

# What's Happening Now..

Volume 2, No. 1

EMDR Humanitarian Assistance Programs

Fall 2005

## Previewing this issue...

*HURRICANE KATRINA struck New Orleans and the Gulf coast just as we went to press. HAP will respond in coordination with regional public health authorities at the point in time when conditions are sufficiently stabilized to make our support useful. We are grateful to all who are offering their time and donations to support our assistance. Please contact us by email (emdrhap@emdrhap.org) or mail (not by phone) if possible.*

From tsunami scarred villages in India, Sri Lanka and Thailand to a YMCA outside of Bethlehem and a traumatology workshop in Bonaire; from trainings at Ft. Lewis, Camp Pendleton and Ft. Hood to a Naval Hospital in San Diego; and from Omaha, Little Rock, and Savannah, to New Haven and the rocky coast of Maine, HAP volunteers get around and new EMDR clinicians emerge.

There are a lot of names in this issue and a big apology to everyone that didn't get mentioned by name but should have. HAP is growing and we have tried to give you some of the evidence here in Vol. 2, No 1. What we haven't told you is that we are scrambling to keep up with it all. Our long promised information system to support expanded training, online consultation services and improved support for volunteers is finally being built. But that's a story for our next issue...

— Bob Gelbach, Executive Director



## Happy Birthday to HAP

...Ten Years Old & Growing!

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## Sri Lanka Project Yields Encouraging Data

Thirty members of SRLNAC, the Sri Lanka National Association of Counselors, completed EMDR Part I training in April. A diverse group of clinicians with backgrounds in diverse professions, including religious orders and the military, the trainees have enthusiastically practiced their new skills as pro bono clinicians for tsunami survivors. Trainer Nancy Errebo and facilitators Karen Forte, Jonathan Brooks, and Judith Daniel established an especially supportive network of continuing contact by email with their

students, supplemented by periodic visits of HAP consultants, including child specialist Carol Crow.

With close support from Dr. Jim Knipe, HAP's Director of Research and Training, the Sri Lanka participants and faculty have been able to generate a steady stream of data on treatment issues and outcomes.

Preliminary analysis shows that EMDR has been highly effective with the tsunami survivor population, measured by num-

bers of clients showing improvement and by reductions in levels of disturbance.

On a more impressionistic level, we are always interested in the cultural compatibility of EMDR as a treatment outside mainstream US settings. Reports from Sri Lankan colleagues are encouraging. In the words of one participant, "Don't worry. This is not a "western" approach. EMDR is a universal psychotherapy, well suited to Sri Lanka."

## Susan Rogers Receives Second Annual Snyder Award

Susan Rogers, Ph.D., will receive the second annual Elizabeth Snyder Memorial Award for Outstanding Volunteer Service to HAP. Board President Judith Boel will present the award at the EMDR International Association Award Dinner on Friday, September 16 in Seattle.

Susan Rogers has been a long-time HAP volunteer trainer, EMDR researcher and is currently Staff Psychologist, Assis-

tant Director, and Research Coordinator for the PTSD Program of VA Medical Center, Coatesville, PA.

She is also co-author of "*Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors*," written with her Coatesville colleague, Steve Silver, Ph.D., who received the Snyder Award last year. (No, it is not necessary to work at Coatesville VAMC to win the Snyder Award.)

Susan Rogers' contributions to HAP and to the advancement of EMDR are legendary. She has probably trained more VA and US military clinicians in EMDR (on more than 21 occasions) than anyone on the planet, and has collaborated in devising new approaches to use of EMDR in combat related situations. She has also been a HAP trainer, facilitator, or pro

(Continued on page 3)

## HAP in India: Relief and Reunion

HAP volunteers completed two Part I EMDR trainings in July, in Chennai and Pondicherry, for 43 Indian clinicians associated with two medical schools and the National Institute for Mental Health and Neuro Sciences (NIMHANS), who have been working with tsunami survivors for months. Trainer Judith Boel and facilitators Sandra Kaplan, David Baldwin, and Jesse Rappaport, carried out a plan developed by HAP India coordinators Ann Kafoury and Rosalie Thomas.

This was heavily supported by the First Hand Foundation, a project of the Cerner Corporation, which provided funding and major logistical support through their offices in Bangalore.

Ann Kafoury paved the way with an earlier visit, and volunteer Hal Linebarger was the first of several consultants who will visit the trainees before the Part II training planned for this fall. Cerner staffer Krishna Prasad was an invaluable logistics coordinator, and EMDR-trained Dr. John Livingstone, Cerner consultant and child psychiatrist, was the indispensable matchmaker to bring HAP and Cerner together.

The India project also became a HAP reunion, as several colleagues trained by HAP four years ago in Mumbai joined the new team as associates.

They had previously responded to the earthquake in Gujarat, where their EMDR class treated 1600 children, using the group EMDR "butterfly" protocol.

Response to the recent training in Chennai and Pondicherry has been so positive that HAP is now discussing with First Hand Foundation the possibility of an expanded set of trainings over a two-year period.



## Building a Bigger HAP: New Facilitators and Trainers on the Way

HAP has begun a small pilot project to train new HAP facilitators and trainers. The need for volunteer trainers has been acute, even though four new trainers completed their training in the past year: Judith Boel, Nancy Errebo, Jack McCarthy, and Margaret Moore. Several others remain "in the pipeline". Frequently community agencies seeking EMDR training are put on "hold" for lack of an available trainer. Adding to the pressure for trainers is our growing work with VA and DoD clinicians and our international projects.

The pool for potential new trainers is the current group of facilitators who have worked with HAP. While the demand for facilitators is less pressing than the need for trainers, because of continued support from

EMDR Institute faculty, many highly regarded clinicians have been recommended by current HAP facilitators.

Trainers and facilitators-in-training make a commitment to serve as volunteers when their training is completed. In the meantime, they pay their own expenses to attend events where their training is completed. Francine Shapiro provided initial trainer training for five new HAP candidates from the US and several candidates from other countries this spring.

Meanwhile, Jocelyne Shiromoto, on the West Coast, and Marilyn Lubert, in Pennsylvania, each led a cohort of facilitator candidates through the initial stages of training.

HAP is not planning to expand training at this time, but a new volunteer database will soon be set up that will enable interested parties to let us know of their interest in taking on these demanding, but rewarding,

## Back to Palestine...

September 7, 2001: A HAP team returned from training a group of Palestinian clinicians in collaboration with Bir Zeit University.

Four days later, terrorists struck in New York and Washington. Plans to return for Part II training were derailed.

But several Palestinian clinicians persevered in their development as EMDR therapists. Two were able to travel in 2002 to London for a Part II training, and two others attended a HAP Part II in Istanbul last October.

The Beit Sahour branch of the East Jerusalem YMCA is a well-known and respected center for psychotherapy and rehabilitation services in the West Bank, and now, HAP

and EJ YMCA have designed a multiyear proposal that will train 30 clinicians through Part II, provide consultants and

specialty instruction, establish a Palestine EMDR Center at Beit Sahour, and begin training Palestinian therapists to become EMDR facilitators and ultimately trainers.

EMDR clinician and HAP consultant Janet Wright has been instrumental at every step in planning this program.

The full project will require \$82,000 to supplement in-kind and cash support from HAP and EJ YMCA. HAP is submitting the proposal to several major funding sources.

If you know of potential supporters that we should approach, please contact Bob Gelbach: [rgelbach@emdrhap.org](mailto:rgelbach@emdrhap.org) or 203 288 4450.

Individual contributions earmarked for HAP in Palestine are also welcome.



## Busy Times in Thailand

HAP's first response to the tsunami was a Part I training in Bangkok in February for 60 clinicians from Thammasat University and the government Health Department, with a further training for 30 more clinicians in April.

Trainer Gary Quinn, MD, led an international team each time. The training ended with a visit to Khao Lak, a coastal village near Phuket where facilitator Jane Lopacka established an ongoing project, Making Waves, to promote individual and group treatment and support Part I trainees in their pro bono work at the coast.

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**Rogers Receives Snyder Award**

*(Continued from page 1)*

ject coordinator on 10 international projects, including Bosnia, Northern Ireland, Bangladesh and St. Petersburg, Russia, and found time to lead 19 HAP trainings and consultations in the US. Her research has produced 4 articles in addition to her book, and 20 professional presentations at major conferences (including ISTSS, EMDRIA, APA, International Conference on Conflict Resolution). Former Co-Chair of the EMDRIA Research Committee in 1996-98, she has completed two studies for the VA on EMDR versus alternative therapies, and currently involved in a pilot study on use of eye movements for pain control.

Outside of EMDR related work, she also participated in the Red Cross disaster relief effort following the 1995 Mississippi floods and tornado and is a member of the VA's Emergency Medical Response Team for eastern PA.

Impressive as this record is, the response of one board member to her selection helps round out the picture: “[As I got to know her] I realized how much of a humanitarian she was. She was humble. She was smart and savvy. I became an avid fan of hers. She is soft-spoken, non-prejudicial, open minded, accepting of any other human, and warm and friendly... She seems to use her energy for others, and what appears to be reticence may be just getting a breather. And she is adventurous. She will go anywhere!”

**THE SNYKER AWARD**

The Snyder Award is named for Elizabeth Snyder, who died last year and was one of the earliest and most dedicated proponents of EMDR and of the mission of the Humanitarian Assistance Programs.

Her enthusiasm, service and example were, and remain, a vital inspiration and model for a generation of her colleagues, students and clients in the US and abroad. She lived her life with zest and met her untimely death as yet another adventure to be faced with an open mind and open heart.

The Board of Directors of EMDR Humanitarian Assistance Programs have established this annual award for Outstanding Volunteer Service in appreciation of her many gifts and in the confident hope, as expressed by her family, that “now she will go on forever.”



**US Training Events Since Our Last Issue**

HAP conducted 10 EMDR training events in the US between May and the end of August this year. Local agencies sponsor these events and provide facilities and assistance in recruiting and registering participants, who must be licensed clinicians working full time in the non-profit sector.

With rare exceptions, sponsors of Part I training also sign up to sponsor Part II within 6 months. HAP now also offers group consultation to participants following Part I, to help them consolidate their EMDR training. Volunteer trainers and facilitators make the low cost trainings and consultation possible. Here are the events since our last issue and the sponsor representatives who worked with us:

- Naval Hospital Bremerton – Pt. 1 April 19-20, 2005 – Mark Russell
- Phoenix Az – Pt. 1 – April 22-24, 2005 – Phoenix Interfaith Counseling – Nancy Eldridge (Ron Smith)
- Naval Hospital Bremerton – Pt. 1 April 19-20, 2005 – Mark Russell
- Naval Medical Center San Diego – Pt. 1 – May 9-10 – Capt. Warren P. Klam, MD
- Ft. Lewis, WA – Pt. 2 – May 4-6, 2005 – Janet Pratt
- Savannah, GA – Pt. 1 – June 9-11, 2005 - Coastal Children’s Advocacy Center – Kris Rice; Johnny Cusimano – Army Community Services
- Spokane, WA Lutheran Community Services –Pt. 1 – June 17-18, 2005 – Dan Fox/ LaDonna Remy
- New Haven, CT – Pt. 1 – Also-Cornerstone – Don DeGraffenreid – June 16-18, 2005
- Camp Pendleton – Pt. 1 – July 29-31, 2005, Barry Francke – Marine and Family Services, Counseling
- Ft. Hood, TX - P-1, August 26-28, 2005- Gail Post-Pincheck, Psy.D., Thomas Moore Health Care Clinic

**Thailand** *(Continued from page 2)*

EMDR clinician and child specialist Aiton Birnbaum developed the Making Waves activity, which focused on helping children, and later adults, overcome their fear of the water.

Making Waves has since been the focus of a story in TIME magazine’s Asia edition and on independent TV in Britain. Other members of the HAP team included Fran Yoeli, Joel Comet, Alan Cohen, Carolyn Neunuebel, and Susan Shapiro.

Since April, HAP has sent three consultants to work with trainees and assist the Making Waves project. At the same time, several clinicians trained by HAP have created the EMDR Thailand Coordinating Committee (ETCC) to promote wider dissemination of EMDR.

HAP consultant Emre Konuk, from Istanbul, worked with Jane Lopacka on a grant application that yielded \$45,600 from the New Zealand AID

program to support Making Waves and a Part II training.

In June, Thailand convened an international conference in Bangkok on options for trauma treatment. HAP consultants Carol Forgash and Jack McCarthy joined representatives from ETCC to present the case for EMDR at a plenary session which stimulated dozens of conference goers to attend a day-long workshop on EMDR the following day.

The consultants were urged to expand HAP training into several Thai medical schools and to bring EMDR to new sites in China and the Philippines. As we go to press, discussions are in progress for HAP to sponsor a Part II training as our next step in Thailand.



## We Go To Conferences...



The Sixth EMDR Europe Conference took place in Brussels in June, providing an opportunity for HAP Executive Director Bob Gelbach to meet with colleagues from EMDR Europe and our sister organization, HAP Europe. Ten clinicians from Beijing University also attended the conference. They were trained by HAP Europe in their multiyear China project and presented a report on work that they did with clients traumatized by the SARS outbreak. HAP and HAP Europe maintain a continuing commitment to support each other's work.

Both HAP and the EMDR International Association celebrate their 10 anniversary this year. The Awards Dinner at EMDRIA's annual conference in Seattle will feature a shared birthday cake – thank you EMDRIA – and the traditional HAP dance will follow in the Seattle Sheraton Hotel ballroom.

HAP is sponsoring the Saturday plenary at EMDRIA, a panel presentation on combat PTSD including HAP volunteers Steve Silver, Susan Rogers, Nancy Errebo, and Howard Lipke. On Friday morning, a panel session on emerging standards for psychosocial disaster relief will feature participants in recent HAP international projects.

*Stop by the HAP  
Booth at the  
EMDRIA Conference  
in Seattle*

## US Confronts New Epidemic of Combat PTSD

More than half a million US troops have been deployed in Afghanistan and Iraq since October 2001. Thirty percent of these personnel, as reported in the public press, are returning with mental health issues requiring treatment.

In a conflict without frontlines or rear areas and where the “enemy” is elusive and undefined, it is not surprising that traumatization would be high.

In 2004, after many years of reviewing research and clinical experience, the VA and US Department of Defense jointly identified EMDR in their treatment guidelines as a treatment of choice for PTSD. The combined mental health services of the VA and DoD constitute the largest mental health service system in the nation.

Given the rising epidemic of combat PTSD, we anticipated a high-level decision to commit training resources – time and money – to training clinicians in EMDR. Until then, HAP volunteers within the VA had trained a relative handful of EMDR clinicians in these services.

We don't know about high-level decisions, but at the level of local military and VA mental health services, there has been a steady growth of requests from clinical directors, strapped for funds, asking HAP to come and train. More than half of the HAP training participants in the US, since December 2004, have been military or VA clinicians. Dozens of HAP volunteers have provided the training, and we are still getting requests at the rate of two each month.

Without a doubt, the new wave of PTSD is driving the demand. One training director pleaded for a quick training, explaining that there were only 12 clinicians at her base and they had been getting 1000 new cases each month as units rotated back to the states. Two of the clinicians were EMDR trained, and now everyone wanted this method. We got a training event in place within three weeks and the participants had grown to 31 as local VA staff joined in.

Often, military clinicians are rotated to new assignments, so EMDR capability may not stay where we first bring it, but this problem has a bright side: As more and more EMDR clinicians go to new assignments and bring their skills with them, their new colleagues begin to want EMDR training for themselves.

For many years, HAP has had a policy of very low fees for VA and military trainings. We will continue that policy as long as it is the only practical way to get EMDR to VA and military colleagues and their clients – and as long as it doesn't compromise our capacity to serve civilian communities in need.

But we hope someone higher up the federal budgetary food chain will recognize the need to make the “treatment of choice” an available treatment to all combat PTSD survivors who need it. We can't do this job alone.

## For VA and DoD EMDR Clinicians: Help is on the Way ... and Online

HAP now has a functioning Internet-based discussion list – VADOD – exclusively for VA and Department of Defense clinicians who have completed EMDR Part I. Once enrolled, members of the list can post questions and comments on clinical issues. Steve Silver, Ph.D., director of trauma treatment at the Coatesville, PA Veterans Administration Medical Center, is discussion list moderator. He will also enlist the expertise of senior colleagues to respond to inquiries.

List membership is by invitation only and restricted to EMDR trained clinicians in the VA or DoD mental health services. Invitations to “alumni” of past EMDR training events have been going out since August. VA and DoD participants in new training events will receive their invitation with their Part I certification from HAP.



## Thank you to our HAP Donors &amp; Volunteers: June 2004 through August 2005\*

\*These lists are as accurate as we could make them. If we left you out, we apologize. Please let us know and we will correct the omission.

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You can find a growing selection of books, manuals, and clinical support material for EMDR therapists on the HAP online store.

It's on the HAP website, [www.emdrhap.org](http://www.emdrhap.org).

Pay by check or credit card on this secure site. Your purchases help fund HAP and our selection keeps growing, so come back often and send your colleagues.



**Expanding Selection  
at the  
HAP Store**

# HAP at 10: Reaffirming Our Mission, Refining Our Methods

From the earliest days of EMDR practice, therapists could see that they had received a powerful means to do "good" in the world. The Oklahoma City bombing in 1995 galvanized a core group to organize the EMDR Humanitarian Assistance Programs as a means to bring effective trauma treatment to communities in need. The transition to the 21<sup>st</sup> Century has -- if anything -- increased our sense of worldwide need for expanded access to effective trauma therapy. And a decade of research and clinical experience has confirmed the high hopes we had for EMDR. After a decade, we are not only still here; we are growing in numbers of volunteers, donors, training events, and strategic partners, and we are learning how to refine our methods to better meet our mission.

At home in the US, HAP continues to offer low-cost EMDR training to clinicians in community-based agencies. We have learned from our participants that they often have special needs. Their clients usually present "difficult cases." It is not easy for them to wait until Part II training for help with those difficulties.

Agencies also experience ongoing turnover of clinical staff, so keeping the agency "trained in EMDR" is a challenge that increases over time. Agency clinical directors also tell us that we could help more with treatment planning advice and with specialty trainings related to the agency's own mission, be it children and families, or women's services, or chemical dependency, or medical-related trauma, and so on. In agencies that employ many non-clinical caregivers, traumatology education may be needed to strengthen intra-agency teamwork in serving trauma survivors.

Over the coming year, HAP will be reviewing our training methods, considering how to help agencies access specialty training and how to help them maintain their professional stake in EMDR skills. Necessarily, that review will begin by listening to the agencies we have already served and asking them for guidance.

Internationally, HAP's work has historically been initiated by a disaster, which we have mobilized to mitigate with treatment, but more especially by training local clinicians in the impacted community. The reason for this approach is clear: Local clinicians will be able to serve those in need long after HAP volunteers need to leave, and local clinicians will be far more adept than outsiders at fitting their services into the culture and social structure of their communities. This focus on training has proved very appropriate, and fits well with emerging international standards for psychosocial intervention in disaster situations.

But we also stress several other standards in international work: HAP projects should be welcomed by local health agencies and fit into the local primary health care system. And they should be timed to allow restoration of physical and community resources to alleviate those traumatic stress reactions that will not need clinical treatment. The most important shift in our international work, however, is a greater focus on building long-term capability of the community to deal with trauma. In all of our current and planned international projects, we now aim to help local clinicians and community agencies develop both a capacity for treating trauma and a capacity to train EMDR clinicians in their own country. We can't prevent disaster, but building treatment capacity is the next best thing, so far as PTSD is concerned.

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