What's Happening Now...

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Persistent High Demand for Basic EMDR Training

From Massachusetts to California, from Washington state to Florida, and from Texas to Minnesota, HAP volunteers traversed the nation in 2010, teaching Basic EMDR at 69 workshops, to 1794 enrolled participants in 26 states.

Another 304 enrolled participants attended specialty workshops. Additionally, HAP conducted training projects in China, India, Iraq, Japan, Ethiopia, Kenya, and Haiti, reaching 152 participants in Basic EMDR workshops and 256 participants in specialty training.

In Ethiopia, Kenya, Haiti and the Middle East, HAP pursues a primary mission to help create self-sustaining communities of EMDR professional practice; in each of these regions we are working with energetic local EMDR associations.

While international projects clearly thrust HAP into a world of cultural diversity, the array of domestic training projects also reveals a wide range of issues and concerns among our participants. While many sponsoring agencies were providers of general community mental health services, a substantial number were specialized agencies serving children, victims

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HAP Spotlights Trauma and Developmental Disabilities

EMDR trainer Robbie Adler-Tapia and HAP Associate Director Gail Ford presented in November at the annual conference of the National Association of State Directors for Developmental Disabilities Services. NASDDDS is a leading focal point for evolving services to people with Developmental and Intellectual Disabilities.

NASDDDS invited HAP to present in response to our recent efforts spotlighting the under-treated trauma experienced by this vulnerable population. Interest was so great that the audience stayed an extra hour to view videos of clinical treatment. Several listeners opined: "we should have heard about this long ago."

For almost two years, HAP's outreach program has heightened awareness of trauma as an unmet issue in the

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Haiti and HAP: Together for the Duration

Undeterred by an outbreak of cholera and the heavy rains of Hurricane Tomas, the Haitian people continue to lift themselves out of the wreckage of last January's massive earthquake. HAP remains a part of the solution, in partnership with the State University of Haiti and our colleagues at HAP France and HAP Belgium.

Together in July, we began training the first cohort of 28 EMDR clinicians recruited from the graduate faculty and student body at the state university. Several of the participants are working at major hospitals serving amputees and other quake survivors.

Cholera did force a delay of the Part II basic training, which is now planned for early in 2011. All training is conducted in French, and HAP volunteers are working with University faculty to translate key protocols into Haitian Creole, the vernacular of most Haitians. In November, trainer Elfrun Magloire did return to Port au Prince and provide extended consultation to most of the new EMDR clinicians, who are using their new skills quite actively.

Over the next three years, the HAP partners will continue to train additional faculty and graduate students from the State University with the goal of helping the University establish EMDR as a regular part of its preparation for clinical mental health professions.

The work in Haiti is a direct beneficiary of HAP's International Trauma Response Fund.

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"EMDR Kenya Trust" is on a *Roll*

HAP training in Nairobi, Kenya, began several years ago. In November, we returned for a week as guests of the newly formed EMDR Kenya Trust, to train 33 participants in Part I EMDR; 26 in Part II, and a total enrollment of 213 in specialty workshops, including Traumatology and Stabilization; EMDR with Children; Resourcing; Working with Groups; Rural and Cultural Adaptation; and Post Crisis Interventions.

Local facilitators and a trainer-in-training were also supported. HAP's international team of educators were drawn from the US, South Africa, Palestine, Israel and Germany; besides leading their workshops, they consulted at six different area hospitals and clinical agencies and provided individual consultation as well.

As Alice Blanchard writes from Nairobi, "The numbers alone do not reflect the tremendous wealth of experience and professional expertise our trainers and facilitators brought to us. It was an action packed week, incredibly well attended and much energy was generated." Indeed, on Friday evening "a cultural evening was held…and trainers were blessed Massai style."

The momentum of this project is clearly evident in Kenya: Four peer consultation groups have been formed in Nairobi; ten clinicians have signed up for distance consultation, and eighteen clinicians have joined in an EMDR Kenya Round Table Discussion Group to address "EMDR and research in Kenya; Cultural Adaptation in Kenya; Introducing Traumatology into Curriculum in Kenyan Universities."

The work in Kenya is a direct beneficiary of HAP's International Trauma Response Fund.

EMDR in Ethiopia: A Rising New Star in Africa

Close on the heels of HAP's first major African project in Kenya, clinicians in Addis Ababa, Ethiopia, are continuing to recruit colleagues for HAP's Basic EMDR training, and to turn out for specialty training.

With support from our host, Help For Children orphanage, Ethiopian clinicians have taken the first steps to create an EMDR association for Ethiopia.

At the end of October, a HAP team from South Africa and the US brought another round of Part I, Part II and "EMDR with Children" workshops to Addis Ababa. Thirty-three therapists attended Part I or Part II; thirty-seven took specialty training. The total number of EMDR trained therapists now in the country is over 50. And that includes all of the clinicians at the country's only psychiatric hospital.

Ethiopia is a much larger country than Kenya, with fewer resources and a more conflicted history. Therapists there tend to have less formal training than in Kenya. And cost-sharing with HAP is less likely than in Kenya. But Ethiopian therapists have energetically embraced EMDR. HAP volunteer John Messer, who lives in Addis much of the year, has found them eager to hone their skills at group consultation sessions.

The work in Ethiopia is a direct beneficiary of HAP's International Trauma Response Fund.

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Persistent High Demand for Basic EMDR Training

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of sexual violence, military personnel and their families, and veterans with combat trauma. In Minneapolis, a HAP Trauma Recovery Network sponsored basic EMDR training for therapists serving several of the cultural communities within the region, including African Americans, Latinos, Somalis and Native Americans. A sponsor agency in Washington State serves migrant workers, and several agencies focus their services toward people with disabilities.

To carry out this massive amount of training, HAP relied on the dedicated service of a growing faculty of volunteer trainers, facilitators, and consultants, as well as logistics support from local EMDR clinicians. More than 200 volunteers were active over the year in these efforts.

Focus on Combat Trauma

HAP's work often focuses on support for those clinics and therapists working with military personnel, veterans and their families. In the year just past, we have brought basic EMDR training and specialty workshops to military bases and veterans' service agencies in California, Texas, Kentucky, Oklahoma, Florida, Tennessee, Georgia, and Japan. Included was a training sequence for chaplain/therapists at Ft Hood following the shooting there.

HAP also continues its program, under a grant from McCormick Foundation, to pay costs of EMDR treatment for any uninsured veteran clients at three cooperating agencies, in California, Tennessee and Georgia. We are currently considering a plan to extend this offer to other agencies with EMDR therapists. We are also eager to learn about any successes that agencies have had bringing combat trauma clients into treatment, since resistance to seeking help has emerged as a widespread problem.

On a positive note, we have learned that TriCare, the large insurance provider to military families and recent veterans, has recently dropped its longstanding refusal of coverage for EMDR treatment. That's one less stigma burdening combat trauma clients and their families.

UN Discovers that Mental Health Promotes Economic Development

You probably won't be surprised to know that research demonstrates a positive correlation between mental health conditions in a community and its level of economic progress.

A roomful of representatives from mental health advocacy groups and service providers, including EMDR HAP, were not surprised either, but we were pleased that the UN's Department of Economic and Social Affairs has joined with the World Health Organization to publicize the relationship for the first time, and to encourage governments and foundations to support expanded mental health services in poor countries and in impoverished parts of developed countries, as a boost to attaining the UN's Millenium Development Goals.

HAP will be helping to spread that message, not only in our work in Africa, the Middle East and Haiti, but also in our domestic efforts to help non-profit and public agencies deliver the best possible trauma treatment to the most underserved American communities.

R-TEP Workshops: Looking Ahead to 2011

Hundreds of EMDR clinicians on the east coast and at EMDRIA's Minneapolis conference attended a full-day training workshop on the Recent Traumatic Event Protocol (R-TEP) developed by Israeli psychologists Elan Shapiro and Brurit Laub. Several participants reported using the new protocol with impressive results within days of the workshop, for clients who had just experienced sudden tragic losses to friends or loved ones.

We count it as good news that Elan and Brurit will likely offer their workshop for the benefit of HAP at new sites next year, on their way to Anaheim CA for the 2011 EMDRIA Conference. Most likely they will do workshops at three sites west of the Mississippi. We are especially eager for the workshops to be sponsored by local Trauma Recovery Networks, so that their members can hone skills needed in case of local emergencies. Contact Conrad Sienkiewicz if your TRN wishes to be considered.

Want to share an issue of "What's Happening Now" with a colleague or friend? All issues of WHN are available on the HAP website. Go to www.emdrhap.org, click on "HAP WHN Newsletter" at lower left of home page. Each document is in PDF format. Save the PDF file to your computer, then attach file to an email.

You May Be Surveyed by HAP…

If you participated in HAP training, you know that we end our workshops with an evaluation survey. Surveys of both faculty and participants were expanded during the past year to help us gauge what is working well and what needs improvement. The survey results so far have confirmed that the training is highly regarded by the participants. They also make suggestions for improvements, as do the faculty, and we are currently reviewing recommendations to keep our training program moving ahead.

In the year ahead, we will be stepping up our survey efforts, with special attention to how well EMDR basic training has served participants after many months have passed. The surveys arrive by email and can be filled out online and sent back.

Responses are kept confidential, of course. We particularly want to know how often and how well EMDR is employed to serve your clients, and what we could do, at the time of training or after, to give useful support to participants and to their agencies.

We hope you will give a few moments to the surveys if they come your way. It is a good way to help future participants get the most from their training, and it may show us how to help you as well.

HAP Spotlights Trauma and Developmental Disabilities

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lives of people with intellectual and other developmental disabilities. In a half dozen workshops for paraprofessional staff at local agencies serving this population, HAP volunteers have taught the essentials of traumatology and basic stabilization skills. Participants welcome the workshops and see the benefits of recognizing that "problematic behaviors" are frequently the unacknowledged symptoms of untreated trauma. HAP EMDR clinicians spread the word that DD caregivers can help directly to stabilize trauma responses, while making sure that their clients get effective trauma therapy from a good therapist.

At the NASDDDS conference, we recommended that best practice should always include assessment for trauma when symptoms are present, and referral for treatment when indicated. As many EMDR clinicians have told us, EMDR therapy is particularly effective in the case of ID clients because it does not depend on verbal skills or cognitive articulation of trauma memories. HAP's message was well-received at the conference and our program of traumatology and stabilization training for staff is ongoing at local agencies like affiliates of The Arc. (If you know of a service agency for ID or DD clients, let them know about HAP's commitment to help their clients.)

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