

What's Happening Now...

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Greetings from EMDR Humanitarian Assistance Programs to all our friends, supporters, donors and volunteers. Twice each year we aim to bring you a quick convenient survey of HAP's recent achievements, current challenges and aspirations for the future. (How could an EMDR organization NOT attend to the past, the present *and the future?*) We hope you will read, react and recommit yourself to supporting HAP. Send comments and requests for copies to EMDR HAP, PO Box 6505, Hamden, CT 06517 or by email to emdrhap@emdrhap.org. And here is "What's Happening Now..."

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EMDR and Disaster: Two Research Articles Based on HAP Projects in Turkey and NYC

HAP projects in Turkey (1999) and New York (2001) have each led to research articles expected to be published soon in major international journals. Both studies document the positive effects of EMDR treatment and contribute to the emerging state of the art for research in disaster settings.

After a devastating earthquake in Marmara, **Turkey**, HAP began a program that will soon have trained nearly 300 Turkish therapists and established a permanent Trauma Treatment Center in northwest Turkey. (Last November, Turkish EMDR therapists responded to victims of a terrorist bombing in Istanbul.)

The research in Turkey studied effects of

EMDR therapy on 41 subjects traumatized by the 1999 earthquake. After an average of 5.1 treatments, 38 no longer had the diagnosis and the remaining 3 subjects were much improved. Co-authors include Emre Konuk, James Knipe, Ibrahim Eke, Harkan Yuksek and Asena Yursever. Publication is expected in the Journal of Traumatic Stress. Mr. Konuk and his associates are now conducting a study of the effects of EMDR with those traumatized by terrorist bombings.

Within a week after 9/11/2001 in **New York**, regional therapists led by Gina Colelli, Cindy Browning and Carol Forgash initiated refresher courses and EMDR training for clinicians and direct pro bono treatment of

(Continued on page 2)



Community Disaster Planning Discussed at HAP NYC 9/11 Fund Raiser

NYC 9/11 Responders Hold Gala Funder

Dozens of HAP supporters turned out for a sumptuous catered dinner at the Manhattan home of Susan Corcoran on April 1 to raise money for HAP's ongoing work in the aftermath of the 9/11 attack. Gina Colelli, who previously coordinated HAP volunteers treating hundreds of survivors, led a committee of nine to plan the event. Guest of honor was Francine Shapiro. A discussion over dessert focused on the importance of community disaster planning to include training of local caregivers in trauma treatment and EMDR. Donors received tax-deductible acknowledgement for the cost of the ticket that exceeded the cost of their meal. HAP Executive Director Bob Gelbach thanked the planners and donors for their support of New Yorkers and their support of HAP. He also urged other communities of EMDR clinicians to consider sponsoring such a dinner for fellowship and to assist HAP.

Changes at HAP

Dr. Robert Gelbach succeeded Dr. Barbara Korzun as HAP's Executive Director in September, 2003. Bob is a retired Professor of Political Science and Director of the Quality Management Institute at Southern Connecticut State University. For a year and a half before joining HAP he had been a consultant to the HAP Board.

In February, HAP moved its offices from New Hope, PA to Hamden, CT.

HAP's Board is changing too: Two new members have brought much needed expertise. Ruth Colvin (Syracuse, NY) was a founder and remains an active participant in Literacy Volunteers of America. She brings expertise in recruiting and supporting volunteers in the US and abroad. William Stadlander (Dublin, OH) is CEO

of Homestat Farm Ltd., which markets such well-known foods as Wheatena, Maypo, and Maltex. Bill has held earlier positions with major food and pharmaceutical companies, and serves on a large hospital board. The Board aims to continue diversifying its membership while retaining a core group of EMDR clinicians.



EMDR and Disaster: *(Continued from page 1)*

directly traumatized survivors. Several hundred survivors received up to 4 sessions of EMDR.

A subset of 65 clients was closely studied with pre- and post- data, including validated psychometrics and self-report scales. The authors, Steven Silver, Susan Rogers, James Knipe, and Gina Colelli, document highly significant positive gains on a range of outcome variables. They conclude that EMDR is a useful treatment intervention, both immediately after a disaster and later as well, and that the longer treatment is delayed the greater the level of disturbance experienced by clients.

The article, expected to appear in the International Journal of Stress Management, also discusses problems in conducting research during mass disaster situations, and demonstrates an analog to a wait-list control group.



Helping SAGE to 'Replicate'

Several years ago a dedicated group of Bay Area EMDR clinicians began assisting SAGE, a non-profit agency run by and for women leaving the sex industry. CEO and founder Norma Hotaling quickly understood the value of stabilization and trauma treatment to serve both her clients and her peer counselor staff – populations where trauma history is near-universal. HAP volunteers coordinated by Karen Kleiner continue their work, supplementing the efforts of Norma's small clinical staff.

A new chapter in our relationship began this year. Under a contract with SAGE, HAP has created a peer counselor education curriculum – focused on traumatology, stabilization skills, peer counseling skills, and issues encountered in responding to trauma and addiction.

The curriculum will be piloted in San Francisco in October, then disseminated in six cities across the US. Kathy Davis has led the HAP volunteer effort that produced the curriculum and will field test it. We hope to adapt the curriculum for further use, educating paraprofessionals as valued members of trauma treatment teams in many agency settings.

In many parts of the world, clinicians are not merely untrained in EMDR, they are simply not available in large enough numbers to meet human needs. Equipping paraprofessionals to do pre-clinical stabilization can greatly expand the treatment resources of communities in need and enable scarce clinician time to be more efficiently used.

A second phase of HAP's contract with SAGE is to provide EMDR training in the SAGE replication cities to clini-

cians who will provide a specified amount of pro bono EMDR therapy to local SAGE program peer counselors and clients. SAGE is particularly looking for interested clinicians of color. If you know clinicians who would be interested in this opportunity in the following cities, please notify the HAP office: Atlanta GA, High Point NC, Kansas City MO, St. Paul MN, Seattle WA, and probably Denver CO.

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 * **SAGE:** *
 * **Stand Against Global** *
 * **Exploitation** *
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HAP EMDR Training Sets New Directions

Adding New Objectives

HAP trainers and facilitators met in two focus groups during the EMDRIA Conference in Denver last year. Their feedback on past projects has led to new objectives for EMDR training. We now encourage sponsor agencies to consider traumatology training as well as clinical training in EMDR: training participants often have limited initial knowledge of PTSD and the diverse ways it presents. We also stress the importance of sponsor agencies committing to both Part I and Part II training: agency clinicians, who are typically HAP's trainees, need the whole EMDR training experience to deal with their usual cases. For the same reason, HAP now takes active steps to provide group consultation and/or other forms of support between Part I and Part II.

Sponsor agencies have welcomed and supported these developments. To sustain them, HAP has been increasing its use of volunteers who are experienced facilitators and consultants. We are also looking for ways to evaluate the relative efficacy of alternative consultation models.

Targeting Arkansas

When HAP put out an urgent call for funds last year, Arkansas clinician



Gary Scarborough responded with a very generous donation and a message: "I need HAP to survive so we can get EMDR into Arkansas." There were no strings attached to the gift, but the message drew us into an ongoing collaboration with the Arkansas Mental Health Counselors Association. They sponsored a Part I training at their annual conference in April in Little Rock, held a day-long follow up consultation in August, and have scheduled their Part II for the near future. More impressive, they have asked for a second round for additional members in 2005. With their help, we will reach out to a growing circle of non-profit agencies and clinicians.

Our common objective: a self-sustaining community of EMDR practice across the state. (If you know of a state-wide or regional association that would like to follow this partnership model with HAP, please let us know.)

Support for Indian Nation Health Services

Across America, Indian Nation Health Services provide mental health treatment through the sovereign Indian nations within the US. At Oneida, NY, in August, enthusiastic clinicians from the

Oneida, Mohawk, and Onandaga Nations completed a Part I training, with plans for a group consultation reunion in October and Part II training in November. They may also use a new online discussion group for mutual support guided by a HAP consultant.

Meanwhile, Jim Mischke at Dine College in the Navajo Nation at Shiprock, NM, and colleagues at the Navajo Nation Health Service are seeking federal grant funds for a research project aimed at lowering the high rate of violence in their county by treating trauma in young adults. HAP is collaborating and will train local clinicians in the project.

(If you know of other Indian Nation health services that would like to get EMDR training through HAP, invite them to contact the HAP office.)

Can EMDR Reduce Recidivism?

That is the research question motivating corrections officials and psychologist Steven Henry in Portland OR. HAP provided Part I and Part II EMDR training to their clinical counselors as the first step in a treatment project that will seek to lower recidivism rates by addressing trauma disorders among youthful offenders.

DOD and VA Recognize EMDR as a Treatment of Choice for Combat-Related PTSD

New treatment guidelines from the VA and the Department of Defense recognize EMDR as a treatment of choice for PTSD in combat veterans.

With a new generation of traumatized veterans returning from Afganistan and Iraq, the next challenge for the sprawling VA and military mental health services will be to increase the scale and

pace of EMDR training. For years a few dedicated EMDR trainers inside the VA, with support from HAP, have devoted themselves to EMDR trainings whenever individual units requested them. Now the time may be ripe for a much larger official effort. If so, the trainers are ready, and HAP will be looking for larger numbers of facilitators to support their work.

On the military side, clinician training is similarly decentralized. In Colorado Springs, Sandra Wilson has coordinated an EMDR training project at Fort Carson that she hopes will provide a model for many HAP projects to come. Military clinicians treat a wider array of issues, since they serve military family members as well as personnel in uniform.

