCMFT
George R. Kirchner, LPC
Charles Michael Kissick, MA/LPC, LADC, BCPCC
Amy Klatzkin, MA, LMFT
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Lori Simpson, Psy.D.
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JOURNAL OF EMDR PRACTICE AND RESEARCH

CALL FOR PAPERS

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

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

Manuscript Preparation and Submission

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

Thank you in advance for your participation.

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

Need Submission Ideas?

Case studies

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

Research studies

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

Clinical contributions

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

Review articles

- Summarize literature and research in a particular domain

Theoretical reviews

- Summarize research and propose hypotheses

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